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II. General Information

Collaboration

As outlined in Ohio’s 2015-2019 Child and Family Services Plan (CFSP) submission, the CFSP was developed through a comprehensive and collaborative process centered on a Continuous Quality Improvement (CQI) framework. OFC has carried this collaborative CQI 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:

- 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 Round 3 of the 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 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.
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 on 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 made recommendations about how particular activities should be implemented as well as made recommendations for needed modifications to the plan.

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 several 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.

Following is a graphical representation of Ohio’s collaboration infrastructure and narrative descriptions of how this collaboration infrastructure informed and supported 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 to provide timely technical assistance on a wide variety of issues. Each of the five teams periodically conducts regional events for 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.

**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 contained 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 to make this valuable tool a permanent avenue for stakeholder input. The web address is: [http://www.ohiorulereview.org](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 (SCO), the Public Children Services Association of Ohio (PCSAO), and the Ohio Children’s Alliance. The Board serves as a forum to promote a sustainable and collaborative partnership to improve Ohio’s child welfare system. The Advisory Board received periodic updates on the implementation of Ohio’s CFSP and provided 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, Help Desk 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, was comprised of representatives of county public children services agencies, OFC and the Ohio Child Welfare Training Program (OCWTP). This group was initially formed in 2007 to guide the development of Ohio’s Alternative Response pilot but continued to monitor Ohio’s progress in implementing a Differential Response (DR) system, examined data related to DR implementation, made recommendations for needed policy or practice adjustments, and served as mentors for the implementation of high-quality DR practice throughout
Ohio’s rollout and scale-up of Differential Response. The recommendations of the Leadership Council informed the development of many aspects of Ohio’s CFSP. The Leadership Council served as 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:** Like Ohio’s Differential Response Leadership Council, the ProtectOHIO Consortium serves as the guiding body for Ohio’s Title IV-E Waiver Demonstration Project. This group of county representatives met regularly with OFC staff members and served 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 worked together to troubleshoot and come up with solutions for identified issues. The work of the Advisory Council has informed the implementation and evaluation of Permanency Roundtables and Youth-Centered Roundtables in Ohio – one of the key strategies included in the 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 serves as 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 Programs, the PCSAO, 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 (CAND). CAND also serves as the Task Force for both the Ohio’s Children’s Justice Act and Court Improvement Program (CIP). The recommendations of these leadership bodies were integral to the development of Ohio’s CFSP, and OFC continued to partner with the Court on CFSP implementation activities. The Supreme Court of Ohio serves on 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 CIP. The CIP Director and Coordinator both served as members of the CFSR PIP workgroup and were instrumental in the root cause analysis and strategy development.

**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 continued 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 report, OFC partnered with other state agencies to identify potential strategies and resources for the CFSR PIP.

**Statewide Associations:** OFC has established strong collaborations with the PCSAO, the Ohio Job and Family Services Directors’ Association (OJFSDA), and the Ohio Children’s Alliance. ODJFS regularly attends association meetings, providing periodic updates to these organizations on CFSP implementation activities as well as the federal CFSR. In addition, the Ohio Children’s Alliance, PCSAO and OJFSDA participates on several 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 provided 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 several important child welfare initiatives, including Differential Response, the Ohio Intimate Partner Violence Collaborative, and Permanency Roundtables.

**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.

Alignment with CFSR Collaboration Efforts

Implementation of the CFSP is closely aligned with collaborative efforts on the federal CFSR. As noted in previous APSR submissions, joint examination with stakeholders of statewide strengths and areas in need of improvement from CFSR Round 3 informed the development of Ohio’s 2020-2024 CFSP. Each strategy included in the CFSP was designed to build upon existing strengths or to address areas of practice needing improvement, with the goal of improving Ohio’s safety, permanency and well-being outcomes.

OFC’s CQI Advisory Team was also engaged in the joint examination of areas needing improvement and strengths to inform both the CFSR PIP and CFSP. Several Advisory Team members also served as CFSR PIP and CFSP workgroup members. The CQI Advisory Team is currently developing a peer review process to use as an ongoing resource for counties during CFSR PIP implementation and beyond. The team will review statewide CFSR outcome measures and PIP performance on a quarterly basis to identify trends and areas needing support and/or capacity building.

OFC has shared information with child welfare partners and stakeholders on Ohio’s implementation of the CFSR and the drafts of 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 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 partnered 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 October 5, 2018 edition, CFSR Items 14 and 15 were explained and Ohio’s ratings on these items was included. In addition, tips and resources for quality visits were provided in the article.

Collaboration on Ohio’s Title IV-E PIP

ODJFS engaged various stakeholders in the development 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. The final quarterly report was submitted to HHS, Region 5 on September 25, 2015.

Ongoing Collaboration

ODJFS plans to continue the avenues for stakeholder engagement and collaboration described above throughout the implementation of the 2020-2024 CFSP. Additional CFSP Implementation
Workgroups will be formed as needed to address 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 activities included in Ohio’s 2015-2019 CFSP were 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 Ohio Children’s Alliance annual conferences.
II. Update on Assessment of Performance, the Plan for Improvement and Progress to Improve Outcomes

Assessment of Performance

The Goals and Objectives established for the 2015-2019 Child and Family Services Plan (CFSP) were based on an assessment of performance of the seven Child and Family Services Review (CFSR) child and family outcomes and the seven CFSR systemic factors. Data sources used to conduct the assessment included:

- Statewide Automated Child Welfare Information System (SACWIS) data
- CFSR Data Profiles
- NCANDS data
- AFCARS data
- Case review data from Child Protection Oversight and Evaluation (CPOE) Reviews
- Survey data
- Stakeholder feedback

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

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

Safety Data Indicator 1

<table>
<thead>
<tr>
<th>Data Indicator</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>S1</td>
<td>Of all children in foster care during a 12-month period, what is the rate of victimization per 100,000 days of foster care?</td>
</tr>
</tbody>
</table>

Examination of State Safety Data Indicator 1

In FFY 2015 SACWIS changes were instituted to require agencies to record the incident date, which could provide a more accurate picture of the state’s performance on this data indicator. With the addition of the incident date field in SACWIS, Ohio showed a continuing downward trend to a rate of 9.12 victimizations per 100,00 days in care as of FY17. Ohio is encouraged by this trend and continues to work with county and private agency partners to address improved
performance. The following graph displays the observed performance on this data indicator over four observation periods using the most recent federal syntax.

<table>
<thead>
<tr>
<th>Data Indicator</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>S2 Recurrence of Maltreatment</td>
<td>Of all children who were victims of a substantiated or indicated report of maltreatment during a 12-month reporting period, what percent were victims of another substantiated or indicated report of maltreatment within 12 months of their initial report?</td>
</tr>
</tbody>
</table>

Examination of State Safety Data Indicator 2

During the last three Federal Fiscal Years, Ohio continues to decrease its rate for recurrence of maltreatment. Utilizing the new federal syntax, the graph below presents a significant level of improvement in the FY 2016 observed performance.

There is one safety item measure contained in Safety Outcome 1. The following table lists the item and the evaluation criteria.
**Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment**

<table>
<thead>
<tr>
<th>Item</th>
<th>Evaluation Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>To determine whether responses to all accepted child maltreatment reports received during the period under review were initiated, and face-to-face contact with the child (ren) made, within the time frames established by agency policies or state statutes.</td>
</tr>
</tbody>
</table>

**Examination of CFSR Round 3 Results**

During Round 3 of the CFSR there were 89 applicable cases for review of Item 1. Of the cases reviewed, 56 percent were rated as a Strength. Results of an analysis of CFSR data indicated that 6 of 15 CFSR counties initiated investigations in a timely manner, while the remaining nine counties did not. A survey of caseworkers, supervisors, and administrators in the 15 CFSR counties reported that inability to meet initiation timelines was primarily due to difficulty locating the family and/or all the children and time-management issues (due to caseloads). Comments suggested there were times when the number of reports requiring response exceeded the capacity of staff to respond in a timely manner.

**Examination of Statewide Data**

Review of recent SACWIS data on timeliness of initiation of investigations/assessments and contact with the alleged child victim/child subject of the report revealed the following:

- For intakes received in **Calendar Year 2017** and screened in for Traditional Response (TR) investigation, 40,678 of 45,166 (90.1%) were initiated in accordance with rule requirements. Of assessments screened in for Alternative Response (AR), 37,455 of 40,605 (92.2%) were initiated in accordance with rule requirements.
- For intakes received in **Calendar Year 2018** and screened in for TR investigation, 41,817 of 47,082 (88.8%) were initiated in accordance with rule requirements. Of assessments screened in for AR, 38,030 of 41,098 (92.5%) were initiated in accordance with rule requirements.
- For intakes received in **Calendar Year 2017** and screened in for TR investigation, the alleged child victim had an attempted or completed visit in the first four days on 35,720 of 45,166 (79.1%) reports. Of assessments screened in for AR, the child subject of report had an attempted or completed visit in the first four days after report receipt on 32,108 of 40,605 (79.1%) of reports.
- For intakes received in **Calendar Year 2018** and screened in for TR investigation, the alleged child victim had an attempted or completed visit in the first four days after report receipt on 38,565 of 47,082 (81.9%) reports. Of assessments screened in for AR, the child subject of the report had an attempted or completed visit in the first four days after report receipt on 32,936 of 41,098 (80.1%) reports.

Examination of the data revealed that in Calendar Year 2018 there were 4,409 more reports screened in for investigation/assessment. There was a slight drop in compliance with initiation timeframes for cases assigned to the TR Pathway while cases assigned to the AR Pathway had...
approximately the same level of timeliness response in Calendar Year 2017 and Calendar Year 2018.

A critical factor to ensure safety of the child is to have face-to-face contact with the child within established timeframes. While there was an increase in the number of reports screened in for investigation/assessment in Calendar Year 2018, caseworkers had attempted or completed their visit with the child within the first four days after report receipt at a higher level of compliance than during Calendar Year 2017. Staff turnover and inability to fill positions in some agencies has impacted their ability to comply with investigation/assessment timeliness and contact requirements.

**Examination of County CPOE Monitoring Results**

Item 1 was evaluated during CPOE case reviews to examine compliance with Safety Outcome 1. This item was monitored during CPOE Stage 9 beginning in October 2012 and continued to be monitored during CPOE Stage 11 using the CFSR case review tool. Partial CPOE Stage 11 results indicated that Item 1 was applicable in 153 of 378 In-home cases, Alternative Response cases and Substitute Care cases reviewed. As depicted below, of the 153 applicable cases reviewed, 74 percent of the cases (113 cases) were rated as a Strength, and 26 percent of the cases (40 cases) were rated as an Area Needing Improvement.

![Timeliness of Initiating Assessments/Investigations](image)

Further examination of In-home cases, Alternative Response cases and Substitute Care cases revealed that 81 percent of In-home cases (61 cases) were rated as a Strength, 59 percent of Alternative Response cases (20 cases) were rated as a Strength, and 73 percent of Substitute Care cases (32 cases) were rated as a Strength. This information is depicted in the following graph.
Thus far, CPOE Stage 11 results are higher than the results for Item 1 of the CFSR.

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

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

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

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

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

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

Two safety item measures are contained in Safety Outcome 2. The following table lists the items and their evaluation criteria.

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

**Examination of CFSR Round 3 Results for Safety Outcome 2**

During Round 3 of the CFSR Ohio was not in Substantial Conformity with Safety Outcome 2. Item 2 was applicable for 74 cases. Of the applicable cases, 72 percent were rated as a Strength. Item 3 had 164 cases which were applicable for review. Of the applicable cases, 52 percent were rated as a Strength. Of the 15 counties reviewed, 7 PCSAs were at a 100 percent level of compliance as was 1 IV-E court for Item 2. All but one PCSA experienced difficulties in achieving the expected level of performance for Item 3.

The primary causal themes that emerged from exploration of concerns during the PIP development process were:

- **Workload burden**: Workload burden underlies inconsistencies in comprehensiveness risk assessments and creates burnout.
- **Caseworker efficacy**: Caseworkers’ experience difficulties in talking to families about key risk concerns may contribute to inadequate risk assessments and difficulty in linking families to services.
- **Lack of group decision-making process and clear criteria for case closure**: Having only one person responsible for the decision to close a case or transfer it to ongoing services, even when there is a contradiction between the decision and the risk assessment findings, may contribute to premature case closure and possibly maltreatment recurrence.
- **Family Resistance**: Families refused to work with the agency to address risk and safety issues.

**Examination of County CPOE Monitoring for Safety Outcome 2**

Two items were evaluated during CPOE case reviews to examine compliance with Safety Outcome 2. These items were monitored during CPOE Stage 9 beginning in October 2012 and continued to be monitored during CPOE Stage 11 using the CFSR case review tool. Partial results from CPOE Stage 11 indicated that Item 2 did not achieve the 95 percent level of compliance and Item 3 also fell below the compliance level as evidence below.
Based upon partial CPOE Stage 11 results Ohio is not in Substantial Conformity with Safety Outcome 2.

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

Partial results from CPOE Stage 11 indicated there were 146 applicable cases for review. As depicted below, of the 146 applicable cases reviewed, 88 percent of the cases (129 cases) were rated as a Strength and 12 percent (17 cases) were rated as an Area Needing Improvement.

Partial results from CPOE Stage 11 revealed a higher level of performance for this Item when compared to the CFSR results.

Further examination of In-home cases, Alternative Response cases and Substitute Care cases revealed that 88 percent of In-home cases (74 cases) were rated as a Strength; 80 percent of Alternative Response cases (20 cases) were rated as a Strength; and 95 percent of Substitute Care cases (35 cases) were rated as a Strength. The following graphic depicts the results for review of Item 2 by case type.
As in the CFSR, Alternative Response cases had the lowest level of performance for this Item.

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

- **Caseworker and Family**: Services were provided to families to increase protective capacities of parents and to reduce child vulnerability.
- **Caseworker and Provider**: Agency records contained evidence of regular communication between workers and service providers to assess and reassess the value and effectiveness of services.
- **Caseworker and Family**: Agencies engaged family members in identification of services to assure safety and prevent removal of children from the home.
- **Caseworker and Family**: Services were identified and provided for families which were specific to the needs presented by the families.
- **Caseworker**: Services were regularly assessed during Case Reviews and Semiannual Administrative Reviews, and modifications occurred to the Case Plan if other service needs were identified.
- **Caseworker**: When children were removed from their home without provision of services, the action was necessary to ensure safety.
- **Caseworker and Agency**: Agencies provided services following reunification to ensure safety.

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

- **Caseworker and Provider**: Agencies did not follow-up with service providers to assess family progress.
- **Caseworker and Agency**: Lack of documentation that referrals to service providers occurred.
- **Caseworker and Agency**: Services were not provided to address specific issues identified in the Family Assessment.
- **Caseworker and Father**: Service needs of fathers were not assessed, nor were services identified in case planning.
- **Caseworker and Children**: Agencies failed to assess and address the safety and service needs of siblings of the target child in substitute care. Siblings were not included as participants in the case, nor were they found in the Family Assessment.

**Item 3: Risk assessment and safety management**

Thus far, 378 applicable cases have been reviewed during CPOE Stage 11. As depicted below, of the 378 cases, 62 percent were rated as a Strength (236 cases) and 38 percent (142 cases) were rated as an Area Needing Improvement.

![Risk and Safety Assessment and Management Chart]

Thus far, counties monitored during CPOE Stage 11 had a higher level of performance than CFSR counties; however, the CFSR expected level of performance was still not achieved.

Further examination of In-home, Alternative Response and Substitute Care cases revealed that 59 percent of the In-home cases (113 cases) were rated as a Strength; 45 percent of the Alternative Response cases (23 cases) were rated as a Strength; and 74 percent of the Substitute Care cases (100 cases) were rated as a Strength. The following graph depicts these results.

![Risk and Safety Assessment and Management Chart with details]
As in the CFSR, foster care cases had the highest level of performance in comparison to the other case types.

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

- **Caseworker and Family**: Agencies assessed safety and risk during face-to-face visits, home visits, case conferences, Family Team Meetings, formal Case Reviews, and Semiannual Administrative Reviews.
- **Caseworker**: Agencies completed Safety Assessments, Family Assessments, Re-Assessments and Reunification Assessments timely and with ample detail.
- **Caseworker and Children**: During home visits and visits in substitute care settings, agencies evaluated children’s safety by talking with them separately from their substitute caregivers, observing their behavior and interactions and spoke to their substitute caregivers.

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

- **Caseworker and Family**: All family members were not interviewed as part of the AR assessment activities.
- **Caseworker**: Re-Assessments of safety were not done when new issues surfaced on open cases.
- **Caseworker**: Safety Assessments or Family Assessments did not include all household members (e.g. all children in the home).
- **Caseworker**: Family Assessments did not contain sufficient information to arrive at case decisions.
- **Caseworker and Family**: Safety concerns were not being addressed adequately.
- **Caseworker and Family**: Case Reviews did not include all children in the home.
- **Caseworker and Agency**: Case Reviews and Semiannual Administrative Reviews were not being conducted or held timely.
- **Caseworker**: Initial and on-going assessments were not completed in a timely manner.
- **Caseworker**: Insufficient documentation in the Safety Assessments.
- **Caseworker and Agency**: Agency did not address safety issues that were brought to their attention regarding children in foster care and residential care.
- **Caseworker and Agency**: Cases were being closed when there were still risks present in the home.

### PERMANENCY OUTCOMES

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

This outcome is comprised of five permanency data indicators and three case-review item measures. A performance assessment of the data indicators and permanency item measures was conducted to: (a) determine statewide performance; and (b) identify the Strengths and Areas
Needing Improvement for Items 4, 5, and 6. The following table contains information on the data indicators.

<table>
<thead>
<tr>
<th>P1</th>
<th>Permanency in 12 Months for Children Entering Foster Care</th>
<th>Of all children who enter foster care in a 12-month period, what percent discharged to permanency within 12 months of entering foster care?</th>
</tr>
</thead>
<tbody>
<tr>
<td>P2</td>
<td>Permanency in 12 Months for Children in Foster Care 12 to 23 Months</td>
<td>Of all children in foster care on the first day of a 12-month period who had been in foster care (in that episode) between 12 and 23 months, what percent discharged from foster care to permanency within 12 months of the first day of the 12-month period?</td>
</tr>
<tr>
<td>P3</td>
<td>Permanency in 12 Months for Children in Foster Care 24 Months +</td>
<td>Of all children in foster care on the first day of a 12-month period, who had been in foster care (in that episode) for 24 months or more, what percent discharged to permanency within 12 months of the first day of the 12-month period?</td>
</tr>
<tr>
<td>P4</td>
<td>Re-entry to Foster Care in 12 Months</td>
<td>Of all children who enter foster care in a 12-month period who discharged within 12 months to reunification, living with relative, or guardianship, what percent re-enter foster care within 12 months of their discharge?</td>
</tr>
<tr>
<td>P5</td>
<td>Placement Stability</td>
<td>Of all children who enter foster care in a 12-month period, what is the rate of placement moves per 1,000 days of foster care?</td>
</tr>
</tbody>
</table>

**Permanency Data Indicators**

**Permanency in 12 Months for Children Entering Foster Care**

Over the past five observation periods, Ohio has exceeded the National Performance of 40.5 percent for *Permanency in 12 Months for Children Entering Care*. However, there has been a decrease in observed performance during the last observation period as evidenced below.
**Permanency in 12 Months for Children in Foster Care 12 to 23 Months**

In three of the last four observation periods there has been an improvement in observed performance in achieving permanency in 12 months for children in foster care 12 to 23 months. The following table reflects these results.

<table>
<thead>
<tr>
<th>Date</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/1/2014</td>
<td>45.84%</td>
</tr>
<tr>
<td>4/1/2015</td>
<td>50.03%</td>
</tr>
<tr>
<td>4/1/2016</td>
<td>47.87%</td>
</tr>
<tr>
<td>4/1/2017</td>
<td>47.43%</td>
</tr>
</tbody>
</table>

The National Performance is 45.9% and above; thus, Ohio is above the National Performance.

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

When examining observed performance over the past three observation periods there has been an increase in children achieving permanency in 12 months for those children who have been in foster care 24 months or longer. The following graph displays the level of improvement over 3 observation periods.

<table>
<thead>
<tr>
<th>Date</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/1/2015</td>
<td>22.82%</td>
</tr>
<tr>
<td>4/1/2016</td>
<td>34.41%</td>
</tr>
<tr>
<td>4/1/2017</td>
<td>34.34%</td>
</tr>
</tbody>
</table>

The National Performance is 31.8% and above and Ohio is above the National Performance.
Re-Entry to Foster Care

When examining observed performance over the past four observation periods there was a spike in the number of children re-entering foster care. In the last observation period there was a decline which signified Ohio was close to achieving the National Performance of 8.1% or below.

Placement Stability

As depicted below, over the four observation periods there is continued improvement in ensuring placement stability for children. Ohio’s permanence is statistically better than the National Performance of 4.44.

At this juncture, four Permanency Data Indicators are above national trends. In Ohio’s CFSR Round 3 Final Report it was noted that “these statewide data are promising indicators of some strengths in permanency practice in Ohio.”

The following county practices have resulted in achieved permanency for children and youth:
• **Caseworker and Family**: Use of Family Team Meetings to develop case plans and establish permanency goals.

• **Caseworker, Family and Youth**: Use of Permanency Roundtables and Youth-Centered Roundtables to identify permanency options and identify critical supports and connections for children/youth.

• **Agency**: Sharing data and CPOE findings with the juvenile court judge to facilitate joint planning.

• **Caseworker and Family**: Expanding the frequency and duration of parent/child visits as case plan progress builds safety.

• **Caseworker and Family**: Use of concurrent planning for substitute care cases – not waiting to begin planning for more than one possible avenue to permanency.

• **Caseworker and Provider**: Frequent face-to-face and telephone contact with community service providers to assess family progress on case plan objectives.

• **Caseworker and Family**: Reviewing and discussing the Case Plan or Family Services Plan with families during each visit.

• **Caseworker and Family**: Establishing more frequent caseworker visits with parents.

• **Caseworker, Child and Family**: Planning overnight/extended visits between the parents and children in preparation for reunification.

• **Caseworker and Provider**: Working closely with service providers and families to ensure families are comfortable with reunification.

• **Caseworker, Agency, Family and Provider**: Providing services to the family to support reunification and continuing to provide services following reunification to ensure re-entry does not occur.

• **Caseworker and Caregiver**: Engaging foster parents in providing additional support for parents and in aiding the child’s transition from the foster home.

• **Agency and Caseworker**: Certifying applicants as foster-to-adoptive placements.

• **Agency and Caseworker**: Conducting matching conferences upon receipt of permanent custody.

• **Agency and Recruiter**: Conducting thorough case mining to identify possible adoptive placements and use of Wendy’s Wonderful Kids recruiters to conduct child-specific recruitment.

• **Caseworker, Prover, Caregiver**: Effective coordination and communication with the placement provider, the service provider and prospective adoptive family.

• **Agency and Adoptive Family**: Providing needed post-adoption services to ensure the adoption does not disrupt.

Additionally, ODJFS has continued to examine longitudinal data to identify trends and provide statistical insights to counties to enable them to take targeted action to improve performance. A recent study conducted by ODJFS indicated that children not achieving permanency in 12-months is strongly related to a child having a diagnosed disability, being placed out of state, being emotionally disturbed, and having inadequate housing. (Refer to pages 181-182 of this report for further information). Current work is also being done on identifying the driving factors on children re-entering care.
Permanency Item Measures

Three permanency item measures are contained within Permanency Outcome 1. The following table lists the items and the evaluation criteria used to assess performance. These items were monitored during CPOE Stage 9 beginning in October 2012 and continued to be monitored during CPOE Stage 11 using the CFSR case review tool.

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

Overall CFSR Round 3 Results for Achievement of Permanency Outcome 1

During Round 3 of the CFSR there were 71 applicable cases reviewed to assess conformity with Permanency Outcome 1. Findings from the review of Items 4, 5, and 6, which make up Permanency Outcome 1, were not in Substantial Conformity. As evident in the graph below, the lowest level of compliance was seen in Item 6: Achieving Reunification, Guardianship, Adoption, or other Planned Permanent Living Arrangement.
Focus group participants, PIP Committee members, and child welfare survey respondents identified court-related factors as some of the reasons for delays in achieving permanency. Factors identified included the following:

- Continuances granted for hearings, often due to failure to serve parties, parties not showing up for hearings, families requesting legal representation at the hearing, and attorneys not being able to attend because of scheduling conflicts.
- Extensive time frames for scheduling permanent custody hearings.
- There is a current Supreme Court of Ohio Time Standard of nine months between the motion for permanent custody and the journalized court order. This likely contributes to delays in permanency for some children.

In a survey conducted by SCO to identify CFSR PIP strategies, court survey respondents indicated that the most prevalent reasons for continuances were: service was not perfected on a party (70%), parent requested representation at hearing (47%), and attorney had a trial or hearing in another court (30%). Respondents to the court survey noted the top three reasons given for delays in PC hearings were: finding time on the docket (33%), service on a party (31%), and scheduling all parties for the hearing (31%).

Other factors noted as reasons for permanency delays provided by CFSR agencies in their CPOE Stage 11 Self-Assessments included the following:

- Delays in accessing services (e.g., in-patient or out-patient substance abuse services) due to both wait-lists and parents not beginning services in a timely manner.
- Child's behavioral health needs requiring lengthy treatment.

In summary, the primary causal themes that emerged from exploration of concerns related to CFSR Permanency Outcome 1 are as follows:

- **Continuances and delays in scheduling key court hearings.** For the most part, court decisions are necessary for moving forward with permanency. When there are continuances granted in court hearings or delays in scheduling critical hearings, permanency can be delayed for several months.
- **Availability of needed services and families’ willingness to participate in services.** When either services are not accessible, or families refuse to participate in services permanency can be delayed.

**Examination of County CPOE Monitoring Results**

Partial CPOE Stage 11 results indicated that Ohio was not in Substantial Conformity with Permanency Outcome 1. As in the CFSR, the lowest level of compliance was seen in Item 6: Achieving Reunification, Guardianship, Adoption, or other Planned Permanent Living Arrangement. The graph below depicts performance in Items addressing Permanency Outcome 1.
Item 4: Stability of foster care placement

Examination of CFSR Round 3 Results

During Round 3 of the CFSR, there were 71 applicable cases reviewed. Seventy-six percent of the cases were rated as a Strength. Of the 15 counties reviewed, 6 counties achieved 100 percent compliance with Item 4.

Examination of County CPOE Monitoring Results

As of this date, a total of 135 Substitute Care cases were identified as applicable for review of Item 4 during CPOE Stage 11. As depicted below, 87 percent of the cases reviewed (117 cases) were rated as a Strength, and 13 percent of the cases (18 cases) were rated as an Area Needing Improvement.

With almost double the number of cases reviewed thus far, Ohio’s performance was significantly better than the state’s performance during the CFSR.

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

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

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

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

- Severe behavioral issues of adolescents in the placement setting.
- Insufficient information or support provided to foster caregivers/relative caregivers resulting in caregiver’s request for a child or all the children be removed.
- Appropriate step down from intensive to a less intensive placement and/or more restrictive placement.
- Moved to an adoptive placement or permanent guardian home.

**Item 5: Permanency goal for child**

[Examination of CFSR Round 3 Results](#)

During Round 3 of the CFSR, there were 71 applicable cases reviewed. Results indicated that 73 percent of the cases were rated as a Strength. Of the 15 counties, 9 counties achieved 100 percent compliance with Item 5.

[Examination of County CPOE Monitoring Results](#)

Thus far, 135 applicable cases have been reviewed during CPOE Stage 11 to determine whether appropriate permanency goals were established for children in a timely manner. As depicted below, of the 135 applicable cases reviewed, 83 percent of the cases (112 cases) were rated as a Strength, and 17 percent (23 cases) were rated as an Area Needing Improvement.
Thus far, agencies reviewed during CPOE Stage 11 had a higher level of performance than CFSR counties.

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

- **Caseworker and Family:** Utilized Family Team Meetings to establish permanency goals. This open forum offered families the chance to meet with the investigators and ongoing workers and discuss the need for and availability of local services.
- **Caseworker and Family:** Agencies were establishing concurrent Case Plan goals.
- **Caseworker and Family:** Case Plans goals were developed timely with specified services linked to Case Plan goals. When goals were changed, services were revised to reflect the new Case Plan goal. Case Plan goals were achieved within required timeframes.
- **Agency and Caseworker:** Concerted efforts were made to identify families for children with a goal of adoption through extensive recruitment efforts and conducting timely matching conferences.

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

- **Caseworker:** Permanency Goals were not established or changed within required timeframes.
- **Caseworker:** No compelling reasons documented for not filing for termination of parental rights.
- **Agency and Court:** The Case Plan goal of adoption was not achieved in a timely manner by agencies and courts. Several of the delays cited were appeals of termination of parental rights. There were also several continuances of hearings.
**Item 6: Achieving Reunification, Guardianship, Adoption or Other Planned Permanent Living Arrangement**

**Examination of CFSR Round 3 Results**

During Round 3 of the CFSR, there were 71 applicable cases reviewed. Of the 71 cases, 56 percent were rated as a Strength. Four counties achieved compliance with Item 6 at the 100 percent compliance level.

**Examination of County CPOE Monitoring Results**

Thus far, 135 cases were reviewed for compliance with Item 6 during CPOE Stage 11. As depicted below, of the cases reviewed, 73 percent of the cases (98 cases) were rated as a Strength, and 27 percent (37 cases) were rated as an Area Needing Improvement.

![Achieving Reunification, Guardianship, Adoption or Other Planned Permanet Living Arrangement](image)

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

- **Caseworker and Court**: Worked with the court, families and other community partners to ensure children did not linger in foster care longer than necessary.
- **Caseworker and Family**: Explored concurrent planning at the inception of placement for their substitute care cases.
- **Caseworker and Family**: Provided services to the family to support reunification and continued to provide services following reunification to ensure re-entry did not occur.
- **Caseworker and Family**: Ensured regular visits between the biological parents and children occurred with overnight and extended visits built into their reunification efforts.
- **Caseworker and Agency**: Held Permanency Planning meetings following the filing of permanent custody to review the appropriateness of the child’s current placement and identify records needed to complete the Child Study Inventory and Social/Medical History form.
- **Caseworker and Agency Recruiter**: Utilized Wendy’s Wonderful Kids recruiters to do child-specific recruitment.
- **Caseworker and Recruiter**: Partnered with Adopt America to locate families for youth.
• **Caseworker and Family:** Work began prior to termination of parental rights to look for a permanent placement for the child, including exploration with relatives and the current substitute caregiver of their interest in adopting the child.

• **Caseworker and Agency:** Diligent efforts were made to locate fathers, conduct relative searches, and work with parents to provide permanency for their children.

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

• **Court:** Court continuances contributed to the lengthy period of time between the filing of the motion and receipt of permanent custody, thus delaying the ability of agencies to achieve permanency for children.

• **Caseworker and Court:** No documentation of compelling reasons for not requesting termination of parental rights.

• **Caseworker, Agency and Family:** Services were not provided or available to achieve the case plan goal of reunification.

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

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

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

Overall CFSR Round 3 Results for Permanency Outcome 2

During Round 3 of the CFSR, 70 percent of the cases were rated as Substantially Achieved. The following graph presents a breakdown of cases rated as a Strength for each item measure contained in Permanency Outcome 2.

The Ohio’s CFSR Final Report noted Ohio has a strong emphasis on relative placement.

Examination of CPOE County Monitoring Data

CPOE Stage 11 utilized the CFSR Round 3 on-site review instrument to assess performance on the above five items. The graph below depicts performance in addressing Permanency Outcome 2.
Thus far, 93 percent of the cases reviewed during CPOE Stage 11 Substantially Achieved Permanency Outcome 2. Strengths were seen in the level of performance for Items 7, 9, and 10; although Items 8 and 11 exceeded the CFSR level of performance for these items.

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

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

**Item 7: Placement with Siblings**

**Examination of CFSR Round 3 Results**

During Round 3 of the CFSR, 52 applicable cases were reviewed. Of the applicable cases reviewed, 85 percent were rated as a Strength. Twelve of the 15 counties achieved compliance at the 100 percent level.

**Examination of County CPOE Monitoring Results**

Thus far, 82 applicable cases were reviewed. Ninety-nine percent of the applicable cases reviewed (81) were rated as a Strength and 1 case was rated as an Area Needing Improvement. These results are depicted below.
Primary consideration is given by agencies to keep siblings together unless this is not in the best interests of the child. Strong Family Search and Engagement strategies employed by PCSAs have resulted in identification of relatives or kin to serve as a resource placement. The data presented above reflects the commitment to maintaining siblings together if placement is necessary.

**Item 8: Visiting with Parents and Siblings in Foster Care**

**Examination of CFSR Round 3 Results**

During Round 3 of the CFSR, 63 applicable cases were reviewed. Of the applicable cases reviewed, 71 percent were rated as a Strength. Eight of the 15 counties achieved 100 percent compliance with this item.

**Examination of County CPOE Monitoring Results**

Thus far, 103 applicable cases were reviewed. Eighty-seven percent of the applicable cases reviewed (90) were rated as a Strength and 13 percent of the applicable cases (13) were rated as an Area Needing Improvement. These results are depicted below.

![Visiting with Parents and Siblings in Foster Care](image)

It was noted in agency *CPOE Stage 11 Self Assessments* that the following supports were provided to facilitate visitation with parents and siblings in foster care:

- **Agency and Family:** Provided gas cards, cab services, and other public transportation assistance to parents.
- **Agency and Family:** Encouraged visits of children in their homes.
- **Agency and Family:** Offered flexible hours to parents and other family members to visit at the agency or other community locations.
- **Caseworker, Caregiver, Parents:** Workers or foster parents transported child(ren) to visitations with parents and family members.
- **Agency, Caseworker, and Parents:** Offered coaching, mentoring, and parent education during visits.
*Item 9: Preserving Connections*

**Examination of CFSR Round 3 Results**

During Round 3 of the CFSR, 71 applicable cases were reviewed. Of the applicable cases reviewed, 75 percent were rated as a Strength. Nine of the 15 counties achieved 100 percent level of compliance with this item.

**Examination of County CPOE Monitoring Results**

Thus far, 134 applicable cases were reviewed. Ninety-nine percent of the applicable cases reviewed (133) were rated as a Strength and 1 case was rated as an Area Needing Improvement. These results are depicted below.

![Graph showing 99% Strength and 1% Area Needing Improvement](image)

The following Search and Engagement strategies have been used to identify connections to be maintained for the child/youth:

- **Caseworker, Family, Child/Youth**: Asked family members and child/youth during Family Team Meetings and Home Visits.
- **Agency, Family, Child/Youth**: Asked family/youth during Youth Centered Permanency Roundtables.
- **Agency and Caseworker**: Engaged in case mining.
- **Caseworker, Family, Child/Youth**: Completed Eco Maps.
- **Agency, Family, Child/Youth**: Engaged a 30 Days to Family Worker.

ODJFS published a Family Search and Engagement Toolkit to assist Children Services Agencies and Title IV-E courts in strengthening their Family Search and Engagement (FSE) practice.
**Item 10: Relative Placement**

**Examination of CFSR Round 3 Results**

During Round 3 of the CFSR, 65 applicable cases were reviewed. Of the applicable cases reviewed, 85 percent were rated as a Strength. Ten of the 15 counties achieved 100 percent compliance with this item.

**Examination of County CPOE Monitoring Results**

Thus far, 118 applicable cases were reviewed. Ninety-two percent of the applicable cases reviewed (109) were rated as a Strength and 9 applicable cases were rated as an Area Needing Improvement. These results are depicted below.

![Relative Placement Diagram](image)

Family Search and Engagement strategies used by agencies were critical to locating relative placements. Equally critical was the provision of support to relatives. Some of the strategies identified by PCSAs in their CPOE Stage II Self-Assessment included the following:

- **Agency, Kinship Coordinator:** Assigned a relative a Kinship Coordinator so she/he can contact a specified individual for assistance.
- **Caseworker and Relative:** Linked the relative with CDJFS benefits, ESSA, or other community resources.
- **Agency, Kin:** Provided KPIP funding.
- **Caseworker, Family, Child/Youth, Relatives:** Involved the relative in Family Team Meetings.
- **Agency:** Offered respite care.
- **Agency:** Offered child care.

In a joint effort between the Ohio Family Care Association, The Supreme Court of Ohio and ODJFS the *Ohio Resource Guide for Relatives Caring for Children* was developed. This publication contains the following information: What is Kinship Care; Caring for Children Who Were Abused, Neglected or Abandoned; Finding Help with Expenses; Finding Help with Medical Services for You and the Children in Your Care; Finding Help with Educational Services; Finding Help with Legal Services and Understanding Legal Terms; Power of Attorney Form; Notices
Regarding Power of Attorney; Caretaker Authorization Affidavit; and County Resource Contacts. This Resource Guide was one of the strategies identified in the CFSP to assist in achieving Permanency.

**Item 11: Relationship of Child in Care with Parents**

**Examination of CFSR Round 3 Results**

During Round 3 of the CFSR, 62 applicable cases were reviewed. Of the applicable cases reviewed, 66 percent were rated as a Strength. Nine of the 15 counties achieved 100 percent compliance with this item.

**Examination of County CPOE Monitoring Results**

Thus far, 93 applicable cases were reviewed during CPOE Stage 11. Eighty-five percent of the applicable cases reviewed (79) were rated as a Strength and 15 percent of the applicable cases (14) were rated as an Area Needing Improvement. These results are depicted below.

Challenges experienced by caseworkers and parents occurred when children were not placed in the communities from which they were removed. Parents had difficulty attending school functions and medical appointments; especially when they did not have their own transportation. An innovative approach that was identified during the review was an agency provided the parent with a monthly planner and the parent, caregiver and worker would record all appointments, including school events. This empowered the parent to always feel connected to her child.

**Well-Being Outcomes**

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

**Well-Being Item Measures**

The following well-being item measures constitute Well-Being Outcome 1. The criteria for evaluation of each item is presented below.

<table>
<thead>
<tr>
<th>Item</th>
<th>Evaluation Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td><strong>Needs and services of child, parents, foster parents</strong></td>
</tr>
<tr>
<td>13</td>
<td><strong>Child and family involvement in case planning</strong></td>
</tr>
<tr>
<td>14</td>
<td><strong>Caseworker visits with child</strong></td>
</tr>
<tr>
<td>15</td>
<td><strong>Caseworker visits with parents</strong></td>
</tr>
</tbody>
</table>

**Overview of CFSR Results for Well-Being Outcome 1**

Across all item measures, performance did not achieve the expected level of compliance of 95 percent as evidenced below.
As part of the CFSR PIP development process a survey was conducted of caseworkers, supervisors and administrators of the 15 CFSR agencies. The following primary causal themes that emerged from exploration of concerns related to Well-Being Outcome 1 were:

- **Lack of clarity regarding policies concerning the parties to be assessed, contacted, and engaged in case planning.** CFSR case reviews found that in several cases not all the key parties were being assessed, contacted, and/or engaged in case planning. Focus groups and PIP Committee members suggested that this may be due to caseworkers not being clear about who they are expected to assess, engage in case planning, and contact.

- **Lack of caseworker efficacy in working effectively with some families.** Survey findings indicated that some caseworkers find it difficult to engage with parents and children around particular issues or topics. In addition, caseworkers and supervisors also noted that a considerable barrier to effectiveness in working with families is that many families have severe/complex problems. Although content training is provided in areas such as substance abuse and domestic violence, training to address caseworkers’ self-efficacy may not be available. Additionally, services to address the complex needs of families and children are not always available or sufficient.

- **High caseloads and excessive SACWIS data entry demands that result in emotional exhaustion and burnout.** Survey findings indicated that the concerns pertaining to assessment, engagement in case planning, and the quality of caseworker contacts may be attributed to the lack of time caseworkers have to work effectively with their families because they have too many cases and too many demands on them from the agency and the families, both of which often result in emotional exhaustion or burnout.

- **Lack of clarity regarding quality expectations for caseworker contacts with children and parents and how to report quality-related discussions in the contact logs.** Focus group participants and some PIP Committee members indicated that caseworkers may not be clear about what constitutes a quality contact with a parent or child and/or how to appropriately record the quality aspects of their contacts in the contact log for the case.

- **Lack of family willingness to engage in services.** Caseworkers and supervisors reported that a major barrier to working effectively with families is that families are not willing to engage in the services needed to address safety and risk concerns.

Strategies outlined in the CFSR PIP address the above causal themes and are reflected in the 2020-2024 CFSP.

**Overview of CPOE Stage 11 Results for Well-Being Outcome 1**

Partial results from CPOE Stage 11 indicate PCSAs have continued difficulty achieving Well-Being Outcome 1. The following graph depicts results for each item measure within Well-Being Outcome 1.
While partial results from CPOE Stage 11 have a higher level of achievement than results from Round 3 of the CFSR, the following concerns were noted in cases reviewed:

- **Caseworker and Family:** Inconsistent assessments of parents and other relevant family members living in the home.
- **Caseworker and Family:** Results of assessments were not linked to identified services needed.
- **Caseworker and Family:** Parents and children, when age appropriate, were not consistently engaged in case planning and ongoing review of the case plan.
- **Caseworker and Family:** Confusion about who should be seen during home visits; especially for In-home cases.
- **Caseworker and Family:** Parents not being home when caseworker visits were scheduled.

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

**Evaluation of CFSR Round 3 Results**

During Round 3 of the CFSR, 52 percent of the 164 applicable cases were rated as a Strength. The highest level of performance was for foster care cases (62 percent) while the lowest level of performance was for Alternative Response cases (36 percent). Of the 15 CFSR counties, 2 PCSAs and 1 IV-E court achieved 100 percent compliance with Item #12.

**Examination of County CPOE Monitoring Results**

Partial CPOE Stage 11 results indicated that 378 cases were applicable for review of this item. As depicted in the graph below, 71 percent of the applicable cases (270 cases) were rated as a Strength, and 29 percent (108 cases) were rated as an Area Needing Improvement.
Further examination of In-home cases, Alternative Response cases and Substitute Care cases revealed that 69 percent of In-home cases (132 cases) were rated as a Strength; 63 percent of Alternative Response cases (32 cases) were rated as a Strength; and 79 percent of Substitute Care cases (106 cases) were rated as a Strength. The following graph depicts the results for review of Item #12 by case type.

As in the CFSR, the highest level of performance was for Substitute Care cases and the lowest level of performance was in Alternative Response cases.

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

- **Caseworker and Family:** Needs were assessed for children as part of the Family Assessment, Case Reviews, Semiannual Administrative Reviews, and re-assessed informally during regular visits with children.
- **Caseworker and Family:** Parents’ needs were assessed during Family Team Meetings.
- **Caseworker and Community:** Collaboration among community service providers helped to ensure the service needs of families and children coming to the attention of the children services agency were addressed.
Cases rated as an Area Needing Improvement were a result of one or more of the following findings:

- **Caseworker and Father**: Fathers’ needs were not assessed although they were living in the home.
- **Caseworker and Father**: Fathers’ needs were assessed; however, no services were provided.
- **Caseworker and Family**: Parents had identified service needs, and there was no follow-up by the agency.
- **Caseworker and Children**: For In-home and Alternative Response cases, caseworkers did not assess needs of all children in the home.
- **Caseworker and Service Provider**: No indication the agency contacted services providers to determine case progress.

It was noted in agency *CPOE Stage 11 Self-Assessments* services needed for families and children were either not available in the county or there were long waiting lists for identified services. Willingness of family members to work with the agency was also identified as a significant barrier when assessing service needs.

**Item 13: Child and family involvement in case planning**

_Evaluation of CFSR Round 3 Results_

During Round 3 of the CFSR, 66 percent of the 160 applicable cases were rated as a Strength. The highest level of performance was for Substitute Care cases (75 percent) while the lowest level of performance was for In-home cases (57 percent). Three PCSAs and 1 IV-E court achieved 100 percent compliance with this Item.

_Examination of County CPOE Monitoring Results_

Partial results from CPOE Stage 11 revealed there were 370 cases applicable for review. As depicted in the graph below, 82 percent of the applicable cases (304 cases) were rated as a Strength and 18 percent (66 cases) were rated as an Area Needing Improvement.

Further examination of In-home cases, Alternative Response cases and Substitute Care cases revealed that 81 percent of In-home cases (156 cases) were rated as a Strength; 75 percent of
Alternative Response cases (38 cases) were rated as a Strength; and 87 percent of Substitute Care cases (110 cases) were rated as a Strength. The following graph depicts results of the review for Item 13 by case type.

![Graph showing child and family involvement in case planning](image)

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

- **Caseworker and Family**: Caseworkers were developing Case Plans with families during Family Team Meetings or Family Conferences.
- **Caseworker and Family**: Case Plans were amended frequently to reflect changes as they occurred.
- **Caseworker and Family**: Agencies invited parents with known addresses to Semiannual Administrative Reviews through letters sent to parents as well as providing verbal notifications during contacts with parents.
- **Caseworker and Family**: Mothers, step-fathers, custodial fathers were invited to participate in case planning, Family Team Meetings and Semiannual Administrative Reviews.
- **Caseworker and Family**: When family members are unable to come to the agency for a Case Review or SAR the agency conducted the review at the family’s home.

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

- **Caseworker and Family**: Case Plans were not always developed with the involvement of the parents and the child, if age appropriate. Case Plans were presented to them with services.
- **Caseworker and Family**: Case Plans were not individualized for the child and parents and did not address risk contributors.
- **Caseworker and Family**: Case record reviews and Semiannual Administrative Reviews were not completed timely and/or with the involvement of the child and the family.
**Item 14: Caseworker visits with child**

**Evaluation of CFSR Round 3 Results**

During Round 3 of the CFSR, there were 164 applicable cases identified for review. Of the 164 applicable cases reviewed, 66 percent were rated as a Strength. The highest level of performance by case type were Substitute Care cases rated at 71 percent. Four of the PCSAs and 2 IV-E courts achieved 100 percent compliance with this item.

**Examination of County CPOE Monitoring Results**

Partial CPOE Stage 11 results for 378 applicable cases reviewed indicated that 75 percent of the cases (282) were rated as a Strength and 25 percent of cases (96) were rated as an Area Needing Improvement.

Further examination of In-home cases, Alternative Response cases and Substitute Care cases revealed that 73 percent of In-home cases (140 cases) were rated as a Strength; 55 percent of Alternative Response cases (28 cases) were rated as a Strength; and 84 percent of Substitute Care cases (114 cases) were rated as a Strength. The following graph depicts the results for review of Item 14 by case type.
PCSAs where cases reviewed for this item were rated as a Strength had the following effective practices in place:

- **Caseworker and Child/Youth**: Staff made monthly visits with children in their homes or in their substitute care setting.
- **Caseworker and Child/Youth**: Workers made concerted efforts to assess the needs of the children at initial involvement with the family as well as on an ongoing basis. Agencies made attempts to involve children in the case planning process as appropriate to their age and functioning.
- **Caseworker and Child/Youth**: Workers spoke alone with children about safety issues.
- **Caseworker and Child/Youth**: For non-verbal children, workers provided detailed descriptions of the child’s development, activities observed, and interactions between the child and caregiver.

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

- **Agency, Caseworker and Child/Youth**: Visits with children were not always conducted by the agency’s assigned worker but by another agency worker to meet monthly visitation requirements. This may have had an adverse impact of families’ ability to engage with the agency.
- **Caseworker and Child/Youth**: Frequency of visits between the caseworker and the child was not sufficient to address issues pertaining to the safety, permanency or well-being of the child and promote achievement of case goals.
- **Caseworker and Child/Youth**: Caseworker visits for In-home cases focused on the identified victim and not all children in the home.

A noted barrier in the counties monitored was a high/moderate turnover of caseworkers and supervisors. Thus, visits may have been late or did not occur due to workforce problems. With a turnover in staff there may be delays in arranging for needed services (new worker may not be familiar with a child’s service needs).

**Item 15: Caseworker visits with parents**

**Examination of CFSR Round 3 Results**

During Round 3 of the CFSR, there were 155 applicable cases reviews. Fifty-one percent of the cases were rated as a Strength. There was a low level of performance across all case types. Three PCSAs and 1 IV-E court achieved 100 percent compliance with this item.

**Examination of County CPOE Monitoring Results**

Partial results from CPOE Stage 11 indicated that 340 cases were applicable for review of this item. As depicted in the graph below, 67 percent of the applicable cases (227 cases) were rated as a Strength, and 33 percent (113 cases) were rated as an Area Needing Improvement.
Further examination of In-home cases, Alternative Response cases and Substitute Care cases revealed that 67 percent of In-home cases (128 cases) were rated as a Strength; 59 percent of Alternative Response cases (30 cases) were rated as a Strength; and 71 percent of Substitute Care cases (69 cases) were rated as a Strength. The following graph depicts the results for review of Item 15 by case type.

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

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

Cases rated as an Area Needing Improvement were a result of one or more of the following findings:
• **Caseworker and Parents:** Lack of efforts to locate parents.

• **Caseworker and Parents:** Workers did not work flexible work hours, so visits could be made with working parents.

• **Caseworker and Parents:** Fathers and/or non-custodial parents (mothers, fathers, legal custodian) were not visited.

• **Caseworker and Agency:** There was poor documentation regarding what occurred during visits with the parents.

As with Item 14, a noted barrier in the counties monitored was a high/moderate turnover of caseworkers and supervisors. Thus, visits with parents may have been late or did not occur due to workforce problems.

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

Well-Being Item 16 is reviewed to assess compliance with Well-Being Outcome 2. The following table presents information on the evaluation criteria used to determine level of performance with this item.

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
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<tbody>
<tr>
<td>16</td>
<td>Educational needs of the child</td>
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</tbody>
</table>

**Overview of CFSR Round 3 Results for Well-Being Outcome 2**

During Round 3 of the CFSR, there were 89 applicable cases reviewed. Ohio was found not in Substantial Conformity with Well-Being Outcome 2 since 85 percent of the cases were rated as a Strength. This falls below the expected level of compliance which is 95 percent. Eleven of the 15 counties and 1 IV-E court achieved 100 percent compliance with this Item. Additionally, 1 county was at a 93 percent level of compliance while the remaining counties were between 61 and 88 percent compliant with this Item.

It was noted in Ohio’s *CFSR Round 3 Final Report* that case review results identified strong relationships and coordination between the agencies and local school systems.

**Examination of County CPOE Monitoring Results**

**Item 16: Educational needs of the child**

Partial results from CPOE Stage 11 indicated 160 cases were applicable for review of this item. As depicted in the graph below, 92 percent of the applicable cases (147 cases) were rated as a Strength and 8 percent (13 cases) were rated as an Area Needing Improvement.
Further examination of In-home cases, Alternative Response cases and Substitute Care cases revealed that 88 percent of In-home cases (28 cases) were rated as a Strength; 100 percent of Alternative Response cases (7 cases) were rated as a Strength; and 93 percent of Substitute Care cases (112 cases) were rated as a Strength. The following graph depicts results for review of Item 16 by case type.

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

- **Caseworker and Parents**: Educational needs of the child/youth were discussed during regular Family Team Meetings.
- **Caseworker and Parents**: Assisted parents in participating in IEP meetings.
- **Caseworker and Caregivers**: Foster parents attended educational meetings and shared the information with agency staff.
- **Caseworker and School**: Consistently monitored child’s progress in school with regular contacts made with the school.
- **Caseworker and Parents**: Updated and reviewed education progress during Semiannual Administrative Reviews.
- **Caseworker and Family**: Linked families to Help Me Grow and/or Head Start.
Cases rated as an Area Needing Improvement were a result of the following findings:

- **Caseworker and Agency**: No documentation that educational assessments were conducted.
- **Caseworker and Agency**: The JFS 01443 educational section was not being updated at every Semiannual Administrative Review.

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

Well-Being Outcome 3 compliance is based upon a case review of two items: Item #17: *Physical Health of Child* and Item 18: *Mental/Behavioral Health of Child*. The following table provides information on how each item is evaluated.

<table>
<thead>
<tr>
<th>Item</th>
<th>Evaluation Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td><strong>Physical health of child</strong></td>
</tr>
<tr>
<td>18</td>
<td><strong>Mental/behavioral health of the child</strong></td>
</tr>
</tbody>
</table>

**Overview of CFSR Round 3 Results for Well-Being Outcome 3**

Using the state’s performance on Item 17 and Item 18, Ohio was at a 76 percent level of compliance and was not in Substantial Conformity with Well-Being Outcome 3. Item 17 had 92 applicable cases reviewed and 80 percent were rated as a Strength. Item 18 had 92 applicable cases reviewed and 79 percent were rated as a Strength. The following graph depicts the results for Well-Being Outcome 3.
Overview of CPOE Stage 11 Results for Well-Being Outcome Indicator 3

Partial CPOE Stage 11 results indicated Ohio is not in Substantial Conformity with Well-Being Outcome 3. Both item measures fell below of 95 compliance level as presented in the graph below.

**Item 17: Physical health of child**

**Examination of CFSR Round 3 Results**

During Round 3 of the CFSR, there were 92 applicable cases reviewed. Eighty percent of the cases were rated as a Strength, far below the expected level of compliance. Item #17 was rated a Strength in 82 percent of the 71 Substitute Care cases, 74 percent of the applicable In-home cases, and 100 percent of the 2 applicable Alternative Response cases. Eight PCSAs and 2 IV-E courts achieved 100 percent compliance with this Item.

**Examination of County CPOE Monitoring Results**

Partial results from CPOE Stage 11 indicated that of the 199 applicable cases reviewed, 77 percent were rated as a Strength and 23 percent of the cases (45) were rated as an Area Needing Improvement. The following graph depicts these results.
Further examination of In-home cases, Alternative Response cases and Substitute Care cases revealed that 78 percent of In-home cases (39 cases) were rated as a Strength; 71 percent of Alternative Response cases (10 cases) were rated as a Strength; and 78 percent of Substitute Care cases (105 cases) were rated as a Strength. The following graph depicts results for review of Item 17 by case type.

![Graph showing Physical Health of Child: Substitute Care Cases 78%, Alternative Response Cases 71%, In-Home Cases 78%](image)

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

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

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

- **Caseworker, Agency, Child:** Missing or delayed medical appointments for children in agency custody.
- **Caseworker, Agency, Child:** No indication agency had assessed health care needs, vision needs, or dental care needs of the child and provided services.
- **Caseworker, Agency, Child:** Lack of follow-up with medical, vision, and dental treatment identified.
**Item 18: Mental/behavioral health of the child**

**Examination of CFSR Round 3 Results**

During Round 3 of the CFSR, there were 92 applicable cases reviewed. Seventy-nine percent of the cases were rated as a Strength. This is significantly below the expected level of compliance. Five PCSAs and 2 IV-E courts achieved 100 percent compliance with this Item. One PCSA achieved 90 percent compliance.

It was noted in the *CFSR Round 3 Final Report* in the majority of cases mental and behavioral health needs of foster children were found to be met and appropriate oversight of prescription medication to address mental/behavioral health needs was found in nearly all the applicable cases.

**Examination of County CPOE Monitoring Results**

Partial results from CPOE Stage 11 indicated that 191 cases were applicable for review of Item 18. As depicted in the graph below, 82 percent of the applicable cases (157 cases) were rated as a Strength, and 18 percent (34 cases) were rated as an Area Needing Improvement.

![Mental/Behavioral Health of Child](image)

Further examination of In-home cases, Alternative Response cases and Substitute Care cases revealed that 76 percent of In-home cases (70 cases) were rated as a Strength; 73 percent of Alternative Response cases (11 cases) were rated as a Strength; and 90 percent of Substitute Care cases (76 cases) were rated as a Strength. The following graph depicts results for review of Item 18 by case type.
PCSAs where cases reviewed for this item were rated as a Strength had the following effective practices:

- **Caseworker, Agency, Child, and Provider**: Assessments were made of the mental health needs of children, and services were immediately provided.
- **Caseworker, Agency, Child, and Provider**: Mental/behavioral health needs of children receiving In-home services were assessed, and services designed to address these needs were documented in the case record.
- **Caseworker, Agency, Child, and Provider**: Provider reports and documentation of the agency’s contact with the service provider were evident in case records.

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

- **Caseworker and Provider**: Lack of written service provider reports and follow-up with providers.
- **Caseworker, Parent and Child**: Needed services for the child were identified in the assessment, but either services were not planned to address the need on the Case Plan, or there was no follow up to ensure that services were being provided.
- **Caseworker and Provider**: Placement facility did not address youths service needs.

Results of the Assessment of Performance were used to identify the Goals, Objectives, Strategies and Benchmarks included in the 2020-2024 CFSP.
A. Statewide Information System

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
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<tbody>
<tr>
<td>19</td>
<td>Statewide Information System</td>
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</table>

Ohio remains committed to enhancing and developing new functionality for the child welfare application. As of December 2008, the case management module was “live” in all of Ohio’s 88 counties. In October 2010, Phase 1 [Adoption Assistance (AA) and Medicaid] of the Financial Rollout was successfully implemented in all counties. Phase 2 [Foster Care Maintenance (FCM)] was successfully completed in all counties by September 2011. In March 2012, 73 private foster care and adoption agencies were given limited SACWIS access. During 2013, two mandated interfaces [Medicaid and Temporary Assistance for Needy Families (TANF)] were implemented. Beginning in October 2014, a pilot of four juvenile courts began using SACWIS. The IV-E Court Rollout completed, as scheduled, in November 2015 granting access for 41 Juvenile IV-E Courts to SACWIS functionality. The SACWIS Team continues to support 33 juvenile court agencies across the state. Following significant work in 2014 to create additional security and functionality to support Phase 2 of the private agency implementation, the SACWIS Team has successfully implemented the expanded access to 84 private agencies, with the effort completing in June 2017. The SACWIS requirements and development work were completed to support the Child Support (IV-D) interface and testing has started to deploy this functionality. Phase 1 of the Integrated Eligibility interface was also deployed with SACWIS release 2.30 in December 2014. Beginning in 2017, significant work was completed to implement Fostering Connections in Ohio. In addition, Ohio completed the AFCARS Improvement Plan (AIP) in May 2017. The Bridges program was created and supporting functionality added to Ohio SACWIS in February 2018.

Ohio’s Final CFSR Round 3 Report indicated Ohio was in Substantial Conformity with the Systemic Factor of *Statewide Information System* and the one item in the Systemic Factor was rated as a Strength based on information from the Statewide Assessment and Stakeholder interviews. It was noted that:

- *Data and information in the statewide assessment showed that the Ohio statewide information system can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is in foster care. Ohio has implemented real-time online data quality utilities to assist counties and the state with monitoring data quality, and the information is reviewed during the Child Protection Oversight and Evaluation (CPOE) process to ensure accuracy. Stakeholders reported that the system requires users to enter data on certain key items and that required information is updated daily or as information becomes available. The Statewide Automated Child Welfare*
Information System (SACWIS) can be shared across counties except when restricted because of a specific issue. The juvenile justice staff also has access to the system.

Conclusions

SACWIS data reports have assisted in assessing progress in achieving Goals 1, 2, 3, 4 of the 2015-2019 CFSP and identifying areas that policy changes need to occur, further technical assistance needs to be provided, and enhancements to functionality for the child welfare application need to occur.
B. Case Review System

There are 5 items that are evaluated to determine Substantial Conformity with the Case Review System Systemic Factor. The items and the evaluation criteria are outlined below.

<table>
<thead>
<tr>
<th>Item</th>
<th>Evaluation Criteria</th>
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<tbody>
<tr>
<td>20</td>
<td><strong>Written case plan</strong></td>
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<tr>
<td></td>
<td>Determine what statewide information and data are being used to show whether each</td>
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<td></td>
<td>child has a written case plan developed jointly with the child’s parents that</td>
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<td></td>
<td>includes the required provisions.</td>
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<td>21</td>
<td><strong>Periodic Reviews</strong></td>
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<tr>
<td></td>
<td>Determine how well the case review system functions statewide to ensure that a</td>
</tr>
<tr>
<td></td>
<td>periodic review for each child occurs no less frequently than once every 6 months,</td>
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<td></td>
<td>either by a court or by administrative review.</td>
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<tr>
<td>22</td>
<td><strong>Permanency Hearings</strong></td>
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<tr>
<td></td>
<td>Determine how well the case review system functions statewide to ensure that a</td>
</tr>
<tr>
<td></td>
<td>permanency hearing in a qualified court or administrative body occurs no later than</td>
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<tr>
<td></td>
<td>12 months from the date the child entered foster care and no less frequently than</td>
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<tr>
<td></td>
<td>every 12 months thereafter.</td>
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<tr>
<td>23</td>
<td><strong>Termination of Parental Rights</strong></td>
</tr>
<tr>
<td></td>
<td>Determine how well the case review system functions statewide to ensure the filing</td>
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<td></td>
<td>of termination of parental rights proceedings occurs in accordance with required</td>
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<td></td>
<td>provisions.</td>
</tr>
<tr>
<td>24</td>
<td><strong>Notice of Hearings and Reviews to Caregivers</strong></td>
</tr>
<tr>
<td></td>
<td>Determine how well the case review system functions to ensure that foster parents,</td>
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<td></td>
<td>pre-adoptive parents, and relative caregivers of children in foster care are notified</td>
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<tr>
<td></td>
<td>of, and have a right to be heard in, any review or hearing held with respect to the</td>
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<td>child.</td>
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Ohio’s CFSR Round 3 Final Report indicated that Ohio was not in Substantial Conformity with the Systemic Factor of Case Review System. Three of the 5 items in the Systemic Factor were rated as a Strength. These included the following:

- Item 20: Written Case Plan
- Item 21: Periodic Reviews
- Item 23: Termination of Parental Rights

The following Items were determined to be an Area Needing Improvement based on information from the Statewide Assessment and Stakeholder interviews:

- Item 22: Permanency Hearings
- Item 24: Notice of Hearings and Reviews to Caregivers

To identify the causes of continuances, dismiss and refiling, and how substance use disorder affects visitation in cases, in 2019 the Supreme Court of Ohio (SCO) conducted a survey to understand the root causes of these delays. Additional questions were included on caregiver notification, practices in the Family Dependency Treatment Courts and identification of practices that may reduce delay. The Supreme Court also worked with Data Savvy Consultants to conduct a Quality Hearing Study to gain a better understanding of CFSR findings related to court hearing practices.
The survey was sent to the fifteen courts and prosecutor offices that participated in the CFSR. SCO worked with ODJFS to send the survey to the public children services agencies attorneys.

The SCO Quality Hearing Study reviewed Shelter Care and Annual Review/Permanency Hearings in 12 counties, nine of which were part of the CFSR. In the study, 341 hearings were observed. The observation tool used for the study was developed based upon best practices in the *Enhanced Resource Guidelines: Improving Practices in Child Abuse and Neglect Cases*, Court Improvement Hearing Quality practices, and statutorily required elements of a hearing (i.e. Indian Child Welfare Act, Reasonable Efforts).

Results of the survey indicated the number one cause of delay to reach disposition was service not being perfected on a party. Other causes of delay identified were parents’ requesting representation, attorneys having a hearing in another court, defense attorneys not being prepared to move forward, and parents having applied for representation, but the appointment had not been made by the hearing date. The survey indicated that the hearings most likely to be delayed were Adjudication and Termination of Parental Rights. The hearings identified as least likely to be delayed were the Shelter Care Hearing, Review Hearings, and the Annual Review Hearing. Findings from the Hearing Quality Study confirmed the survey results. Only five percent of the Shelter Care and Annual Review hearings were continued. The study also found that discussion of service was held in 66 percent of hearings and that the primary reason for continuances was to allow parents to meet with their attorney.

The survey also looked at the reasons to grant an extension of custody. Respondents identified the primary reasons as: parents being provided more time to make progress on the case plan, the agency approving out-of-state family, the agency had compelling reasons, and the agency needed more time to find a kinship placement. The primary delays identified in Termination of Parental Rights (TPR) were: finding the time on the docket, service not being perfected, and difficulty scheduling all parties for a hearing.

The hearing quality study identified several areas of practice in Ohio which could occur more consistently or could be improved statewide that would impact permanency and well-being outcomes for children and families. To assist with permanency outcomes, courts could have more discussion around relative placements, permanency goal and concurrent plans, visitation with parents and siblings, barriers to permanency, and steps to achieving permanency. To assist in achieving well-being outcomes, courts could increase discussion around changes needed to the case plan and the child’s education and mental and physical health needs. Additionally, courts have an opportunity to improve engagement of families in the hearing process. This may include talking to the parent by name, allowing parents time to be heard and asking parents about the date/time of the next court hearing.

**Notice of Hearings**

The SCO survey and Quality Hearing Study looked at caregiver notification and opportunity to be heard in hearings. Survey respondents were asked the percent of time foster parents and caregivers were provided notice of hearing. Responses ranged from a low of 5 percent to a high of 100 percent of the time. However, 85 percent of the respondents indicated foster parents and caregivers are
provided notice of hearings at least 75 percent of the time. The Quality Hearing Study indicated that notice to foster parents or caregivers was rarely discussed at hearings (3% of hearings observed). It was found that foster parents were present in eight percent of Shelter Care and twenty-eight percent of Annual Review hearings.

**Conclusions**

Based upon results of the survey and hearing quality study, strategies addressing findings of the analyses are included in Ohio’s CFSR PIP and are also incorporated in the 2020-2024 CFSP. It is anticipated identified strategies will have an impact on achieving timely permanence for children and increased involvement of families, foster parents, pre-adoptive parents, and relative caregivers of children in foster care review hearings.
C. Quality Assurance System

One measure is used to determine Substantial Conformity with the Quality Assurance System Factor. The evaluation criteria used to determine Substantial Conformity is outlined below.

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<thead>
<tr>
<th>Item</th>
<th>Evaluation Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td><strong>Quality Assurance System</strong></td>
</tr>
</tbody>
</table>

Ohio’s Final CFSR Round 3 Report indicated Ohio was in Substantial Conformity with the Systemic Factor of *Quality Assurance System* using the state’s performance on Item 25. It was noted:

- Ohio’s Quality Assurance System is functioning statewide.
- Ohio uses data to evaluate programs and services and ensures adjustments are made to practice and policy when needed.
- The state provides information and data, including statewide and county results from Child Protection Oversight and Evaluation (CPOE) reviews to agencies and stakeholders.

CPOE was implemented more than twenty years ago as a systematic and consistent method to review child welfare practice at the county level. The CPOE quality assurance system provides a continuous cycle for assessment and improvement of performance. Each of Ohio’s eighty-eight (88) PCSAs is required by Ohio Revised Code (ORC) to make case records available for review and assessment by ODJFS staff.

CPOE is designed to improve services and outcomes for Ohio’s families and children through a coordinated review between the PCSAs and ODJFS on a twenty-four-month cycle. CPOE includes regular data collection, analysis and verification, and continuous feedback to PCSAs over the twenty-four-month period. On-site activities focus on joint case record review by PCSA and ODJFS staff, reconciliation, and technical assistance. In addition to providing PCSAs with ongoing data reports, management letters and correspondence, CPOE staff meet with PCSAs to offer technical assistance and review any Plan for Practice Advancement (PPA) developed as a result of the CPOE review. Following the onsite case record review and issuance of the final CPOE report, efforts to assist each PCSA to strengthen practice and address areas needing improvement continue during the two-year CPOE cycle.

**Conclusions**

Ohio’s Quality Improvement System provides regular feedback on effectiveness of practices and information which guides technical assistance, training, and SACWIS changes needed.
D. Staff and Provider Training

This Systemic Factor includes three item measures. The table below lists the item measures and the evaluation criteria.

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>26</td>
<td>Initial Staff Training</td>
</tr>
<tr>
<td>27</td>
<td>Ongoing Staff Training</td>
</tr>
<tr>
<td>28</td>
<td>Foster and Adoptive Parent Training</td>
</tr>
</tbody>
</table>

Results from Round 3 of the CFSR indicated that Ohio was in substantial conformity with the Systemic Factor Staff and Provider Training. Two of the items (Initial Staff Training and Foster and Adoptive Parent Training) were rated as a Strength. Ongoing Staff Training was rated as an Area Needing Improvement.

ODJFS supports the training of agency staff, foster caregivers, and adoptive parents through many programs, including the Ohio Child Welfare Training Program (OCWTP). The OCWTP’s mission is to promote best child welfare practice through comprehensive skill development, strategic partnerships, and effective advocacy. The OCWTP has been training Ohio’s child welfare professionals since 1987.

During the 5 Year CFSP the OCWTP:

a. Launched over 24,500 learning events through E-Track, Ohio’s learning management system, delivering over 120,200 hours of training to over 380,400 participants.

b. Provided over 3,146 hours of coaching for supervisors, caseworkers, and foster parents.

c. Provided over 29,500 hours of distance learning including 29,081 hours of self-directed training, 413 hours of virtual classroom training, 90 hours of blended learning, and six one-hour webinars. These learnings were delivered to over 17,200 participants.

d. Arranged for 14,586 Foster Parent College courses completed by foster parents and child welfare staff across Ohio.

Continuous Quality Improvement

In 2018, the OCWTP took the following steps to identify skill and knowledge needs, improve staff learning interventions, support transfer of learning (TOL), and improve OCWTP operations.
Training Needs Assessment

The OCWTP continued to gather statewide Individual Training Needs Assessment (ITNA) and Individual Development Plans (IDP) data to identify training needs of caseworkers and supervisors and promote their ongoing individual knowledge and skill development.

The ITNA:
- Is conducted entirely online.
- Combines input from the individual being assessed (worker or supervisor) and his/her supervisor on that individual’s highest priority training needs for the next two years.
- Filters from 1,750 competencies (caseworkers) or 786 competencies (supervisors) to the 10-20 most critical for two-year development for that individual.
- Feeds directly into that person’s individual development plan (IDP) in E-Track (the OCWTP’s LMS)
- Provides the training system aggregate priority needs data by county, region, or state.

The IDP:
- Is accessible online to staff, their supervisors, and their county training liaisons via E-Track (the OCWTP’s LMS).
- Is comprised of individual objectives—one for each priority competency identified in the ITNA.
- Links directly from objectives to learning interventions designed to address those associated competencies.
- Allows individuals to immediately enroll in scheduled offerings of those interventions and/or immediately request new offerings of those interventions.
- Allows staff and their supervisors to record progress on individual objectives and add new objectives to address emerging priorities.
- Allows the training program to target new interventions directly to those who need them.

Through assessment of training data, the following top 10 priority competency needs for caseworkers and supervisors were identified.

<table>
<thead>
<tr>
<th>Top Ten Caseworker Competency Needs</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knows how to identify common street drugs and their associated drug paraphernalia</td>
<td>148</td>
<td>7.4%</td>
</tr>
<tr>
<td>Knows the characteristics, behavioral indicators, and preferred treatments for mood disorders such as depression, bipolar disorder, and anxiety in children and adolescents</td>
<td>95</td>
<td>4.7%</td>
</tr>
<tr>
<td>Understands the challenges in differentiating substance abuse from other conditions, including mental illness, emotional disorders, or medical conditions</td>
<td>94</td>
<td>4.7%</td>
</tr>
</tbody>
</table>
### Top Ten Caseworker Competency Needs

<table>
<thead>
<tr>
<th>Competency</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can develop and execute a work plan that maximizes effectiveness of the time available to complete an activity</td>
<td>94</td>
<td>4.7%</td>
</tr>
<tr>
<td>Knows strategies to manage multiple and competing priorities</td>
<td>93</td>
<td>4.6%</td>
</tr>
<tr>
<td>Knows the characteristics, behavioral indicators, and preferred treatments for childhood psychosis, including childhood schizophrenia</td>
<td>89</td>
<td>4.4%</td>
</tr>
<tr>
<td>Knows the characteristics, behavioral indicators, and preferred treatments for severe attachment disorders, including Reactive Attachment Disorder (RAD)</td>
<td>87</td>
<td>4.3%</td>
</tr>
<tr>
<td>Knows the characteristics, behavioral indicators, and preferred treatments for oppositional-defiant and conduct disorders in children and adolescents</td>
<td>85</td>
<td>4.2%</td>
</tr>
<tr>
<td>Understands the dynamics, contributors, and treatments for burnout, secondary trauma, and post-traumatic stress experienced by child welfare workers</td>
<td>84</td>
<td>4.2%</td>
</tr>
<tr>
<td>Knows the characteristics, behavioral indicators, and treatments for borderline, antisocial, paranoid, narcissistic, and other personality disorders in adults</td>
<td>82</td>
<td>4.1%</td>
</tr>
</tbody>
</table>

**Note:** December 2018: N=2,004

### Top Ten Supervisor Competency Needs

<table>
<thead>
<tr>
<th>Competency</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knows how to use strengths-based supervisory strategies to engage a staff member with challenging behaviors to participate in assessing and resolving performance problems</td>
<td>46</td>
<td>12.5%</td>
</tr>
<tr>
<td>Knows how to help staff identify and overcome organizational, environmental, and personal barriers that may prevent them from mastering job knowledge or skills.</td>
<td>45</td>
<td>12.2%</td>
</tr>
<tr>
<td>Knows how to utilize performance improvement plans and implement progressive disciplinary action and use it as a motivator to encourage constructive dialogue to improve work performance</td>
<td>38</td>
<td>10.3%</td>
</tr>
<tr>
<td>Knows administrative, educational and supportive supervisory strategies that can help staff achieve their potential and succeed in their jobs.</td>
<td>38</td>
<td>10.3%</td>
</tr>
<tr>
<td>Can identify factors contributing to challenging behavior and design strategies to address these factors.</td>
<td>38</td>
<td>10.3%</td>
</tr>
<tr>
<td>Knows strategies that empower staff to learn, master, and sustain creative and innovative approaches to practice.</td>
<td>37</td>
<td>10.0%</td>
</tr>
<tr>
<td>Can establish and sustain a work environment that promotes and rewards optimal performance, an ongoing commitment to excellence, and the adoption of evidence-based practices</td>
<td>29</td>
<td>7.9%</td>
</tr>
<tr>
<td>Top Ten Supervisor Competency Needs</td>
<td>Count</td>
<td>Percent</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------------------------</td>
<td>-------</td>
<td>---------</td>
</tr>
<tr>
<td>Understands the nature of resistance, its emotional and behavioral indicators, and the importance of accurately identifying the factors contributing to it.</td>
<td>28</td>
<td>7.6%</td>
</tr>
<tr>
<td>Knows how to review and interpret the empirical research literature to identify innovative, promising, and empirically supported intervention strategies</td>
<td>25</td>
<td>6.8%</td>
</tr>
<tr>
<td>Can determine when termination of employment is necessary and can follow agency personnel procedures to do so.</td>
<td>24</td>
<td>6.5%</td>
</tr>
</tbody>
</table>

Note: December 2018: N=369

To address training needs, the following actions are taken by the OCWTP Regional Training Centers (RTCs).

- Analyze regional priority needs and schedule existing learning interventions (i.e., classroom sessions, learning labs, Guided Application and Practice (GAP) sessions, coaching) in the most appropriate time, locations, and frequencies.
- Work with contract trainers to develop and schedule new learning interventions when appropriate interventions do not already exist in the OCWTP learning catalog.
- Convene work teams to review priority needs and identify emerging trends or inconsistencies (needs assessment and population-specific work teams), discuss cross-region needs (RTC coordinators meetings), and identify new trainer/coach recruitment needs (trainer development and coaching work teams).
- Contact the state training coordinator to develop new standardized learning interventions (both in-person and virtual) to be offered around the state.

**Promoting Quality Needs Assessment and Development Planning**

Promoting quality needs assessment and development planning is done through engagement in the following activities:

- Supervisors and workers are introduced to the ITNA/IDP process in Core training workshops. Supervisors are also introduced to the concept of educational supervision in Core training, including how it begins with quality needs assessment.
- Supervisors and workers are encouraged to complete a one-hour, self-directed, online ITNA/IDP Context Module course prior to completing their first ITNA. This module explains the key role of needs assessment within a competency-based training system, why it’s critical to the ongoing development and success of a strong workforce, and provides tips to strengthen the needs assessment process, both from a worker and supervisor perspective. While workers and supervisors can review the course at any time from the OCWTP website, they receive one hour of training credit if they complete the course in its entirety through the OCWTP LMS.
• RTCs prompt individuals and their supervisors when ITNAs are due (or overdue) for completion. These email prompts contain links to short promotional videos targeted to individuals and supervisors, outlining the benefits of quality ITNA/IDP completions.

• During site visits with county directors, RTCs share current ITNA completion statistics and priority needs with agency directors, along with a short promotional video on ITNA/IDP developed from the director perspective.

**Learning Science**

The OCWTP continued its efforts to incorporate the latest research on cognitive science into its learning interventions, and to strengthen its program partners’ general understanding of how learning works. This included presentations at strategic planning retreats, conference keynote and workshop sessions, development of new Training for Trainers (TOTs), and development of just-in-time job aids for workers, supervisors, and directors on their roles in strengthening the adult learning process. Below are highlights of efforts to incorporate the latest research on cognitive science into learning interventions.

**Spaced Retrieval**

- Keynote presentation at 2018 trainer conference on the criticality of memory in the learning process and introduction of the concept of spaced retrieval to bridge the gap between learning and real-life application of knowledge/skills.
- Development of virtual classroom TOT on spaced retrieval, entitled: Flattening the Forgetting Curve…One Space at a Time.
- Presentation on spaced retrieval at 2018 NSDTA Conference.
- Exploration of email marketing software and chatbots to support automation of spaced retrieval.
- Incorporation of automated spaced retrieval exercises in five standardized trainings (Preservice Series for caregivers; CAPMIS Safety Planning; CAPMIS Strengths and Needs; Family Matters: Supervising through a Kinship Lens; and Human Trafficking: An Online Overview for Child Welfare Professionals (Click here to see an example: Protect Your Preservice Learning: Part Two)).

**Strong Visuals to Promote Learning**

- Offering virtual classroom TOT and companion virtual learning lab series, entitled; Strengthening Presentation Design to Enhance Learning.
- Presentation on strengthening presentation design at 2018 NSDTA Conference.
- Strengthening of visual presentations for several standardized learning modules.

**Note-Taking**

- Sharing the science behind note-taking and increased encoding and retention (e.g., https://www.cultofpedagogy.com/note-taking/) with program partners (state coordinator, RTCs, trainers, participants).
- Incorporating note-taking guides in several standardized training modules (Click here to see an example: Caseworker Core Module IV Note Taking Guide).
Calibration and Error-Based Feedback

- Presentation to program partners on the importance of calibration (evaluating or assessing and adjusting to maximize metacognition) in learning at the 2018 OCWTP Strategic Planning Retreat.
- Exploration of Turning Technologies (combined keypad and own device usage) to promote in-classroom and post-training calibration within the OCWTP.
- Exploration of chatbots to promote post-training calibration.

Trainer Development

Trainer development is a key component of the OCWTP. The contract vendor maintains a unit devoted to trainer development, the Steering Committee has a standing Trainer Development Work Team and a Coaching and Skill Building Work Team, and each RTC has specific roles and responsibilities related to trainer development. The OCWTP’s trainer development activities have focused on the following:

- **Observations:** OCWTP and RTC staff are committed to observe both standardized trainings as well as trainer-developed trainings to provide feedback and technical assistance to trainers. Observations between 2016-2019 have included:
  - 53 trainer-developed trainings for caseworkers
  - 39 Caseworker Core Modules
  - 20 Supervisor Core Modules
  - 14 CAPMIS-specific trainings for caseworkers and supervisors
  - 6 CAPMIS-specific trainings for supervisors
  - 3 Supervisor Round Table learnings

- **CAPMIS Integration:** OCWTP supported trainer integration of CAPMIS concepts in their workshops through the requirement that all trainers/coaches take the ODJFS developed CAPMIS Training of Trainers (TOT). By August 1, 2019, 92% of our trainers had taken the required TOT.

- **Catalog of Trainer Expertise:** Trainers were surveyed to ascertain their expertise so that when a topic of need arises, we have a resource with that information available. This will be especially helpful in addressing the development of workshops for those high priority competencies that have no associated learnings in E-Track

- **Evidence-Based Practice:** OCWTP offered information, learning activities, technical assistance to trainers about new concepts and methodologies emphasized in the training field through two formats:
  - Trainer Conference topics:
    - Microlearning
    - Strengthening Presentation Design to Enhance Learning and Retention
    - Team-Based Learning™
  - New OCWTP Developed Learning Activities for Trainers:
    - Use Learning Science to Design Better Presentation
    - Learning Lab: Strengthening Presentation Design to Enhance Learning
    - Flattening the Forgetting Curve One Space at a Time
**Evaluation**

**Learning Surveys**

The OCWTP uses both online and hard copy evaluation surveys for the over 4,900 learning interventions offered each year. During 2018, the OCWTP revised three broad categories of evaluations.

- **Supervisor Core**: Evaluation surveys were revised to ask participants to provide written responses to questions about key learning objectives or concepts for curricula experts to determine if learning occurred. Participants were also asked about their readiness to use the information and things they were most/least prepared to apply on the job.

- **Non-standardized Workshops**: To deepen the assessment of OCWTP training, the evaluation survey used for approximately half of all learning interventions launched through E-Track was revised to include items reflective of the Pillars of Training Effectiveness (Thalheimer, 2016). The new staff/caregiver learning survey collects various information about the training/trainer (e.g., relevance, direction, activities, and time to practice), along with readiness to use the information, most/least prepared to apply, and the availability of after-learning supports. For example, staff/caregivers are asked:
  - To what degree were the activities helpful in gaining deeper understanding of the content? Please explain your response.
  - To what extent were you given time to practice the concepts/skills you learned in the training? Please explain your response.
  - Was there one concept/idea presented that you feel MOST prepared to apply/utilize now (Y/N)? Please explain your answer in the comments. To what degree were the activities helpful in gaining deeper understanding of the content? Please explain your response.

- **Caregiver Preservice Training**: Preservice training uses hard-copy evaluation surveys. Each Regional Training Center administers three Preservice evaluation surveys; one of which is the last module, where participants may opt-in to receive targeted messages to promote transfer of learning. Each module was revised to ask participants their perception of their learning on workshop-specific learning objectives.

**Program Evaluation**

There have been a series of surveys and evaluations that examined portions of the OCWTP:

  The Safety Panel focused their work on the structure and organization of training for new child welfare caseworkers and supervisors in Ohio and the relationship to high turnover rates in Ohio. The report produced five recommendations.

- **Stakeholder Feedback on the Effectiveness of the Ohio Child Welfare Training Program (2019)**
  The purpose of the study was to gather quantitative and qualitative feedback to assess the OCWTP in terms of its effectiveness in providing Ohio’s child welfare workforce with the knowledge and skills needed to carry out their duties. Data were gathered via focus groups, key informant interviews, and an online survey to caseworkers and supervisors.
The OCWTP Central Steering Committee has formed a work group to review and confirm findings, not only within the reports but across the reports, as well as utilize other available information (e.g., E-Track surveys). Triangulation of these data is important, particularly given low response rates, which impact generalizability and system-wide representation. The goal is to determine potential areas for improvement and make recommendations to improve OCWTP processes and effectiveness.

**Item 26: Initial Staff Training**

The following chart outlines the training requirements for initial training and what the OCWTP offers to meet these requirements.

<table>
<thead>
<tr>
<th>Population to be Trained</th>
<th>ORC Requirement</th>
<th>OCWTP Offerings</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Caseworkers</td>
<td>New Caseworkers complete 102 hours of Core training within the first year of employment.</td>
<td>Caseworker Core</td>
</tr>
<tr>
<td>New University Partnership Program (UPP) Caseworkers</td>
<td>New UPP caseworkers’ complete legal aspects of CPS and 36 hours of ongoing training (if Core is waived) within the first year of employment.</td>
<td>Caseworker Core Module 3 Ongoing</td>
</tr>
<tr>
<td>New Supervisors</td>
<td>New supervisors complete a minimum of 60 hours of Core training in the first year of employment as a supervisor; and they complete an additional 12 hours of Core in the second year.</td>
<td>Supervisor Core</td>
</tr>
</tbody>
</table>

**Addressing the Basic Skills and Knowledge Needs of Caseworkers**

ORC requires newly hired caseworkers to complete 102 hours of Core training within their first 12 months of employment. All Caseworkers employed in Ohio’s 88 counties must complete their Core training through the OCWTP.

The Caseworker Core series has eight modules. ODJFS’ contract with IHS required updates to each module to include Differential Response (DR), CAPMIS, and SACWIS. Listed below are the updates made to Core training modules:

- Additional content was added to explain CAPMIS, DR, and SACWIS concepts, as those concepts applied to content in the module (i.e., impact of trauma on child development, assessment of safety and risk, engagement of families)
- CAPMIS concepts and issues were integrated into case examples (e.g., in CW Core Module 7 a case example on case planning for a traumatized five-year-
old included concepts related to the CAPMIS concepts of child vulnerability and parental protective capacities)

Over the 5-year period, the OCWTP offered 8,728 ongoing trainings to caseworkers for a total of 51,891 hours. The number of caseworkers who attended each core module over the 5-year period, appears in the Table below.

<table>
<thead>
<tr>
<th>Caseworker Core Modules</th>
<th>Statewide Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Module 1 Family-Centered Approach to Child Protective Services (12 hours)</td>
<td>2,939</td>
</tr>
<tr>
<td>Module 2 Engaging Families in Family-Centered Child Protective Services (6 hours)</td>
<td>2,913</td>
</tr>
<tr>
<td>Module 3 Legal Aspects of Family-Centered Child Protective Services (12 hours)</td>
<td>3,065</td>
</tr>
<tr>
<td>Module 4 Assessment and Safety Planning in Family-Centered Child Protective Services (12 hours)</td>
<td>2,943</td>
</tr>
<tr>
<td>Module 5 Gathering Facts in Family-Centered Child Protective Services (6 hours)</td>
<td>2,831</td>
</tr>
<tr>
<td>Module 6 Service Planning and Provision in Family-Centered Child Protective Services (18 hours)</td>
<td>2,773</td>
</tr>
<tr>
<td>Module 7 Child Development: Implications for Family-Centered Child Protective Services (18 hours)</td>
<td>2,792</td>
</tr>
<tr>
<td>Module 8 Separation, Placement, and Reunification in Family-Centered Child Protective Services (18 hours)</td>
<td>2,591</td>
</tr>
</tbody>
</table>

The Caseworker Core series includes five optional learning labs, following Modules 2, 4, 5, and 6 for in-depth practice applying the training content. There were 858 sessions offered across all the RTCs during the 5-year period. Attendance for the Learning Labs during the 5-year period appears in the Table below.
Some new caseworkers are graduates of the University Partnership Program (UPP) and are not required to complete all modules of Caseworker Core upon hire at an Ohio county child welfare agency. Through a collaboration between eight public universities, the OCWTP, ODJFS and the Public Children Services Association of Ohio (PCSAO), UPP graduates complete college courses based on seven of the eight Caseworker Core Modules (Module 3: Legal Aspects of Family-Centered Child Protective Services, is not taught through UPP). In 2018, Ohio’s county child welfare agencies hired 41 UPP graduates. More information about Ohio’s UPP can be found here: http://www.pcsao.org/programs/universitypartnership.

**Caseworker Core and Learning Lab Evaluation Feedback**

There were 3,560 caseworkers who participated in caseworker core training in 2018. When asked, “Will your job performance improve because of what you learned in this training?” on average, 98% of caseworkers strongly agreed (64%) or agreed (34%). Refer to the Table Count and Percent of Level of Agreement by Caseworker CORE Module below.

<table>
<thead>
<tr>
<th>Count and Percent of Level of Agreement by Caseworker CORE Module (N, %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Module 1</td>
</tr>
<tr>
<td>Strongly agree</td>
</tr>
<tr>
<td>Agree</td>
</tr>
<tr>
<td>Disagree</td>
</tr>
<tr>
<td>Strongly disagree</td>
</tr>
</tbody>
</table>

There were 3,030 staff who participated in the caseworker learning labs associated with caseworker core in 2018. When asked, “Will your job performance improve because of what you learned in this training?” on average, 98% of caseworkers strongly agreed (63%) or agreed (35%). See the Table Count and Percent of Level of Agreement by Caseworker CORE Module below.
**Count and Percent of Level of Agreement by Caseworker Learning Lab (LL) Module (N, %)**

<table>
<thead>
<tr>
<th></th>
<th>Module 2 LL</th>
<th>Module 4 LL1</th>
<th>Module 4 LL2</th>
<th>Module 5 LL</th>
<th>Module 6 LL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>297, 62%</td>
<td>310, 70%</td>
<td>279, 68%</td>
<td>233, 57%</td>
<td>240, 60%</td>
</tr>
<tr>
<td>Agree</td>
<td>172, 36%</td>
<td>122, 28%</td>
<td>125, 30%</td>
<td>165, 40%</td>
<td>154, 39%</td>
</tr>
<tr>
<td>Disagree</td>
<td>8, 2%</td>
<td>6, 1%</td>
<td>6, 1%</td>
<td>13, 3%</td>
<td>4, 1%</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>0, 0%</td>
<td>2, 0%</td>
<td>1, 0%</td>
<td>1, 0%</td>
<td>2, 1%</td>
</tr>
</tbody>
</table>

**Caseworker Core Training Transfer of Learning (TOL)**

The OCWTP is committed to supporting the transfer of knowledge and skill developed in Caseworker Core to the workplace. In addition to the prompts identified as part of the online evaluation process, the following tools are implemented:

**Caseworker Core Overview for Supervisors:** A challenge in supporting TOL after new caseworkers attend core training, is that their supervisor might not know the content that is trained in order to support TOL. The overview addresses this challenge by providing a high-level synopsis of Caseworker Core Modules. These have been offered as in-person and as virtual sessions. Over the past five years there have been 9 sessions with a total of 133 supervisors in attendance. There has not been a session, however, since 2016, as revisions to the modules will not be finalized until June 2019.

**Supervisor Checklist: Caseworker Core TOL:** The OCWTP has a supervisor TOL checklist for each Caseworker Core Module that identifies steps a supervisor should take with a new worker prior to attending the module, and a series of questions and strategies that can be used with the worker after training.

**Caseworker Core Learning Descriptions and Objectives:** In Supervisor Core Module 5: Professional Development of Staff, new supervisors are given a handout for each Caseworker Core Module that provides the module’s learning description and learning objectives. Supervisors are guided in an exercise to develop five coaching questions and three TOL strategies they could use with a new caseworker returning from training.

**Caseworker Core Supervisor Quality Checklists:** In partnership with the ODJFS, Child Protective Services policy division, the OCWTP developed two unique tools to assist supervisors in their support of caseworker TOL from Caseworker Core: Supervisor Safety Planning Quality Tool and Supervisor Safety Assessment Quality Tool. The tools prompt a supervisor to review a caseworker’s assessment of safety or the safety plan to ensure it aligns with policy and best practice. The tools can be used in case conferencing, group supervision, or peer review. They are distributed as a handout in Core Module 4. Currently, staff are working to customize enrollment notifications to include links to the tools. These notifications go to supervisors when their staff enroll and again as a reminder one week before the session. The tools are also integrated into supervisor training and will be discussed in that section.
The OCWTP addresses the initial skills and knowledge needs of Ohio’s direct-service supervisors in four ways:

- Supervisor Core training,
- Supervisor Core companion learning lab,
- Supervisor Training Transfer Indicators to support TOL, and
- A Distance Learning module for Supervisors, *Transition to Supervision: Crossing the Divide*

OAC rule 5101:2-33-56 requires a newly hired PCSA supervisor to complete the OCWTP’s Supervisor Core series within their first two years of employment in that position. Each Core module introduces fundamental knowledge and skills new supervisors must learn, and continue to develop, in order to become an effective child welfare supervisor. Supervisor Core is 72 hours of training, covered in six modules. These modules are listed below with the total number of supervisors who attended each module during the 5-year period.

<table>
<thead>
<tr>
<th>Supervisor Core Module</th>
<th># of Sessions</th>
<th>Hours Trained</th>
<th># of Supervisors Attended</th>
</tr>
</thead>
<tbody>
<tr>
<td>SC1: Supervising Casework Practice</td>
<td>44</td>
<td>528</td>
<td>443</td>
</tr>
<tr>
<td>SC2: Leadership in Child Welfare</td>
<td>45</td>
<td>540</td>
<td>445</td>
</tr>
<tr>
<td>SC3: Leading Change and Managing Conflict</td>
<td>47</td>
<td>590</td>
<td>472</td>
</tr>
<tr>
<td>SC4: Assessing and Evaluating Individual Staff Performance</td>
<td>44</td>
<td>528</td>
<td>454</td>
</tr>
<tr>
<td>SC5: Professional Development of Staff</td>
<td>43</td>
<td>516</td>
<td>437</td>
</tr>
<tr>
<td>SC6: Building a Highly Effective Unit</td>
<td>42</td>
<td>504</td>
<td>431</td>
</tr>
</tbody>
</table>

As part of the Supervisor Core series, the OCWTP offer a standardized learning lab to further develop supervisor’s skill within specific practice areas. Attendance is not mandatory at these companion learnings but is highly recommended.

<table>
<thead>
<tr>
<th>Supervisor Core Companion Learning Lab</th>
<th># of Sessions</th>
<th>Hours Trained</th>
<th># of Supervisors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promoting Critical Thinking in Casework Practice (six-hour learning lab)</td>
<td>16</td>
<td>96</td>
<td>107</td>
</tr>
</tbody>
</table>

**Supervisor Core Evaluation Feedback**

Every supervisor who attends Core training, and/or the companion learning lab, can provide feedback via an online evaluation survey through the E-Track system. In addition to collecting...
information regarding trainer performance and satisfaction with the learning environment, the OCWTP gathered and reviewed Supervisor Core E-Track evaluation surveys to demonstrate whether supervisors were grasping key concepts trained in Supervisor Core. The surveys are designed to help the OCWTP answer the question, “Can supervisors demonstrate, through written responses, their knowledge or intended application of concepts trained in Supervisor Core?”

Collecting these data helps the training system:

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

Collecting these data helps new supervisors:

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

The surveys also asked supervisors to give examples of how they used information from a previous Supervisor Core module in their work. For example, the new Supervisor Core Module 2 survey asks, “In Module 1, you learned about Kadushin’s Model of Supervision. Have you changed your supervision practice as a result of attending Module 1?” The Supervisor Core Module 1 evaluation asks supervisors if their supervisor prepared them to attend Supervisor Core (Module 1), and if the new supervisors had implemented a change in their supervision practice subsequent to attending Supervisor Core (Modules 1 through 5).

**Supervisor Core Module 1 Transfer of Learning Question:** Did your supervisor help prepare you for attending Supervisor Core? (Count and Percent) *(Oct 2015 – present)*

Half (135/263) of the respondents reported that their supervisor had prepared them to attend Supervisor Core.

Approximately seven out of 10 (284/413, 69%) respondents reported they had implemented a change in their supervision practice after attending Supervisor Core Modules 1 through 5. See the Tables below.
Supervisor Core Module’s 2-5 Transfer of Learning Questions:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>NA (Mod 1-5: Haven’t attended yet)</th>
<th>Frequencies (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In Module 1, you learned about Kadushin's Model of Supervision. Have you changed your supervision practice as a result of attending Module 1? <em>(Dec 2017 – present)</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>44 (58%)</td>
<td>7 (9%)</td>
<td>25 (33%)</td>
<td><img src="chart1.png" alt="" /></td>
</tr>
<tr>
<td>In Module 2 you learned about transformational leadership. As a result of attending Module 2, have you incorporated at least one transformational leadership strategy into your regular supervision? <em>(Jul 2018 – present)</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 (59%)</td>
<td>6 (19%)</td>
<td>7 (22%)</td>
<td><img src="chart2.png" alt="" /></td>
</tr>
<tr>
<td>In Module 3 you learned how communication, conflict and change are interrelated and how performing poorly in one area will likely cause problems in the other two areas. Have you changed your supervision practice as a result of attending Module 3? <em>(Nov 2017 – Dec 2018)</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>53 (71%)</td>
<td>6 (8%)</td>
<td>16 (21%)</td>
<td><img src="chart3.png" alt="" /></td>
</tr>
<tr>
<td>In Module 4 you learned about assessing staff performance. Have you changed how you assess staff performance as a result of attending Module 4? <em>(Jan 2018 – present)</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>132 (74%)</td>
<td>21 (12%)</td>
<td>26 (15%)</td>
<td><img src="chart4.png" alt="" /></td>
</tr>
</tbody>
</table>
In Module 5 you learned the importance of guiding staff in their professional development: having a coaching mindset, being able to address diverse learning needs, and knowing strategies that support staff in their continual development. Have you changed your supervision practice as a result of attending Module 5? (Apr 2018 – present)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>NA (Mod 1-5: Haven’t attended yet)</th>
<th>Frequencies (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>36 (71%)</td>
<td>7 (14%)</td>
<td>8 (16%)</td>
<td>Y  N  NA</td>
</tr>
</tbody>
</table>

Compliance with Initial Staff Training Requirements

Effective April 1, 2016, PCSAs were required to maintain the education and in-service training records of staff through “E-Track,” the learning management system (LMS) developed through the OCWTP. However, as of the 2017 CFSR, aggregate reports on staff compliance rates across the state could not be run from E-Track since hire dates were staggered. Therefore, compliance numbers for the CFSR in 2017 were determined by an audit of a sample of training records to assess compliance with training requirements. The 2017 audit revealed that 83% of caseworkers and 67% of supervisors were in compliance.

Significant work was undertaken by IHS staff to work with the E-Track vendor to enable aggregate reporting on compliance numbers at the unit, county, region and statewide level. Caseworker and Supervisor Core Compliance reports now include a “Courses Completed” column that reflects completion status of each required module. This modification saves counties from needing to check individual transcripts to determine which modules have yet to be completed for an individual.

Caseworkers: Reviewing records between April 1, 2017 through March 31, 2018, 82% of caseworkers were in compliance with initial training requirements.

Supervisors: Pulling the last complete year records between April 1, 2016 through March 31, 2017, 44% of eligible supervisors were in compliance with initial training. NOTE: The date range for supervisors is longer because supervisors have two years to complete initial training.

Although these compliance numbers are lower than last reported, they are likely more representative of the training population due to the following:

- A stronger algorithm was used for the calculation versus the hand tabulation used the first time.
The current calculation accounts for everyone, whereas the first calculation was a sample.

**Item 27: Ongoing Training Requirements for Staff**

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

<table>
<thead>
<tr>
<th>Population to be Trained</th>
<th>ORC Requirement</th>
<th>OCWTP Offerings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ongoing training for caseworkers</td>
<td>Caseworkers are required to attend 36 hours of ongoing training each year</td>
<td>Specialized and Related</td>
</tr>
<tr>
<td>Ongoing training for supervisors</td>
<td>Supervisors are required to attend 30 hours of ongoing training each year</td>
<td>Specialized and Related</td>
</tr>
</tbody>
</table>

The following map page shows the number of staff that are registered in E-Track, and the number of training sessions and training hours offered to staff in 2018 by RTC.
Count of staff that registered in E-Track, number of training sessions held, and number of training hours offered to staff in 2018 by RTC

Northwest
- 414 staff
- 205 training sessions
- 1,458 training hours

Northeast
- 819 staff
- 391 training sessions
- 2,482 training hours

Central
- 948 staff
- 457 training sessions
- 3,318 training hours

Southwest
- 178 staff
- 139 training sessions
- 946 training hours

North Central
- 732 staff
- 281 training sessions
- 2,048 training hours

East Central
- 144 staff
- 137 training sessions
- 959 training hours

Western
- 466 staff
- 247 training sessions
- 1,700 training hours

Southeast
- 547 staff
- 288 training sessions
- 2,200 training hours

E-Track Sessions Delivered Report (1/1/2018 - 12/31/2018)
Addressing Ongoing Skills & Knowledge Needs of Staff

As a competency-based training system, the OCWTP constantly assesses the skills and knowledge needs of staff. A strength of the OCWTP is that each RTC identifies high priority skills and knowledge needs for their region, and then offers interventions tailored to meet both agency-specific and regional needs. The RTCs triangulate several data sources to identify needs, including:

- Routine analysis of ITNA data and Individual Development Plans to inform scheduling of needed training in each region.
- Onsite county visits with each agency in the region to discuss and plan for emerging training needs.
- Feedback from ODJFS Technical Assistance Specialists and participation in CPOE exit Conferences.
- Recommendations from OCWTP work or advisory teams.
- Analysis of specific work processes and tasks
- Routine analysis of data from training evaluation surveys.
- Feedback from key informants.
- State and federal mandates that prioritize key areas of focus for statewide training such as:
  - CAPMIS
  - Caseworker visits
  - Substance abuse

In 2018, the OCWTP offered 2,145 ongoing trainings to staff for a total of 15,111 hours.

Addressing Ongoing Skills & Knowledge Needs of Caseworkers

As noted earlier in the Training Needs Assessment section of this report, the top ten competency needs for caseworkers were identified. The following table addresses those trainings that are reflective of those needs. Three competency topic areas constituted those needs: Substance Abuse, Mental Health Problems in Children and Adolescents, and Time and Stress Management.

**Case Worker High Competency Needs**

<table>
<thead>
<tr>
<th>Caseworker Topic Area</th>
<th>Sessions</th>
<th>Hours of Training</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Abuse</td>
<td>160</td>
<td>921</td>
<td>2,219</td>
</tr>
<tr>
<td>Mental Health Problems in Children and</td>
<td>69</td>
<td>399</td>
<td>785</td>
</tr>
<tr>
<td>Time and Stress Management</td>
<td>57</td>
<td>265</td>
<td>789</td>
</tr>
</tbody>
</table>

Ohio’s assessment and service planning model (CAPMIS) remained a priority for caseworkers ongoing training in 2018.
**Addressing Ongoing Skills & Knowledge Needs of Supervisors**

PCSA supervisors can meet their 30 hours/year training hour requirement though a variety of means, including participating in OCWTP learning interventions such as workshops, coaching, distance learning, Supervisor Roundtables, etc. Supervisors can also meet their training requirements by attending non-OCWTP events.

The OCWTP’s Supervisor Practice Work Team (SPWT) is comprised of staff from the State Training Coordinator and the RTCs. The SPWT mission is to ensure the OCWTP continues to meet the ongoing skills and knowledge needs of supervisors by developing, implementing, and monitoring all supervisor training-related activities.

The goals of the Supervisor Practice Work Team are to:

- Offer high quality learning activities to casework supervisors that promote child welfare and supervision best practices.
- Promote professional development and learning as a priority for casework supervisors.
- Ensure that the OCWTP has quality trainers and coaches to meet the learning needs of casework supervisors.
- Partner with other OCWTP work teams and stakeholders to ensure the OCWTP is offering high quality learning activities for casework supervisors.

The SPWT regularly analyzes and discusses learning needs data gathered through E-Track evaluations, discussions with PCSA’s, discussions with ODJFS technical assistance specialists, and examining supervisor ITNA data.

Between January 1, 2018 – April 30, 2019, the OCWTP approved more than 30 new standardized and non-standardized learning opportunities for supervisors to meet their current, ongoing learning needs. Some of the skills addressed by these new learnings included:

- Supervising quality assessments of safety
- Supervising quality case planning
- Supervising visitation between caseworkers and families
- Use of data to improve unit performance
- Leadership development
- Strategies to increase retention of staff

Between January 1, 2018 – April 30, 2019, the OCWTP delivered 73 different supervision-specific workshops on 24 different topics to help address the ongoing skills and knowledge needs of PCSA supervisors as presented in the following Table.
As noted earlier in the *Training Needs Assessment* section of this report, the top ten competency needs for supervisors were identified. Five of these top ten competencies fell under the “Supervising for Optimal Job Performance” topic area. As the data show below, the OCWTP met this learning need by offering 41 sessions within this topic area to supervisors between January 1, 2018 – April 30, 2019. This topic, along with the following four topics, accounted for more than half of all ongoing supervisor workshops in 2018.

<table>
<thead>
<tr>
<th>Supervisor Topic Area</th>
<th># of Sessions</th>
<th># of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervising for Optimal Job Performance</td>
<td>41</td>
<td>339</td>
</tr>
<tr>
<td>Time and Stress Management</td>
<td>15</td>
<td>159</td>
</tr>
<tr>
<td>Supervising Assessments and Investigations</td>
<td>7</td>
<td>96</td>
</tr>
<tr>
<td>Supervising Case Planning and Service Delivery</td>
<td>6</td>
<td>62</td>
</tr>
<tr>
<td>Supervising Challenging Employees</td>
<td>6</td>
<td>61</td>
</tr>
</tbody>
</table>

Thirteen different topic areas accounted for another 30% of all ongoing supervisor workshops delivered in 2018:

<table>
<thead>
<tr>
<th>Supervisor Topic Area</th>
<th># of Sessions</th>
<th># of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance Evaluation</td>
<td>5</td>
<td>36</td>
</tr>
<tr>
<td>Culture and Diversity</td>
<td>5</td>
<td>63</td>
</tr>
<tr>
<td>Quality Improvement</td>
<td>5</td>
<td>41</td>
</tr>
<tr>
<td>Management of Conflict</td>
<td>4</td>
<td>36</td>
</tr>
<tr>
<td>Team Development and Facilitation</td>
<td>4</td>
<td>21</td>
</tr>
<tr>
<td>Management of Change</td>
<td>4</td>
<td>46</td>
</tr>
<tr>
<td>Leadership Development</td>
<td>4</td>
<td>48</td>
</tr>
<tr>
<td>Planning and Decision Making</td>
<td>4</td>
<td>28</td>
</tr>
<tr>
<td>Fundamentals of Supervising Casework Staff</td>
<td>3</td>
<td>22</td>
</tr>
<tr>
<td>Supervisor Topic Area</td>
<td># of Sessions</td>
<td># of Participants</td>
</tr>
<tr>
<td>-----------------------------------------------------------</td>
<td>---------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Fundamentals of Leadership in Child Welfare</td>
<td>3</td>
<td>20</td>
</tr>
<tr>
<td>Fundamentals of Communicating with Staff and Managing</td>
<td>3</td>
<td>28</td>
</tr>
<tr>
<td>Conflict and Change</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coaching for Transfer of Learning and Skill Development</td>
<td>3</td>
<td>36</td>
</tr>
<tr>
<td>Written and Verbal Communication</td>
<td>3</td>
<td>28</td>
</tr>
</tbody>
</table>

An additional six topic areas were offered once or twice between January 1, 2018 – April 30, 2019:

<table>
<thead>
<tr>
<th>Supervisor Topic Area</th>
<th>Supervisor Topic Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervising Ethical Practice</td>
<td>Supervision and the Legal Aspects of Child Welfare</td>
</tr>
<tr>
<td>Collaboration and Coordination</td>
<td>Supervising Screening</td>
</tr>
<tr>
<td>Human Resource Management</td>
<td>Supervisory Issues in Child Abuse, Neglect, and Sexual Abuse</td>
</tr>
</tbody>
</table>

In 2018, the OCWTP offered two standardized workshops for supervisors related to supervising critical points in the case process:

- *Supervising Quality Case Planning* (developed in 2017) – 5 sessions, 46 participants
- *Supervising Quality Assessments of Safety* (developed in 2018) – 3 sessions, 36 participants

Both modules provide supervisors with an overview of best practices (related to the assessment of safety and case planning respectively), time to process common practice challenges, and then, a learning-lab style learning where they perform a mock peer-review and coaching session with actual assessments from their units.

The OCWTP has prioritized supervisory coaching as the best way to impact practice. Even when a coaching event targets a caseworker, supervisors are actively involved in the process to ensure on-the-job coaching continues beyond the event. Coaching interventions are time-limited and must focus on the development of a specific skill. A coaching session can focus on just an individual supervisor or on a supervisor/caseworker relationship.

In 2018, over 143.75 hours of coaching support was given to supervisors. Supervisory coaching themes focused on:

- Educational supervision
- Supervising the case process
• Child welfare leadership
• Team building
• Time management

Supervisor Roundtables

Supervisors state that some of their most valuable learning comes from sharing knowledge and best practices with their peers or knowledge building through a community of practice. The OCWTP has responded by offering several Supervisor Roundtable Series. For more information about the Supervisor Roundtable Series and its positive impact on supervisory practice see Ohio’s Statewide Assessment (2017) for the Child and Family Services Review.

The OCWTP’s Supervisor Roundtable Series models best practices related to implementation science and change management. The Roundtables guide supervisors through the process of collecting data, developing a goal, creating an action plan, implementing the action plan, evaluating, and sustaining change. A large piece of the Roundtable process is discussing the use of qualitative and quantitative data, identifying sources (including SACWIS, BIC, and ROM) to gather baseline and ongoing data for practice improvement. Since 2018, three roundtable series have occurred, and included the following themes:

• Enhancing Unit Performance: In this series, supervisors develop goals to improve unit performance and assess current functioning in a particular area of unit performance.
• Supervising Quality Assessments of Safety: This roundtable focuses on “supervising quality assessments of safety” to enable supervisors to enhance the assessment skills of caseworkers and improve state, agency, and unit outcomes.
• Ensuring Quality Caseworker Visits with Families: In this series, supervisors focus on areas of practice needed in their units to enhance the quality of caseworker visits with families.

Compliance with Ongoing Staff Training Requirements

As noted earlier, compliance numbers for the CFSR in 2017 were determined by an audit of a sample of training records to assess compliance with training requirements. The 2017 audit revealed that 60% of caseworkers and 69% of supervisors were in compliance. Using E-Track’s new reporting capability, the following 2018 compliance data was determined:

Caseworkers: Of 2,427 OAC caseworkers, 52% were in compliance regarding ongoing training requirements. Data was pulled from the Prior Year Compliance column on a report run March 31, 2018 (showing whether each individual was compliant or non-compliant based on their previous OAC year).

Supervisors: Of 560 OAC supervisors, 61% were in compliance regarding ongoing training requirements. Data were pulled from the Prior Year Compliance column on a report run March 31, 2018 (showing whether each individual was compliant or non-compliant based on their previous OAC year).
Barriers to Attendance and Strategies to Address Barriers

As RTCs interact with counties in their region they are finding more and more PCSAs struggling with higher than normal turnover rates, increasing caseloads, and increasingly more complex cases; all of which impacts staffs’ ability to attend training. Ohio’s eight RTCs continue to adapt to meet these challenges in several ways:

- RTCs offer more in-agency training sessions addressed to meet specific county training needs.
- RTCs hold Caseworker Core Modules for larger cohort groups and schedule more rounds of Core and Core Learning Labs to accommodate the influx of new caseworkers being hired.
- RTCs hold workshops even if registrations are low to accommodate training needs of staff and to prevent them from having to travel out of the region to get required training.
- RTCs use an E-Track report to link individuals with identified needs to currently available workshops in their regions.

Numerous sources of data indicate supervisors have difficulty leaving their units to attend training. For example, of the 13 counties SEORTC serves, seven have two or fewer supervisors and another three have six or fewer supervisors. One way the OCWTP addressed this barrier is through supervisor conferences. For several years, ECORTC/SEORTC (combined) and NCORTC have offered conferences for supervisors. This past year 192 participants attended these two- to two-and-a-half-day conferences. The conferences provided learning opportunities designed to improve and strengthen supervisors’ skills and effectiveness.

Item 28: Foster and Adoptive Parent Training

The Ohio Revised Code requires:

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

The table below identifies training requirements for foster parents.

<table>
<thead>
<tr>
<th>Foster Home Type</th>
<th>Preservice Hours</th>
<th>Ongoing Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-adoptive infant foster care</td>
<td>12</td>
<td>24 hours of training within a two-year certification period</td>
</tr>
<tr>
<td>Family foster care</td>
<td>36</td>
<td>40 hours of training within a two-year certification period</td>
</tr>
<tr>
<td>Specialized foster care</td>
<td>36</td>
<td>60 hours of training within a two-year certification period</td>
</tr>
</tbody>
</table>
Addressing Basic Skills & Knowledge for Foster and Adoptive Parents

Preservice Training

Applicants who wish to become licensed caregivers or approved adoptive parents attend the standardized series, Preservice Training. This series, revised in 2015, consists of 12, three-hour modules. For a review of this series, please see the syllabus.

Over the 5 year-year period, the OCWTP provided 7,748 Sessions of Pre-service training to 134,419 attendees.

Licensing Specialists have repeatedly given feedback that by the time caregivers receive a placement, they have forgotten much of what they learned in Preservice training. To address this issue, the OCWTP has taken the following steps:

1. Three TOL tools were developed (or revised) and implemented in 2015 at three different points in time in the caregiver licensure process:
   - Individual Reflection Sheets
   - Family Interview Guide
   - ITNA

2. Beginning in 2019, trainers give a brief, three-question quiz to participants at the beginning of each module on material addressed in the previous module.

3. Licensing Specialists can attend a one-day training, Overview of Preservice Training for Assessors, to familiarize themselves with Preservice Training content and the transfer of learning tools. This training has been offered 21 times since its development in 2015 and is scheduled to be offered two more times before June 2019.

4. The OCWTP is currently piloting a spaced retrieval campaign for Preservice Training. The campaign consists of a series of three emails that participants will receive over an approximately three-week period, just after completing module 12. Each email has three short exercises. Participants do not have to complete the exercises and they can opt-out of the campaign at any time.

Addressing Ongoing Skills and Knowledge Needs of Foster Parents

Ongoing skills and knowledge needed by foster parents are determined through an ITNA process conducted at the county that licensed the foster parent. County agencies then report their learning needs to the RTC that serves them. Two RTCS have worked with their counties to use the standardized OCWTP caregiver ITNA. Adoptive parents do not have an ongoing training requirement, but they may attend any relevant OCWTP training for free and can register themselves through E-Track.
The OCWTP gathers additional needs assessment data through:

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

Whenever a standardized foster parent training is developed or revised, an ad hoc curriculum advisory team is formed specific to that training to ensure relevance and application. The ad hoc team consists of trainers, foster caregivers, and foster care alumni.

Although not required, the OCWTP works with Ohio’s county agencies to encourage newer foster parents to attend the OCWTP’s *Fundamentals of Fostering* series. This series builds on the learning provided during Preservice training to help foster parents go beyond an awareness level and gain deeper knowledge and develop caregiving skills. While Fundamentals of Fostering focuses on foster parents early in their foster care careers, it can also benefit seasoned foster caregivers who display training needs in any of the competencies trained in the Fundamentals of Fostering series.

The FAK caregiver work team regularly reviews E-Track reports on the *Fundamentals of Fostering* series and adoptive parent trainings. Trainer issues are addressed as needed. Participant feedback is used to revise and enhance the training when applicable.

The OCWTP launched a new website for caregivers in 2018 called *Caregiver’s Corner*. The website provides information on preservice and ongoing training and links to helpful Ohio-based and national resources.

**Evaluating Foster and Adoptive Parent Training Provided by Private Child Placing Agencies, (PCPA) Private Non-Custodial Agencies (PNA), or a consortium of such agencies approved by ODJFS to Operate a Preplacement Training Program or a Continuing Training Program**

PCPAs and PNAs who are approved to operate a Preplacement Training Program, or a Continuing Training Program are required, pursuant to OAC 5101:2-5-40, to evaluate the effectiveness of the courses offered and the overall effectiveness of the training program at minimum every two years. These agencies administer foster parent pre-service and ongoing training evaluations to determine how well the initial and ongoing training addresses the caregivers’ skills and knowledge base needed to carry out their duties with regard to caring for foster or adoptive children. Caregiver surveys reflect opportunities within the initial and ongoing training to provide much needed skills and knowledge base the caregivers need to care for foster/adopted children.
Compliance with Training Requirements

Prospective foster parents and current foster parents are certified/recertified by:

- Public children services agencies;
- Private non-custodial agencies approved by ODJFS to perform the foster care function; or
- Private child placing agencies approved by ODJFS to perform the foster care function.

As of December 2017, all private agencies were fully live in SACWIS. Ohio’s SACWIS system requires the user to check a box stating that ‘All training requirements have been successfully completed’ for an agency to approve a home study in SACWIS. The public agencies and private agencies must complete and approve a home study for a home to become certified. There were 6,181 new foster home certifications issued from April 1, 2016 -March 31, 2019.

Agencies provided 9,054 foster and adoptive caregiver pre-service and foster caregiver ongoing trainings. (This data included counts for distinct providers that received training (pre-service and/or continuing) with the training location type of Agency, and the certification and home study disposition dates (with training status of completed) falling within the period of April 1, 2016 to March 31, 2019.)

Of the approved home studies for new certifications for public agencies, training was verified as completed for:

- 2,322 Public Agency Homes (2,076 Traditional Homes and 65 treatment, medically fragile, or pre-adoptive homes) and 2,135 adoptive homes.

Of the approved home studies for new certifications for private agencies, training was verified as completed for:

- 3,859 Private Agency Homes (1,386 Traditional Homes and 1,829 treatment, medically fragile, or pre-adoptive homes) and 3,033 adoptive homes.

During this time frame there were a total of 12,067 foster home certifications and recertifications.

Agencies are also required to check the ‘All training requirements have been successfully completed’ checkbox within the home study for foster care recertifications. There were 5,886 homes recertified from April 1, 2016-March 31, 2019.

Of the approved home studies for re-certifications for public agencies, training was verified as completed for:

- 2,379 Public Agency Homes (2242 Traditional Homes and 145 treatment, medically fragile, or pre-adoptive homes) and 1,846 adoptive homes.
Of the approved home studies for re-certifications for private agencies, training was verified as completed for:

- **3,507 Private Agency Homes** (747 Traditional Homes and 2,852 treatment, medically fragile, or pre-adoptive homes) and 1,812 adoptive homes.

In addition to the automated capabilities for private and public agencies to enter training and homestudy information in SACWIS, ODJFS Licensing Specialists monitor agencies’ adherence to OAC rules as a quality assurance measure. OAC 5101:2-5-33 outlines requirements for foster Caregiver Preplacement and Continuing Training. ODJFS Licensing Specialists conducted 337 visit reviews and 299 recertification reviews of private and public agencies between April 1, 2016 and March 31, 2019, to determine compliance with applicable laws and rules for foster parent training. ODJFS Licensing Specialists examine a minimum of 10 records per agency (unless the agency has fewer than 10 records, then all records must be reviewed) and make every effort to ensure they review a fair sample of records across all agency offices.

*Initial and On-going Training Requirements for Prospective and Current Foster Caregivers*

Of the 636 agency visits and recertification reviews licensing specialists conducted during the period of April 1, 2016 – March 31, 2019, 59 agencies were cited for noncompliance with foster caregiver training requirements. The following areas of non-compliance were noted:

- **OAC 5101:2-5-33 (C) (1)** – pre-adoptive infant foster home did not complete a minimum of twelve hours of preplacement training.
- **OAC 5101:2-5-33 (C) (3)** – specialized foster home did not complete a minimum of 36 hours of preplacement training.
- **OAC 5101:2-5-33 (C) (4)** – family foster home who is or will be providing care for a youth expected to remain in foster care until the youth's eighteenth birthday did not adequately provide, under the instruction of the recommending agency, independent living and/or life skills services to the youth as are needed and appropriate and, to the extent possible
- **OAC 5101:2-5-33 (C) (5)** – foster caregiver certified to operate a family foster home did not complete a minimum of forty hours of continuing training.
- **OAC 5101:2-5-33 (C) (8)** – specialized foster home did not complete a minimum of thirty-six hours of preplacement training.
- **OAC 5101:2-5-33 (C) (9)** – specialized foster homes did not complete a minimum of 60 hours of continuing training.
- **OAC 5101:2-5-33 (F)** a recommending agency did not adequately document transfer of learning components such as a pre-test or post-test
- **OAC 5101:2-5-33 (G)** – a recommending agency did not develop and implement a written needs assessment and continuing training plan for each foster caregiver affiliated with the agency.

Agencies were required to submit a corrective action plan (CAP) to their licensing specialist to address these areas of non-compliance. Licensing staff reviewed and approved the CAP and provided technical assistance to avoid future non-compliance.
Training Requirements for Prospective Adoptive Parents

ODJFS Licensing Specialists conducted 337 visit reviews and 299 recertification reviews of private and public agencies between April 1, 2016 – March 31, 2019 to determine compliance with applicable laws and rules for adoptive parent pre-service training. During agency visit reviews and recertification reviews a total 15 agencies were cited for noncompliance with adoptive parent training requirements. The following areas of non-compliance were noted:

- **OAC 5101: 2-48-09 (D) (E)** – An agency shall not begin the homestudy assessment process prior to the receipt of a fully completed JFS 01691 signed by the adoptive parent(s). An agency shall not accept an application for approval for adoptive placement which does not contain complete and accurate information.

- **OAC 5101: 2-48-09 (O) (P)** – The PCSA, PCPA, or PNA shall document that each person seeking adoption approval successfully completes preservice training, prior to approval of the homestudy. A PCSA, PCPA, or PNA may waive components of the training if the assessor determines that the family has received training previously or the family has the skills to care for the needs of the child that will be placed in the home. The three-hour requirement for cultural issues shall not be waived. When a waiver has been granted by the agency, it shall document the waiver in the case record pursuant to rule 5101:2-48-22 of the Administrative Code.

- **OAC 5101: 2-48-22 (B)** – The agency did not have a complete JFS 01691 application for child placement within the adoptive family case record.

Agencies were required to submit a CAP to their licensing specialist to address areas of non-compliance. Licensing staff reviewed and approved the CAP and provided technical assistance to avoid future non-compliance.

Assessing Compliance with Training Requirements for Staff in ODJFS Licensed Facilities

Staff training requirements are addressed in OAC rules 5101:2-9-03 and 5101:2-5-13 (A) (22). Residential facilities must provide each child care staff person with a minimum of twenty hours of orientation within the first thirty days after the date of hire, and an additional thirty-two hours of training during the first year of employment for a total minimum of fifty-two hours of training during the first twelve months of employment. Additionally, the agency must ensure all child care staff hired possess a current American Red Cross, American Heart Association, or equivalent first aid and cardiopulmonary resuscitation (CPR) certification at the time of hire or within six months following the date of hire. The agency must also ensure all staff receive annual training in the use of restraint technique as applicable to their agency policies and functions. An agency is required to provide all staff with the agency’s written personnel policies and procedures.

ODJFS Licensing Specialists conducted 337 visit reviews and 299 recertification reviews of private and public agencies between April 1, 2016 - March 31, 2019, to determine compliance with applicable laws and rules for staff training. A total of 104 agencies were cited during the agency visit and recertification process for non-compliance in the following areas:
OAC rule 5101:2-9-03 – Staff had: (1) insufficient training hours for orientation; (2) insufficient training hours for the first year of employment; (3) not completed the required training topics during the first year of employment; (4) not completed their required training prior to working with children alone; or (5) not completed First Aid and CPR Certification Training prior to working with children.

Agencies were required to submit a CAP to their licensing specialist to address these areas of non-compliance. Licensing staff reviewed and approved the CAP and provided technical assistance to avoid future non-compliance.

Conclusions

The OCWTP’s E-Track system provides a central repository for PCSAs to document and track staff’s completion of both initial and ongoing training requirements. OCWTP assesses caseworker, supervisor, caregiver, and adoption curricula on an ongoing basis. Revisions to existing curricula are based on: (1) feedback collected from E-Track evaluation surveys and RTC on-site visits with county agencies, (2) the latest research on child welfare practice; (3) recent revisions to Ohio Administrative Code rules; and (4) modifications to SACWIS. In addition to traditional classroom-based training, the OCWTP offers a variety of other learning options for caseworkers, supervisors, adoption assessors, agency leaders and foster caregivers, including distance and blended learning interventions through E-Track, coaching, and Guided Application and Practice Sessions (GAPs). OCWTP trainers are carefully screened, trained, and certified. They must have the appropriate course content knowledge, the necessary adult training skills, and the ability to promote culturally-competent practice. Trainers must maintain a minimum average performance score to continue training for the OCWTP.

ODJFS Licensing Specialists review Training Proposals from PCPAs and/or PNAs that seek to operate a preplacement training program or a continuing training program for prospective foster/adoptive applicants and currently certified foster parents. Once approved to operate a preplacement training program or a continuing training program, agencies are required to submit a new proposal to operate their program every two years. All approved programs are mandated to evaluate their training program every two years to ensure its effectiveness.

During visit reviews and recertification reviews, ODJFS Licensing Specialists monitor compliance with training requirements for staff in ODJFS licensed facilities.

Conclusions

The OCWTP’s E-Track system provides a central repository for PCSAs to document and track staff’s completion of both initial and ongoing training requirements. OCWTP assesses caseworker, supervisor, caregiver, and adoption curricula on an ongoing basis. Revisions to existing curricula are based on: (1) feedback collected from E-Track evaluation surveys and RTC on-site visits with county agencies, (2) the latest research on child welfare practice; (3) recent revisions to Ohio Administrative Code rules; and (4) modifications to SACWIS. In addition to traditional classroom-based training, the OCWTP offers a variety of other learning options for caseworkers, supervisors, adoption assessors, agency leaders and foster caregivers, including distance and
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During visit reviews and recertification reviews, ODJFS Licensing Specialists monitor compliance with training requirements for staff in ODJFS licensed facilities.
E. Service Array and Resource Development

There are two items that determine compliance with the Systemic Factor *Service Array and Resource Development*. The following table presents information on how these items are evaluated for compliance.

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>29</td>
<td><strong>Array of Services</strong>&lt;br&gt; Determine how well the service array and resource development system functions to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP:&lt;br&gt; - Services that assess the strengths and needs of children and families and determine other service needs;&lt;br&gt; - Services that address the needs of families in addition to individual children in order to create a safe home environment;&lt;br&gt; - Services that enable children to remain safely with their parents when reasonable; and&lt;br&gt; - Services that help children in foster and adoptive placements achieve permanency.</td>
</tr>
<tr>
<td>30</td>
<td><strong>Individualizing Services</strong>&lt;br&gt; Determine how well the service array and resource development system functions statewide to ensure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency.</td>
</tr>
</tbody>
</table>

The CFSR Round 3 Final Report indicated that based upon the Statewide Assessment and stakeholder interviews both items which make up *Service Array and Resource Development* were not rated as a Strength. As a result, this Systemic Factor was found not in Substantial Conformity. It was also noted that based upon case reviews there was an insufficient array of appropriate services and service providers and as a result, this appeared to have negatively affected performance on some of the outcomes for children.

When developing the CFSR PIP a survey was conducted of caseworkers, supervisors and administrators from the 15 CFSR counties to determine the root causes of this rating. Survey findings indicated services noted to be difficult (usually or always) to access (including if they were not available in the community) by at least 25% of respondents are presented in the following table.

<table>
<thead>
<tr>
<th>Percent Reporting Services Difficult to Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Service*</td>
</tr>
<tr>
<td>Domestic violence services for batterers</td>
</tr>
<tr>
<td>Specialized mental health services for parents</td>
</tr>
<tr>
<td>Substance abuse treatment services for children</td>
</tr>
</tbody>
</table>
Percent Reporting Services Difficult to Access

<table>
<thead>
<tr>
<th>Type of Service*</th>
<th>Intake/Assessment Caseworkers</th>
<th>Ongoing Caseworkers</th>
<th>Intake Supervisors</th>
<th>Ongoing Supervisors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatric services for children</td>
<td>&lt;25%</td>
<td>29%</td>
<td>31%</td>
<td>38%</td>
</tr>
<tr>
<td>Specialized mental health services for children*</td>
<td>&lt;25%</td>
<td>27%</td>
<td>&lt;25%</td>
<td>&lt;25%</td>
</tr>
<tr>
<td>Transportation to services**</td>
<td>&lt;25%</td>
<td>33%</td>
<td>&lt;25%</td>
<td>46%</td>
</tr>
</tbody>
</table>

*43% of supervisors of caseworkers with both intake/ongoing cases identified this as a difficult to access service, possibly because the one-worker model tended to be in more rural counties.

**76% of supervisors of caseworkers with both intake/ongoing cases identified this as a difficult to access service, probably because they tended to be in more rural counties.

To determine if the information provided by the 15 CFSR counties was reflective of the state, CPOE Stage 11 Self-Assessments completed by PCSAs were examined. The Service Array Section of the CPOE Stage 11 Self-Assessment collected information on an agency’s overall perception of: (1) service accessibility; (2) effectiveness of services; (3) provider responsiveness; (4) individualization of services, and (5) evaluation of services. Agencies were asked to rate these areas by indicating their agreement with statements related to each of the areas noted above. The following table presents information from 76 PCSAs.

<table>
<thead>
<tr>
<th>Service Array and Resource Development</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supportive services to prevent placement, promote reunification, and teach life skills are accessible by either the agency or within the community.</td>
<td>14</td>
<td>55</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>Supportive services in the community are usually effective in meeting client needs and promoting achievement of case plan goals.</td>
<td>8</td>
<td>52</td>
<td>16</td>
<td>0</td>
</tr>
<tr>
<td>Providers are responsive to the needs of the family and provide regular reports to PCSA staff.</td>
<td>4</td>
<td>31</td>
<td>19</td>
<td>0</td>
</tr>
<tr>
<td>Individualized services are provided to families and children.</td>
<td>11</td>
<td>60</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>The agency formally and informally evaluates the quality of services provided.</td>
<td>8</td>
<td>60</td>
<td>8</td>
<td>0</td>
</tr>
</tbody>
</table>

The majority of respondents either Strongly Agreed or Agreed with each of the statements. Thus, leading one to conclude that their community has services which are accessible, effective, individualized, and providers who are responsive to the needs of families. However, what is more telling about the nature of Service Array in Ohio is when further examination was conducted on respondents who disagreed with these statements. Agencies who disagreed with these statements
were comprised of both small, medium-small, medium, and large size counties. It is of concern that services were not meeting client needs and providers were not responsive to the needs of the family.

The Service Array Section of the CPOE Stage 11 Self-Assessment asked PCSAs to provide more information on: (1) service gaps; (2) barriers to accessing services; and (3) how the agency was collaborating with service providers to facilitate provision of services to families and children. The most prevalent service gaps identified were:

- Mental Health Services for Children
- Psychiatric Services for children
- Behavioral/crisis intervention services
- Substance Abuse Services (Substance Use Disorder (SUD) treatment services, in-patient and out-patient drug treatment, drug and alcohol services)
- Intensive In-home support services/home-based services
- Affordable housing

These service gaps were consistent with the information contained in the CFSR Final Report and in our recent study of the characteristics of families and children at risk.

The most common barriers to accessing services were:

- Waiting lists for mental health services
- Transportation
- Receiving reports from providers
- Distance to obtain services (lack of services available in the county)
- Service delivery hours

PCSAs indicated they schedule regular meetings with parent educators, community mental health providers, community substance abuse providers, the Mental Health Board, Family and Children First Council, and domestic violence shelters to discuss service needs of children and families.

ODJFS continues to partner with other state agencies and/or the Supreme Court of Ohio to establish holistic interventions. Some of these collaborative initiatives are described below.

- **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.
- **Ohio Minds Matter** promotes safe and appropriate use of psychotropic medications.
- **The Addiction Treatment Pilot Project** provides medication-assisted treatment to offenders participating in select certified drug court programs.
- **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.

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• Engaging 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.
• 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.
• 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.
• Family-Centered Services and Supports provides flexible funding to local partners to support needed non-clinical services and supports to families of children with multi-system needs.
• Ohio’s Early Learning and Development Standards support comprehensive development and well-being of young children (birth-kindergarten) and foster learning.
• The Ohio Intimate Partner Violence Collaborative increases the safety and well-being of children exposed to domestic violence by enhancing the skills of child welfare professionals working with families impacted by domestic violence and building collaborative relationships among child welfare agencies and their community partners.
• The Parent Advocacy Connection provides assistance to parents of multi-system involved children to increase family “voice” in service selection, improve care coordination, and reduce caregiver stress. During this past year, PAC exceeded expected service provision levels while maintaining a high rate of client satisfaction.

Conclusions

Further work needs to be done in this area and the 2020-2024 CFSP contains strategies to address Service Array and Resource Development.
F.  Agency Responsiveness to the Community

There are two item measures which make up the Systemic Factor *Agency Responsiveness to the Community*. These include Item 21: *Agency Responsiveness to the Community* and Item 32: *Coordination of CFSP Services with other Federal Programs*. The evaluation criteria for each Item is outlined below.

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>31</td>
<td><strong>Agency Responsiveness to the Community</strong></td>
</tr>
<tr>
<td>32</td>
<td><strong>Coordination of CFSP Services with other Federal Programs</strong></td>
</tr>
</tbody>
</table>

Round 3 of the CFSR assessed Ohio’s performance on this Systemic Factor using the state’s performance on Items 31 and 32. Ohio was found in Substantial Conformity with the Agency Responsiveness to the Community Systemic Factor since both items in this Systemic Factor were rated as a Strength.

**Item 31: Agency Responsiveness to the Community**

Ohio has developed a strong collaboration infrastructure with multiple avenues for partnership that are well-institutionalized and have provided forums to engage partners in assessing the state’s policies, programs, and practices.

**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 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.
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 contained 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 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 comprised of representatives of local public and private child welfare agencies, OFC, and other child welfare stakeholders, such as the Supreme Court of Ohio (SCO), the Public Children Services Association of Ohio (PCSAO), and the Ohio Children’s Alliance. 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, Help Desk 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.

Programmatic Collaboration with Local and State Stakeholders

Differential Response Leadership Council: Ohio’s guiding body for the implementation of Differential Response, the Leadership Council, was comprised of representatives of county public children services agencies, OFC and the Ohio Child Welfare Training Program (OCWTP). This group was initially formed in 2007 to guide the development of Ohio’s Alternative Response pilot but continued to monitor Ohio’s progress in implementing a Differential Response (DR) system, examined data related to DR implementation, made recommendations for needed policy or practice adjustments, and served as mentors for the implementation of high-quality DR practice throughout Ohio’s rollout and scale-up of Differential Response. The recommendations of the Leadership Council informed the development of many aspects of Ohio’s CFSP. The Leadership Council served as 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: The ProtectOHIO Consortium serves as the guiding body for Ohio’s Title IV-E Waiver Demonstration Project. 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 CFSP and the CFSR, PIP.

**Collaboration with Youth, Parents and 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 serves as 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 included in the CFSP.

**HOPE (Helping Ohio Parent Effectively) Primary Parent Workgroup:** In collaboration with Casey Family Programs, the PCSA0, 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 was a key strategy included in Ohio’s 2015-2019 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 2015-2019 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.

**Inter-Systems & Organizational Collaborations**

**Partnership with the Supreme Court of Ohio:** OFC has a rich history of collaboration with the Supreme Court of Ohio (SCO) 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 (CAND). CAND also serves as the Task Force for both
the Ohio’s Children’s Justice Act and Court Improvement Program (CIP). Recommendations of these leadership bodies were integral to the development of Ohio’s 2015-2019 CFSP, and OFC continues to partner with the Court on the 2020-2024 CFSP. SCO staff serve on OFC’s Continuous Quality Improvement Advisory Team. In addition, ODJFS and the SCO partner on the implementation of activities under Ohio’s Children’s Justice Act grant and Ohio’s CIP.

**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 continued 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, OFC partnered with other state agencies to identify potential strategies and resources for the CFSR PIP.

**Statewide Associations:** OFC has established strong collaborations with the PCSAO, the Ohio Job and Family Services Directors’ Association (OJFSDA), and the Ohio Children’s Alliance. ODJFS regularly attends association meetings, providing periodic updates to these organizations on CFSP implementation activities as well as the federal CFSR. In addition, the Ohio Children’s Alliance, PCSAO and OJFSDA participate on several 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 provided 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 several important child welfare initiatives, including Differential Response, the Ohio Intimate Partner Violence Collaborative, and Permanency Roundtables.

**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.

**Alignment with CFSR Collaboration Efforts**

Implementation of the CFSP is closely aligned with collaborative efforts on the federal CFSR. As noted in previous APSR submissions, joint examination with stakeholders of statewide strengths and areas in need of improvement from CFSR Round 3 informed the development of Ohio’s 2020-2024 CFSP. Each strategy included in the CFSP was designed to build upon existing strengths or to address areas of practice needing improvement, with the goal of improving Ohio’s safety, permanency and well-being outcomes.

OFC’s CQI Advisory Team was also engaged in the joint examination of areas needing improvement and strengths to inform both the CFSR PIP and CFSP. Several Advisory Team members also served as CFSR PIP and CFSP workgroup members. The CQI Advisory Team is currently developing a peer review process to use as an ongoing resource for counties during PIP
implementation and beyond. The team will review statewide CFSR outcome measures and PIP performance on a quarterly basis to identify trends and areas needing support and/or capacity building.

OFC has shared information with child welfare partners and stakeholders on Ohio’s implementation of the CFSR and the drafts of 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 partnered 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 October 5, 2018 edition, CFSR Items 14 and 15 were explained and Ohio’s ratings on these items was included. In addition, tips and resources for quality visits were provided in the article.

Ongoing Collaboration

ODJFS plans to continue the avenues for stakeholder engagement and collaboration described above throughout the implementation of the 2020-2024 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.

Item 32: Coordination of CFSP Services with other Federal Programs

ODJFS works closely with the Ohio General Assembly, other state agencies and local PCSAs to ensure that the state’s services under the CFSP are coordinated with services and benefits of other federally-assisted programs serving the same population. These include, but are not limited to: Medicaid, Medicare, federally and state-supported behavioral health services, the Social Services Block Grant (Title XX), Title 1 (education funding), the Individuals with Disabilities Education Program (IDEA), state and federally-supported child care programs (e.g., Step Up to Quality, Head Start), juvenile justice initiatives, Court Improvement Projects, Child Abuse Prevention and Treatment Act programming, the federally-funded Personal Responsibility and Education Program, specialized programming for those with developmental disabilities, the Supplemental
Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Workforce Innovation and Opportunity Act, Educational Training Vouchers, the Chafee Foster Care Independence Act, and multiple grants funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).

**General Child Welfare Funding**

As a state-supervised and county-administered child welfare system, all child welfare costs in Ohio are funded through a blend of federal, state and local funds. ODJFS allocates federal and state funds to county agencies, which can be used to support child welfare programs in their communities. Funds allocated are Title IV-B Part I and Part II, Title XX, TANF Title XX Transfer, TANF, Title IV-E Chafee/ETV and state General Revenue Funds, which can be used as a portion of match for required federal funds. In addition, Title IV-E Foster Care and Adoption Funds are passed through to the county agencies as partial reimbursement for placement costs and administrative costs. Local commissioner appropriation and county-specific levy funds are used to match required federal funds or used to pay for children and/or services not eligible under the federal funding streams.

**TANF and WIOA Integration**

Ohio’s teens and young adults, ages 16-24, face higher rates of unemployment than any other age group and many teens struggle to complete high school. Many of these youth also encounter additional barriers to reaching their full potential including homelessness, substance abuse, teen pregnancy and mental health issues. Addressing these issues and barriers early on in a coordinated way, could break the cycle of poverty for more Ohioans.

The state of Ohio created a new and innovative framework for serving low-income Ohioans ages 16 to 24, through an integrated intervention that combines the Temporary Assistance for Needy Families (TANF) program and the Workforce Innovation and Opportunity Act (WIOA) Youth program. Designed to assist one of Ohio’s most vulnerable populations, this new way to work is titled the Comprehensive Case Management and Employment Program (CCMEP). CCMEP provides employment and training services to eligible, low-income individuals based on a comprehensive assessment of employment and training needs as well as a basic skills assessment.

CCMEP takes a coordinated, holistic approach to stabilizing individuals and families by addressing the myriad of factors that may be contributing to poverty and unemployment, including health, housing, education, transportation and child care. Participants are provided services to support goals outlined in their individual opportunity plan. The program offers a range of services to help individuals achieve goals related to obtaining employment, increasing earnings and/or obtaining a certificate or credential. These include: tutoring or study skills training, alternative secondary school services, or dropout recovery services, paid and unpaid work experiences (including summer employment opportunities, pre-apprenticeship programs, internships and job shadowing, and on-the-job training opportunities), occupational skills training, education offered concurrently with workforce preparation activities, leadership development opportunities, adult mentoring, entrepreneurial skills training, financial literacy education, comprehensive guidance and counseling, labor market and employment information, activities to prepare youth to transition
to post-secondary education and training, and supportive services including access to drug and alcohol abuse counseling, health care, transportation, child care, housing, uniforms and work-related tools, educational testing and reasonable accommodations for youth with disabilities.

CCMEP’s success is driven by the customer’s active participation in the program as well as regular, meaningful engagement by case managers. Individuals participating in CCMEP are required to commit to participating in activities outlined in their individual opportunity plan for a minimum of 20 hours per week. CCMEP case managers are required to engage with participants at least every 30 days, or if a participant is receiving intensive case management, at least every 14 days.

**Medicaid**

ODJFS and ODM work together to address the needs of families served by the child welfare system. During the CFSP implementation period, several joint initiatives were launched. Some of these include:

- **Managed Care:**
  Effective January 1, 2017, children in the custody of the public children services agency and adopted children who are eligible for Title IV-E Federal Adoption Assistance or State Adoption Maintenance Subsidy (SAMS) received their healthcare benefits through a Managed Care Plan (MCP), rather than through a traditional fee-for-service model. All MCP services must be provided by a qualified professional in a specified practice field. The clients’ needs are identified through structured assessments and testing. Per statute, services rendered must be consistent with acceptable professional standards of medical and healing arts practice regarding type, frequency, scope and duration. One of the biggest advantages to transitioning the foster population from a fee-for-service to a managed care structure is the level of monitoring conducted by ODM to ensure patients receive timely and appropriate services through their contracted provider networks. Performance measure examples include:
  
  - Use of Multiple Concurrent Antipsychotics in Children and Adolescents; and
  - Metabolic Monitoring for Children and Adolescents on Antipsychotics.

- **Primary Care Medical Homes:**
  The transition to a managed care system also aligns with Ohio’s vision for utilizing Primary Care Medical Homes (PCMH). This model of care offers many advantages to the youth in care, including high-quality services, individualized treatment and comprehensive care. The components of PCMH are illustrated in the graphic below:
School-Based Medicaid:
Ohio’s Medicaid School Program (MSP) is codified in the Ohio Revised Code. This program provides enrolled school districts the ability to obtain partial federal reimbursement for medically-necessary services identified on a Medicaid-eligible student’s Individualized Education Plan. Eligible medically-necessary services include, but are not limited to:
- Occupational therapy;
- Physical therapy;
- Speech therapy;
- Audiology services;
- Nursing services;
- Mental health services; and
- Psychological and neuropsychological testing.

Cross-System Youth
Ohio has worked to ensure coordination of programs and funding streams across systems serving the same population of children and families. The Cabinet’s Family-Centered Services and Supports (FCSS) project reflects the state’s cross-system commitment to implementing a coordinated continuum of services and supports for children, ages 0-21, with multi-system needs and their families. This initiative is jointly funded by ODJFS (Title IV-B dollars) and state funds from the Ohio Departments of Mental Health and Addiction Services, Youth Services, and Developmental Disabilities. These dollars are appropriated to local Family and Children First Councils to provide non-clinical, family-centered services and supports. Since the inception of FCSS fourteen years ago, 95% of all children served through this initiative avoided removal and have been able to safely remain in their homes.
**Personal Responsibility Education Program (PREP)**

PREP is a federally-funded program administered by the Ohio Department of Health and the Ohio Department of Youth Services aimed at reducing teen pregnancy and the sexually transmitted disease rates of Ohio’s at-risk youth 14-21 years of age, who reside in foster care and the juvenile justice systems. ODJFS partners with the other two state departments to design and implement this initiative. Youth receive evidenced-based training as the foundation for pregnancy prevention education, as well as, adulthood topics on: healthy relationships, financial literacy, and educational and career development.

In addition to PREP, the Ohio Department of Health also offers a one day, six-hour Trauma Informed Care training for child welfare professionals, foster parents, and juvenile detention staff. The training combines Think Trauma with essential elements from the National Child Trauma Stress Network Child Welfare training that outlines: Trauma and Delinquency, Trauma’s Impact on Development, and Survival Coping Strategies.

**SAMHSA-Funded Initiatives**

ODJFS partners with the Ohio Department of Mental Health and Addiction Services, and local providers to implement projects funded through the federal Substance Abuse and Mental Health Services Administration. Some of these include, but are not limited to:

- The CURES Act and the Medication Assisted Treatment- Prescription Drug and Opioid Addiction (MAAT-PDOA) Programs to develop a holistic response to Ohio’s Opioid epidemic.
- ENGAGE to develop a coordinated system of care response to meet the needs of transition age youth and young adults.
- National Child Traumatic Stress Network to increase availability of trauma informed care and build workforce capacity to implement trauma-informed practices through dissemination of statewide training.

**Conclusions**

Through strong collaborative efforts between State and local partners, Ohio has been able to address the needs of children and families coming to the attention of child welfare agencies.
G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

This Systemic Factor includes four item measures. The table below lists the item measures and the evaluation criteria.

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Findings from the Round 3 of the CFSR indicated this Systemic Factor was not in Substantial Conformity because Item 34 and Item 36 were not rated as a Strength.

**Item 33: Standards Applied Equally**

**Authoritative Charge**

The Bureau of Foster Care Licensing within the Office of Families and Children (OFC) of the Ohio Department of Job and Family Services (ODJFS) is responsible for ensuring the adequate and competent management of agencies that offer care to children in out-of-home settings. ODJFS, Bureau of Foster Care Licensing, must assure agencies are fit to provide foster care, adoption, and residential services to children and/or their families. OFC monitors PCSAs, Private Noncustodial Agencies (PNA), and Private Child Placing Agencies (PCPA) for compliance with administrative, governance, fiscal, child services and treatment, and operational standards as prescribed by the ORC and OAC in:
**Compliance Scope**

The Bureau of Foster Care Licensing measures compliance in alignment with applicable Codes that govern the functions for which each agency is certified or approved to operate. The Foster Care Licensing Procedures Manual (FCLPM) details how the Bureau collectively manages its responsibilities of assuring adequate Code compliance and agency “fitness” (ORC 5103.03). The FCLPM is a compilation of procedures established to assist Agency Licensing/Certification staff. Since its inception in 1991, the FCLPM has been utilized to provide instructions to Licensing/Certification staff on how to complete and process compliance “studies.” The FCLPM is arranged by chapters and covers the various studies conducted and completed by staff relative to ODJFS certification and approval processes. The FCLPM refers to studies as a series of announced and unannounced inspections and/or investigative reviews. Studies are conducted by Agency Licensing/Certification Specialists throughout the agency’s certification/approval period. The FCLPM is utilized by the Bureau to promote consistency in conducting and completing compliance studies. Agency Licensing/Certification Specialists and their managers rely on information obtained through studies to determine whether an individual agency meets the acceptable level of Code compliance.

On average, 270 agencies are inspected by Agency Licensing/Certification staff. This may include over 1200 physical site inspections, policy and/or record reviews, and interviews of child residents, foster parents, and/or agency staff. At the end of each on-site inspection and other activities listed above, the assigned licensing/certification specialist will complete the relevant review tool(s), share findings with the agency, compile review material and forward this information to the field office licensing supervisor for review and approval. The supervisory staff reviews and approves the work performed by the Agency Licensing/Certification specialists to ensure accuracy, completeness, and consistency throughout the Ohio Foster Care Licensing program (OFCL).

In 2017, the bureau began to meet with the ODJFS, Office of Information Services to explore an update to its OFCL program, which had been in use since 2009. The State ultimately issued an RFP and selected a vendor to create a new system that internal and external agencies would be able to use remotely and would be transparent and have some reporting features. The system is set to debut in June 2019, with additional features to roll out in late 2019.

Federal requirements under 45 CFR § 1356.30(f) requires ODJFS, as the lead title IV-E agency, to document that background checks with respect to the caregiver staff of the childcare institution are completed in accordance with the state licensing agency’s requirements. Since 1993, Ohio ORC 2151.86 has required any entity that employs persons to be responsible for a child's care in out-of-home care and the administrative director of any entity that designates a person as a prospective adoptive parent or foster caregiver to request criminal records checks of the persons employed to care for children or designated as prospective adoptive parents or foster caregivers. In 2017, OFC certified agencies to submit criminal records check information for agency employees, foster and adoptive applicants and caregivers via a new electronic system. To date,
licensing specialists have reviewed nearly 40,000 records to ensure compliance with state and federal criminal record check requirements.

ODJFS is responsible for ensuring the fitness of agencies to provide foster care, adoption and residential services to children and/or their families throughout the licensing/certification process, as well as after the license/certification is obtained. These services are largely provided by PCSAs, PCPAs and PNAs in collaboration with ODJFS. In Ohio, the responsibility for administering foster care, adoption and residential services for children and families’ rests with public and private agencies certified by ODJFS. The role of ODJFS is to ensure compliance with administrative, governance, fiscal, program and treatment standards as required by the ORC and OAC.

In 2015 the State of Ohio Office of Internal Audit conducted a review of the Foster and Adoptive family and Agency Certification process to determine if adequate internal controls exist in the initial and recertification process. Adequate internal controls establish supervisor reviews and ensure that processes are followed and completed timely and consistently.

The audit measured if standardized management controls were present to identify incomplete or inaccurate information and to final approve the work of staff. Due to the efficiency and thoroughness of the system, the results of the audit were that both the Initial Licensing/Certification Process and the Recertification Process are well controlled. The audit successfully cycled out, not requiring its next audit until 2019 because it was determined to be low risk.

During calendar year 2018, Foster Care staff and management completed the following volume of work with internal controls intact and working:

- Amendments – 119
- Certifications – 22
- Closure – 12
- Complaints – 100
- PCSA Reviews – 29
- Policy Revisions – 85
- Recertifications – 65
- Recruitment Plans - 2
- Training Plan – 30
- Visits – 100

**Conclusions**

Statewide policy and a standardized system to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving Title IV-B or IV-E funds is in place. The Foster Care Licensing Procedures Manual (FCLPM) guides ODJFS Licensing/Certification Staff in applying standards consistently. All 270 agencies certified by ODJFS to operate in Ohio are visited by Agency Certification staff at least annually. This item was rated as a Strength in the Round 3 CFSR.
Item 34: Requirements for Criminal Background Checks

ODJFS staff in the Bureau of Foster Care Licensing ensure that criminal background checks are in compliance with OAC provisions regarding safety checks for: licensed foster homes, adult members of the household; approved adoptive homes; respite care providers; volunteers; college interns; and employees of certified residential centers and group homes.

Background Checks on Prospective/Current Foster Parents and Adult Members of the Household

Ohio Administrative Code (OAC) 5101: 2-5-09.1 requires agencies to request the Bureau of Criminal Identification and Investigation (BCI) conduct a criminal record check for prospective and current foster caregivers and any household member over age 18. An authentication number or Transaction Control Number (TCN) is assigned to a person’s fingerprints when they complete a BCII check. This TCN is how the person is identified in RAPBACK 2.0 (for further information on RAPBACK refer to the special RAPBACK section in this narrative). Agencies are required to enter the unique TCN on the BCII report in SACWIS, which verifies the information (to ensure it is not more than one year old or of poor quality). For agencies that are not SACWIS live, the agency provides the TCN number on the JFS 01317 or the JFS 01318, and ODJFS staff enters the information. BCIs are required to be completed every four years. If the agency does not enter the information as required in SACWIS, the BCI will expire and they must complete a new BCI. A provider cannot be licensed or approved in SACWIS without the TCN number. Once the provider home is licensed or approved, SACWIS enrolls them in RAPBACK population.

Background Checks on Prospective Adoptive Parents and Adult Members of the Household

OAC 5101:2-48-10 outlines the requirement for public and private agencies to conduct a criminal record check on prospective adoptive parents and adult members of the prospective adoptive parent's household pursuant to the procedures set forth in section 2151.86 of the Revised Code

Prohibitive Offenses and Eligibility for Rehabilitation for Hiring

OAC 5101:2-5-09 includes agency personnel requirements and prohibited convictions for employment. Agencies are required to conduct background checks prior to employment and review this information to determine if there are prohibitive offenses and eligibility for rehabilitation for hiring. The rules also include a requirement for agencies to conduct an FBI check if the prospective employee has not resided in the state for five years.

Background Checks of Respite Care Providers, College Interns and Volunteers

OAC 5101:2-5-13 requires agencies to conduct criminal records checks for approved respite care providers, college interns and volunteers prior to employment or providing respite care, whichever is applicable.

Notification of Charges of a Criminal Offense

Licensing staff monitor agency compliance with OAC 5101:2-7-14 (F) which requires a foster caregiver to notify the recommending agency within twenty-four hours of any charge of any
criminal offense brought against the caregiver or any adult resident of his home, and OAC 5101:2-7-14 (G), which states:

“A foster caregiver shall notify the recommending agency within twenty-four hours of any charge or complaint brought against any resident of the foster caregiver's home who is at least twelve years of age, but less than eighteen years of age for committing an act that if committed by an adult would constitute a criminal offense. Pursuant to section 5103.0319 of the Revised Code, a foster caregiver shall also notify the recommending agency in writing within twenty-four hours if a resident of the foster caregiver's home is at least twelve years of age, but less than eighteen years of age, and has been convicted of or pleaded guilty to any of the offenses listed in appendix A to this rule, or has been adjudicated to be a delinquent child for committing an act that if committed by an adult would have constituted such a violation. The notification is also required for any conviction or adjudication of delinquency resulting from a violation of an existing or former law of this state, any other state, or the United States that is substantially equivalent to any of the offenses.”

When a foster and/or adoptive provider or household member or placement is arrested, convicted or pleads guilty to any offense matching a person in the ODJFS RAPBACK population, a ‘Hit’ occurs, and the Attorney General’s Office notifies the recommending public or private agency of the offense. The recommending agency receives the notification for purposes of determining the individual's eligibility for continued employment or licensure or approval. They are required to affirm or disaffirm the “Hit,” and if affirmed, submit the JFS 01301 RETAINED APPLICANT FINGERPRINT DATABASE POST-NOTIFICATION REPORT in SACWIS (or submit to the ODJFS enforcement area if not SACWIS-live) to ODJFS within 10 business days after taking action on the information received from BCII. Licensing staff review the information in the JFS 01301s during recertification and additional visit reviews to ensure the agency has followed up on the RAPBACK ‘Hit” and addressed the issue per rule requirements.

**Monitoring Compliance**

Licensing staff conduct additional visits and recertification reviews of private and public agencies to monitor compliance with background check requirements and follow-up on RAPBACK hits. If non-compliance is found, agencies are required to develop corrective action plans to address any findings of non-compliance related to RAPBACK or background checks. Each CAP submitted specifies:

- What the agency is going to do to correct an area of noncompliance;
- How noncompliance would be prevented in the future;
- Who in the agency would be responsible for the implementation of the corrective action plan; and
- How the agency would document that the corrective action plan has been implemented.
**CFSR Findings**

In the CFSR Round 3 Final Report it was indicated that: “Information in the statewide assessment and collected during interviews with stakeholders showed that although the state has an effective monitoring process in place for foster and adoptive homes to ensure criminal background check requirements are met, requirements are not consistently met for child care institution staff. The stakeholders said that at times, residential staff interacted with children in the facilities before criminal background checks on those staff were completed.”

To formulate a solution to addressing the findings of the CFSR, it was critical to examine procedures that were put in place since January 2017 to review compliance with criminal record check requirements for all current direct care staff, foster and/or adoptive caregivers and applicants. At that time, all agencies were required to submit to their ODJFS licensing specialist a list of direct care staff, foster and/or adoptive caregivers and applicants in phases. Any agency certified for any of the following functions was required to submit this information by February 3, 2017:

- To operate children's residential center(s).
- To operate group home(s).
- To operate or provide independent living arrangements.
- To operate residential parenting facilities.
- To operate children's crisis care facilities.
- To operate private, nonprofit therapeutic wilderness camp(s).

Any agency certified for any of the following functions was required to submit this information by March 3, 2017:

- To act as a representative of ODJFS in recommending pre-adoptive infant foster homes for certification.
- To act as a representative of ODJFS in recommending family foster homes for certification.
- To act as a representative of ODJFS in recommending treatment foster homes for certification.
- To act as a representative of ODJFS in recommending medically fragile foster homes for certification.
- To accept temporary, permanent or legal custody of children.
- To place children for foster care or adoption.
- To participate in the placement of children for foster care or adoption.

Agencies certified for multiple functions were permitted to submit the required information in separate batches according to the deadlines identified above. The state’s new system to monitor background requirements for direct care institution staff was fully operational in January of 2017. Due to the unanticipated volume of records received, staff completed the review of all initial submissions by existing agencies, as well as newly certified agencies, by October 2018.

Since the initial lists and background check information were received, agencies have been
required to submit updated information (new direct care staff, newly licensed or approved foster/adoptive caregivers, and any foster/adoptive caregivers who have been recertified) by the last business day of the calendar quarter (June, September, December, March). However, agencies are permitted to submit the required documentation at any time if it is prior to the identified deadlines. Staff are actively reviewing quarterly submissions.

ODJFS Foster Care Licensing Bureau staff developed a plan for how to document non-compliance of criminal background checks by utilizing a complaint study through the Ohio Foster Care Licensing (OFCL) system. Background checks prior to October 2015, were provided with written technical assistance for assuring follow-up checks are run under the correct ORC code. Any criminal background check found non-compliant after that time is marked non-compliant in the system, a complaint is opened, and a corrective action plan is due for all non-compliance in the quarter reviewed, as applicable per agency.

Licensing staff provided additional training and workshops regarding background check compliance. The Licensing Bureau completed New Agency/New Administrator Training Sessions in the fall of 2017 and the fall of 2018, which involved a reiteration of the 100 percent compliance requirements for background checks along with updated information on expectations once background checks are initially reviewed. Additionally, the Bureau hosted a Statewide Annual Licensing Meeting, during which staff emphasized the background check expectations along with other topics. Due to an influx of new group homes to the Dayton area, the Dayton Field Office hosted New Agency/Administrator Training Sessions in March, June and September of 2018 and included background check requirements on its agenda. Further, at a spring 2018 Licensing Bureau Meeting, a representative from the Ohio Attorney General’s Office provided additional training and guidance on reviewing background check documentation to all licensing staff.

Public and Private Agencies and Residential facilities across the state have submitted a total of 26,983 BCI/FBI checks from January 2017 through September 2018. This includes 3,194 for Child Care Staff (Employees), 6,062 for Foster Care and/or Adoptive Applicants and 17,727 for Foster Care and/or Adoptive Caregivers The following graph depicts receipt of background check information by licensing type.
Of the 26,983 documents reviewed, trends show that most of background checks have been compliant. The top three reasons documenting non-compliance were: incorrect reason code, missing rap sheets and/or rehabilitation documents, and checks not completed within required timeframes. Findings indicate:

77% were compliant  
6% were pending  
4% were duplicates  
7% were noncompliant  
3% were incomplete  
2% were submitted to document timeliness with foster care/adoption recertification/approval and 1% were submitted for corrective action.

The following graph depicts Compliance Status:

From system initiation throughout implementation there have been isolated issues with system functionality. Through continuous monitoring and troubleshooting, the ODJFS Office of Information Services (OIS) quickly addresses any issues with the system and provides a backup solution when necessary to allow agencies to submit the required information. OFC is working with OIS to integrate this process in a future system where agencies may electronically scan and upload the required information securely and directly into the system.

Based upon examination of procedures that were put in place since January 2017 to review compliance with criminal record check requirements and review of the data it was identified: the process put in place to review background checks was effective. However, the following activities will also need to be put in place to ensure continued compliance with background check requirements:

- Track trends in the following areas: incorrect reason codes, insufficient documentation of rehabilitation requirements, checks not conducted, and checks not completed within required timeframes.
- Disseminate results of an analysis of trends on a quarterly basis to each of the public and
private agencies and provide technical assistance. Where it is determined there is an identified need, BFCL will conduct trainings specific to each agency’s needs.

- Provide technical assistance and education to agencies on background check requirements.

**Item 35: Diligent Recruitment of Foster and Adoptive Homes**

Findings from Round 3 of the CFSR indicated this item was rated as a Strength because there is strong collaboration with public and private agencies to work on statewide recruitment activities and there is a monitoring system in place to review agencies’ recruitment plans and whether child-specific recruitment efforts were being made.

**Statewide Recruitment Efforts**

Multiple methods are used to recruit foster and adoptive parents based upon the characteristics of children in the Temporary Custody and Permanent Custody of PCSAs. Listed below is a summary of statewide recruitment efforts.

**The Dave Thomas Foundation for Adoption (DTFA) Partnership**

To keep older children with lengthy placement histories from lingering in the foster care system and further assure the population of adoptive families reflects the ethnic and racial diversity of children needing permanency, ODJFS began a partnership with the Dave Thomas Foundation for Adoption in July 2012. As indicated in Ohio’s Diligent Recruitment Plan, ODJFS established goals for expanding the implementation of the child-focused Wendy’s Wonderful Kids (WWK) model to include children under the age of five as well as youth with a permanency goal of Planned Permanent Living Arrangement (PPLA). The Diligent Recruitment Plan established the following target outcomes for the program:

- At least 800 children awaiting adoption will have been enrolled in Ohio’s WWK program by the end of 2019 and receive child-focused recruitment services.
- Of the children enrolled, at least one-half will be matched, placed for adoption and/or finalized by the end of SFY 2019.

As of March 2019, the following outcomes have been achieved:

- 2,672 children have been enrolled into the program
- 1,545 have been matched with a family
- 941 children have been adopted

As the statistics demonstrate, the targeted outcomes to improve permanency for long staying youth in care have been exceeded by more than double of what was anticipated in Ohio’s Diligent Recruitment Plan.

**Casey Family Programs Partnership**

In 2014, five counties volunteered to participate in a pilot project known as Youth-Centered Permanency Roundtables (PRTs), led by the ODJFS and Public Children Services Association of
Ohio (PCS AO) with funding from Casey Family Programs. For the pilot, the target population was youth 12 and older who had been in care 17 months or longer. The focus was to find permanency for long staying youth.

Athens County Children Services, Fairfield County Job and Family Services, Guernsey County Children Services, Montgomery County Job and Family Services and Summit County Children Services participated in Round 1 of the Youth Centered PRT model. In 2015, five more counties volunteered to join the pilot during Round 2. These agencies were: Butler County Children Services, Clark County Department of Job and Family Services, Mahoning County Children Services, Stark County Division of Children Services, and Trumbull County Children Services.

Under the PRT initiative, ten Ohio counties convene PRTs to discuss case management for eligible youth. Roundtables occur on a schedule that might run from once every six weeks to once every three months until an optimal outcome is achieved. PRT promotes permanency prior to the youth’s 18th birthday by building the kinds of connections that would enable the youth to reunify with the birth family, gain a permanent placement with a relative, be adopted, or attain some other form of legal permanency. Secondarily, the aim of these roundtables was to promote less restrictive living environments (if legal permanency has not been achieved). The restrictiveness of the youth’s living arrangement is greatest in secure treatment centers and becomes progressively less restrictive in congregate group homes, treatment foster care homes, and family foster care homes until, finally, the minimal restrictiveness represented by kinship care or adoptive homes.

It was an explicit aim of the initiative that not only would the youth in question benefit, but that the process would promote system change by spreading practices discussed during the PRTs. In 2017, the pilot was evaluated by an external evaluator. The evaluation indicated 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://ohioprt.org/forms/files/70.pdf](http://ohioprt.org/forms/files/70.pdf)

In November 2018, the YCPRT Advisory Council met to discuss a new vision and strategic direction for YCPRTs. It was decided to bring closure to the pilot. Ten counties have voiced a
commitment to the process including Montgomery, Fairfield, Athens, Stark, Mahoning, Clark, Butler, Trumbull, Warren and Clermont. The council determined the new vision statement “Permanency Roundtables Advisory Council will continue, strengthen and grow to ensure all children achieve permanency.” The strategic direction includes goals each with three strategies:

**Goal 1: Accountability**
- Strategy 1: Establish cross county evaluation
- Strategy 2: Increase youth engagement
- Strategy 3: Adhere to Ohio Model Fidelity

**Goal 2: Community**
- Strategy 1: Increase agency knowledge base
- Strategy 2: Increase PRT community knowledge base
- Strategy 3: Increase resources to PRT counties

**Goal 3: County Commitment**
- Strategy 1: Ohio PRT Rebrand and Launch
- Strategy 2: Increase Communication and Collaboration
- Strategy 3: Commitment to Practice Improvement

*Family and Youth Law Center – Capital Law School, Columbus, Ohio*

ODJFS utilizes the Family and Youth Law Center (FYLaw), formerly known as the National Center for Adoption Law & Policy, for additional recruitment efforts. FYLaw is responsible for staffing the Ohio Adoption Photolisting website (OAPL) in concert with AdoptUSKids.

OAPL highlights waiting children who are in the permanent custody of Ohio public children services agencies and for whom families are being sought. A photo and brief profile is posted for each child as well as caseworker contact information. Each profile added to the Ohio Adoption Photolisting website is reviewed and edited for both grammar and content. Any confidential or otherwise inappropriate information included in the profile is deleted. After editing, each profile is translated into Spanish and posted to the child’s profile with the assistance of a Spanish translator. Each month, a set of 12-14 PDF profiles was prepared for use on ODJFS’ internal broadcast network, highlighting children waiting for forever families, including a photo and brief description of the child or sibling group.

FYLaw, in partnership with AdoptUSKids, organizes and facilitates an OAPL user/administrator webinar to discuss effective profile writing and the continuum of information sharing; a recording of the webinar was on the OAPL “Resources” page. On June 18, 2019, FYLaw held a webinar for OAPL administrators and users, covering the following topics: adding, editing, and deleting profiles and photos; the importance of updating profiles; writing profiles: tips and pitfalls; examples; how to make photolistings effective; and time for questions & suggestions. FYLaw has plans to continue collaboration with AdoptUSKids to provide additional webinars for OAPL users during the next fiscal year.
In May of 2019, FYLaw was instructed to discontinue providing these profiles. From July 1, 2018 to June 18, 2019, 232 profiles were deleted from the site, and the reason for removal was cataloged and an indication of whether OAPL assisted with the child/sibling group’s placement was presented in each monthly report. As of June 18, 2019, there were 394 total individual child profiles (329 active profiles) on the site and 65 total sibling group profiles (36 active profiles) on the site.

FYLaw makes all initial and follow-up contacts with Ohio families (phone, email, or letter), with the occasional assistance of a law student under attorney supervision. From July 1, 2018 to June 18, 2019, Ohio families made a total of 448 new inquiries. Each initial correspondence explains the adoption and/or foster care process, depending on the family’s interest, and provide county-specific contact information. FYLaw utilizes the support of a Spanish translator to contact all Spanish-speaking families by both phone and email, as needed. All continuing contact is made to families, answering additional questions once initial contact was made and following up periodically with families who did not respond to initial contact attempts. Additionally, FYLaw’s senior attorney responds to all direct phone or email inquiries from families that contacts AdoptUSKids for information. During these communications, FYLaw provides information regarding the adoption/foster care process, county-specific contact information, and completes any necessary follow-up research to answer specific questions.

Adoption-related events/educational events are added to the Resources page of the site each month, both at the request of county social workers/attorneys and by independently by FYLaw. FYLaw assists users with technical problems and helps new users obtain log-in and password information and learn how to utilize the site.

**General Foster Care and Adoption Recruitment Update**

In April 2019, ODJFS updated the *Ohio Adoption Guide*. The guide is a resource for potential adoptive families that helps give them the information needed to locate the right agency for them and that discusses the entire adoption process from inquiry to home study completion, searching for a child, being matched with a child, adoption subsidy information and post adoption services.

In April 2019 ODJFS released the *Ohio Resource Guide for Relatives Caring for Children*. This guide provides a variety on information for kinship families in Ohio.

In September 2015, the Public Children Services Agencies of Ohio (PCSAO) released *Recruiting Foster and Adoptive Caregivers: A Guide for Public Children Services Agencies* to assist counties in implementing and maintaining successful recruitment strategies in their local communities. ODJFS staff reviewed this guide and provided input and technical assistance.

**Local Agency Recruitment Efforts**

Ohio agencies employed several other strategies to recruit families for waiting. Some of these included:

- Registering children with FYLaw and the U.S. Health and Human Services’ AdoptUSKids Website;
• Placing information on waiting children on the local agency’s website;
• Distributing child specific recruitment flyers at adoption events;
• Hosting online virtual mixers designed to provide information to potential adoptive families about children available for adoption;
• Partnering with faith-based organizations to recruit families;
• Conducting searches for significant adults noted in the child’s case file;
• Sponsoring “Foster and Adoption Parties” designed to provide information to potential families about foster care and adoption programs and the need for resource homes;
• Hosting foster and adoptive parent recognition banquets and other honorary events;
• Participating in adoption fairs;
• Profiling waiting children in newspapers, and on television and radio spots; including linking PCSAs with the organization Grant Me Hope, which creates professional videos of waiting children to air on local television news programs;
• Publishing agency calendars which feature harder to place youth who are available for adoption;
• Collaborating with community partners (e.g., schools, churches, libraries, service organizations) to promote recruitment events;
• Working with foster parent associations to identify recruitment strategies and ensure retention of existing resource families; and
• Hosting family-centered, child-friendly events including movie nights and game nights to recruit new families and help retain current foster and adoptive families.

Comprehensive Recruitment Plans

Public and private agencies implement strategic recruitment plans aimed at promoting public awareness and/or foster and adoptive parent recruitment. Pursuant to OAC 5101:2-5-13, 5101:2-48-05, each foster care and adoption agency is required to develop and implement a comprehensive recruitment plan that describes diligent recruitment of families which reflect the diversity of the children for whom homes are needed. These recruitment plans are submitted and reviewed by ODJFS to ensure compliance with the Multiethnic Placement Act, 42 U.S.C.A. 1996 (B), as amended by Section 1808 of the Small Business Job Protection Act of 1996 (MEPA), and the Civil Rights Act of 1964 (Title VI) to ensure that Race, Color, or National Origin does not interfere with foster care and adoption processes. In addition, ODJFS requires that agencies conduct child-specific recruitment efforts when prospective adoptive families cannot be identified within their own agency.

In circumstances of non-compliance, ODJFS provides technical assistance to the agency which includes, but is not limited to: the issue of noncompliance and needed revision(s), discussions about the basis of the regulation, and sharing information about other agencies’ successful recruitment efforts.
Ohio has annually recognized May as National Foster Care Month and November as National Adoption Month. The purpose of the recognition is to acknowledge the efforts of child welfare practitioners and caregivers across the state responsible for providing care to children that have been abused, neglected or dependent. Public service announcements were prepared to recognize and celebrate both months. PCSA, private child placing agencies (PCPA), and private non-custodial agencies (PNAs) are encouraged to continue to support their resource families. The Governor acknowledged adoptive and foster families and kinship families for the work and service provided. Across the state, events were held to honor foster and adoptive parents for their dedication to vulnerable children.

Conclusions

Policies are in place that require public and private agencies to actively recruit applicants as foster caregivers and/or adoptive caregivers. A monitoring system is in place to review agencies’ recruitment plans and also whether child-specific recruitment efforts are being made. There is strong collaboration with public and private agencies to work on statewide recruitment activities. Multiple strategies are used to recruit applicants and increase public awareness of the need for foster and adoptive homes at both the state and local levels.

Item 36: State Use of Cross Jurisdiction Resources for Permanent Placements

CFSR Round 3 results rated Item 36 as an Area Needing Improvement. As noted the CFSR Round 3 Final Report, data and information in the statewide assessment showed requests for home studies were completed timely in less than half of the cases. Stakeholders believed that the state’s performance in this area is better than the data suggest although the state is struggling with data quality for this item. Stakeholders said that barriers to timeliness include the completion of background checks; health or substance abuse concerns in the home being assessed; receipt of case information from other counties; lack of a statewide reminder system to alert counties to due dates; difficulty in obtaining adult child references and fire inspections; county staffing capacity; and the lengthy foster parent licensing process.

Multiple reasons have been identified for data entry inaccuracies. These include:

- In some cases, counties have not been entering the date they complete the home study narrative to send back to the other state in the appropriate field for that date, but instead are waiting until they have a fully complete home study and are entering the date of approval/denial in the field for that information at that time.
- Sometimes they aren’t entering any dates at all.
- Sometimes they are entering an incorrect date in the data field because they do not understand what that field is for.
- Sometimes they are not creating a case or not creating the ICPC record on the case, so we do not have information on all ICPC cases.
The current structure of the Interstate Compact on the Placement of Children (ICPC) screens within Ohio’s SACWIS system does not promote consistent data collection. Once the SACWIS enhancements and the NEICE interface are complete, Ohio will be able to report more accurately on this item and engage in targeted strategies.

It was determined that solutions would have to involve both technical solutions and case practice solutions. Without accurate SACWIS data, Ohio does not know the level of compliance with timely completion of home studies. Training and technical assistance would be essential to ensure agencies: (1) enter data correctly; and (2) are aware of efforts by their peers in being able to achieve timely completion of home studies.

**Conclusions**

ODJFS uses data available in SACWIS to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placement for waiting children is occurring statewide. Ohio is one of three states that has decentralized the Interstate Compact on the Placement of Children (ICPC). This means that each county PCSA is its own ICPC office and the ODJFS office handles non-PCSAs cases. When an agency either needs to initiate a request to another state or receives one from another state, the agency enters certain data into the SACWIS system.

The ODJFS State ICPC office holds quarterly meetings with the local county offices and provides regular technical assistance to address these issues and will continue to address this with the counties to improve upon the entry of this data.
Plan for Improvement and Progress Made to Improve Outcomes

This update to Ohio’s Plan for Improvement reports all activities which occurred during the 2015-2019 Child and Family Services Plan (CFSP). For each objective and intervention identified in the CFSP, updates on Ohio’s progress on its Benchmarks are noted under the subheading. 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 feedback are also noted throughout this section within the progress reports for each benchmark.

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 11), and the results from Round 3 of the Child and Family Services Review (CFSR). Wherever possible throughout this section of the APSR, interim data or related performance measures are also included under the subheading Progress Measures.

Implementation Supports

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.

**Measures:**
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.

**Updated Performance:**
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, partial results from CPOE Stage 11, and results from the CFSR.

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**Goal 1: Objective 1**
Further develop Ohio’s statewide CQI infrastructure.

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

**Benchmark 1:** Gather existing CQI policies and procedures of local child welfare public and private agency partners to synthesize commonalities and strengths in CQI methods currently utilized across the state.

**Benchmark 2:** Ohio’s CQI Advisory Team will formalize its recommendations based on CQI best practices, Children’s Bureau recommendations, the recommendations of national child welfare organizations such as the National Association of Public Child Welfare Administrators, and local CQI methods.

**Benchmark 3:** CQI Advisory Team will develop a draft framework document.

**Benchmark 4:** Vet CQI recommendations through stakeholder feedback channels, such as the Partners for Ohio’s Families Advisory Board and Regional Technical Assistance Teams.

**Benchmark 5:** Based on feedback received, finalize and publicly release written CQI Framework.

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

**Benchmark 1:** Gather stakeholder feedback from county and private agency partners about preferred mechanisms for information-sharing.

**Benchmark 2:** Explore viable options and resources needed to create a formalized structure for CQI information-sharing.

**Benchmark 3:** Implement best solution/option identified that matches stakeholder needs.
**Intervention 4: Develop and pilot test a multi-county/regional Peer Review process.**

**Benchmark 1:** Gather stakeholder feedback to inform the development of Peer Review recommendations and standards.

**Benchmark 2:** CQI Advisory Team will develop Peer Review recommendations and standards.

**Benchmark 3:** Gather stakeholder feedback to inform the development of Peer Review recommendations and standards.

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

**Progress Made to Improve Outcomes:**

The OFC CQI Advisory Team, in collaboration with public and private child welfare partners, accomplished the following activities outlined in their charter:

- Developed a fully-articulated, written framework to serve as the foundational document for Ohio’s statewide system of CQI for child welfare (Completed in 2015);
- Made 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) (ongoing);
- Served as champions for the development of a statewide “CQI Community” and made recommendations to support increased sharing of information and resources related to CQI across agencies (Completed in 2019);
- Made recommendations for the design of a multi-county Peer Review process and explored the feasibility of integrating county Peer Review with CPOE and/or CFSR Round 3 case reviews (Completed in 2019);
- Served as an ongoing leadership forum to provide guidance on Ohio’s statewide system of CQI (Ongoing);
- Promoted a sustained focus on advancing practice and improving outcomes for children and families (Ongoing).

Five CQI Advisory Team subcommittees were 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 making 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 in its state-led CFSR. This Subcommittee continues to plan for the feasibility of an ongoing Peer Review Network as a resource for counties.
• **Data Reports:** This Subcommittee is responsible for making recommendations to guide the development of user-friendly, standardized data reports; making data more accessible to practitioners, supervisors and agency administrators; and strengthening 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 is also responsible for developing and implementing 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.

**Progress Measures:**
In 2017, the CQI Advisory Team established workplan goals for each subcommittee. The progress toward achieving its goals are listed below:

**Statewide CQI Community**

- **Build CQI Knowledge**
  - Established the OCWLC list serve and email box in 2018. 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.
  - Published articles in the OFC First Friday newsletter to highlight the OCWLC’s “Back to Basics” approach and the Practice Profile of the month. The monthly First Friday publication includes a CQI Corner column which promotes continuous quality improvement in child welfare. 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 their daily casework practice.
  - DR Practice Profile Webinar series was launched in January 2018 to assist public and private agency staff improve fundamental social work 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 was 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.

- Created the OCWLC webpage to post links to webinars, practical application tools, and best practice resources to promote continuous learning.

**Peer Partnership**

- **Design and Pilot a Statewide Peer Review Structure**
  - Based upon recommendations made by Ohio’s CQI Advisory Team, the decision was made to align CQI Peer Review development efforts with the state led CFSR.
  - Recruited and maintained a total of 22 county peer reviewers. Peer reviewers were required to submit: (1) an application to serve as a peer reviewer; (2) letters of recommendation referencing the applicants’ qualifications and abilities; and (3) a letter from each respective agency’s Director indicating the commitment of the agency to support the applicant serving as a reviewer during Round 3 of the CFSR.
  - Peer reviewers along with ODJFS staff participated in three days of on-site CFSR training. At the end of the training, ODJFS staff and peer reviewers were required to pass a test in order to become certified CFSR reviewers.
  - ODJFS staff and county peer reviewers participated in CFSR case review trial runs to practice the case review process. Beginning on April 1, 2017, peer reviewers partnered with ODJFS staff to conduct the CFSR.
  - The post-CFSR CQI Peer Review team is in the process of finalizing recommendations and standards. The foundational tenets from the CFSR Peer Review process is being reviewed to inform the recommendations and standards for the statewide Peer Review team. The team is aware of the certified Peer Reviewers that exist statewide and is currently fine-tuning details regarding how these Peer Reviewers would be able to assist in piloting a multi-county peer review.

Feedback about the process was gathered from peer reviewers at the end of the CFSR on-site reviews and responses were very favorable. Peer reviewers noted this process afforded them the opportunity to view practice from both the state and federal lens, and not just from the county perspective. It was also noted that participation in the review allowed peer reviewers to travel to new regions of the state and learn about practice in agencies outside of their own. In addition, many peer reviewers reported they were now able to take what they learned from the CFSR on-site reviews and apply it to the CQI processes at their own agencies. Nearly all peer reviewers indicated a strong interest in helping with future reviews and many have recruited other county partners to assist with future reviews because of their favorable experience.

**Data Reports**

- **Strengthen the use of CFSR/CPOE data**
  - Family Assessment Risk Contributor Report developed in 2015.
  - Provided a data reports webinar series in 2016.
Over the last two years the data subcommittee has focused on providing feedback to the SACWIS team on what reports are needed by counties to monitor performance. The *Intake Lifecycle Report*, the *Intake Face to Face Report*, and the *Ongoing and Adoption Case Activities Report* were all released during this period and provide PCSAs with the ability to monitor timeliness and compliance in ways that were not previously available. For example, agencies are now able to monitor intake contacts, safety assessment timeliness, and family assessment timeliness and this was previously not available without conducting a qualitative case review.

**New Initiatives**

► **Develop a theory of change about assessments and visits**
  o The committee conducted a needs assessment to identify the problem area to address. As a result, turnover was identified as the area of focus. After reviewing data, a recommendation was made to conduct a reunification staffing pilot. However, due to the number of initiatives that were currently being implemented across the state, the committee decided to defer this recommendation. Instead, the committee is focusing on how to increase awareness of current initiatives and to identify strategies to help build capacity.

► **Turnover/Workforce Recruitment & Retention Challenges**
  o The committee decided to defer this goal to the Quality Improvement Center Workforce Development (QIC-WD) team.

**Feedback Loops:**
The CQI Advisory Team includes representatives of county public children services agencies of all CPOE size groupings and regions across the state, private child welfare services agencies, the Supreme Court of Ohio (SCO), the Ohio Child Welfare Training Program (OCWTP), the statewide associations for Ohio’s public and private agencies, and all bureaus within the Office of Families and Children (OFC). Because of this diversity, the CQI Advisory Team has been able to gain a variety of perspectives to achieve its goals.

**Intervention 3: Establish CQI Coaching for ODJFS and county Public Children Services Agencies (PCSAs) through the Ohio Child Welfare Training Program (OCWTP).** Deleted Year 4

**Benchmark 1:** Collaborate with OCWTP to develop CQI Coaching goals, objectives and activities that are aligned with Ohio’s CQI Framework.

**Benchmark 2:** Collaborate with OCWTP to identify qualified CQI Coaches.

**Benchmark 3:** Implement CQI Coaching program and evaluate the impact of the program through ongoing participant feedback.
Progress Made to Improve Outcomes:
The above benchmarks were scheduled to occur during Year 4 and Year 5. Due to the extensive work required to conduct Ohio’s Round 3 CFSR and developing the CFSR Program Improvement Plan (PIP), this Intervention was eliminated.

Goal 1: Objective 2
Increase accessibility of SACWIS data and improve data integrity to support CQI activities.

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.

Benchmark 1: Modify existing CFSR report modules in the Business Intelligence Channel (BIC)/Results Oriented Management (ROM) to reflect new federal measures.
Benchmark 2: CQI Advisory Team will identify five to ten critical items to be tracked and shared with stakeholders on a regular basis.
Benchmark 3: Provide counties with multiple options for reviewing/receiving performance reports based upon user preferences/needs.
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

Progress Made to Improve Outcomes:
Administrative reports in ROM and BIC were updated to include the new federal measures. County specific reports are available for each CFSR measure in ROM. CFSR measures are also discussed with PCSAs during CPOE reviews. The CQI Advisory Team has been meeting quarterly and identified 5-10 critical items to be tracked and shared with stakeholders. Numerous new SACWIS reports have been created during Years 1-4 to provide agencies with additional mechanisms to monitor performance. Key reports are the CFSR data measure reports and supplemental reports in ROM, the Intake Lifecycle Report and the Ongoing and Adoption Case Lifecycle Report are two key reports that were created that provide data previously unavailable to SACWIS users.

Feedback Loops:
During visits with agencies feedback is sought regarding newly released reports and efforts are made to obtain information on any new reports needed by agencies that will assist in monitoring performance.

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.
Benchmark 2: OCWTP will provide SACWIS learning labs for select prioritized trainings.
**Benchmark 3:** SACWIS coaches will be prepared and deployed through OCWTP to assist PCSA staff in person or through web-based interface.

**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.

**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.

**Progress Made to Improve Outcomes:**
A variety of methods were employed to integrate SACWIS into the OCWTP course offerings to improve data entry and integrity. These included:

- Self Instructional Tools
- Learning Labs
- On-board training for new staff
- SACWIS coaching
- SACWIS technical assistance
- Course revisions and new course development
- Supervisor Roundtable Series

**Self Instructional Tools**

Analytics revealed that between CFSP Year 1 and Year 5, there was a total of 15,198 views of 13 pages on Knowledge Owl. Year 5 had 8,392 views; a 18% increase over 2018. Below is a list of SACWIS resources and corresponding total views across years of the CFSP for the respective topical area:

<table>
<thead>
<tr>
<th>SACWIS Resource</th>
<th>Year 5 Views</th>
<th>5 Year Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linking Case Services to Case Plan Concerns</td>
<td>691</td>
<td>1,439</td>
</tr>
<tr>
<td>Quick Start Guides</td>
<td>762</td>
<td>1,463</td>
</tr>
<tr>
<td>Completing a Case Review</td>
<td>661</td>
<td>1,218</td>
</tr>
<tr>
<td>Completing a SAR</td>
<td>676</td>
<td>1,283</td>
</tr>
<tr>
<td>Adding Placement Information to the Case Plan</td>
<td>729</td>
<td>1,211</td>
</tr>
<tr>
<td>Recording a Case Service</td>
<td>564</td>
<td>1,148</td>
</tr>
<tr>
<td>Linking and Unlinking Visitation Plans to the Case Plan</td>
<td>725</td>
<td>1,189</td>
</tr>
<tr>
<td>Recording Person Characteristics Records</td>
<td>672</td>
<td>1,076</td>
</tr>
<tr>
<td>Linking Intakes to an Adoption Case</td>
<td>570</td>
<td>1,063</td>
</tr>
<tr>
<td>Adding a Service Referral within a Case Service</td>
<td>586</td>
<td>1,112</td>
</tr>
<tr>
<td>Completing a Service Review within a Case Review</td>
<td>630</td>
<td>1,148</td>
</tr>
</tbody>
</table>
During this time period, OCWTP also developed the following resources:

- Two new self-instructional tools were developed but have not yet been published (Family Assessments and Safety Assessments.)
- A “just-in-time” SACWIS resource for Assessors on the [Non-Safety Waiver for Relative Homes](#). Currently, this resource is accessed as a link from the OCWTP website.

### Learning Labs

The learning labs noted below are standardized and regularly scheduled throughout the state. Although not mandated as part of Ohio’s core training hours, PCSAs recognize the skill-building advantage offered through the labs and attendance continues to reflect that value.

**Caseworker Core Learning Labs**

During the CFSP, 133 Caseworker Core Learning Labs were held with 2,210 attendees, and an additional 60 labs have been scheduled by June 30, 2019 with 588 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. University Partnership Program (UPP) students take these learning labs either in classes specifically scheduled for them or by attending scheduled classes through the Regional Training Centers (RTCs). The following table presents information on Learning Labs conducted during the 5 years of the CFSP.

<table>
<thead>
<tr>
<th>Name of Learning Lab</th>
<th>Workshops conducted July 1, 2017 - April 15, 2019</th>
<th>Workshops scheduled April 16, 2019 to June 20, 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessing Family Strengths and Needs and Risk of Future Harm</td>
<td>35</td>
<td>12</td>
</tr>
<tr>
<td>Assessing Safety and Controlling Safety Threats</td>
<td>36</td>
<td>11</td>
</tr>
<tr>
<td>Assessment Skills for Gathering Facts in Child Protective Services</td>
<td>29</td>
<td>12</td>
</tr>
<tr>
<td>Service Planning</td>
<td>33</td>
<td>14</td>
</tr>
</tbody>
</table>

**Assessor Learning Lab**

- Documenting the Assessment for Child Placement in SACWIS: Learning Lab was renamed to, Documenting the Homestudy in SACWIS.
**Supervisor Learning Lab**

- **Managing for Outcomes: Using SACPIS Data to Improve Unit Performance.** was offered 30 times to 217 participants. Participant evaluations showed that 97% of responders agreed/strongly agreed this course increased their knowledge and ability to use SACPIS, BIC, and ROM reports. Common session feedback included:

  o The session provided a good overview of the reporting systems.
  o Liked the hands-on aspect of the training.
  o Would have liked to focus on reports more applicable to their role and to see additional reports developed.

Regular updates were made to the learning lab to incorporate newly developed SACPIS, BIC, and ROM reports, increase discussion regarding the utility of reports, and provide additional handouts and resources. The development of two, three-hour learning labs for supervisors related to SACPIS and ROM reports was started in February 2019. One session will be devoted to teaching supervisors of intake/investigative units the reports applicable to their role and how they may be used in practice. The other session will do the same for supervisors of ongoing/protective units. These courses are expected to be piloted summer/fall of 2019.

Some RTCs are unable to provide non-Core SACPIS labs onsite due to technical barriers. When possible, they schedule them in a county, so participants can access the ROM platform. To ensure the learning lab was available statewide, five trainers were approved to train this learning lab.

**County SACPIS Training Opportunities Supported by OCWTP Staff**

In Cuyahoga County, supported by the North Central Ohio Regional Training Center (NCORTC), new worker onboarding training involves six modules of county developed SACPIS training. The county recently worked with their IT Department to coordinate SACPIS trainings and GAP sessions to improve supervisory understanding of SACPIS and increase accuracy of data.

**Coaching**

Coaching through the OCWTP is provided by request. Over the past year there have been three coaching events related to SACPIS completed and one request is being scheduled. From Year 1 to Year 5 there have been 14 coaching events in 14 counties. Because coaching is initiated by “felt need” on the part of the learner, these events have been, not only much appreciated, but successful in terms of skills gained. Respondents indicated “Strongly Agree” or “Agree” to the following post-event evaluation questions:

**Learner’s Evaluation**

- The coaching I received helped me improve the skills identified in the coaching plan.
- My practice with families and children will improve as a result of this coaching event.

**Supervisor’s Evaluation**

- The coaching experience improved my staff’s behaviors identified in the coaching plan.
The coaching experience had value in terms of the time and resources invested.

Learner’s, their supervisors, and coach collaboratively develop a coaching plan that includes behavioral objectives that receive a before and after ranking from 1 to 5 (see the table below). A review of these documents indicates a positive move of one to two numbers following the SACWIS coaching event.

<table>
<thead>
<tr>
<th>Behavioral Objective Ranking</th>
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<tbody>
<tr>
<td>1</td>
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<tr>
<td>2</td>
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<tr>
<td>3</td>
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<tr>
<td>4</td>
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<td>5</td>
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The OCWTP consistently searches for, recruits and screens for SACWIS coaches. The OCWTP will continue to maintain a pool of coaches prepared to respond to SACWIS coaching requests.

Technical Assistance

A document entitled, SACWIS: General Tips was developed as a “just-in-time” desk reference for child welfare staff. It will be distributed in a variety of venues, including training rooms at RTCs. The tip sheet is a quick way for workers to obtain information on how to complete SACWIS screens on the following topics: case information (such as how to record safety hazards, enter substance abuse issues, print a Genogram, search for or record immunizations); financial issues (such as how to search for information related to medical cards or Medicaid); activity logs (such as tips for quickly scrolling through activity logs); case closure (such as and how to pull up a list of everything needed to close a case). The document also includes QR codes that take the learner immediately to the SACWIS self-directed resources noted above.

In response to requests from trainers, the SACWIS Learning Environment was made available for trainers, RTC staff, and OCWTP partners. They can login and explore how SACWIS looks and functions. As a result, trainers are better able to integrate SACWIS into their trainer-developed workshops. Information on how to access the site was distributed to trainers via an electronic flyer.

Course Revisions and New Course Offerings

The following courses were revised to include SACWIS content:

- Documenting the Homestudy in SACWIS, was updated to include information on how to request a non-safety waiver for a relative foster home.
- Diversity Competence in Permanency Planning. This revised training was piloted twice in April 2018. The training is part of a mandated training series for adoption and foster care assessors.
- Implementing the Bridges Program is the second module of the Bridges training series. The Bridges training series trains workers and supervisors of Ohio’s program that
expanded foster care to the age of 21. The full series was offered three times (eight, three-hour sessions) with 1,098 participants. Evaluation of these courses did not specifically ask learners to comment on the integration of SACWIS concepts and screen shots.

- Supervisor Core Module 6: Building a Highly Effective Unit includes content on the use of data to manage a high-functioning team. Four statewide sessions were held with 55 attendees. When asked, “To what extent will your job performance improve because of what you learned in this training?” 97% of the respondents indicated their performance would improve or greatly improve; whereas, only one respondent noted his/her performance would stay the same.

The following course was developed, and offerings will begin in the fall of 2019.

- Improving Leadership and Supervision through the Use of Data.

**Supervisor Roundtable Series**

The Supervisor Roundtable Series models best practices related to implementation science and change management. The Roundtables guide supervisors through the process of collecting data, developing a goal, creating an action plan, implementing the action plan, evaluating, and sustaining change. A large piece of the Roundtable process is discussing the use of qualitative and quantitative data, identifying sources (including SACWIS, BIC, and ROM) to gather baseline and ongoing data for practice improvement. Since 2015, 14 Roundtable Series have occurred, and included the following themes:

- Enhancing Engagement
- Enhancing Unit Performance
- Supervising Quality Assessments of Safety
- Ensuring Quality Caseworker Visits with Families

Feedback on evaluations from supervisors included:

- Loved the critical thinking, ability to speak with others about similar struggles to brainstorm.
- Great for interacting with other supervisors from other counties; networking; positive and interactive learning platform.
- Although I had some struggles having just taken over a new unit when the roundtable session started, I found it very beneficial to have the opportunity to meet with others from various agencies and departments.
- I think this could be an exceptional learning process for newer supervisors as it would provide support and a different way of problem solving-making the workers part of defining the problem, creating the goal and then measuring the outcomes...a different approach and highly effective.

**Feedback Loops:**

It was reported that information contained on the Knowledge Owl has been very successful, Although the number of views does not necessarily indicate the number of staff who have ever accessed the resources, the analytics clearly indicate that child welfare staff consistently access these resources. They were developed as “just-in-time” resources, with the expectation that
caseworkers might return to the same resources several times, particularly as some of the functions might only be used occasionally.

Some RTCs are unable to provide non-Core SACWIS labs onsite due to technical barriers. When possible, they schedule them in a county, so participants can access the ROM platform.

*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.*

**Benchmark 1:** In collaboration with the Ohio Differential Response Statewide Implementation Team and Leadership Council, identify select fidelity measures for critical practice skills from the Ohio Differential Response Practice Profiles.

**Benchmark 2:** Identify which activities/practice fidelity measures could be tracked through SACWIS (vs. field observation or case review).

**Benchmark 3:** Develop at least one data report to track performance on fidelity measures.

**Benchmark 4:** Track correlations between child and family outcomes and level of fidelity to the practice model.

*Progress Made to Improve Outcomes:*

During the 2015-2019 CFSP, the DR Implementation and Practice Advancement Team developed two supplemental toolkits to assist with enhancing skills to support the practice fidelity of Differential Response. The Caseworker Self-Assessment and Supervisory Coaching Toolkits were finalized and circulated to practitioners in December 2015. The Supervisory Coaching Toolkit includes a case record review tool to help supervisors assess and provide feedback to workers on skills noted in their SACWIS documentation of their work with families. The case review tool also will help caseworkers achieve fidelity to the Differential Response practice model and drive improvement in both their clinical competency and case documentation practice.

There are three primary components of the Coaching and Supervision Toolkit: (1) supervisory coaching prompts to guide workers’ skill development; (2) field observation tools to track and provide feedback on observed practice skills when working with families; and (3) a case record review tool to help supervisors assess and provide feedback to workers on skills demonstrated through their documentation of their work with families. Used in combination with one another, the supervisory coaching prompts, the field observation tool and the case review tool provide a holistic and comprehensive method for supervisors to support the professional development of casework staff. The goal is to help caseworkers build on their strengths and improve their skills to achieve the best outcomes for children and families.

Over the past year, ODJFS revised the *Ohio Differential Response Guide* which contained the Ohio Practice Profiles. A Caseworker Skill Set was added to the Practice Profiles to address documentation. The Practice Profiles received an updated look, emphasized the best practices for Ohio caseworkers, and were distributed throughout the state. ODJFS plans to focus future efforts on providing technical assistance to counties as questions arise regarding Differential Response.
ODJFS developed two data reports to assist counties in tracking critical measures related to the implementation of Differential Response. The *AR Intake Summary Report*, posted on the Business Intelligence Channel (BIC), can be used by counties and the State to determine the: total number of intakes received; total number of child abuse/neglect reported; total number/percent of child abuse/neglect reports screened in for investigation either through the Traditional or Alternative Response Path; Alternative Response Pathway switch count; percent of Alternative Response intakes that have pathway changes; total number of Alternative Response Ongoing cases; and total number of Alternative Response Assessment Cases that become Alternative Response Ongoing Cases.

The *Initiation Contact Timely Report* allows state staff to track overall county performance on fidelity measures. Additionally, county staff can drill down to their own county data where they can obtain the percent/count of accepted reports for investigation or assessment initiated within the required time frames.

**Methods of Measure:**
During CPOE case reviews and the CFSR case reviews alternative response cases had a lower level of compliance than In-home cases and foster care cases. High turnover of county staff and increased caseloads may have had an impact on performance. Areas of concern centered on adequacy of assessment of risk and safety and assessment of service needs of children and parents/caretakers.

**Feedback Loops:**
The integration of CAPMIS, DR and SACWIS content in Caseworker Core curriculum addresses new caseworker’s specific learning needs to be able to conduct assessments and develop case plans that are consistent with Ohio’s practice model. Evaluations routinely reflect workers’ appreciation of the application of CAPMIS, DR, and CAPMIS in the workshops.

**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.  
**Benchmark 2:** Provide timely and accurate submissions of federal data.  
**Benchmark 3:** Collaborate with stakeholders to develop a plan to address SACWIS federal compliance findings and address ongoing user needs.

**Progress Made to Improve Outcomes:**
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. All federal reports, including AFCARS, NCANDS, NYTD and IV-B Visitation have been submitted accurate and timely.

Ohio has committed to transition Ohio SACWIS to a CCWIS.
Feedback Loops:
Over the previous 5 years, 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 Final Report.

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

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.

Benchmark 1: Building on the work described above to identify practice fidelity measures, identify which measures would best be tracked through case reviews.
Benchmark 2: Provide training and consultation to OFC regional teams on the use of the Practice Profiles in their role as TA providers.
Benchmark 3: Form a workgroup to integrate identified practice fidelity measures and CAPMIS (assessment model) quality reviews into CPOE framework.
Benchmark 4: Pilot CAPMIS quality review and practice fidelity measures with volunteer PCSAs.
Benchmark 5: Revise new CPOE components as needed after pilot and implement statewide.

Progress Made to Improve Outcomes:
Based on feedback from PCSAs, revisions were made to the CPOE process. As in past reviews, peer reviews were available if an agency wished to have staff participate. With CPOE Stage 11 a clear expectation that staff would participate in the reviews was established by advising agencies that if they did not wish to participate in the peer review, they needed to submit their rationale to the Deputy Director. Use of peer reviews encouraged a discussion of the case and the opportunity to provide immediate feedback to staff regarding case practice and engagement strategies.

A determination was made to mimic the Child and Family Services Review to determine statewide practices, therefore, the Online Services Review tool was used during CPOE Stage 11. This allowed ODJFS to compare statewide evaluation of Ohio’s practice at the end of CPOE Stage 11 with CFSR findings. As of the writing of this report, reviewers are in the middle of the last quarter of CPOE Stage 11.

In addition, the CQI subcommittee continued to conduct webinars focusing on the Practice Profiles with practical examples of the application of the profiles. Based upon the findings of the reviews and stakeholder discussions, issues were identified with documenting case activities, which led to updating the Practice Profiles to include a section on documentation.

The county self-assessment has been a valuable resource to understand county strengths and challenges. Although the initial use of the document was to provide an opportunity for the agency to take an introspective look at their agency practices and assist TAS staff with getting a clearer understanding of the agency, it was instrumental in the Program Improvement Plan root cause analysis as well as the strengths and challenges of the statewide caseworker training program.
Multiple hours were used to aggregate the information into useable data. Future versions of this document will be more structured to obtain aggregate data as well as county specific information.

**Progress Measures:**
Attendance at the Practice Profile Webinars was consistent and averaged 300 participants. Surveys were completed and those that participated saw value in the material and accepted various challenges issued by the presenters to utilize the information. Suggestions for future webinars were provided.

**Feedback Loops:**
Surveys are sent to agencies upon completion of the CPOE Stage 11 case review and the Plan for Practice Advancement (PPA) is established. Although the response rate is low, comments have been very positive about the overall process. The effectiveness of the PPA question is often left blank, which may be due to the timing of the question and prior to the implementation of their strategies. Staff have also received comments from agencies and courts upon receipt of their final report, which utilizes agency wide data for the period under review and often aligns with the findings of the review.

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

**Benchmark 1:** Develop a formalized protocol for CPOE entrance conferences to promote consistent use of performance data both to identify concerns and highlight PCSA strengths and best practices.

**Benchmark 2:** Develop a template for a CPOE performance report. This report would include key measures available through BIC, ROM or SACWIS (e.g. pathway assignment, worker visits, recurrence, etc.)

**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.

**Progress Made to Improve Outcomes:**
Data reports are used at the CPOE entrance conference and provide an opportunity for the agency and the review team to discuss a variety of issues (e.g., court processes, behavioral issues of the children that affect outcomes, impact on outcomes due to large sibling groups, placements issues, case practices). The reports are also used in the final report to provide a balance to the case review findings. Counties are always commenting that the worse cases are pulled, and sometimes this is the case. When agencies have a small population in care, or with In-home cases, a sibling group can have an adverse effect on the data. These issues are highlighted in the final report to provide a more accurate lens in which to review the data.

Quarterly compilations of the case review findings are completed and shared with OFC managers and staff as well as PCSAs. At the end of the review cycle, a final compilation is created and shared.

**Progress Measures:**
All final CPOE reports are reviewed by the assigned technical assistance manager (TAM) to ensure appropriate reports are used to support findings of the reviews, both positives as well as less
positive findings. The reviewer is provided with a list of reports that are required to be cited in all CPOE reports. The list includes federal outcome measure reports, SACWIS reports and ROM reports that could provide a more balanced view of agency practices. Early in the report writing stage, staff were putting report data, regardless of the appropriateness of the information, just to have data from reports listed. It took some time, but with individual consultation between the technical assistance specialist (TAS) and TAM, progress was made and the PCSAs and Courts are finding the reports to be balanced and informative.

**Feedback Loops:**
As mentioned above, the feedback loops included surveys sent to PCSAs and IV-E courts as well as the feedback upon receipt of the final CPOE report.

**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.

**Benchmark 1:** Partner with stakeholders to develop the self-assessment tool, which would encompass a cohesive assessment of agency practice, including screening decisions, CAPMIS assessments, family engagement, services to families, and the quality and timelines of caseworker visits.

**Benchmark 2:** Pilot the agency self-assessment tool with volunteer sites.

**Benchmark 3:** Revise the self-assessment tool as needed after pilot testing and assess the feasibility of full statewide implementation.

**Progress Made to Improve Outcomes:**
A team of TASs developed a self-assessment tool encompassing a cohesive assessment of agency practice, including screening decisions, CAPMIS assessments, family engagement, services to families, and the quality and timeliness of caseworker visits. The self-assessment was presented to the CQI Advisory Team, the PFOF Advisory Board and fifteen counties that were reviewed during the CFSR. Feedback was minimal, and all were addressed either by making the change or explaining the basis for the questions or the structure.

The tool was piloted by the fifteen CFSR counties and the associated IV-E courts. There were no additional comments received and the tool was then rolled out to the remaining counties and IV-E courts prior to their CPOE Stage 11 entrance conference.

**Progress Measures:**
Compliance with completing the self-assessment has been remarkable, at 100 percent. The thought and detail that have gone into completion of most of the self-assessments is overwhelming and invaluable. Summaries of the information have been shared with various areas in OFC and have been used in the review of the current training contract, PIP development, as well as during individual meetings held with the fifteen CFSR counties.

**Feedback Loops:**
As mentioned above, opportunities were provided to various stakeholders to provide feedback on the structure of the self-assessment as well as the questions. A summary of the information will be prepared for dissemination to the state and county stakeholders. In addition, feedback
opportunities will be provided as the work begins on the next version of the self-assessment. Future versions of this document will need to be more structured to obtain aggregate data as well as county specific details.

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

**Benchmark 1:** Devise methods of assessing consistency of reviewers during CPOE and other reviews (e.g. Survey Monkey, questionnaires, etc.)

**Benchmark 2:** Strengthen CPOE Framework regarding working with agencies to develop QIPS that address concerns and establish guidelines for appropriate QIP approvals.

**Benchmark 3:** Develop a process for TAS’ to regularly review CPOE framework to address inter-rater reliability or systemic concerns.

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

**Progress Made to Improve Outcomes:**

It has been difficult for some reviewers to rate items based upon federal expectations and requirements and not on Ohio Administrative Code requirements. Areas that are most often inconsistently rated include the assessment of safety over the entire period under review. Informal assessments are not weighed the same as formal assessments. If formal assessments were not done, some would rate them out for Item 3, but then say visits were a strength in Items 14 and 15 and addressed safety, permanency and well-being. Documentation/verification to support additional “informal” evaluations throughout the life of the case seems to vary from time to time.

The Calculation of the Timeframe and Identification of Case Plan Goals is another area with consistency issues. This confusion surfaced during the CFSR and continues today. Federal guidance during the CFSR allowed “a discussion” or “the documented intent” of the agency could be used as a change in permanency goals, not only with a case plan filed in court as Ohio requires.

Double jeopardy is applied to cases for the same non-compliance issue. This usually starts in Item 12 for a parent the county did not assess, and the same lack of assessment is scored down in Items 13 and 15.

The minimum requirement for TAMs to review one case per quarter per staff for consistency has been achieved most of the time. In addition, as TAMs review draft final CPOE reports, they can address consistency issues within the report, especially when more documentation is needed to support the rating. The additional documentation often highlights the inconsistencies specific to a reviewer as well from reviewer to reviewer and region to region.

Consistency issues are addressed formally during staff meetings when it is a broad issue, and if it is more of a regional issue, it is addressed by informal discussions among staff and the TAM. Reminding staff to review the CFSR FAQs as well as training materials and the online training modules are also used to promote consistency.

The PPA (formerly the QIP) is a working document designed to strategically address areas of concern within a PCSA or Court. In developing the PPA, the PCSA or Court and assigned TAS
determine which items are to be included in the PPA. Priority is given to any areas directly impacting child safety. 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.

Strategies for all items to be included in the PPA are addressed in the initial PPA. Timeframes for implementation of those strategies are addressed within the Timeframe to Implementation section of the PPA. For example, if a strategy to address a concern within an Item is to be delayed, the reason for the delay and timeframe for implementation is entered on the initial PPA.

The PCSA or Court is encouraged to look at overall agency performance over time (e.g., performance during the last CPOE review, performance between CPOE reviews) and not each individual item identified in the CPOE Stage 11 Final Report. The PCSA or Court is also encouraged to look at the interrelatedness of Items within the review tool. For example, Items 1, 2, 12, 14, and 15 have been found to be closely associated with each other. Additionally, Items 2, 6, 8, 14, and 15 tend to be closely associated with each other. The PPA should include a holistic approach to addressing identified items and any identified interrelatedness in the items contributing to the need to develop a PPA. In planning activities to be included in the PPA, it is recommended the PCSA or Court consider the underlying or systemic issues and address 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 OCWTP Regional Training Center (coaching, GAP sessions, training); and
- Resources available through the OFC Regional Technical Assistance Team.

The PCSA or Court are not limited to the above suggestions in developing activities to be included in the PPA. Training on the rule alone is not sufficient for a PPA, nor is stating that staff will comply with the rule, as that is expected. The PPA needs to address how the agency (Administration, Supervisors, QA, and Staff) will ensure that the process or action will be implemented. The PPA will identify who will be responsible to ensure the transfer of learning from training into casework practice takes place. The PPA will also need to indicate how progress will be measured and monitored. The measurement and monitoring of the development generated through PPA implementation can be completed through case reviews and data reports.

It is the expectation the PPA will be developed cooperatively between the assigned TAS and the designated PCSA or Court staff. If a PCSA or Court has addressed similar concerns on a previous QIP, the assigned TAS and PCSA or Court will review previous strategies implemented and discuss new strategies to address the items on the PPA. It is the expectation the PCSA or Court
will adopt an innovative approach towards practice advancement. PCSA or Court progress in complying with its PPA should be supported by relevant reports and other tangible results.

**Progress Measures:**
As mentioned previously, managers have met the minimum requirement to review one case per quarter per staff for consistency. In addition, reviews of draft CPOE final reports is another method used to evaluate and address consistency issues.

**Feedback Loops:**
Counties are provided with a survey to obtain feedback on the PPA process. As previously discussed, feedback has been minimal and often the PPA question is left blank.

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

**Benchmark 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 regions.

**Benchmark 2:** Team members will proactively offer the counties and agencies in the region an opportunity to jointly review and discuss their data.

**Benchmark 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.

**Progress Made to Improve Outcomes:**
Regional Technical Assistance Teams have been meeting throughout the duration of the CFSP with public and private agency staff and IV-E court staff to discuss CPOE monitoring results, *CPOE Stage 11 Self Assessments*, changes in SACWIS, and data results of criminal background checks. During these meetings staff from public and private agencies and IV-E courts discussed different areas of practice. Through collaboration with Regional Technical Assistance Teams this has provided agencies with an opportunity to keep abreast of new policies, discuss challenges and share practices. OFC has adapted this intervention to provide a more robust consultation process to CFSR counties as part of Ohio’s CFSR PIP.

**Feedback Loops:**
Ongoing communication with agencies and provision of information to agencies is conducted through electronic correspondence, in-person meetings, GoTo meetings, Skype and/or telephone feedback loops. As a result of Regional TA teams sharing information pertaining to each of the various program areas this information assisted agencies in their specific agency program outcomes.
Corrections and updates to the CAPMIS model and tools will be made based on recommendations made by the University of Cincinnati during the 2015-2019 CFSP. These changes will initially address the Family Case Plan and Case Review, Visitation Plan, and Semi-annual Administrative Review (SAR). Regional presentations and learning labs will be provided to assist agencies in preparation for deployment in Ohio SACWIS. Additionally, SACWIS reports will be developed to assist agencies in identifying and preparing cases for the phased implementation process for the new Family Case Plan, Case Review, Visitation Plan, and SAR. A roadmap of activities to address remaining elements to assist in the advancement and development of policies and SACWIS functionality will be created. The CFSR PIP and the 2020-2024 CFSP include strategies to address CAPMIS Evaluation findings.

Caseworker Core

Revisions were made to Caseworker Core (Caseworker Modules 2, 4, and 5 in 2015, and Module 6 in 2016) to integrate CAPMIS, SACWIS, and Differential Response. Since the revisions were made, the following course offerings have occurred/will occur by June 30, 2019:

Module 2: Engaging Families in Family-Centered Child Protective Services
148 statewide sessions, 2,460 attendees. There are seven sessions scheduled before June 30, 2019, with 59 registrants.
When asked if their job performance would improve because of what they learned in this training, 98% of the respondents agreed or strongly agreed their performance would improve. Only 2% of the respondents disagreed or strongly disagreed their performance would improve.

Module 2: Learning Lab - Engagement Skills (6 hours) (Optional)
145 statewide sessions, 2,112 attendees. There are seven sessions scheduled before June 30, 2019, with 49 registrants.

When asked if their job performance would improve because of what they learned in this training, 98% of the respondents agreed or strongly agreed their performance would improve. Only 2% of the respondents disagreed or strongly disagreed their performance would improve.

Module 3: Legal Issues in Family Centered Child Protective Services – 2nd draft of revisions will be submitted to ODJFS by June 2019.

Module 4: Assessment and Safety Planning in Family-Centered Child Protective Services
149 statewide sessions, 2,525 attendees. There are seven sessions scheduled before June 30, 2019, with 80 registrants.

When asked if their job performance would improve because of what they learned in this training, 97% of the respondents agreed or strongly agreed their performance would improve. Only 3% of the respondents disagreed or strongly disagreed their performance would improve.

Module 4: Learning Lab 1 – Assessing Safety and Controlling Safety Threats (6 hours) (Optional)
161 statewide sessions, 2,229 attendees. There are nine sessions scheduled before June 30, 2019, with 88 registrants.

When asked if their job performance would improve because of what they learned in this training, 98% of the respondents agreed or strongly agreed their performance would improve. Only 2% of the respondents disagreed or strongly disagreed their performance would improve.

Module 4: Learning Lab 2 – Assessing Family Strengths, Needs and Risk of Future Harm (6 hours) (Optional)
162 statewide sessions, 2,197 attendees. There are nine sessions scheduled before June 30, 2019, with 91 registrants.

When asked if their job performance would improve because of what they learned in this training, 98% of the respondents agreed or strongly agreed their performance would improve. Only 2% of the respondents disagreed or strongly disagreed their performance would improve.

Module 5: Gathering Facts in Family-Centered Child Protective Services
149 statewide sessions, 2,271 attendees. There are seven sessions scheduled before June 30, 2019, with 90 registrants.
When asked if their job performance would improve because of what they learned in this training, 98% of the respondents agreed or strongly agreed their performance would improve. Only 2% of the respondents disagreed or strongly disagreed their performance would improve.

**Module 5: Learning Lab – Assessment Skills for Gathering Facts in CPS (6 hours) (Optional)**

145 statewide sessions, 1,969 attendees. There are seven sessions scheduled before June 30, 2019, with 69 registrants.

When asked if their job performance would improve because of what they learned in this training, 97% of the respondents agreed or strongly agreed their performance would improve. Only 3% of the respondents disagreed or strongly disagreed their performance would improve.

**Module 6: Service Planning and Delivery in Family-Centered Child Protective Services**

142 statewide sessions, 2,163 attendees. There are 10 sessions scheduled before June 30, 2019, with 135 registrants.

When asked if their job performance would improve because of what they learned in this training, 97% of the respondents agreed or strongly agreed their performance would improve. Only 3% of the respondents disagreed or strongly disagreed their performance would improve.

**Methods of Measure:**
The integration of CAPMIS, DR and SACWIS content in Caseworker Core has ensured that curriculum addresses new caseworker’s specific learning needs to be able to conduct assessments and case plans that are consistent with Ohio’s Practice Model. Evaluations routinely reflect workers’ appreciation of the application of CAPMIS, DR, and CAPMIS in the workshops. A long-term trainer, coach, and agency consultant recently shared that integration of CAPMIS in Caseworker Core along with the CAPMIS-specific workshops (data noted above) has improved practice regarding safety and risk assessment statewide.

**Curricula and Training for Experienced Practitioners and Supervisors**

In this five-year period, OCWTP staff collaborated with ODJFS Policy staff to develop the following four CAPMIS training curricula:

- Safety Planning
- Assessing Safety
- Assessing Strengths and Needs
- Case Planning

Several interventions have been developed to help staff recall and retain key concepts taught in the CAPMIS course. These include the following:

- Course evaluations include questions that prompt participants to recall key concepts. Participants are provided a link, along with their certificates, that provides an answer key to the questions. Analytics indicate that the answer keys have been viewed by close to 400 caseworkers. Click to view a sample: [Safety Planning Survey Answers](#)
• Staff are able to brush up on key CAPMIS concepts with a simple link to CAPMIS Flashcards that can be used on mobile devices as well as computers. Analytics indicate that the flashcards have been accessed 401 times to date.

These trainings are offered across the state as scheduled through an RTC or in CFSR counties as part of Ohio’s Program Improvement Plan. RTCs have made a concerted effort to actively identify CAPMIS training needs in their regions through meetings and site visits. For example:

In 2015-2016, NCORTC scheduled two of the CAPMIS courses (Safety Planning and Assessing Safety) for all staff in Cuyahoga County. Since then, the CAPMIS series is offered, but not yet mandated for new caseworkers. The RTC is working with administration to determine which new caseworkers must complete the modules. In the central Ohio region, CORTC has six counties who have completed three of four CAPMIS modules. SEORTC has implemented the CAPMIS series of trainings in each county in their region. NCORTC helped facilitate Shadowbox training to support critical thinking in the case assessment process. All short-term services (intake) staff in Cuyahoga County participated in this training model.

Since 2015, the OCWTP has developed the following two standardized six-hour classroom workshops, one 90-minute virtual GAP session, and one Supervisor Roundtable Series to enhance supervisor’s knowledge and ability to supervise critical decision-making points in the case process:

**Supervising Quality Assessment of Safety**: This workshop develops supervisory skill in helping caseworkers do better assessments of safety; a process that statewide reviews have consistently found needs to be improved. It has been offered four times with a total of 59 supervisors.

**Supervising Quality Assessments of Safety Online GAP Session**: This is a highly interactive virtual session where supervisors process successes and challenges to applying what they learned in the training above. It has been piloted one time with six supervisors.

The E-Track evaluation for this learning asked questions related to how participants transferred learning from the classroom session of Supervising Quality Assessments of Safety to the virtual GAP session, which was held approximately one month later. Participant responses are summarized in the table below. In the classroom workshop, Supervising Quality Assessments of Safety you were given several tools. Have you used the following tools in your supervision since attending that workshop? If so, please describe how the tool was used.

<table>
<thead>
<tr>
<th>Tool</th>
<th>Yes, I have used this tool</th>
<th>No, I have not used this tool</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Note-Taking Guide</td>
<td>33%</td>
<td>67%</td>
</tr>
<tr>
<td>The Formula for Assessing Safety</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>The Safety Factor, Child Vulnerabilities, and/or Parental Protective Capacity Field Guides</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>The Supervisor Quality Safety Assessment Checklist</td>
<td>67%</td>
<td>33%</td>
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</tbody>
</table>
Participants cited **time** as a barrier to fully implementing skills they learned in the classroom into practice.

**Supervising Quality Case Planning:**
Using cases from their own units, supervisors practice key supervision strategies to help develop caseworkers’ skills in case planning. Emphasis is placed on facilitating critical thinking and ensuring case plans are assessment-driven, behaviorally-specific, and measurable. This workshop has been offered eight times with a total of 69 supervisors.

A question on the E-Track evaluation survey for this workshop asks supervisors **how likely are they to use the "Case Plan Supervision Guide"** when reviewing the quality of case plans? Participants reported, *Very Likely* 68%, *Somewhat Likely* 27%, and *Not Likely* 5%.

A sample of participant responses when asked, “**how they would use the "Case Plan Supervision Guide"**” follows.

- *I will share the information county staff.*
- *The case plan supervision guide provides helpful information to assist me in helping my workers.*
- *Very user friendly and can allows the ability to highlight strengths and the needs of the case plan.*
- *Using the tool at case transfer meetings.*
- *I will absolutely use this guide when discussing case plans with my workers and I am going to have my supervisors utilize this as well with their workers.*
- *It helps bring me back into the moment instead of reviewing a document.*
- *This tool will be used during new case assignments, case planning development, amendments and supervisions.*
- *I will use it when reviewing cases in CPOE.*
- *I plan to use this guide when I review case plans prior to the [Family Team Meeting].*

**Supervisor Roundtable Series: Supervising Quality Assessments of Safety:**
This Supervisor Roundtable focuses on quality supervision of assessment of safety. It involves three classroom sessions with two in-field check-ins and is currently being implemented. Supervisors have selected areas of practice that need enhanced by their units; collected baseline data on the area of practice; and finalized unit goals and action plans. They are currently implementing their plans and will return in June to share results and develop strategies to sustain progress.
Additionally, in partnership with the ODJFS, Child Protective Services policy division, the OCWTP developed two unique tools to assist supervisors in their support of caseworker TOL from Caseworker Core: *Supervisor Safety Planning Quality Tool* and *Supervisor Safety Assessment Quality Tool*. The tools prompt a supervisor to review a caseworkers’ assessment of safety or safety plan to ensure it aligns with policy and best practice. The tools can be used in case conferencing, group supervision, or peer review. They are used in several ways as outlined below:

- The tools are distributed as a handout in Caseworker Core Module 4. Currently, staff are working to customize enrollment notifications to include links to the tools. These notifications go to supervisors when their staff enroll and again as a reminder one week before the session.
- The tools are actively used in the new CAPMIS trainings for supervisors noted above in Benchmark 4. Supervisors use the tools in application exercises in the case planning and safety assessment training for supervisors. In the CAPMIS round tables, they are provided as potential tools for collecting data, based on the supervisor’s intervention plan.
- Supervisors are introduced to the tools in Supervisor Core Module 5 and provided a link for easy access.

**Training of Trainers**

A mandatory Training of Trainers on CAPMIS was implemented in August 2017. All trainers, with very few exceptions, are required to complete this workshop to give them a foundational understanding of CAPMIS so they can include relevant CAPMIS information in their workshops.

IHS staff partnered with ODJFS to develop and prepare CAPMIS trainers for the ODJFS’ CAPMIS training initiative that trains entire agencies on the four CAPMIS workshops. CAPMIS and Caseworker Core trainers have been observed and provided with coaching on CAPMIS concepts as needed.

Monthly offerings of CAPMIS University and CAPMIS Office Hours were initiated in 2018. The following are 1.5-hour virtual synchronous sessions to enrich trainers’ understanding of CAPMIS concepts:

- The CAPMIS University sessions are intended for Caseworker Core and CAPMIS trainers and go into depth on CAPMIS concepts and how they should be trained in CAPMIS-specific workshops.
- The CAPMIS Office Hours sessions are for trainers of specialized and related workshops and helps trainers integrate CAPMIS concepts into their workshops. The sessions are voluntary and are small enough to allow individual attention to specific trainer questions and issues.
**Intervention 2: Develop resources to promote fidelity to the practices detailed in Ohio’s Differential Response Practice Profiles.**

**Benchmark 1:** Through the Differential Response Statewide Implementation Team, develop a companion tool set for caseworkers to accompany the Practice Profiles, which will include self-assessment tools to utilize in supervisory consultation.

**Benchmark 2:** Through the Differential Response Statewide Implementation Team, develop a companion tool set for supervisors to accompany the Practice Profiles, which will include supervisory assessment tools, such as a field observation checklist.

**Benchmark 3:** Through the Differential Response Statewide Implementation Team, develop a tool set for agency leaders and/or CQI staff anchored by the Practice Profiles.

**Benchmark 4:** Develop and provide web-based training to accompany the release of the above tools.

**Progress Made to Improve Outcomes:**
The Differential Response Implementation and Practice Advancement Team developed two supplemental Toolkits to enhance caseworker and supervisory skills and support the practice fidelity of Ohio’s Differential Response (DR) System. The Toolkit entitled, *Caseworker Self-Assessment and Field Tools*, allows the practitioner and his/her supervisor to examine whether their practice maintains fidelity to the behaviors and skills detailed in Ohio’s Differential Response Practice Profiles. This companion piece to the Practice Profiles includes a series of brief self-assessment tools for each skill detailed in the Practice Profiles along with helpful engagement tools and strategies that can be used to improve solution-focused casework practice across Ohio. It is envisioned that a caseworker would complete one self-assessment tool per month related to a specific skill in the profiles, and in consultation with his/her supervisor, select one new practice strategy or tool to test or practice during that month. This structure will promote ongoing staff development through a continuous process of self-reflection and supervisory consultation.

The supervisory Toolkit entitled, *Ohio Differential Response Coaching and Supervision Tools*, contains three components: (1) supervisory coaching prompts to guide workers’ skill development; (2) field observation tools to track and provide feedback on observed practice skills when working with families; and (3) a case record review tool to help supervisors assess and provide feedback to workers regarding their documentation of their work with families. The *Coaching and Supervision* Toolkit also includes strategies to support and strengthen model fidelity, promote continued development of clinical competency and increase focus on sustainability of the Differential Response system.

Rather than develop an additional and separate tool set for agency leaders and CQI staff as originally conceived in Benchmark 3, the DR Implementation and Practice Advancement Team determined that it would be of greater benefit to focus its efforts on encouraging these key leaders to support the implementation of the caseworker and supervisory tool sets within their organizations. A variety of strategies were utilized to reach these key agency leaders and provide information about the Practice Profiles, their companion tools and the potential benefits of adopting these tools in their agencies.
The Ohio Child Welfare Learning Collaborative (OCWLC), established in 2018 and an outgrowth of the Statewide CQI Community Subcommittee, began offering a monthly webinar series focusing on the Differential Response Practice Profiles to assist 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 was 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.

**Feedback Loops:**
Recognizing the high turnover of caseworkers and supervisors in the field, ODJFS, OFC continues to explore a variety of methods to disseminate the Practice Profiles. Although the Practice Profiles were originally developed for Alternative Response, it is now designed to be used in all facets of child welfare practice. In February 2019, ODJFS released an updated version of the practice profiles, *Ohio Practice Profiles*, which are applicable to all child welfare processes.

**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.

**Benchmark 2:** Integrate the current Coaching in Child Welfare Supervision training developed by Ohio’s Differential Response consultants into the OCWTP so that it can be offered on an ongoing basis.

**Progress Made to Improve Outcomes:**
OCWTP maintains the following series of trainings and Guided Application and Practice sessions that were developed several years ago to support the supervision of Differential Response (DR) as this initiative was rolled out statewide. These courses have been available for several years and, as a result, requests for the trainings have decreased over the past 5 years. Below are the trainings offered:

- **Group Supervision that Supports Family Engagement**
  6 sessions, 43 attendees

- **Coaching in Child Welfare: Using the Practice Profiles Part 1**
  3 sessions, 46 attendees

- **Coaching in Child Welfare: Using the Practice Profiles Part 2**
  3 sessions, 47 attendees

- **Differential Response – Lessons Learned**
  2 sessions, 17 attendees

- **Differential Response – Now What?**
  11 sessions, 169 attendees
**Group Supervision Using the Clinical Consultation Framework**
No sessions held or scheduled

**Supervising Differential Response**
2 sessions, 9 attendees

DR is no longer a new initiative. It is “business as usual” in Ohio. As a result, there is less need for DR-specific learning interventions as the practice becomes more integrated into practice and into standardized trainings.

In February 2019, ODJFS released an updated version of the practice profiles, *Ohio Practice Profiles*, which are applicable to all child welfare processes in Ohio. All Caseworker Core and CAPMIS trainers were provided with an on-line version of this document and standardized curricula will be updated based on the new material.

Coaching is now fully integrated into Ohio’s core training for new supervisors. Module Five, *Professional Development of Staff* pulled heavily from the *Coaching Mindset* curriculum. This is the same curriculum just selected for the QIC-WD pilot. At the end of the module, participants should be able to:

- Integrate a coaching mindset into their current practice.
- Articulate strategies to encourage a culture of learning within their unit.
- Demonstrate the ability to form an effective learning partnership.
- Demonstrate the ability to enhance staff’s motivation, confidence, and competence.

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

**Benchmark 1:** Collaborate with the Public Children Services Association of Ohio on the completion of its child welfare workload study.

**Benchmark 2:** Partner with stakeholders to review the data from the child welfare workload study and examine the array of factors influencing statewide performance on the quality and frequency of caseworker visits.

**Benchmark 3:** With stakeholder input, identify prospective solutions based on the data and integrate these into Ohio’s CFSP.

**Progress Made to Improve Outcomes:**
The Child Welfare Workload Study was a collaborative effort involving 18 counties, OFC, and PCSAO. The initial goal was to establish an “ideal caseload size” for all Ohio counties. However, when quantitative county data were analyzed and subsequently enhanced with qualitative data from regional focus groups, it became clear that the initial goal was untenable.

The leading reason for not being able to establish an “ideal caseload size” is that practices vary widely between and among counties. This variability was seen in: (1) the rates that cases are screened-in; (2) the use of Traditional and Alternative Response; (3) the median length of time it takes for counties to decide to screen-in cases; and (4) the median length of time caseworkers
spend per case. In other words, when practices vary widely, an ideal caseload size for one county might overwhelm another.

Since local norms must be appreciated to establish a workable caseload size, the collaborative modified its task and designed a workload calculator. This calculator can be used to either create a county specific caseload size or spark internal discussions on the factors influencing workload to streamline practices and related decisions.

**Benchmark 4:** Provide data on statewide performance on caseworker visits with parents and children in a standardized data report shared regularly with stakeholders.

**Progress Made to Improve Outcomes:**
The state has taken a proactive approach to addressing performance on caseworker visits. 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 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 disseminated and 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 has modified the SACWIS Comprehensive Visitation Report to ensure that the population of persons pulling into the report mirrors the CFSR and CPOE sample populations. Ohio has also added the following prompts to the SACWIS activity log:

To document quality face to face visits, please consider the following:

- Describe each child's current safety, risk, vulnerability, progress toward permanency goals, achievement of case plan goals and overall well-being.
- Describe each parent/caregiver/other adult's protective capacities, ability to meet the needs of the child(ren), progress toward permanency goals, achievement of case plan goals and overall well-being.
- Describe the household composition, observations of the home environment (including basic needs) and the current level of involvement of the non-custodial parent.

It is hoped that the prompts will lead to improved visitation quality and documentation of quality.
Benchmark 5: Collaborate with OCWTP to expand use of Effective Use of Home Visits training.

Progress Made to Improve Outcomes:

Effective Use of Home Visits is a standardized curriculum and has been available since 2011. Marketing of this training included announcements via the eight RTCs, distribution of flyers, announcements in the PCSAO Weekly Update, a newsletter distributed to all Public Children Service Agencies (PCSAs), and dissemination of information on how this training can be added to a worker’s Individual Learning Plan (IDP), as a result of the competencies attached to the learnings being identified in a worker’s individual needs assessment.

The following information indicates how many sessions were offered in the series and the number of attendees over the past five years.

- **Preparing Effective Home Visits**
  - 10 sessions, 104 attendees

- **Conducting Effective Home Visits**
  - 10 sessions, 97 attendees,

- **Documenting and Debriefing Effective Home Visits**
  - 10 sessions, 88 attendees

The course was developed to be used in multiple ways and OCWTP staff continue to provide consultation to supervisors who want to implement the series within their own units and consultation with county training departments who have integrated the series within their on-boarding training for new staff.

RTCs note this course is difficult to market in some counties because they cannot meet the technology requirements for the synchronous, virtual aspect of the blended learning. An additional barrier is that the course is best suited for new caseworkers who already have mandated training requirements and, therefore, do not have time to attend additional training. One county in the NEORTC region wanted the course made available for the whole county. Because the technology needs of the course could not be met in this county, the RTC scheduled, Caseworker Visits with Children, Families, and Caregivers: How Can We Do Better?

Improving the quality and frequency of caseworker visits with parents and children remains a training priority in Ohio and the OCWTP continues to offer a range of training interventions related to this topic available to caseworkers, supervisors, and caregivers. For example, a related workshop, Enhancing Visitation was conducted as an in-county offering recently in the NE region of the state. Also, recognizing the importance of a supervisor’s role in enhancing caseworker visits with families, the OCWTP is currently conducting a pilot of the Supervisor Roundtable Series on ensuring quality visits between caseworkers and families. Following the roundtable format, there are three classroom sessions with two in-field check-ins. To date, supervisors have selected areas of practice that need enhanced by their units; collected baseline data on the area of practice; and finalized unit goals and action plans. They are currently implementing their plans and will return in June to share results and develop strategies to sustain progress.
**Feedback Loops:**
While the blended learning course was identified to meet caseworker training needs, it became evident this training modality could not be used because of the technology requirements for the synchronous, virtual aspect of the blended learning. An additional barrier identified was that the course is best suited for new caseworkers who already have mandated training requirements and, therefore, do not have time to attend additional training.

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**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.

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

**Benchmark 1:** Develop a data report that PCSAs and ODJFS can run to track categories for pathway assignment decisions.

**Benchmark 2:** Through stakeholder input and data analysis, identify barriers impacting Alternative Response pathway assignment.

**Benchmark 3:** Utilize DR Sustainability Consultation and other technical assistance opportunities to discuss screening and pathway assignment.

**Benchmark 4:** Develop resources to promote adherence to the practices detailed in Ohio’s Differential Response Practice Profiles (as detailed in Objective 4, #2 above).

**Progress Made to Improve Outcomes:**
ODJFS developed three data reports to assist counties in tracking critical measures related to the implementation of Alternative Response. These included the *AR Intake Summary Report* and the *Initiation Contact Timely Report*.

The *AR Intake Summary Report* can be used by county and State staff to determine the: (1) total number of intakes received; (2) total number of child abuse/neglect reported; (3) total number/percent of child abuse/neglect reports screened in for investigation either through the Traditional or Alternative Response Path; (4) Alternative Response Pathway switch count; (5) percent of Alternative Response intakes that have pathway changes; (6) total number of Alternative Response Ongoing cases; and (7) total number of Alternative Response Assessment Cases that become Alternative Response Ongoing Cases.

The *Initiation Contact Timely Report* allows state staff to track overall county performance on fidelity measures. Additionally, county staff can drill down to their county data where they can obtain the percent/count of accepted reports for investigation or assessment initiated within the required OAC time frames.

Review of the above-mentioned reports and barriers identified during CPOE reviews and information contained in PCSAs *CPOE Stage 11 Self-Assessment* were shared with the DR Leadership Committee and guided the provision of consultation, technical assistance and resource development activities. Barriers identified included: upper management/county leadership buy-
in; Juvenile Court buy-in; some PCSA’s just don’t see the benefit in AR assignment and all intakes are assigned to the traditional path; lack of staff to assign just AR; difficulty for a caseworker to be assigned both AR/TR intakes due to some variations in OAC requirements for AR and TR

DR Leadership Committee members have followed up with other PCSA’s within their geographical regions to obtain information regarding barriers to the Alternative Response Pathway assignment and have provided consultation.

The following resources were developed to promote adherence to Ohio’s Differential Response Practice Profiles:

- Ohio Differential Response Caseworker Self-Assessment and Field Tools
- Ohio Differential Response Coaching and Supervision Tools

Additionally, the Ohio Child Welfare Learning Collaborative offered a Practice Profile webinar series. Following is a listing of the Webinars provided during 2018:

- Module 1: Overview
- Module 2: Engaging
- Module 3: Assessing
- Module 3 Resources
- Module 4: Partnering
- Module 5: Planning
- Module 6: Implementing
- Module 7: Evaluating
- Module 8: Advocating
- Module 9: Demonstrating Cultural and Diversity Competence
- Module 10: Communicating
- Module 11: Collaborating
- Module 12: Practice Integration

Feedback Loops:
Throughout DR Roll-Out CQI principles were applied. The DR Leadership Committee monitored roll-out, provided technical assistance when difficulties were identified, and resources were developed to promote adherence to Ohio’s Differential Response Model. Use of data reports has further guided our work in identifying further actions that need to be taken. During CPOE reviews where AR data reports are discussed additional information is obtained to “understand what is impacting the numbers.”

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

Benchmark 1: Continue to work with Ohio Intimate Partner Violence (IPV) Collaborative partners to train additional counties in the Safe and Together model. Expand implementation from the current 34 counties and provide the opportunity for all Ohio counties to be trained.
**Benchmark 2:** Provide “refresher” training options for counties that have already had initial training in the model but may have new staff that needs training.

**Benchmark 3:** Provide advanced training and technical assistance opportunities to strengthen implementation of Safe and Together in communities across the state.

**Progress Made to Improve Outcomes:**
David Mandel & Associates (DMA) was selected in 2010 to train four demonstration sites on its Safe and Together™ model, a strengths-based, behaviorally focused, perpetrator pattern-based approach to IPV. Safe and Together™ uses skills-based training to strengthen workers’ assessment, client engagement, and interviewing capacity. There is a strong emphasis on cross-systems collaboration, and community partners are encouraged to participate in training alongside caseworkers. Now known as The Safe and Together Institute (formerly DMA), the Institute continues to provide direction, information, and oversight to ten (10) Ohio-based trainers, through regular telephone conferences with project facilitators, conference calls to discuss training and practice issues, biannual trainer meetings, and pre- and post-training discussions and documentation.

Safe and Together training continues to be offered to counties that have expressed an interest. The training module was condensed from nine days to four days, which could be offered in split sessions (days 1-2 and then days 3-4). Since offering this new option, there are five new counties currently being trained, and six previously trained counties were provided with booster/refresher trainings. A total of 55 counties have completed the Safe and Together™ model training, seven of which completed the Safe and Together CORE for the first time in just the past 15 months. Muskingum County is set to become the 56th county in Ohio to introduce the training when it hosts Safe and Together™ CORE in May 2019. The map below identifies counties trained in the model.
Current efforts focus on reaching untrained counties, establishing regular trainings for new workers in counties with high turnover (Cuyahoga and Summit counties have started offering regular CORE trainings), building supervisory capacity, reviewing implementation strategies, and planning additional training support opportunities.

In 2019 The Safe and Together Institute introduced a Supervisor training in Ohio that builds on concepts introduced in their CORE training and shows how supervisors can use the Model to coach their workers and assess their practice. The Safe & Together Institute has also launched new online pretest/posttests for CORE trainings (results below). They began this process last year and are working with Michigan State University’s Research Consortium on Gender-based Violence to improve data collection and analysis.

The Safe and Together Institute hosted multiple trainings in Ohio as part of their ongoing technical assistance, including two webinars—one on Working with Men as Parents and another on the Intersections of Domestic Violence, Substance Abuse, and Mental Health, which attracted over 100 participants. The Safe and Together Institute staff also presented an in-person training on Intersections in Columbus in July 2018.

ODJFS continues to support activities to ensure:

- County child welfare staff and local partners have the necessary skills and competencies to effectively implement the Safe and Together™ model while maintaining child safety.
- Safe and Together™ certified staff have the necessary skills and competencies to effectively work with county child welfare agencies implementing the Safe and Together™ model.

**Feedback Loops:**
These activities reform state systems by implementing a significant shift in how communities address child maltreatment when intimate partner violence is a factor within the home. This approach moves from a short-term, segmented, and crisis-based reaction to a holistic, community partnership approach which focuses on the long-term safety of the child while holding caregivers accountable.

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

**Benchmark 1:** Complete pilot implementation of Permanency Roundtables and Youth-Centered Roundtables with 5 pilot sites.

**Benchmark 2:** Evaluate Permanency Roundtable Pilot in partnership with Casey Family Programs.

**Benchmark 3:** Partner with Casey Family Programs and OCWTP to expand implementation of Permanency Roundtables to additional cohorts of counties.

**Progress Made to Improve Outcomes:**
In 2014, five counties volunteered to participate in a pilot project known as Youth-Centered Permanency Roundtables (PRTs), led by the ODJFS and PCSAO with funding from Casey Family Programs. For the pilot, the target population was youth 12 and older who had been in care 17 months or longer. The focus was to find permanency for long staying youth.
Athens County Children Services, Fairfield County Job and Family Services, Guernsey County Children Services, Montgomery County Job and Family Services and Summit County Children Services participated in Round 1 of the Youth Centered PRT model. In 2015, five more counties volunteered to join the pilot during Round 2. These agencies were: Butler County Children Services, Clark County Department of Job and Family Services, Mahoning County Children Services, Stark County Division of Children Services, and Trumbull County Children Services.

Under the PRT initiative, ten Ohio counties convene PRTs to discuss case management for eligible youth. Roundtables occur on a schedule that might run from once every six weeks to once every three months until an optimal outcome is achieved. PRT promotes permanency prior to the youth’s 18th birthday by building the kinds of connections that would enable the youth to reunify with the birth family, gain a permanent placement with a relative, be adopted, or attain some other form of legal permanency. Secondarily, the aim of these roundtables was to promote less restrictive living environments (if legal permanency has not been achieved). The restrictiveness of the youth’s living arrangement is greatest in secure treatment centers and becomes progressively less restrictive in congregate group homes, treatment foster care homes, and family foster care homes until, finally, the minimal restrictiveness represented by kinship care or adoptive homes.

The following training on Permanency Roundtables and Youth Centered Permanency Roundtables were provided by the OCWTP during the 2015-2019 CFSP:

- **Achieving Permanency through Roundtables (PRT Values) – 6 hours**
  - 38 sessions, 822 attendees
- **Achieving Permanency through Roundtables (PRT Values) – 3 hours (only 2014)**
  - 2 sessions, 81 attendees,
- **Permanency Roundtable Skills Training (PRT Skills)**
  - 28 sessions, 369 attendees
- **Youth-Centered Permanency Roundtables (PRT Youth-Centered)**
  - 28 sessions, 402 attendees
- **Permanency Roundtables Values: Community Stakeholder (since 12/2015 – 1.5-hour session)**
  - 7 sessions, 23 attendees
- **Permanency Roundtables Values: Community Stakeholder (since 1/2016 – 3-hour session)**
  - 5 sessions, 112 attendees
- **PRT Facilitator Skill Building (in 2017)**
  - 6 sessions, 53 attendees
- **PRT Learning Lab-Engaging Youth and Support People (in 2017)**
  - 3 sessions, 43 attendees
- **Permanency Roundtable (PRT) Skills Refresher Training (NEORTC in 2017)**
  - 2 sessions, 37 attendees
- **Achieving Permanency through Roundtables (PRT Values – Foster Families)**
  - 17 sessions, 2,232 attendees
**Progress Measures:**

It was an explicit aim of the initiative that not only would the youth in question benefit, but that the process would promote system change by spreading practices discussed during the PRTs. In 2017, the pilot was evaluated by an external evaluator. The evaluation indicated 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://ohioprt.org/forms/files/70.pdf](http://ohioprt.org/forms/files/70.pdf)

**Feedback Loops:**

In November 2018, the YCPRT Advisory Council met to discuss a new vision and strategic direction for YCPRTs. It was decided to bring closure to the pilot. Ten counties have voiced a commitment to the process including Montgomery, Fairfield, Athens, Stark, Mahoning, Clark, Butler, Trumbull, Warren and Clermont. The council determined the new vision statement “Permanency Roundtables Advisory Council will continue, strengthen and grow to ensure all children achieve permanency.” The strategic direction includes goals each with three strategies:

**Goal 1: Accountability**

- **Strategy 1:** Establish cross county evaluation
- **Strategy 2:** Increase youth engagement
- **Strategy 3:** Adhere to Ohio Model Fidelity

**Goal 2: Community**

- **Strategy 1:** Increase agency knowledge base
- **Strategy 2:** Increase PRT community knowledge base
- **Strategy 3:** Increase resources to PRT counties
Goal 3: County Commitment

- Strategy 1: Ohio PRT Rebrand and Launch
- Strategy 2: Increase Communication and Collaboration
- Strategy 3: Commitment to Practice Improvement

OFC issued a Request for Proposal (RFP) to secure a vendor to provide program management and oversight to support expansion of the program. The selected vendor will be responsible for:

- Administering the Ohio Youth Centered Permanency Roundtable Program to improve outcomes for children who are in the custody of Ohio’s public children services agencies.
- Providing ongoing program support to ensure continued success of the program and to ensure model fidelity, accountability, county commitment and increased community involvement.
- Facilitating expansion of the YCPRT to additional counties.

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

**Benchmark 1:** In partnership with ProtectOHIO (waiver) counties, explore the feasibility of regionalization of FTM facilitation services to allow more counties to implement FTMs with a high degree of model fidelity.

**Benchmark 2:** In collaboration with OCWTP, expand training on the FTM model.

**Benchmark 3:** Provide technical assistance to support new counties in implementing FTMs effectively.

**Progress Made to Improve Outcomes:**
In 2014, sixteen waiver counties (ProtectOHIO) employed the Family Team Meetings (FTM) intervention as one of two core interventions to improve outcomes for children and families. The FTM intervention continues to be one of the two core interventions being utilized and evaluated for waiver success through 2018. The mission of the intervention is, as noted in the manual, “Through collaboration with families and their communities, FTM provides the opportunity for shared planning for the safety, permanency and well-being of each child in a manner that honors family and culture” and the purpose is “Family Team Meetings are a collaborative activity, held for the purpose of supporting and educating parents, sharing information, and jointly making decisions, with the goal of empowering and strengthening families while keeping children safe and planning for their ongoing stability, care, and protection. FTMs provide an opportunity for the parents, family, family supports, community service providers, and natural supports to be involved in the building of partnerships to increase the likelihood of having a realistic, achievable plan that will lead to better and more lasting outcomes for their children”.

The July 2016 *ProtectOHIO Family Team Meetings* Evaluation Brief prepared by the ProtectOHIO evaluator, Human Services Research Institute (HSRI), noted the following:

- Among children placed in out-of-home care, children whose families received the FTM intervention were more likely to be placed with kin than in foster care.
• Once a permanency decision had been made, children whose families received the FTM intervention were less likely to reenter out-of-home care.
• Families that received the FTM intervention, executed with high fidelity to the model, had significantly shorter case episodes than comparison families that did not receive the FTM intervention.

**Progress Measures:**
HSRI works with the ODJFS to evaluate Ohio’s waiver and document outcomes of the Family Team Meetings Intervention. Their evaluation includes review of data from Ohio’s Statewide Automated Child Welfare Information System (SACWIS) as well as scheduled on-site interviews/focus groups with parents involved in the meetings, community providers and waiver agency staff.

It was a goal of the Family Team Meetings Intervention to determine if utilizing this intervention would increase the engagement of families and therefore result in positive outcomes for children and their families. The July 2016 HSRI comprehensive evaluation report identified promising results related to the usefulness of FTM to support placement with kin, reduce case length, and reduce the likelihood of reentry into out-of-home care following a permanency decision. Additionally, families felt that the neutral facilitator in the meeting was beneficial and the meetings clarified expectations, allowed parents to set attainable goals and were a means to obtaining needed services.

**Feedback Loops:**
The waiver/ProtectOHIO counties continue to enter applicable data into SACWIS which HSRI evaluates to identify outcomes and trends impacted by utilization of the Family Team Meetings Intervention.

The Family Team Meetings Intervention is discussed at each bi-monthly meeting of the waiver county consortium to discuss programming and services. From 2011 through 2018, a Family Team Meetings Intervention workgroup of waiver county representatives met quarterly, in addition to the consortium meetings, to provide technical assistance and programmatic support to each other to continue the momentum and success of the intervention.

During the summer and fall 2018 and winter 2019, HSRI completed on-site visits with waiver counties to gain additional information and perspective of those individuals involved in the Family Team Meeting Intervention. Interviews and/or focus groups included parents, PCSA staff, children and other stakeholders to determine their level of impact by receiving/implementing the Family Team Meeting Intervention. The results of this comprehensive evaluation will be part of the final report when the waiver ends.

OFC is currently exploring the option of submitting the FTM intervention to the FFPSA Clearinghouse as an evidence-based service for engaging youth and families in FFPSA prevention services and programs. Family engagement is critical to accomplish a level of trust in order to produce the best outcomes for children and families. The Family Team Meetings intervention encourages significant family engagement and inclusion of existing family supports to promote collaboration, cooperation, and family driven services and enhanced positive outcomes.
While FTM training for ProtectOhio has leveled off, FTM training continues to be expanded in Ohio. FTM training is now a component of Ohio START and agencies participating in Ohio START can enroll in the following specialized course:

- **Family Team Meetings** is a course offered to counties participating in Ohio START (Sobriety, Treatment, and Reducing Trauma) a program to help county children services agencies identify children who have been victimized due to parental drug use and provide them with specialized treatment for any resulting behavioral or emotional trauma.

This course provides an overview of the teaming process of the FTM to meet the needs of the family including preparing families and providers for participating in Family Team meetings, basic structure and guidance for facilitating Family Team Meetings, and guidance for handling challenges that may arise in the teaming process. The course was offered six times since October 2018.

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

**Benchmark 1:** In partnership with Casey Family Programs, provide planning grants to counties interested in implementing a Parent Partner program. Planning grants will provide counties an opportunity to do intensive planning and convene family focus groups to inform the development of their program models.

**Benchmark 2:** Pending availability of resources, provide implementation awards to each of the planning grant sites to pilot their Parent Partner program.

**Benchmark 3:** Pending the outcomes of the pilot and resource availability, expand implementation of Parent Partner programming to new county cohorts.

**Benchmark 4:** Continue to partner with Ohio’s Primary Parent Workgroup, ‘HOPE Partners’ to promote use of educational advocates for families in need. ODJFS is committed to ongoing collaboration with this workgroup as their experience informs child welfare policies and practice.

**Progress Made to Improve Outcomes:**

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. HOPE programs are currently implemented in seven PCSAs. Each PCSA has the autonomy to implement their HOPE program in a manner that meets the needs of their community and stakeholders. Listed below are the accomplishments of the seven participating counties:

- Fairfield County, the newest PCSA to join HOPE, completed their program planning year in 2018. During the planning year, Fairfield County identified a planning team, conducted three separate listening sessions with parents (13), kin/foster caregivers (9) and staff (33) to help design their HOPE parent partner program. Fairfield has designed their parent partner program to include monthly support meetings, orientation services, family team and semiannual review meeting support, and office hours for parent to access a parent partner.
- Trumbull County hired two fulltime parent peer advocates who have successfully navigated both the child welfare and Substance Use Disorder treatment and recovery
systems. The advocates have been hired to not only support HOPE, but also their other programs with peer support: Ohio Sobriety Treatment and Reducing Trauma Intervention (Ohio START) and Trumbull County Substance Use Disorder Engagement Initiative (T-SUDE).

- Stark County currently has two active parent partners. Parent partners who facilitate family team meetings, conduct orientation sessions and participate in outreach events. Stark created training modules to support current parent partners and will begin offering these trainings in 2019.
- Cuyahoga County has six active parent partners who facilitate team decision making (TDM) meetings and complete comfort calls to parents whose children recently came into care.
- Athens County identified two Hope parent partners who were subsequently hired by a contracted community behavioral health provider. These parent partners have a dual role as Primary Parent Partners with HOPE and as Peer Support Recovery Coaches with the Ohio Sobriety Treatment and Recovery Teams (Ohio START) model. In this role, Athens parent partners are involved in family team meetings as well as monthly team meetings and phone calls with parents.
- Richland County parent partners 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 trainings and conferences. To grow and sustain their program, Richland has been reviewing their case transfer list to identify potential HOPE parent partners.
- 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.

**Intervention 6: Continue implementation of the Wendy’s Wonderful Kids (WWK) model for child-focused recruitment efforts**

**Benchmark 1:** Provide training for caseworkers and administrators on the WWK model to foster increased support among practitioners and agency leaders.

**Benchmark 2:** Explore possible expansion of WWK work plan to include recruitment efforts on behalf of children under age 5 who are at-risk of lingering in care.

**Benchmark 3:** Explore possible expansion of work plan to include recruitment efforts on behalf of youth with a permanency goal of “Planned Permanent Living Arrangement (PPLA).”

**Progress Made to Improve Outcomes:**
As indicated in Ohio’s 2015 to 2019 Diligent Recruitment Plan and the five-year CFSP, ODJFS established goals for expanding the implementation of the child-focused Wendy’s Wonderful Kids (WWK) model to include children under the age of five as well as youth with a permanency goal of Planned Permanent Living Arrangement (PPLA). In Year one of the CFSP, ODJFS convened a stakeholder workgroup comprised of PSCAs and staff from the Dave Thomas Foundation for Adoption (DTFA) to explore possible expansion of the WWK model to youth under the age of five. Recommendations from the workgroup resulted in expanding the program to include recruitment efforts for: (1) medically fragile children; and (2) large sibling groups of children of
any age. Based on the number of youth in the state with a permanency goal of PPLA, ODJFS had already expanded the program to include these youth in state fiscal year 2013.

The WWK program was successfully expanded to serve children under age 5 who are in sibling groups or who have special needs as well as medically fragile children. Since July 1, 2014, the WWK program served 56 children under age 5 and is currently serving 18 children under age 5. The program will continue to serve those youngest children who counties struggle to place due to sibling group status or special needs. The program does not capture separate data for the medically fragile population, but it has been reported they continue to have these children referred to the program.

Since July 1, 2014, the WWK program served 72 children whoever had a PPLA goal. Of those children, 53 had a PPLA goal either at the time of their removal from the caseload or are still being served and currently have a PPLA goal. The Bridges and Adoption Assistance Connections programs have greatly expanded the opportunities for PPLA youth to find permanency. In addition, adult adoptions have also become an option for older youth in care as they continue to meet eligibility criteria for the Bridges program after adoption. DTFA encourages all recruiters to advocate that all PPLA youth being served by WWK receive continued child-focused recruitment efforts until legal permanency is achieved or emancipation occurs.

ODJFS along with the Dave Thomas Foundation for Adoption (DTFA) has collaborated each year to increase support for the program among practitioners and agency leaders at PCSAs across the state. On January 19, 2019, DTFA traveled to Cuyahoga County and provided training to senior management staff regarding the child-focused recruitment model. Also, DTFA trained over 100 judges, guardians ad litem, prosecutors, child welfare attorneys and agency staff on the WWK model and barriers to adoption on February 19, 2019 in Montgomery County.

Progress Measures:
The Diligent Recruitment Plan established the following target outcomes for the program:

- At least 800 children awaiting adoption will have been enrolled in Ohio’s WWK program by the end of 2019 and receive child-focused recruitment services.
- Of the children enrolled, at least one-half will be matched, placed for adoption and/or finalized by the end of SFY 2019.

As of March 2019, the following outcomes have been achieved:

- 2,672 children have been enrolled into the program
- 1,545 have been matched with a family
- 941 children have been adopted

As the statistics show, the targeted outcomes to improve permanency for long staying youth in care have been exceeded by more than double of what was anticipated in the Diligent Recruitment Plan/CFSP.

Feedback Loops:
DTFA continues to provide training across the state on the WWK model to foster increased support among the child welfare community. DTFA provides a WWK Grants Manager to offer training,
support and technical assistance to all Ohio WWK recruiters and supervisors. The Grants Manager has monthly communication with each WWK grantee. Every two to three years, the DTFA Grants Manager completes in-person site visits with each grantee. The site visits include thorough reviews of a selection of their case files and a discussion of documentation and implementation of the child-focused recruitment model. To further assist with fidelity, individual training specific to the child-focused recruitment model is provided as part of the site visit.

DTFA attends the Ohio Adoption Planning Group and the Permanency Roundtable Advisory Council quarterly meetings. DTFA’s attendance at each group helps to increase awareness of the Wendy’s Wonderful Kids program and the child-focused recruitment model. In addition, the knowledge gained through participating in these groups assists DTFA in keeping the grantees up to date on any new information that may benefit them and their work in the adoption field.

**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.

**Progress Made to Improve Outcomes:**
Throughout the duration of the 5-year CFSP, the Ohio Children’s Trust Fund (OCTF) has continued to rely on the input of stakeholders to prioritize the implementation of evidence-based and evidence-informed promising practices through its regional model. OCTF has continued to engage key stakeholders and partners in reviewing new child abuse and neglect prevention program proposals and determining which programs to implement within each region.

Each year the eight regional prevention councils hold application review workgroups that include participants representing multiple fields, such as: statewide associations and organizations; community non-profit agencies, university partners as well as state and county agencies. Several regions include parent representatives and current program providers in their review process. The selected programs were in line with the baseline comprehensive needs assessments for each region, which assessed the health and stability of Ohio families as they pertain to the prevention of child abuse and neglect statewide. Regional partners continue to utilize the results of the needs assessments in the selection of child abuse and neglect prevention evidence-based and evidence-informed services to be implemented in each county throughout the state.

In examining the program(s) proposed within each application, reviewers evaluate 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 assesses 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 share their firsthand knowledge of and/or their experience in delivering specific evidence-based and evidence-informed programming, and they provide the Trust Fund with funding recommendations as well as suggestions for modifications to OCTF programming application criteria.

Additionally, the Ohio Children’s Trust Fund Board’s Program Committee, which is comprised of representation from the private and public sectors, assists with the development and ongoing review of the continuum of evidence-based preventive, family-centered comprehensive services for families and children. This committee meets quarterly and is responsible for making recommendations regarding evidence-based prevention programs being implemented across the state as well as new programming. In FFY 2018 and FFY 2019 the program committee assisted OCTF with two key bodies of work that served to provide improved guidance for selecting evidence-based and evidence-informed child abuse and neglect programs to meet the needs of Ohio’s children and families. First the committee developed program selection guidance for regional councils that prioritizes evidence-based services and required an evaluation component for innovative services. Next the committee revised the Statewide Grant application to provide clearer direction to entities applying for OCTF funding. The revised application required that proposals include a logic model and theory of change in addition to placing an emphasis on evidence-based and evidence-informed programs.

**Benchmark 2:** Provide training and technical assistance to county partners regarding the implementation of evidence-based prevention programming.

**Progress Made to Improve Outcomes:**
OCTF staff provides programmatic guidance on day-to-day operational questions as well as provides substantive programmatic expertise, technical assistance and evaluation assistance. Guidance and technical assistance regarding the implementation of evidence-based programming is provided through ongoing individualized technical assistance, online webinars, in-person trainings and site visits. The Trust Fund collaborates with the Ohio Department of Health, Ohio Department of Mental Health and Addiction Services, the Ohio Department of Job and Family Services, and the Ohio Department of Education to provide regional trainings on evidence-based programming.

During the 5-year CFSP-the OCTF 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

The training and technical assistance provided by OCTF staff is designed to help state, regional and local grantees build their infrastructure and develop their ability to deliver child abuse and child neglect prevention programming. 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, fiscal leveraging, evaluation and continuous quality improvement and community-building/collaboration. Staff also provided technical assistance to help our regional partners develop and implement their regional strategies pertaining to April child abuse and child neglect prevention month.

Parent Café Training and Technical Assistance
One of the effective strategies identified over the past five years has been the provision of support to 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.

By offering this suite of program trainings, providers in attendance can serve parents representing multiple age groups of children with much needed child abuse and child neglect prevention programming.

Keeping Children Safe: Child Abuse and Neglect Training for Early Childhood Professionals
During the 5-year CFSP OCTF has worked closely with early childhood organizations across the state. The six-hour Keeping Children Safe: Child Abuse and Neglect Training for Early Childhood Professionals was revised to reflect current practices pertaining to defining, identifying, reporting and preventing child abuse and neglect, by infusing the Strengthening Families Protective Factors Framework throughout the content. An additional section was added to the curriculum to reflect the ongoing need for provided support to early childhood professionals, recognizing that these providers need resources about self-care, toxic stress and resiliency. This curriculum serves as a state-approved curriculum for early childhood professionals in meeting the criteria to be trained in child abuse and neglect for state licensed childcare centers or family childcare home providers.
Regional Prevention Councils and Regional Prevention Coordinator Network Calls

The Trust Fund has continued to work with its regional partners to address service provider capacity and through these efforts, has continued to train service providers in various evidence-based programming to build their capacity to deliver child abuse prevention services. Several regions requested funding for professional development and education supports for providers to increase their overall understanding of child abuse and neglect prevention best practices, and how this is related to other risk factors such as trauma, substance abuse addiction, and domestic violence. The Trust Fund is working with these partners to determine the best training to be delivered to address these needs.

Additionally, the Trust Fund convened a Regional Data and Evaluation Workgroup and engaged partners with FRIENDS National Resource Center to help review and revise the current data collection tools and methodologies to streamline reporting requirements for partners. Through these efforts, at minimum uniform outcomes for specific evidence-based programming will be tracked across all regional service providers who are implementing similar programs.

The OCTF also convened networking meetings with regional prevention coordinating entities 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, child abuse and child neglect prevention services, data collection and reporting, as well as general operating items pertaining to the councils and workgroups.

The Trust Fund continues to maintain the OCTF website as a vehicle for all to view available trainings, program information as well as resources. In SFY 2019 OCTF launched an updated website platform in alignment with the agency’s strategic plan. The new website provides a variety of easily accessible articles and resources for both parents and professionals. To access the website, go to: https://octf.ohio.gov/

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.

Progress Made to Improve Outcomes:

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 on 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.

The OCTF also convened four, quarterly networking meetings with its regional prevention coordinating entities to collaborate and discuss best practices, challenges and successes, uniform data collection methods and evaluation tactics. Through these partnerships, the Trust Fund works to ensure that regional prevention coordinators have 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.

In FFY 2019 OCTF began to partner with FRIENDS technical assistance network to work towards implementing a cost analysis beginning in FFY 2020 that will assess the average cost of implementing the same evidence based and evidence informed programs in different regions of the state.

**Feedback Loops:**

By applying a continuous quality improvement (CQI) framework the Ohio Children’s Trust Fund has continued to support implementation of evidence-based child abuse and neglect prevention strategies throughout the state. Through collaborative efforts with OCTF Board Members, Regional Child Abuse and Neglect Prevention Councils members, Regional Coordinating Entities, Child Welfare partners, parents, and services providers; the OCTF has led the state in efforts to select, implement, and evaluate the effectiveness of evidence-based and evidence informed child abuse and neglect prevention programs to improve safety, permanency, and well-being for Ohio’s children and families.
**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: 9.1% (FY16) – Observed Performance

2. Maltreatment in Foster Care: 9.12 (FY 17) – Observed Performance

3. 74% of cases reviewed demonstrated timely investigations of reports of maltreatment. (Partial results - CPOE Stage 11)

4. 56% of cases reviewed demonstrated timely investigations of reports of maltreatment. (CFSR Round 3)

5. 88% 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. (Partial Results - CPOE Stage 11)

6. 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)

7. 62% 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. (Partial Results - CPOE Stage 11)

8. 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.

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

**Benchmark 1:** Convene a workgroup with balanced representation from OFC and a diverse subset of PCSAs.

**Benchmark 2:** Report on workgroup progress and gather stakeholder input through established feedback channels.

**Benchmark 3:** Develop, review and implement enhancements to the existing State of Ohio Screening Guidelines and gather stakeholder input through established feedback channels.

**Benchmark 4:** Disseminate to counties statewide.

**Progress Made to Improve Outcomes:**
In January 2015 a workgroup was formed and has met throughout the duration of the CFSP to address screening and pathway assignment practices. Since 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 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 incorporated 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 made to the existing CAPMIS screening guidelines.

Other enhancements made included the following:

- 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 on pathway assignment was integrated in the Pathway Assignment section.
- An “introduction” was incorporated in the screening guidelines which provided: an overview of the screening process; identified skills necessary for a screener; and direction
to screeners on obtaining and documenting relevant information imperative to the screening decision.

- A Frequently Asked Questions (FAQ) section 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 Human Trafficking and the Comprehensive Addiction and Recovery Act (CARA).

The draft enhanced CAPMIS Screening Guidelines document was submitted to the ODJFS, OFC Senior Management staff and ODJFS Legal for initial review and feedback. Written feedback on the draft CAPMIS Screening Guidelines document was reviewed by the screening and pathway assignment workgroup and revisions from the feedback were completed. The CAPMIS Screening Guidelines final draft will be submitted for final review and approval to ODJFS, OFC Senior Management and ODJFS Legal. Upon approval, ODJFS-OFC Senior Management will identify the avenue for disseminating the enhanced CAPMIS Screening Guidelines document.

The workgroup recommended the CAPMIS Screening Guidelines be (1) fully implemented and disseminated statewide to all eighty-eight PCSA’s.; (2) disseminated via statewide and regional meetings with PCSA’s and stakeholders to introduce the enhancements made to the existing CAPMIS Screening Guidelines; and (3) made interactive through populating screening questions and SACWIS knowledge base articles specific to a screening category which would assist screeners when taking and documenting intake reports.

Intervention 2: Develop and implement specialized training for screeners.

Benchmark 1: Develop brief online tutorials with content specifically designed for screeners.

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.

Benchmark 3: Create training implementation plan to include pilot testing, evaluation of training effectiveness, and revision of materials.

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.
Progress Made to Improve Outcomes:
These two Interventions and their respective benchmarks could not be accomplished due to the extensive amount of time it has taken to review, develop, and implement enhancements to the existing state screening guidelines. As a result, these two Interventions were deleted from the CFSP in Year 3.

The Screening Guidelines and Pathway Assignment workgroup, recommended that the advanced screening training curricula focus on screeners’ and screening decision makers’ skill set and critical thinking competencies related to taking and processing child protective services intake reports. This advanced training would incorporate the screening guidelines in relation to proper categorization of information obtained by the screener. The workgroup indicated that the screening guidelines be used as a complementary tool and reference guide for screeners when processing intake reports.

Feedback Loops:
Throughout the process of making enhancements to the CAPMIS Screening Guidelines the workgroup solicited input from PCSAs on critical areas that needed to be addressed. The efforts made by the workgroup on enhancing screening guidelines will assist in achieving Goal 2.

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

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

Benchmark 1: See update for Goal 1, Objective 4, Intervention 1.

Progress Made to Improve Outcomes:
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: Include a monitoring requirement related to the quality and timeliness of face-to-face contacts within Safety Outcome 1 in the CPOE Field Guide.
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.

Progress Made to Improve Outcomes:
Various methods were used to monitor the quality and timeliness of face-to-face contacts with children and families. These included the following:
• Reviewing In-home and Substitute Care cases during CPOE reviews to determine compliance with the quality and timeliness of face-to-face contacts with children and families.
• Reviewing compliance with timeliness of face-to-face contacts with children and families using the SACWIS Intake Assessment/Investigation Face-to-Face Contact Report and the ROM Initiation Contact Timely Report.
• Reviewing agencies’ compliance with strategies outlined in their PPA’s and QIPs to meet the Safety Outcome 1 standard.

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

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

**Progress Made to Improve Outcomes:**
Refer to Goal 1: Objective 4, Intervention 2.

**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 Made to Improve Outcomes:**
Refer to Goal 1: Objective 4, Intervention 4.

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

**Benchmark 1:** Gather data on current substitute care placement matching processes of public and private agencies.
**Benchmark 2:** Partner with stakeholders to identify a level-of-care placement assessment model.
**Benchmark 3:** Conduct and evaluate a pilot of the identified model.
**Benchmark 4:** Provide recommendations of the pilot evaluation to ODJFS leadership and the Ohio General Assembly, as required by statutory authorization for the pilot.

**Progress Made to Improve Outcomes:**
House Bill 483, introduced and passed in the Ohio 130th General Assembly, was signed into law by Governor Kasich on June 16, 2014. ODJFS was required to implement and oversee the use of a Child Placement Level of Care (LOC) Tool on a pilot basis. The bill defined “Child Placement Level of Care Tool” as an assessment tool to be used by participating counties and agencies to assess a child’s placement needs when a child must be removed from the child’s home and cannot be placed with a relative or kinship caregiver.” The tool was to have the capability of being able to assess a child’s functioning, needs and strengths, risk behavior and exposure to traumatic experiences. The pilot was to be 18 months in duration and include counties that agreed to a partnership of a public children services agency (PCSA) and a private child placing agency (PCPA) or private non-custodial agency (PNA).
One component of the pilot included an evaluation of the pilot program to determine if the Level of Care tool improved: (1) placement stability, length of stay and other outcomes for children; (2) cost; (3) worker satisfaction; and (4) any other criteria ODJFS determined would be useful in the consideration of statewide implementation. A pilot Design Team was formed with representatives of all participating agencies jointly making decisions about the direction of the project.

Prior to the passage of House Bill 483 OFC staff and private and public agency staff met to discuss the importance of making informed placement decisions for youth coming into care that would potentially improve placement stability and child well-being during the course of a custody episode. A committee was established to review assessment tools used in other states for making placement decisions. Following review of several assessment tools, it was recommended the *Child and Adolescent Strengths and Needs Assessment (CANS)* tool be used during the pilot, since it best addressed the placement needs of youth and families involved in the child welfare system.

A Request for Proposals (RFP) was released to solicit an evaluator for the *Child and Adolescents Needs & Strengths (CANS)* level of care pilot. Ohio University was selected as the evaluator. The CANS level of care pilot completed formal collection of data on January 31, 2017. Ohio University submitted a final report to the department in June 2017. The evaluators were not able to make valid inferences regarding whether the use of the CANS as a placement tool impacted the children’s length of stay, placement stability, or cost of care. For the department, the most useful information gleaned from the evaluation efforts are lessons learned about implementing large-scale pilots in Ohio’s child welfare system.

**Progress Measures:**
The data collected did not show positive change in any of the outcomes in question. However, the evaluators concluded that this was not necessarily reflective of the CANS’ influence on these outcomes. Reasons for this conclusion included the following:

- The CANS was not consistently administered to fidelity across all settings.
- The size of the sample available to evaluators did not allow for more meaningful analysis that controls for children’s history, race, gender, and other factors known to influence the outcomes under study.
- Differences in organizational structures and resource environments led to a variety of potentially confounding factors.

Some county agencies and many private agencies indicated they would like to continue using the CANS. Five of the eleven public agencies continued to use the CANS data entry website created for the pilot even after the conclusion of the pilot. Among the reasons for favoring continued use of the tool were the following:

- The amount of detailed information elicited by the tool is appreciated by those working with the children, especially when gathered very early in the child’s stay in care.
- The use of a standardized tool is helpful to align staff’s judgments about the factors that should impact out of home care placement and to orient new staff to organizational standards for decision-making.
- The use of a standardized tool can inform conversations with purchased care providers regarding level of care reimbursement rates.
Feedback Loops:
As indicated above, a pilot Design Team was formed with representatives of all participating agencies to jointly make decisions about the direction of the project. The Design Team meetings were public meetings and interested external stakeholders were made aware of the meeting dates and times. Various external stakeholders attended some of the meetings. The meetings began prior to the selection of a vendor and continued through the duration of the pilot.

Lessons Learned:
Lessons learned from the formative evaluation of the pilot include the need for strong mechanisms to ensure fidelity and standardization of implementation when conducting a pilot across multiple agencies under Ohio’s county administered system. It is also clear that securing the buy-in of participants is crucial for ensuring that a pilot tool will be utilized appropriately, and that enough data will be collected to support robust analyses.

<table>
<thead>
<tr>
<th>Goal 2: Objective 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enhance systemic capacity to track the safety of children in out-of-home care.</td>
</tr>
</tbody>
</table>

Intervention 1: Develop a standard means to document allegations of out-of-home care maltreatment and decrease data entry errors in recording incidents of child maltreatment in substitute care.

Benchmark 1: Provide technical assistance webinar on documentation of allegations where an out-of-home care provider is the alleged perpetrator.

Benchmark 2: Develop a SACWIS Knowledge Base article providing step-by-step instruction on documentation of allegations where an out-of-home care provider is the alleged perpetrator.

Intervention 2: Provide timely technical assistance to public and private agencies on responding to incidents of child maltreatment where an out-of-home care provider is the alleged perpetrator.

Benchmark 1: Develop SACWIS notifications for Licensing Specialists for all allegations of child abuse or neglect by an out-of-home care provider, whether or not the referral is screened in for assessment/investigation.

Benchmark 2: Develop SACWIS notifications for Licensing Specialists of the disposition of all reports of child abuse or neglect by an out-of-home care provider.

Benchmark 3: Develop a data report to track provider trends concerning incidents of child abuse or neglect.

Progress Made to Improve Outcomes:
Technical assistance was provided in the Intake Usability Preview webinar. In addition, a SACWIS Knowledge Base article titled Recording an Intake that Requires a Specialized Assessment/Investigation on an Out-of-Home Care Setting was made available to the Ohio SACWIS user community on April 29, 2015. This article may be viewed at: http://jfskb.com/sacwis/attachments/article/788/Recording%20an%20Intake%20that%20Requires%20a%20Specialized%20Assessment-Investigation%20on%20an%20Out-of-Home%20Care%20Setting.pdf
In SACWIS build 3.03, deployed in May 2016, a notification was modified to be sent to all currently assigned provider workers and all State Licensing Specialist Supervisors when a screened-in CA/N intake participant with a role of Alleged Perpetrator is an active member (no end date) of an active provider AND the licensing authority on the intake = ODJFS.

The Provider Maltreatment and Licensing Violation Report was released in SACWIS in January of 2015. This report can be generated by the agency receiving the intake or by the agency licensing the provider. For non-state users, the report will return all screened-in licensing violation intakes and all screened-in child abuse and neglect reports associated to a licensed provider. The report includes screened-out reports for state users. A SACWIS Knowledge Base article on this report is available at this link: http://jfskb.com/sacwis/attachments/article/565/Generating%20Provider%20Maltreatment%20Report.pdf.

Feedback Loops:

The SACWIS Knowledge Base article has been beneficial to assist PCSA screeners with appropriately entering intake reports pertaining to an out-of-home care situation. Additionally, the guidance has increased the accuracy of out-of-home care reports getting categorized and completed correctly, which has improved upon the notifications of such reports to the appropriate licensing authorities. The Knowledge Base article is provided to PCSAs when technical assistance is given to agencies related to an out-of-home care intake reporting.

SACWIS email notifications regarding screened in or screened out child abuse and neglect reports and Information and/or Referral/Rule Violation reports are being generated for all ODJFS licensed foster care agencies (foster homes and residential facilities) and sent to ODJFS Foster Care Licensing Managers. These notifications are forwarded to ODJFS Licensing Specialists who follow up with the foster care and/or residential care agency regarding the cross-referral information received. As a practice, Foster Care Licensing Specialists follow up with the SACWIS notifications pertaining to an adoptive/foster caregiver home to ensure the foster care agency has completed the necessary rule violation investigation related to the concern identified with that adoptive/foster caregiver. For residential provider notifications, the Licensing Specialists will conduct a rule violation investigation related to a concern for a child(ren) placed in that residential facility. These notifications assist ODJFS licensing staff in monitoring cross referral activity for an agency and/or foster home and can be referenced within the SACWIS Provider Maltreatment and Licensing Violation Report for out-of-home care child abuse and neglect and Information and Referral/Rule Violation reports.

The SACWIS Provider Maltreatment and Licensing Violation Report is utilized by both private/public agencies and by ODJFS foster care licensing staff to monitor screened in or screened out child abuse and neglect reports and Information and/or Referral/Rule Violation reports for adoptive/foster care providers and/or residential care providers. This report is very beneficial for agencies and ODJFS licensing staff to monitor cross referrals for an adoptive/foster home and/or several foster homes within an agency, along with residential care agencies. In addition, ODJFS foster care licensing staff utilize this report to cross reference and monitor foster care agencies’ compliance with completing any necessary rule violation investigation associated with a foster home cross referral that is received to an agency. The report is shared with agencies and technical
assistance has been provided to agencies related to generating this report. The information within the *Provider Maltreatment and Licensing Violation Report* is beneficial and utilized to determine possible systemic issues and/or look at trends related to a foster home and/or foster care agency, along with a residential agency pertaining to maltreatment and/or rule violation concerns for children placed in foster care.

**Intervention 3: Ensure that central registry and criminal background checks are completed for all licensed out-of-home care providers and residential facility staff.**

**Benchmark 1:** Successfully complete all activities detailed in Ohio’s Title IV-E Program Improvement Plan when finalized and approved.

**Progress Made to Improve Outcomes:**
The final Title IV-E PIP quarterly report was submitted on September 29, 2015. Processes are now in place for ensuring that central registry and criminal background checks are completed for all licensed out-of-home care providers and residential facility staff.
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.

Measures:
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.

Updated Performance:
1.) Permanency in 12 months for Children entering foster care:
   40.99% (FY2017) – Observed Performance
2.) Re-entry to foster care within 12 months:
   7.82% (FY16) – Observed Performance
3.) 88% 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. (Partial Results CPOE Stage 11)
   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.) 82% of cases reviewed demonstrated child and family involvement in case planning.
   (Partial Results - CPOE Stage 11)
   66% of cases reviewed demonstrated child and family involvement in case planning. (CFSR Round 3)

Goal 3: Objective 1
Promote safety-focused engagement and transparent partnering with families to assure safety, permanency and well-being.

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

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

Progress Made to Improve Outcomes:
Refer to 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 Made to Improve Outcomes:**
Refer to Goal 1, Objective 5, Intervention 4, Benchmark 3.

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

**Progress Made to Improve Outcomes:**
Refer to Goal 1, Objective 5, Intervention 4.

**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 Made to Improve Outcomes:**
Refer to Goal 1, Objective 5, Intervention 2.

**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 Made to Improve Outcomes:**
Refer to Goal 1, Objective 5, Intervention 5.

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**Goal 3: Objective 2**

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

**Intervention 1: Strengthen implementation of the CAPMIS assessment model and case planning tools as well as the Alternative Response Family Services Plan.**

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

**Progress Made to Improve Outcomes:**
Refer to Goal 1, Objective 4, Intervention 1.
**Intervention 2: Build skills in effective Family Search and Engagement practices.**

**Benchmark 1:** Assess statewide training needs in relation to Family Search and Engagement.

**Benchmark 2:** Collaborate with OCWTP to develop an in-class training based on the current distance learning curriculum: *Family Search and Engagement: an Overview.*

**Benchmark 3:** Launch the distance learning version of *Family Search and Engagement: an Overview* through E-Track, allowing OCWTP to track utilization of the course.

**Benchmark 4:** OCWTP will identify and work with trainers to develop additional Family Search and Engagement trainings that help workers develop critical skills.

**Progress Made to Improve Outcomes:**
During the first year of the CFSP, the OCWTP assessed statewide training needs related to Family Search and Engagement (FSE) for public children service agency caseworkers, supervisors, and agency directors and managers by administering a survey to:

1. Attendees of the Family Finding Convening (held October 30, 2015, at Cleveland State University).

Results from the survey guided FSE workshop offerings throughout the CFSP. Training offered during the CFSP included:

- **Family Search and Engagement: An Overview** is an online course that is continuous. Over the five-year CFSP time frame there have been 345 attendees and survey respondents. When asked if their job performance would improve because of what they learned in this training, 99% of the respondents agreed or strongly agreed their performance would improve. Only 1% of the respondents disagreed or strongly disagreed their performance would improve.

- **Family Search and Engagement: What Every Foster Parent Should Know**
  Over the past five years there has been 23 sessions provided with 192 attendees.

- **Lifelong Connections: Permanency for Older Youth**
  Over the past five years there has 36 sessions offered with 333 attendees.

- **Supervising Through a Kinship Lens** will be piloted in May 2019.
  As a shift in legislation, law, and rule moves to increased utilization of kin as best practice, this curriculum fills a significant gap. The training helps make the connection between kinship dynamics and child safety, well-being, and permanency and how supervisors can assist caseworkers in understanding that connection. The goal is to help supervisors gain strategies to help their teams be aware of kinship opportunities and work effectively with kin.

**Progress Measures:**
During CPOE reviews use of Family Search and Engagement techniques to identify family members as potential placement resources and/or supports for the child has resulted in increased stability for children and long term permanent connections. In ODJFS’ placement pattern analysis it was found that children who are initially placed with relatives have a remarkably different experience than children placed in foster homes. Specifically, there are substantial differences in
the length of time children spend in care: Fifty percent of the children who are placed with relatives are discharged in less than 9 months, compared to 13 months for children placed in foster homes. Not only is the length of time shorter for children placed with relatives, but the likelihood of these children returning to custody is lower: Four percent of the children who were placed with relatives will return to care within six months, compared to 7 percent of children placed in foster homes. Three-quarters of the children initially placed with relatives remain in relative placement until discharge.

**Feedback Loops:**
During CPOE reviews it has been noted that as a result of a variety of Family Search and Engagement activities children in Substitute Care have been able to achieve permanency more quickly and maintain and/or develop connections with family members.

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

**Benchmark 1:** Form a workgroup to identify skills, values and supports needed by workers and agencies to engage fathers and paternal relatives. (Workgroup will include the Ohio Commission on Fatherhood and their grantees).

**Benchmark 2:** Develop and disseminate Best Practice Guidance on working with fathers, paternal and maternal relatives.

**Benchmark 3:** Seek venues for focused dialogue with agencies and workers about implementation of strategies and techniques to engage fathers and paternal relatives recommended by the workgroup.

**Progress Made to Improve Outcomes:**
Beginning in Year 1 of the CFSP, OFC partnered with the Ohio Commission on Fatherhood and PCSAs to identify skills, values and supports needed by workers and agencies to better engage fathers and paternal relatives. A workgroup was formed, and it was charged with developing and disseminating a best practice guide for counties on how to not only locate fathers and paternal relatives, but how to better engage them to improve outcomes for children and families involved in the child welfare system. The Best Practice Guide, which was completed and made available beginning in August of 2016, lists actions to be taken at all stages of a case to identify and involve fathers. The actions are divided into “basic”, “enhanced”, and “ideal” category levels of practice to accommodate counties who are at varying levels of readiness. Several documents are included as appendices to the guide. These include a “Father Friendliness Assessment,” an “Absent Parent Checklist,” a sample “dad packet” to be given to fathers involved with the agency, information on developing a fatherhood program and lists of resources for fathers.

**Progress Measures:**
Since the *Best Practice Guide for Engaging Fathers* (JFS 01444) went into production on August 1, 2016, printed versions of the guide have been regularly requested from the ODJFS warehouse. Over 4,000 printed copies of the guide have been requested. The guide is also available electronically. Based on this number it appears that county agencies are making good use of the guide to improve practices.
Feedback Loops:
OFC used a variety of methods to inform agencies not only that a Guide was created but how an agency can utilize the guide to improve measures regarding working with fathers and paternal relatives.

A presentation entitled “Strategies to improve identifying, locating and engaging fathers and paternal family members in child welfare” was given at the PCSAO Statewide Conference on September 22, 2016. The learning objectives of the training included:

- Improve casework practice to support increased engagement of fathers and paternal relatives.
- Identify skills, values and supports needed by caseworkers and agencies to engage fathers.
- Review and develop an understanding of the Best Practice Guide to engaging fathers.
- Learn tools and strategies to increase the ability to identify, locate and engage fathers.

Information on the guide was also included in the November 2016 First Friday: http://jfs.ohio.gov/PFOF/PDF/FF-20161104.stm

A shortened version of the PCSAO presentation was given at the North West Regional Meeting on May 9, 2017, and the printed version of the Best Practice Guide for Engaging Fathers was distributed at the OFC CQI meeting in 2018. Technical Assistance Specialists continue to discuss the Best Practice Guide during on-site visits with counties.

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 Made to Improve Outcomes:
Refer to Goal 1, Objective 4, Intervention 4.

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 Made to Improve Outcomes:
Refer to Goal 1, Objective 4, Intervention 2.
Goal 3: Objective 3
Enhance systemic capacity to address service array and effectiveness.

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

**Benchmark 1:** Develop statewide needs assessment protocol, which will utilize multiple sources of data to assess service needs and identify gaps in available services for Ohio’s child welfare population.

**Benchmark 2:** Complete needs assessment in accordance with approved protocol.

**Progress Made to Improve Outcomes:**
During the 5-year period, the 2016 Needs Assessment was completed in January 2016 and Ohio’s 2019 Needs Assessment is in process. This assessment consists of seven phases:

- Phase I: Identification of Primary and Secondary Data Sources
- Phase II: SACWIS Case Profile Identification
- Phase III: Literature Review: Identification of Services
- Phase IV: Survey of Experts: Identification of Services and Number Agreeing to Obtain Services
- Phase V: Interweave SACWIS, Medicaid, SNAP, TANF, and Child Care Services Data
- Phase VI: Data Analysis
- Phase VII: Determining Future Service Needs

For Phase I ODJFS is continuing to use SACWIS data as a primary data source. As such, two types of data are vital. The first is structured data and provides case, person, assessment and service data. The second type of data is unstructured (text) data, and we will be text mining the case notes. Three areas of SACWIS are being text mined in which caseworkers and supervisors record narratives on the progress and concerns of children/families, progress on the strengths of needs, and case status. Secondary data sources will include Medicaid claims data on all individuals involved in child welfare during the observation year. SNAP, TANF, and Child Care program data provide contextual information.

Phase II is completed with case profiles. Phase III is completed, and the literature search is located at: [http://www.odjfs.state.oh.us/tutorials/ofc/ofcdb/SRR-2018Database.zip](http://www.odjfs.state.oh.us/tutorials/ofc/ofcdb/SRR-2018Database.zip). An RFP to conduct a survey of national experts (Phase IV) has been issued, and the vendor will begin shortly. Upon completion of Phase IV, the remaining Phases will be completed by the end of this year.

**Feedback Loops:**
While the 2016 Needs Assessment provided rich information on service delivery, the 2019 Needs Assessment will provide county level information and take into consideration provisions of the Family First Prevention Services Act. In a state supervised, county administered environment it was found essential that the 2019 Needs Assessment contain county-level information which counties can use in working with their local partners.
**Intervention 2: Increase use of data to inform program planning and implementation.**

**Benchmark 1:** Enhance data fields in SACWIS to allow improved documentation of educational, health care, and behavioral health needs and services as described in Ohio’s AFCARS review. Once these enhancements are complete, review the Med/Ed Form to ensure that data is populating correctly on the form.

**Progress Made to Improve Outcomes:**
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.

**Feedback Loops:**
The Med/ED Report is functioning properly and the SACWIS team tests this report every 7 weeks with their build cycle.

**Benchmark 2:** Conduct cross-system data analysis to identify educational, health care, and behavioral health care needs, service utilization, and gaps in programming for families in the child welfare system. (Please see Goal 5, Objectives 4 & 7)

**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.

**Progress Made to Improve Outcomes:**
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 was used throughout the CFSP implementation period to inform policy and program development. 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

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**Goal 3: Objective 4**

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

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

**Benchmark 1:** Complete a comparative analysis of counties’ child removal rates.

**Benchmark 2:** Complete a comparative analysis of days in placement/length of stay across counties.

**Benchmark 3:** Share data analysis with stakeholders and gather their feedback to support interpretation of the data.

**Progress Made to Improve Outcomes:**

The following table displays the rate of placement per 1,000 children in the population, and the corresponding median length of stay for children placed in that year for the period of 2014-2018. Highlighted cells represent high rates of placement, and long median lengths of stay.
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<th>County</th>
<th>Number of Children per 1000 Removed From Their Homes</th>
<th>Median Length of Stay for Children Placed in the Year</th>
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When these data were shared with county leaders, it was noted low rates of placement are often accompanied by long median lengths of stay. They interpreted this to be a function of counties admitting into care those children who have more severe problems. These children stay longer in care than children who are admitted into care in counties with higher rates of placements.

Other individuals indicated some counties have small median lengths of stay and have high rates of removal. One county felt this was the result of courts granting custody of delinquent youth to the agency. These youths tend to be discharged to their parents or relatives very quickly, often within a few days.

*Feedback Loops:*
Agencies found it useful to review county data over a period of time. It has been suggested future analyses factor in the age of the child at removal.

**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.

**Benchmark 1:** Conduct JAD (joint application design) sessions to develop a data report to track this item. Through JAD sessions, the requirements for the report will be identified in collaboration with stakeholders.

**Benchmark 2:** Complete development and testing of the report.

**Benchmark 3:** Examine safety and risk assessment data of the families and children entering care and re-entering care to identify the constellations of concerns that are most closely associated with entry and re-entry.

**Benchmark 4:** Share data analysis with stakeholders and gather their feedback to support interpretation of the data.

**Progress Made to Improve Outcomes:**
Over the past five years, ODJFS sought to identify factors associated with children obtaining permanency within 12-months of entering care, and why some of these children re-entered foster care within one year of exit. Determining these factors would assist counties in selecting interventions to prevent adverse results.

At the onset, Result Oriented Management (ROM) reports were created to allow counties to examine discharge reasons (e.g., reunification, living with relatives, guardianship, permanency achieving in 12-months) and re-entry into foster care. These reports had limited drill through capability on such factors as age, race, and gender of children. While these reports provide crosstabs, they do not provide statistical insights on how much age and other factors influence being discharged to permanency within 12-months. Statistical insights provide counties with more powerful knowledge to enable them to take targeted action to improve performance.

ODJFS completed a series of analytics to answer these questions. Statewide results show that not getting permanency in 12-months is strongly related to a child’s having a diagnosed disability, being placed out of state, being emotionally disturbed, having inadequate housing, being physically abused and neglected, and being abandoned. Furthermore, not getting permanency is weakly associated with having visual/hearing impairments, being physical disabled, having a
parent who abuses drugs, having a parent who dies, and being an alcohol exposed child. (See Figure 7.)

A different pattern emerges for those children who discharge to permanency within 12-months and subsequently re-enter care within 12-months. On a statewide level, factors which weigh heavily on increasing the likelihood of children re-entering can include: age at initial removal, number of removals, long lengths of stays, being a victim of neglect, having a parent die, and having inadequate housing. (See Figure 14)

While these factors are driving statewide performance, counties may have their own unique factors. Furthermore, these factors can vary by the observation period, the child’s age at placement, and the number of placements. It is paramount for counties to understand their own unique factors and develop remedies. Unfortunately, the task of sharing these findings with counties and getting them to incorporate them into practice is complicated in two ways.

First, sending counties a paper report of their individual findings will not, in and of itself, spark remedies. To create such a report, which would have to include a myriad of variations, would be resource intensive. To resolve this issue, OFC has taken a lesson from large corporations -- which face many of the same data-dispatching issues-- and acquired software that allows users to run their own analyses. This browser-based software is SAS Visual Analytics and SAS Visual Statistics.

Second, these analyses can require the use of logistic regression, cluster analyses, and proportional hazard models. It is difficult for individuals to use data when there is limited understanding of at least a few basics that underlie the analysis, and most county staff are unfamiliar with these statistical strategies. Therefore, ODJFS struggled with how to educate staff and encourage them to use these analyses. One solution was to train Technical Assistance Specialists (TAS) on how to use this software and guide counties in using these analyses. After they are trained, a webinar will be held to demonstrate the toolset to counties and describe how TAS staff will integrate it into their work with counties. Worksheets are being developed to assist users to step through a full analysis. Select TAS staff are currently being trained in the use of the software to gain performance insights.

The figures below encourage users to examine performance over nine years to detect longitudinal trends.

**Performance Indicator: Obtaining Permanency in 12-months**

Figure 1 displays results over nine federal observation periods for the national indicator percent of children obtaining permanency within twelve months. Statewide results are being displayed in this figure, however users can filter by county by typing the county’s name in the upper left of the screen that says, “Enter county…”.

---

1 The last observation period, 4/1/2017, is partial year.
Details on each measure for each observation period can be obtained, as shown below, by hovering over the desired year. This detail includes the numerator and denominator, the frequency sexual abuse, physical abuse, parent incarceration, neglect, inadequate housing, caretaker’s inability to cope, child behavior problems, child disability, and drug abuse. Figure 2 shows this for the 4/1/2016 observation period.

Figure 3 shows the entry-age distribution and the discharge reason at the end of the observation window. Many counties show many children entering care who are under the age of 1, but not all do.
Just as a user can filter on a county, additional filtering can be accomplished by clicking on a bar. Figure 4 demonstrates filtering on children under the entry-age of 1.

Based on the filtering above, the results change in all other graphs. Here are the results when we filter on children who enter care under the age of one year. Note that children who were less than one year old in the 4/1/2016 observation period 42.5% obtained permanency in 12 months, 47.7% of all children obtained permanency in the same observation period (Figure 1).
Figure 5: Permanency in 12-months for children less than 1 year old.

The dashboard also reports on the number and percent of removals children had, and the number and percent of children with parents abusing drugs (Figure 6). Keep in mind that just as a user can filter on age, a user can click on one of the number of removals (e.g., 1st) and gain deeper insights.
The data depicted in Figures 1 through 6 are descriptive, and as such, are not effective in providing information on how important the factors are in driving permanency within twelve months. In other words, it is impossible to tell the extent to which age, or any other variable, impacts the likelihood of obtaining permanency in 12-months. Figures 7 through 10 demonstrate how to determine which factors are most important, and how strongly they do.

To determine the statistical factors not contributing to permanency in 12-months, a logistic regression is done behind the scenes without any user prompts. Factors that contribute to a child not getting permanency in 12-months, are shown as bright yellow horizontal bars on the left side of the figure. The longer the bars are, the more influence they have on not getting permanency in 12-months. Pale yellow horizontal bars are weakly related to performance, and green horizontal bars do not statistically contribute to obtaining permanence. The figure below shows statewide data.

The power of filtering exists in this level of analyses as well. If a county wishes to know which factors are most powerful in specific observation periods, or age groups or number of placements, or even parental drug-use, filters can be applied. Figure 8 shows the which factors contribute to 13-year-old children not getting permanency in a sample county.

Figure 7: Factors influencing not getting permanency in 12-months (logistic regression).
Figure 8: Sample county’s results on factors influencing not getting permanency in 12-months for children under 1 year of age.

When the age filter is removed in the same county, we can see that other factors have more influence on performance.

Figure 9: Sample county’s results on factors influencing not getting permanency in 12-months across all ages.
Figures 7 through 9 use logistic regression. Figure 10 uses a cluster analysis. Clustering is a method to group individuals based on their similarity on a variety of measures based on a target outcome, e.g., permanency within 12-months. The children in each cluster tend to be similar in some measurable way, and dissimilar to others. A cluster analysis examines children on a variety of factors. These factors include entry-age, number of removals, family structure, and discharge category. By hovering over the bottom half of the diagram, users can explore how children who obtain permanency are different than those who do not obtain permanency.

![Figure 10: Cluster analysis is used to differentiate characteristics between those who obtain permanency in 12-months and those who do not.](image)

**Performance Indicator: Re-Entering Care Within 12-months**

Clearly, examining analyses using the above strategies has significant merit to improve permanency in 12-months. Similar analyses have been done to investigate the driving factors on children re-entering care. The following figures show descriptive data on the statewide percentages of children who, after being discharged to permanency within 12-months, re-enter care within 12-months (Figure 11), an age distribution (Figure 12), and the number children with prior removals from home (Figure 13).
Figure 11: Percent of children re-entering care.

Figure 12: Number of children re-entering care by age.
Figure 13: Number of prior removals for children who have re-entered care.

Figure 14 shows, statewide, children are more likely to have a re-entry if they have had more prior removals, older, have been in care longer, and have a history of neglect. Weaker factors include death of the parent, parent incarceration, and inadequate housing. Being physically disabled (green horizontal bar) has no significant impact on re-entry.

Figure 14: Factors influencing foster care re-entry.
Counties can have very different factors that influence performance than the State. Figure 15 shows that the biggest factor influencing re-entry is the length of time the children spends in care.

![Figure 15: Factors influencing children re-entering care in a sample family.](image)

**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 Made to Achieve Outcomes:**
Refer to 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: 
3.38 moves per 1,000 days in care (FY 17)-Observed Performance

2.) Permanency in 12 months for children in foster care 12-23 months: 
47.43% - (FY17) Observed Performance

3.) Permanency in 12 months for children in foster care 24+ months: 
34.14% (FY17) – Observed Performance

4.) 83% of cases reviewed included appropriate permanency goals for each child in care. (Partial Results - CPOE Stage 11)
73% of cases reviewed included appropriate permanency goals for each child in care. (CFSR Round 3)

5.) 73% of cases reviewed demonstrated concerted efforts to achieve reunification, guardianship, or other planned permanent living arrangement. (Partial Results- CPOE Stage 11)
56% of cases reviewed demonstrated concerted efforts to achieve reunification, guardianship, or other planned permanent living arrangement. (CFSR Round 3)

6.) 87% 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. (Partial Results - CPOE Stage 11)
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. (CFSR Round 3)

7.) 71% of cases reviewed demonstrated concerted efforts to assess and address the needs of children, parents and foster parents. (Partial Results- CPOE Stage 11)
52% of cases reviewed demonstrated concerted efforts to assess and address the needs of children, parents and foster parents. (CFSR 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.

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

Benchmark 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)

Benchmark 2: Develop an agency checklist/tool to support quality visitation practices.

Benchmark 3: Complete child support data system interface to enhance search capabilities to locate non-custodial parents.

Progress to Improve Outcomes:
During the 2015-2019 CFSP, a variety of activities have occurred to support implementation of best practices for visitation: These included:

- Providing technical assistance to PCSAs and Title IV-E courts on policy requirements for visitation and CFSR visitation evaluation requirements.
- Generating a monthly email summary report to agency directors and children services administrators on the SACWIS Comprehensive Visitation Report.
- Providing technical assistance 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.
- Modified the SACWIS Comprehensive Visitation Report to ensure that the population of persons pulling into the report mirrors the CFSR and CPOE sample populations.
- Conducted a Practice Profiles webinar on planning and presenters discussed how caseworkers can prepare for quality visits with families. Presenters also discussed how supervisors can help workers to prepare for visits.
- Added prompts to the SACWIS activity log to document quality face to face visits (e.g.; describe each child's current safety, risk, vulnerability, progress toward permanency goals, achievement of case plan goals and overall well-being; describe each parent/caregiver/other adult's protective capacities, ability to meet the needs of the child(ren), progress toward permanency goals, achievement of case plan goals and overall well-being; describe the household composition, observations of the home environment (including basic needs) and the current level of involvement of the non-custodial parent.
- Disseminating resources from the Capacity Building Center for States on quality contacts. Links to these resources were posted to the Ohio Child Welfare Learning Collaborative website.

Feedback Loops:
Statewide visitation data reports, CFSR Round 3 results, CPOE data results and involvement of our stakeholders has guided efforts to support implementation of best practices for visitation. As
reported in the CFSR Survey of Caseworkers, Supervisors and Administrators, the following themes emerged which ODJFS and our partners will continue to address:

- **High caseloads and excessive SACWIS data entry demands that result in emotional exhaustion and burnout.** Survey findings indicated that the concerns pertaining to assessment, engagement in case planning, and the quality of caseworker contacts may be attributed to the lack of time caseworkers have to work effectively with their families because they have too many cases and too many demands on them from the agency and the families, both of which often result in emotional exhaustion or burnout.

- **Lack of clarity regarding quality expectations for caseworker contacts with children and parents and how to report quality-related discussions in the contact logs.** Focus group participants and some PIP Committee members indicated that caseworkers may not be clear about what constitutes a quality contact with a parent or child and/or how to appropriately record the quality aspects of their contacts in the contact log for the case.

- **Lack of family willingness to engage in services.** Caseworkers and supervisors reported that a major barrier to working effectively with families is that families are not willing to engage in the services needed to address safety and risk concerns.

**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:** Collaborate with OCWTP to strengthen these elements within the foster parent pre-service training curriculum.

**Progress Made to Improve Outcomes:**
A Preservice curriculum advisory committee was formed to assist in identifying revisions needed to the foster parent pre-service training curriculum. Membership included trainers, foster parents, county workers, and foster care alumni. Data was gathered from key informant interviews, CFSR/CFSP reports, literature reviews, trainer written feedback, and participant focus groups. Pen-and-paper evaluations collected data through both Likert-scale and open-ended questions.

The revised [Preservice training](#) was launched in July 2015. Content was added on trauma-informed caregiving, the role of the caregiver, and normalcy. In addition, OCWTP strengthened content in specific areas identified in the CFSP Visitation Goals, including:

- The importance of encouraging the parent/child relationship in Modules 1, 2, 6, 7, 9, 10, and 12.
- The necessity of participating in the case plan goal of reunification in Modules 1, 2, 4, and 9.
- Mentoring biological parents in the process in Modules 1, 2, and 9.

Transfer of learning tools were developed to assist participants in retaining what they learned in Preservice training. Tools included:
A one-day training, *Overview of Preservice Training for Assessors*, was also developed and implemented to assist staff in understanding how to use the transfer of learning tools.

Content review questions were developed in 2017. They are currently incorporated into the PPT slide deck of each module. Trainers review content from the previous module at the beginning of the next module to reinforce learning.

The following table presents information on Preservice Attendance between July 1, 2014 through April 15, 2019.

<table>
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<tr>
<th>Region</th>
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<th># of Rounds</th>
<th># of Participants</th>
<th>Average # of Participants per Session</th>
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In 2018 the OCWTP re-launched Caregiver’s Corner, the website for foster caregivers. Participants can access Preservice handouts and the companion guide for siblings, and they can register for the spaced retrieval campaign. The OCWTP began piloting the spaced retrieval campaign in April 2019 to further assist participants in remembering what was learned in training. Participants who opt-into the campaign receive three emails spaced roughly a week apart that each contain three brief activities. Activities are centered on the overarching Preservice learning objectives. One activity in the second email targets the CFSP visitation goals, specifically the importance of encouraging the parent/child relationship.

**Feedback Loops:**

Evaluation data was used throughout the duration of the CFSP to inform revisions needed to the pre-service training curriculum and identify additional supports needed for foster parents and caseworkers. Evaluation data was collected in 2014 to identified changes needed to the pre-service curriculum. Throughout 2015 and 2016 evaluation data was collected to assess the revised Preservice training. Content-specific evaluations surveys were created for each module. To avoid evaluation fatigue, each RTC was assigned only three modules to evaluate. The assignment was
based on attendance records so there would be a similar amount of feedback for each module. Although there was less evaluation data with this approach, the training system received ample feedback due to the considerable number of participants in each region. Evaluations were reviewed, and ratings and comments were compiled. Comments regarding deficient performance of a trainer were immediately addressed and comments regarding the curriculum were noted for content revision decisions.

Preservice evaluation surveys were revised in 2017 to ask participants their perception of their learning on workshop-specific learning objectives. Preservice evaluation surveys were again revised in 2019.

OCWTP staff recently met with Ohio Family Care Association (OFCA) leaders to explore how their members could participate as guest speakers/panel members in Preservice training. OFCA leaders reported that members were not ready to commit to participating at this time. However, OCWTP staff were directed to county-led parent partner groups that may be able to serve as panel members during their county’s Preservice training.

**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.

**Progress Made to Improve Outcomes:**
This benchmark has been successfully completed. Outlined below is data from CFSP Year 1 to Year 5:

**Relating to Primary Families: Challenges, Issues, and Strategies**
41 statewide sessions, 346 attendees
There is one session scheduled before June 30, 2019, with 21 registrants.

When asked if their parenting skills would improve because of what they learned in this training, 95% of the respondents agreed or strongly agreed their performance would improve. Only 5% of the respondents disagreed or strongly disagreed their parenting skills would improve. See the chart below for specifics.

This training was updated this year and is currently being piloted. The updated training will be launched July 1, 2019.

The OCWTP continues to offer a range of courses related to this content across the state. Using one region as an example, NEORTC has scheduled the following four related trainings:

- **Navigating the Whitewater of Reunification: Primary Family, Agency, and Foster Parent Collaboration**
- **Relating to Primary Families: Understanding Challenges, Issues and Strategies**
- **The Importance of Working with Primary Families**
- **Working with Birth Parents: Making It Positive for Everyone**
**Feedback Loops:**
OWTP uses participant evaluation results from training to determine if curriculum needs to be revised, updated or if additional related training needs to be added to OCWTP course offerings.

<table>
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<th>Objective 2</th>
<th>Improve services and supports for kinship caregivers to promote increased placement stability and permanency</th>
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**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:** Partner with the Subcommittee to conduct educational sessions for stakeholders on the proposed statutory recommendations and gather stakeholder feedback.

**Benchmark 2:** Upon enactment of statutory changes related to kinship care, review and update Ohio Administrative Code as needed.

**Progress Made to Achieve Outcomes:**
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.

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

**Benchmark 1:** Develop a brochure that describes the different legal relationships available to kinship caregivers in Ohio, with information specific to each relationship:
- How it is formed and overseen.
- The court of jurisdiction.
- Resources available to caregivers.

**Benchmark 2:** Develop informational narratives that describe the recent changes to statutes that govern powers of attorney and caregiver authorization affidavits. These statutory revisions offer grandparents a less formal option than legal custody or licensed foster care and allow for more permanency in the relationship.

**Benchmark 3:** Collaborate with the Ohio Family Care Association on the development of a caregiver rights brochure and integrate this with other materials developed through the Subcommittee.

**Progress Made to Improve Outcomes:**
In 2018 ODJFS published the *Ohio Resource Guide for Relatives Caring for Children*. This publication was a joint effort between the Ohio Family Care Association, The Supreme Court of
Ohio and ODJFS. This publication contains the following information: What is Kinship Care; Caring for Children Who Were Abused, Neglected or Abandoned; Finding Help with Expenses; Finding Help with Medical Services for You and the Children in Your Care; Finding Help with Educational Services; Finding Help with Legal Services and Understanding Legal Terms; Power of Attorney Form; Notices Regarding Power of Attorney; Caretaker Authorization Affidavit; and County Resource Contacts.

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

**Benchmark 1:** Review ProtectOHIO kinship caregiver survey findings gathered through Ohio’s Title IV-E Waiver demonstration project.

**Benchmark 2:** Establish a workgroup to explore development of an agreed upon statewide kinship homestudy.

**Progress Made to Improve Outcomes:**
Throughout the 2015-2019 CFSP period, ODJFS has increased its focus on the needs and challenges of kinship families and its awareness of services that are imperative for promoting permanency in these settings. ODJFS has reflected this in Ohio Administrative Code updates and in the development of new programs intended to support kinship families.

ODJFS established a stakeholder workgroup that was charged with reviewing the requirements for kinship home assessments and making a recommendation for the establishment of a statewide home assessment for relative and nonrelative substitute caregivers. The intention of the workgroup was to decrease barriers to the approval process for kinship caregivers. The workgroup established recommendations for updates to Ohio Administrative Code (OAC) and developed a required format for the completion of a kinship home assessment. OAC rule 5101:2-42-18 PCSA and PCPA Approval of Placements with Relative and Nonrelative Substitute Caregivers reflects these changes and went into effect July 1, 2017. The required form JFS 01447 Assessment of Relative or Nonrelative Substitute Caregiver also became effective July 1, 2017. The kinship home assessment process was incorporated into SACWIS and went live in September of 2018.

The Kinship Child Care Program that was established with the passage of Ohio House Bill 49 on June 29, 2017 and launched on May 1, 2018 will be terminated on June 30, 2019 resulting in the rescission of rule 5101:2-40-06 of the Administrative Code. While this program has been a benefit to qualifying kinship families, there remains a substantial amount of the allocated $15 million in TANF funds that have been unused. Therefore, Substitute House Bill 541 of the 132nd General Assembly requires that the unused funds be divided, rerouted and allocated to each of the state’s county departments of job and family services (CDJFS) to be operated under their Prevention, Retention, and Contingency (PRC) programs. CDJFSs shall use these funds to support a Kinship Caregiver program which allows for services that provide relief of child caring functions so that kinship caregivers can provide and maintain a home for a child placed in their care.

House Bill 14, (originally introduced in the prior General Assembly as House Bill 126), provides for the required establishment of a statewide kinship care navigator program. This legislation has been included in Ohio’s proposed budget bill, House Bill 166 of the 133rd General Assembly. If passed, this legislation requires the 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. This legislation also requires that ODJFS develop and adopt rules implementing the kinship care navigator program no later than one year following the effective date of the legislation.

The Families First Prevention Services Act (FFPSA), signed into law on February 9, 2018, allows for states to receive reimbursement beginning October 1, 2018 for the provision of services implemented by a federally approved title IV-E Kinship Navigator Program. Since the passage of the FFPSA, OFC has made great strides in preparing the state of Ohio to participate in the new Title IV-E kinship navigator funding option. An internal project manager was hired to oversee the development of the statewide Kinship Navigator program. A contract has been awarded to an external consultant, Kinnect, to facilitate the development of this program. The designed Kinship Navigator program will target improved outcomes for children including reduced time in the child welfare system as well as preventing entry or re-entry into foster care. The goal is to develop both a comprehensive implementation and evaluation plan for the Program so Ohio can move forward on implementing the program starting October 2019.

**Feedback Loops:**
The ODJFS Kinship Policy Subject Matter Expert and the Kinship Navigator Project Manager both attend the Ohio Grandparent Kinship Coalition meeting, which takes place on a bimonthly basis. Other attendees at these meetings include kinship professionals from both public and private settings, stakeholders from other state and community agencies, as well as some kinship caregivers. These meetings provide an opportunity for stakeholders to openly provide feedback to existing and proposed federal and state legislation and state kinship policies and programs. This ongoing feedback is used to inform continued work in state kinship programming. In addition to feedback from this stakeholder group, ODJFS solicits feedback from interested parties prior to and during the Ohio Administrative Code rule review process. Comments obtained during the Pre-clearance and Clearance periods are taken into consideration when finalizing kinship-related Ohio Administrative Code rules.

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

**Benchmark 1:** Review ProtectOHIO kinship caregiver survey findings gathered through Ohio’s Title IV-E Waiver demonstration project.

**Benchmark 2:** Establish a workgroup to explore development of an agreed upon statewide kinship homestudy.

**Benchmark 3:** Conduct a placement pattern analysis to identify trends and correlations with re-entry and length of stay rates.

**Progress Made to Improve Outcomes:**

**Protect Ohio**

In 2014, sixteen waiver counties (ProtectOHIO) employed the Kinship Support intervention as one of two core interventions to improve outcomes for children and families. The purpose of the intervention was to ensure kinship caregivers had all the necessary supports to meet the physical,
emotional, financial and basic needs of children in their care regardless of who held custody of the child.

The ProtectOHIO evaluator, Human Services Research Institute (HSRI), works with the ODJFS to evaluate Ohio’s waiver and document outcomes of the Kinship Supports intervention. Their evaluation includes review of data from Ohio’s Statewide Automated Child Welfare Information System (SACWIS), data from the ProtectOHIO Data System (PODS), as well as on-site interviews with kinship caregivers and waiver agency staff.

It was an explicit goal of the Kinship Supports intervention to determine if utilizing this intervention would increase the use of kinship care as a first choice for placement and if the placement could/would be more successful with the provision of additional services and case management than placement alone. The July 2016 HSRI comprehensive evaluation report identified children placed with kin caregivers experienced more favorable outcomes than children in foster care and/or children placed with kinship caregivers that did not receive the Kinship Supports intervention. Additionally, kinship caregivers receiving the Kinship Supports intervention felt more supported and able to continue caring for the child than kinship caregivers not receiving similar support. ODJFS believes these key findings are a reason to continue to enhance support for kinship caregivers.

**Feedback Loops:**
The waiver/ProtectOHIO counties continue to enter applicable data into SACWIS and PODS which HSRI evaluates to identify outcomes and trends impacted by utilization of the Kinship Supports Intervention.

The Kinship Supports Intervention is discussed at each bi-monthly meeting of the waiver county consortium to discuss programming and services. From 2011 through 2018, a Kinship Supports Intervention workgroup of waiver county representatives met quarterly, in addition to the consortium meetings, to provide technical assistance and programmatic support to each other to continue the momentum and success of the intervention.

ODJFS, waiver counties and HSRI complete a semi-annual evaluation of the Kinship Supports Intervention for each required federal report to ensure data and results are evaluated consistently for validation of identified positive outcomes and to determine if current trends are identifiable.

During the summer and fall of 2018 and winter of 2019, HSRI completed on-site visits with waiver counties to gain additional information and perspective of those individuals involved in the Kinship Supports Intervention. Interviews and/or focus groups included kinship caregivers, PCSA staff, children and other stakeholders to determine their level of impact by receiving/implementing the Kinship Supports Intervention. The results of this comprehensive evaluation will be part of the final report when the waiver ends.

**Kinship Homestudy**

ODJFS established a stakeholder workgroup that was charged with reviewing the requirements for kinship home assessments and making a recommendation for the establishment of a statewide home assessment for relative and nonrelative substitute caregivers. The intention of the workgroup was to decrease barriers to the approval process for kinship caregivers. The workgroup established
recommendations for updates to Ohio Administrative Code (OAC) and developed a required format for the completion of a kinship home assessment. OAC rule 5101:2-42-18 PCSA and PCPA Approval of Placements with Relative and Nonrelative Substitute Caregivers reflects these changes and went into effect July 1, 2017. The required form JFS 01447 Assessment of Relative or Nonrelative Substitute Caregiver also became effective July 1, 2017. The kinship home assessment process was incorporated into SACWIS and went live in September of 2018.

Placement Pattern Analysis

ODJFS conducted a placement pattern analysis to identify trends with re-entry and length of stay rates. As completed in Year 3, children who are initially placed with relatives have a remarkably different experience than children placed in foster homes. Specifically, there are substantial differences in the length of time children spend in care: Fifty percent of the children who are placed with relatives are discharged in less than 9 months, compared to 13 months for children placed in foster homes. Not only is the length of time shorter for children placed with relatives, but the likelihood of these children returning to custody is lower: Four percent of the children who were placed with relatives will return to care within six months, compared to 7 percent of children placed in foster homes. Three-quarters of the children initially placed with relatives remain in relative placement until discharge.

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

*Benchmark 1: Implement and evaluate a Kinship Support Strategy through Ohio’s Title IV-E Waiver. This intervention coincides with Goal 1, Objective 5 - Implementation of innovative and evidence-based or evidence-informed child welfare practices to improve safety, permanency and well-being outcomes for children and families.*

*Progress Made to Improve Outcomes:*

In 2014, sixteen waiver counties (ProtectOHIO) employed the Kinship Support intervention as one of two core interventions designed to improve outcomes for children and families. The purpose of the intervention was to ensure kinship caregivers had all the necessary supports to meet the physical, emotional, financial and basic needs of children in their care regardless of who held custody of the child.

Key components of the intervention included: (1) a kinship coordinator housed in the Public Children Services Agency (PCSA) who served as the “expert resource” on the needs of kinship families; (2) a Home Assessment that examined the readiness of potential kin caregivers to have children placed in their home; (3) a Needs Assessment that was conducted to determine services and supports caregivers might need while highlighting strengths already present in the home; and (4) a Support Plan drafted with the kinship caregiver that corresponded to the needs identified in the Needs Assessment. The Support Plan, updated quarterly, reflects how needs change over time for youth and families. In addition to provision of direct service with families, Kinship Coordinators and kinship staff provided community education on the unique needs of kinship families to other community partners, kept resource and service provider lists updated for families,
provided training for new county workers, utilized Family Team Meeting providers for families, and compiled data for evaluating the Kinship Supports intervention.

The Kinship Supports intervention has supported a paradigm shift in how these agencies view kinship placements and seek to use kinship placements as a first choice for child placement when the child cannot be maintained safely in his/her own home. Kinship Supports was an intervention that was originally developed in 2011 through the creation of a formal training manual. The training manual was adopted by the Ohio Child Welfare Training Program (OWCTP) to support training and implementation throughout the state and not just in waiver counties.

The benefits of the Kinship Supports intervention have continued to be identified in waiver counties, and non-waiver counties have implemented kinship support programming due to observing the successful results and promising child welfare outcomes for children and families.

Some waiver counties, due to the flexibility to use waiver funding as necessary in their own counties, have utilized the Kinship Supports intervention as a prevention service for families not formally involved in child welfare to prevent entry/further penetration into the child welfare system.

In the July 2016 *ProtectOHIO Kinship Supports* evaluation brief created by the ProtectOHIO evaluator, Human Services Research Institute (HSRI), revealed the following findings of the Kinship Supports intervention:

- Children placed in out-of-home care in counties implementing Kinship Supports were significantly more likely to be placed initially with kin (i.e., avoid a temporary foster care placement) than were similar children in comparison counties.
- Children placed in out-of-home care in counties implementing Kinship Supports were significantly more likely to spend most of their placement days with kin than were similar children in comparison counties.
- Children placed with kin, whose families received the Kinship Supports Intervention services, found those children experienced greater placement stability (significantly fewer placement moves) than children placed in foster care in comparison counties.
- Children reached permanency in significantly fewer days than children placed in foster care in comparison counties.
- Children were significantly less likely to experience abuse or neglect after exiting care than children exiting foster care in comparison counties.
- Children were significantly less likely to reenter out-of-home care after exiting care than children placed in foster care in comparison counties.

**Progress Measures:**

HSRI works with the ODJFS to evaluate Ohio’s waiver and document outcomes of the Kinship Supports intervention. Their evaluation included: (1) review of data from Ohio’s Statewide Automated Child Welfare Information System (SACWIS); (2) review of data from the ProtectOHIO Data System (PODS); and (3) on-site interviews with kinship caregivers and waiver agency staff.

It was an explicit goal of the Kinship Supports intervention to determine if utilizing this intervention would increase the use of kinship care as a first choice for placement and if the
placement could/would be more successful with the provision of additional services and case management than placement alone. The July 2016 HSRI comprehensive evaluation report identified children placed with kin caregivers experienced more favorable outcomes than children in foster care and that children placed with kinship caregivers receiving the Kinship Supports intervention felt more supported and able to continue caring for the child than kinship caregivers not receiving similar support. ODJFS believes these key findings demonstrates the need to continue to enhance support for kinship caregivers.

**Feedback Loops:**
The waiver/ProtectOHIO counties continue to enter applicable data into SACWIS and PODS which HSRI evaluates to identify outcomes and trends impacted by utilization of the Kinship Supports intervention. During each bi-monthly meeting of the waiver county consortium the Kinship Supports intervention programming and services is discussed. From 2011 through 2018, a Kinship Supports intervention workgroup of waiver county representatives met quarterly, in addition to the consortium meetings, to provide technical assistance and programmatic support to each other to continue the momentum and success of the intervention.

ODJFS, waiver counties and HSRI complete a semi-annual evaluation of the Kinship Supports intervention for each required federal report to ensure data and results are evaluated consistently for validation of identified positive outcomes and to determine if current trends are identifiable.

During the summer and fall of 2018 and winter of 2019, HSRI completed on-site visits with waiver counties to obtain additional information and perspectives from individuals involved in the Kinship Supports intervention. Interviews and/or focus groups included kinship caregivers, PCSA staff, children and other stakeholders to determine the level of impact on receiving/implementing the Kinship Supports intervention. Results of this comprehensive evaluation will be part of the final report when the waiver ends.

In June 2018, ODJFS, OFC submitted the Kinship Supports intervention to the California Evidence-Based Clearinghouse (CEBC) for consideration of scoring it as an evidenced based intervention considering the years of evaluation identifying its positive outcomes for children and families. ODJFS, OFC was recently notified that the California Evidence-Based Clearinghouse rated the Kinship Supports intervention as a “promising practice” and is not posted on their website at: [https://www.cebc4cw.org/program/kinship-supports-intervention/](https://www.cebc4cw.org/program/kinship-supports-intervention/)

Once the Administration for Children and Families, Children’s Bureau releases guidelines for the Family First Prevention Services Act (FFPSA) Clearinghouse, ODJFS will be submitting the Kinship Supports intervention for consideration of being identified as a well-supported, or promising evidence-based prevention service.
**Goal 4: Objective 3**  
Achieve timely, legal permanency for children.

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

**Benchmark 1:** Partner with the Supreme Court of Ohio to offer four Caseflow Management courses for Dependency docket courts.  
**Benchmark 2:** Provide applicable CPOE data to the Supreme Court to integrate within the Caseflow Management courses.  
**Benchmark 3:** Study the timeliness of appellate decisions for termination of parental rights cases in all districts.  
**Benchmark 4:** Report findings of timeliness study to stakeholders and present information on preferred practices.  
**Benchmark 5:** Develop a dashboard report of core performance measures to be distributed quarterly to courts and PCSA directors (e.g., number of children in custody, length of stay, and number of children whose cases are beyond time limits).

**Progress Made to Improve Outcomes:**  
In 2016, OFC partnered with the SCO to hold four one-day regional Caseflow Management courses for Dependency docket courts. Additional courses were held in 2017 and 2019. The courses allowed county multidisciplinary teams to review CPOE/CFSR and court data to develop a plan for improving practice and strengthening case oversight.

In lieu of a study of the timeliness of appellate decisions for termination of parental rights, an electronic quarterly reporting process was created. In 2017, the first issue of the Permanency Docket Quarterly (PDQ) was distributed to each county. The PDQ contains aggregate state data on several measures related to the children and families who appear before Ohio’s juvenile courts as a result of abuse, neglect or dependency. The report also includes a description of its planned purpose, an explanation of the data sources and measures that are profiled, and suggested prompts for conversations between the court and child welfare agency. In addition to the state level report, each county also receives their county specific data regarding their performance in comparison to state aggregate performance.

**Progress Measures:**  
The 2016 Caseflow management course was so well received that several counties who were unable to attend, requested that the course be offered again. The subsequent 2017 and 2019 courses were both well attended and received positive feedback. Evaluations showed that participants found the course to be beneficial and to meet objectives. Participants also appreciated the time to sit down with their teams to identify areas needing improvement and potential strategies.

The PDQ has been distributed quarterly to county judges and child welfare directors for the last two years. It provides easy access to selected data to drive decision making and to spark court-PCSAs conversations to support efforts to explore local practices to improve outcomes for children and families.
Feedback Loops:
OFC has a rich history of collaboration with SCO demonstrated through its ongoing partnership 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 (CAND). CAND also serves as the Task Force for both Ohio’s Children’s Justice Act and Court Improvement Program (CIP). The Task Force is a multidisciplinary team comprised of a core subcommittee and various topic-specific workgroups. These workgroups are comprised of both core subcommittee members and additional members with topic-specific expertise and knowledge.

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 Made to Achieve Outcomes:
Refer to 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 Made to Achieve Outcomes:
Refer to Goal 1, Objective 5, Intervention 6.

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

Benchmark 1: Please see Goal 1, Objective 3.
Benchmark 2: Survey agencies for input regarding local practices that impact timely adoptions and highlight those who are successful in finalizing adoptions.

Progress Made to Achieve Outcomes:
In 2015 an adoption workgroup was created to examine future policy and programmatic changes needed in adoption. The group consisted of staff from 13 PCSAs and 9 state staff. The workgroup developed and disseminated a survey to all PCSA adoption contacts in August 2015, to guide their work in determining future policy and programmatic changes needed. Fifty-eight PCSAs responded to the survey. Significant findings from the survey are outlined below:

- 54 of the 58 counties who responded agreed that the access to post-adoption resources, such as counseling, respite, and PASSS funding, made a significant impact on adoptions.
- 67% of the counties who responded agreed that having a dedicated adoption recruitment unit or staff person greatly impacts an agency's ability to have successful adoptions.
- Well over half of all respondents feel that appeals and court delays represent the top two barriers to timely adoptions.
- Only 13 of the 58 counties who responded felt that subsidy negotiations represented one of their top 5 barriers to adoption.
- Over 60% of the counties who responded feel that the pre-adoptive staffing updates are not an effective tool in establishing permanency for children in agency custody.

The adoption workgroup reconvened in 2016 to review and restructure the pre-adoptive staffing and matching conference rules, forms, and processes based on survey results which indicated “pre-adoptive staffing updates are not an effective tool in establishing permanency for children in agency custody.” The pre-adoptive staffing is now a one-time meeting that occurs prior to the first matching conference. Any changes or updates that occur between matching conferences is now documented on the matching conference form. A child-focused recruitment plan is now built into SACWIS because of the changes to the matching conference form. This will drive assessors to document their recruitment efforts between matching conferences and prompt agencies to explore different recruitment techniques to improve outcomes at matching conferences.

In 2017 another adoption workgroup convened to focus on post-adoption supports and resources available to families who have adopted and trying to make the use of such services more normalized so that families do not wait until they are at the point of total crisis before calling to disrupt a placement or dissolve an adoption. Results of this workgroup led ODJFS to create a foster care and adoption website and marketing campaign to disseminate information about the need for, and support of, foster and adoptive parents. While the website has been live since January 2019 and features many helpful articles and links for families, work is continuing to add a resource map and events section for several types of caregivers. For example, if I am an adoptive parent living in Summit County, I can enter that information in and find contact information for the children services agency in my county, adoption counselors or therapists in my county, adoption support groups or events in my county, and other helpful resources in the area. These additions to the website will be live in 2019.

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

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

**Progress Made to Achieve Outcomes:**
Refer to Goal 3, Objective 2, Intervention 2, Benchmark 1.

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

**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.

**Benchmark 1:** Develop a survey for public and private agencies to report information about effective practices, services and supports they provide for transitioning youth as well as any barriers experienced in serving this population.
**Benchmark 2:** Create county profiles utilizing SACWIS information to report on services provided to transitioning youth.

**Benchmark 3:** Utilize regional stakeholder meetings to share survey and SACWIS data on service provision, to gather feedback to assist in the interpretation of the data, to highlight best practices, and to discuss challenges or barriers to effective service provision.

**Progress Made to Achieve Outcomes:**
In light of federal legislation to support greater normalcy for youth in foster care (Preventing Sex Trafficking and Strengthening Families Act, P.L. 4980) ODJFS decided that focus of a survey of public and private agencies during Year 1 of the CFSP should be on agencies’ efforts to promote normalcy for youth in their care. The survey revealed that although a high percentage of agencies have policies and procedures in place to allow young people to participate in age and developmentally-appropriate activities, a significant minority do not. Barriers identified by respondents included: county policies (19%); driver’s license/education issues (16%); background checks/licensure requirements (9%); and parental permission (6%). One of the largest areas of need identified through the survey was the development of policies and/or procedures that address criteria to consider before a child can participate in the above activities. Seventy-eight percent of survey participants stated they would be interested in training or technical assistance on addressing normalcy. The Coordinators provided guidance to county agencies to help revise their policies to align with federal expectations to promote normalcy activities for foster youth.

Throughout the duration of the CFSP, ODJFS provided technical assistance and facilitated peer-to-peer learning through various venues which are outlined below.

**Regional Independent Living & Transitional Youth Meeting**
ODJFS TY Youth Program staff continues to host five regional Independent Living (IL) forums and one statewide event with all stakeholders. 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.

**Annual Fostering Pathways to Success Conference (FPS)**
In partnership with Ohio Reach, ODJFS continues to host an annual conference for foster youth age 14 and older, young adults that have emancipated and supportive adults/professionals. The conference has averaged 500 or more participants each year and has become an event that is looked forward to annually based on favorable reviews on the conference evaluations. Conference planners strive to make FPS a resource rich event offering exposure to post-secondary options, career exploration and self-care/positive relationship discussions. The conference planning committee relies on youth voice in planning the annual event by including foster alumni on the planning committee, receiving regular input from Ohio Youth Advisory Board and ActionOhio on event details and welcoming workshop presentations by the youth.

**Annual Independent Living & Transitional Youth Meeting**
The annual statewide meeting is an additional opportunity to bring the Independent Living and Transitional Age Youth adult supporters and professionals together for one day of learning, networking and collaboration. Agenda items include report outs from the previous regional meetings, statewide program announcements/policy updates and guest presentations on current topics/barriers that may be prevalent across the state.
**Intervention 2: Increase the access of youth to Independent Living services.**

**Benchmark 1:** Consider revision of Ohio Administrative Code Independent Living rules to lower the age to 12 for agencies to provide Independent Living services and to require agencies to complete the youth’s Transition Plan when he/she reaches age 17. Independent Living services for early adolescents should focus on development of “soft skills” (e.g., cooking, how to do laundry).

**Benchmark 2:** Promote use of the Youth-developed Transition Plan, which has been piloted through the Supreme Court Ohio, and retention of youths’ personal documents through the Ohio Benefit Bank.

**Benchmark 3:** Review program data and the evaluation findings on Connecting the Dots prepared by the Ohio State University and determine the feasibility of continuing or expanding the Connecting the Dots program.

**Benchmark 4:** Continue support for the Ohio Youth Advisory Board.

**Progress Made to Improve Outcomes:**

**Independent Living Services**

As a result of five regional meetings held across the State, it was determined that in lieu of modifying Ohio Administrative Code rules to lower the age to 12 for agencies to provide Independent Living Services it would be more beneficial to develop an Independent Living Skills Toolkit for practitioners. The *Independent Living Skills 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.

TY Program staff provided training and regional presentations across the state at local PCSAs. *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 IL 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. 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 in 2018. 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.
Transition Plan

Combining the best elements of the two existing Transitional Plans being utilized throughout Ohio (Ohio Benefits Bank and the Foster Club tools), ODJFS policy and SACWIS staff designed and finalized a statewide template to capture final transition plan activities outlined for youth, prior to their emancipation from foster care. In addition to the Final Transition Plan, an Emancipated Youth Plan template was developed in SACWIS. Other parts of this initiative included upgrades to the Independent Living Plan, improvements to NYTD and credit check sections as well as adding five additional reports. The reports include youth friendly versions of the plans. The SACWIS functionality went live in October 2016.

Since October 2016, TY Program staff continues to partner with the SACWIS team to provide knowledge base reference articles and training to PCSAs on the updated SACWIS functionality. Training consists of a live web-based demonstration of each plan paired with the policy mandated requirements. Additionally, the TY team provided an overview of the functionality and policy mandates at the 2018 fall regional Independent Living and Transitional Youth meetings and ongoing technical assistance to PCSAs continues to be provided as requested.

Connecting the Dots

Connecting the Dots from Foster Care to Employment and Independent Living (CTD) was a joint initiative between the ODJFS Offices of Families and Children and Workforce Development. The goal of CTD was to dramatically improve the educational and employment outcomes for youth in or emancipating from foster care. Pilot counties were asked to give the youth enrolled in CTD the program entry survey during the enrollment process. This served as a baseline for the population and assisted CTD service providers in planning individual services for the youth. The survey was modeled after the National Youth in Transition Database Survey (NYTD). A mid-program survey was offered in November 2014 to all youth that completed the program entry survey prior to June 1, 2014, and a final program survey was completed in November 2015. The Connecting the Dots initiative ended December 31, 2015.

The CTD promising practice of joint agency collaboration is now being modeled in the newly developed Comprehensive Case Management Employment Program (CCMEP). CCMEP programming is targeted to the same population of youth and assists in their continued employment and educational success.

Ohio Youth Advisory Board.

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 representatives from the ODJFS Bridges Team, Transitional Age Youth Section and Foster Care Licensing regularly attend these meetings to gather feedback regarding the youth’s experiences, as well as share valuable programming and service information with the youth. ODJFS continues to provide funding for OHIO YAB.
**Intervention 3: Increase staff and caregiver awareness of Independent Living and Transitional Youth service and program needs.**

**Benchmark 1:** Develop and disseminate Best Practice Guidance on working with transitioning youth for caseworkers and caregivers. Guidance for workers should include information about topics to be discussed with youth receiving independent living services during regular visits.

**Benchmark 2:** Review current OFC website and other relevant State of Ohio department websites to determine if links should be added to access Independent Living Services and Transitional Youth Services information.

**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.

**Benchmark 4:** Partner with Lighthouse Youth Services on federal planning grant activities to research risk factors that place youth exiting foster care at greatest risk of homelessness and develop an intervention model to address these risk factors effectively.

**Progress Made to Improve Outcomes:**

- **Best Practice Guidance**

  The *Ohio Foster Youth Rights Handbook* provides best practice guidance to caseworkers and caregivers on information to discuss with foster youth about their rights, educational resources and related community programming to assist with their transition from foster care. The *Foster Youth Rights Handbook* was revised in February 2019 and includes recent legislative changes and language required for youth ages fourteen years and older. A required signature page is included in the revised handbook, and caseworkers have been provided with guidance on how to review all the handbook contents with their foster youth, obtain their signature on the last page, which is then detached and attached to their SACWIS case plan.

- **Website**

  The OFC Transitional Youth Program team periodically updates the OFC website with current lists of county Independent Living Coordinators, PREP trainers, and resources on ETV, Ohio Youth Advisory Board, NYTD, Bridges, and the Ohio Benefit Bank.

- **Training**

  The OCWTP offers four standardized workshops for caregivers of transitioning youth. The National Resource Center for Youth Development (NRCYD) Independent Living series is a set of three workshops (total 24 hours) and the other workshop, *Fostering Self-Reliance in Children and Youth: Roots and Wings*, is part of the Fundamentals of Fostering series.

  The table below provides statewide data on standardized course offerings between CFSP Year 1 and Year 5 on independent living for staff, caregivers, and adoptive parents, including some joint sessions.
<table>
<thead>
<tr>
<th>Independent Living Series/ Fundamentals of Fostering</th>
<th>Sessions Offered</th>
<th>Attendance</th>
<th>Sessions Scheduled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth Development: The Vital Link</td>
<td>23</td>
<td>223*</td>
<td></td>
</tr>
<tr>
<td>Life Long Connections: Permanency for Older Youth</td>
<td>36</td>
<td>460</td>
<td>1</td>
</tr>
<tr>
<td>Engaging Youth in Transition Planning</td>
<td>42</td>
<td>473**</td>
<td></td>
</tr>
<tr>
<td>Fostering Self-Reliance in Children and Youth: Roots and Wings</td>
<td>44</td>
<td>544**</td>
<td></td>
</tr>
</tbody>
</table>

* This course has been revised to a six-hour course to encourage and allow more participates to enroll.

** Course was canceled two times in CFSP Year 5 due to low attendance.

Attendance and requests for this series, although still available and scheduled, has diminished over this five-year period. However, the OCWTP maintains a strong catalogue of non-standardized learnings for staff and caregivers focused on transitioning youth – a much broader topic.

*Feedback Loops:*
When asked if *their job performance or parenting skills would improve because of what they learned in this training*, on average, 98% of the respondents agreed or strongly agreed their performance would improve. Only 2% of the respondents disagreed or strongly disagreed their parenting skills would improve.
Goal 5: Partners jointly design and coordinate policies, practices, and services to improve the well-being of children, youth, and families.

Measures:
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.

2.) At a minimum, 95% of cases reviewed will demonstrate diligent efforts to address children’s health needs.

3.) At a minimum, 95% of cases reviewed will demonstrate concerted efforts to address children’s mental/behavioral health needs.

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.

Updated Performance:
1.) 92% of cases reviewed demonstrated diligent efforts to meet children’s educational needs. (Partial Results CPOE Stage 11)
   85% cases reviewed demonstrated diligent efforts to meet children’s educational needs. (CFSR Round 3)

2.) 85% of cases reviewed demonstrated diligent efforts to address children’s health needs. (Partial Results CPOE Stage 11)
   80% of cases reviewed demonstrated diligent efforts to address children’s mental/health needs. (CFSR Round 3)

3.) 77% of cases reviewed demonstrated concerted efforts to address children’s behavioral health needs. (Partial Results CPOE Stage 11)
   79% of cases reviewed demonstrated concerted efforts to address children’s mental/behavioral health needs. (CFSR Round 3)

4.) 90% 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. (Partial Results CPOE Stage 11)

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

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

Benchmark 1: Through OhioMHAS’ Safe Schools/Healthy Students grant, conduct a statewide assessment of available school and community-based programming. This information will be incorporated into Ohio’s statewide child welfare system needs assessment.

Benchmark 2: Identify gaps in needed services targeted to students and family members and develop strategies to address them.
Progress Made to Improve Outcomes:
Both benchmarks were achieved in Year One during the implementation of the Ohio’s Safe Schools Healthy Students (SSHS) federal grant. A State Management Team (SMT) was established to conduct a statewide needs assessment and guide project activities. The team included state and local partners representing the following systems:

- **Education:** The Ohio Department of Education (ODE), a local high school guidance counselor, local education authorities, and school personnel;
- **Mental Health and Substance Abuse:** The Ohio Department of Mental Health and Addiction Services (OhioMHAS), a local mental health provider, the Ohio Suicide Prevention Foundation, substance abuse prevention coalitions, and community-based provider agencies;
- **Juvenile Justice:** The Ohio Department of Youth Services (ODYS) and the Juvenile Court Administrators Association;
- **Child Welfare:** Ohio Children’s Trust Fund, ODJFS- Office of Families and Children;
- **Early Childhood:** Early Childhood Mental Health specialists, and Ohio Family and Children First (OFCF) staff;
- **Family and Youth Representatives:** Parent representatives and member of the ENGAGE Youth Advisory Council;
- **Other representatives:** The Ohio National Guard, and a National SSHS evaluator.

To ensure alignment with related collaborative initiatives, the SMT Team incorporated recommendations of existing plans into the foundation of the SSHS statewide needs assessment and environmental scan. These included, the:

- Ohio Adolescent Health Partnership Strategic Plan 2013-2020 (2013);
- Ohio Suicide Prevention Foundation Strategic Plan 2013-2016 (2013);
- ODE’s Integrating Positive Behavior Interventions and Supports with Mental Health Systems (2013);
- Ohio Attorney General’s Anti-Bullying Symposium Summary Report (2013);
- Ohio Statewide Prevention Framework Goals, Strategies, Priorities, and Action Steps (2012);
- Ohio’s Early Learning and Development Standards (2012);
- ODE Ohio Head Start State Collaboration Office Needs Assessment Survey Results (2012);
- ODE Ohio Improvement Process Guide (2012);
- ENGAGE Final Report: Four-Year Implementation Plan to Expand System of Care Statewide for Youth and Young Adults in Transition (2012);
- OFCF Family Engagement Steering Committee Recommendations for Increasing Families’ Awareness of Resources; Enhancing Family Advocacy; and Strengthening Parent/Professional Partnerships in Ohio (2012);
- Ohio Interagency Task Force on Mental Health and Juvenile Justice Report and Recommendations (2012);
- Quality Lives: Supporting Ohioans with Autism for Meaningful and Successful Lives (2012);
- OhioMHAS Strategic Prevention Framework State Incentive Grant Strategic Plan (2011);
Additionally, the SMT reviewed quantitative data from the following sources:

- Youth Risk Behavior Survey (YRBSS), 2013 report;
- Ohio Department of Education Report Card data, 2012-2013;
- Children’s Defense Fund–Ohio, Ohio KIDS COUNT 2013 Data Book; and
- Behavioral Health Barometer, Ohio 2013, SAMHSA.

The SMT then developed a specific assessment that identified unmet needs, gaps in services, and resources upon which to build capacity. The resulting Safe Schools, Healthy Students State Management Team Needs Assessment and Environmental Scan can be found in Appendix A.

**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.

**Progress Made to Improve Outcomes:**
Step Up To Quality (SUTQ) is a five–star quality rating and improvement system administered by the Ohio Department of Education and the Ohio Department of Job and Family Services. SUTQ recognizes child care programs which meet quality standards that exceed health and safety licensing regulations. The tiered steps are based on research-based programming that has demonstrated improved outcomes for children. Components include:

- Early Learning Development Standards;
- A Comprehensive Assessment System;
- Early Childhood Education qualifications;
- Family engagement strategies;
- Health promotion practices; and
- Program quality assessments.

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; and
• Early Learning and Development Programs receiving funds from the State’s Child Care Development Fund program:
  o Center-based
  o Family-based.

As of May 1, 2019, 4,200 child care programs have achieved rated status; 2,930 have established agreements with ODJFS to serve children under subsidized programming. By July 1, 2020, all ODE licensed programs that receive Publicly Funded Child Care (PFCC) funds from the ODJFS will be required to achieve a rating of 3, 4, or 5 stars to maintain financial support.

**Benchmark 2:** Implement statewide use of a formative assessment for children ages 36-72 months.

**Progress Made to Improve Outcomes:**
Ohio has created two formative assessments for early learning and kindergarten readiness. These tools have been designed to better prepare young children for school by teaching early care and education providers the skills needed to tailor instruction to individual students’ needs and strengths.

Partnering with the Maryland State Department of Education, Ohio designed an Early Learning Assessment (ELA), for children ages 36-72 months. ELA supports the comprehensive development and well-being of young children, and to foster learning. The standards were designed to:

- Promote the understanding of early learning and development;
- Provide a comprehensive and coherent set of expectations for children's development and learning; and
- Guide the design and implementation of curriculum, assessment and instructional practices with young children.

Partners in this effort included: representatives from Governor Kasich’s Office on Health Transformation; and the Ohio Departments of: Education, Job and Family Services, Health, Mental Health, and Developmental Disabilities. Various teams worked with stakeholders, local content experts, and national leaders to revise the standards across the following domains:

- Social-emotional development;
- Approaches toward learning;
- Cognitive development and general knowledge (including Mathematics, Science and Social Studies);
- Language and literacy development; and
- Physical well-being and motor development.

To view the standards, go to: [http://education.ohio.gov/Topics/Early-Learning/Early-Learning-Content-Standards/The-Standards](http://education.ohio.gov/Topics/Early-Learning/Early-Learning-Content-Standards/The-Standards)

To date, Ohio has trained more than 10,000 early care and education teachers in the use of the ELA and delivered a shorter refresher training to more than 2,800 professionals.
Additionally, Ohio and Maryland created a Kindergarten Readiness Assessment (KRA). Ohio’s KRA includes mathematics, science, social studies, language and literacy, physical well-being and motor development, and social foundations (which includes social emotional development, approaches toward learning and executive functioning).

To view all of the resources created for parents, administrators and teachers, go to: http://education.ohio.gov/Topics/Early-Learning/Kindergarten/Ohios-Kindergarten-Readiness-Assessment.

To view validity and reliability reports on the Kindergarten Readiness Assessment, go to: http://education.ohio.gov/Topics/Early-Learning/Kindergarten/Ohios-Kindergarten-Readiness-Assessment/Kindergarten-Readiness-Assessment-for-Data-Manager.

To date, more than 12,500 kindergarten teachers have been trained to use the assessment. Data, aggregated by district and summarized for the state, have been made available to the public since 2015.

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

**Benchmark 1:** In partnership with ODE, jointly distribute information regarding federal requirements to coordinate efforts to ensure educational stability of students in foster care.
**Benchmark 2:** Provide information to PCSAs re: potential establishment of regionally-based educational surrogates across counties.
**Benchmark 3:** Provide PCSAs with information regarding availability of IEP services for eligible children through Ohio’s Medicaid School Program.

**Progress Made to Improve Outcomes:**
ODJFS utilized OFC’s First Friday newsletter to disseminate information about each of these topics throughout the CFSP implementation period. In addition, OFC distributed information about the Ohio Department of Education’s guidebook *A Guide to Parents Rights in Special Education* and disabilities and information about how to establish parent surrogates for children in foster care. To view the guide, go to: http://education.ohio.gov/getattachment/Topics/Special-Education/A-Guide-to-Parent-Rights-in-Special-Education/ODE_ParentRights_040617.pdf.aspx

ODJFS and ODE regularly shared information with PCSAs and school districts about ways to maximize federal resources during various meetings, presentations, and technical assistance sessions over the past three years. This included reimbursement for covered services to enrolled educational entities through Ohio’s Medicaid School Program (e.g., provision of specialized transportation services to eligible children ages 3-21 years old).

At the time of this writing, there are 604 Medicaid School Programs operating throughout the state. For more information about Ohio’s Medicaid School Program, go to: http://education.ohio.gov/Topics/Finance-and-Funding/Programs/The-Ohio-Medicaid-Schools-Program.
**Benchmark 4:** Provide PCSA staff and parent advocates with information re: Ohio’s Positive Behavior Interventions and Supports program.

**Progress Made to Improve Outcomes:**
Ohio’s Positive Behavioral Interventions and Supports (PBIS) program is a multi-tiered system that includes active supervision, structured reinforcement of positive behavior, use of logical consequences, and implementation of clear office referral procedures. Information regarding Ohio's Positive Behavior Interventions and Support program, as well as local resources, were featured in OFC’s *First Friday*. For more information about PBIS, go to: [http://education.ohio.gov/Topics/Other-Resources/School-Safety/Building-Better-Learning-Environments/PBIS-Resources](http://education.ohio.gov/Topics/Other-Resources/School-Safety/Building-Better-Learning-Environments/PBIS-Resources).

To identify and contact local members of community support teams, go to: [http://education.ohio.gov/Topics/School-Improvement/State-Support-Teams](http://education.ohio.gov/Topics/School-Improvement/State-Support-Teams).

**Benchmark 5:** Provide information to school personnel regarding the unique needs of foster children.

**Progress Made to Improve Outcomes:**
Passage of the *Every Student Succeeds Act* (ESSA), provided multiple opportunities to educate educational partners about the unique needs of foster students. Ohio did this via multiple methods and venues including:

- Development and statewide distribution of *Every Student Succeeds Act: Ensuring Educational Stability for Children in Foster Care in Ohio*.
- Webinar presentations via PCSAO, the Supreme Court of Ohio, and local districts.
- Conference presentations.
- On-site and other forms of technical assistance provided to districts, PCSAs, as well as regional cross-system teams.
- Establishment of a specialized webpage at the Ohio Department of Education designated solely to address the unique challenges of foster students (e.g., traumatization, high mobility, and undiagnosed behavioral health conditions):

In addition, a meeting was held with PCSAO and members of the State Board of Education’s Urban and Rural Renewal Committee on June 13, 2016, to discuss educational challenges facing students in foster care. Topics included:

- Delayed enrollment due to fines;
- Delayed enrollment due to records not transferring from one school to the next;
- Credits not transferring when placements change, and youth enroll in a new school, resulting in the student being under-credited, requiring them to repeat classes, and increasing the risks for dropping out;
- Information & Data Sharing – HIPAA, FERPHA, child welfare records due to presumed confidentiality issues; data system enhancements needed to facilitate appropriate information sharing;
- Opportunities to facilitate “Normalcy” via participation in school activities; and
• Consideration of developing “OhioReach” like supports in high school.

**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.

**Progress Made to Improve Outcomes:**
To streamline cross-system needs assessment requirements and facilitate broad dissemination of best practices, Ohio chose to coordinate the activities of two federal grants designed to address non-academic barriers to student achievement. The Safe Schools Healthy Students and Project AWARE (Advancing Wellness and Resilience in Education) grants were aligned under the umbrella of Healthy Schools and Communities Resource Teams (HSCRT).

The goal of the Safe Schools Healthy Student initiative was to: (1) mitigate behavioral health problems for students in preschool through 12th grade through enhanced social/emotional development of youth; and (2) increase partnership among students, families, schools, and community resources. The five focus areas of this work were 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; and
- Identify and address issues and conditions that contribute to unsafe conditions and violence in schools.

Safe Schools Healthy Students was piloted in three sites:

- Greene County Educational Service Center;
- Williams County Educational Service Center; and
- Harrison Hills City Schools.

The underlying tenet of Project AWARE Ohio is that early diagnosis and linkage to appropriate services can make a positive difference in the lives of students with mental disorders. Project AWARE Ohio is a partnership among the Ohio Department of Education, the Center for School Based-Mental Health Programs at Miami University, and the educational service centers within three pilot communities: Cuyahoga County, Warren County and Wood County. Funded through the U.S. Department of Health and Human Services, Project AWARE Ohio supports schools and communities in:

- Raising awareness of mental/behavioral health issues among school-aged youth;
- Providing training to detect and respond to mental health challenges and crisis in children and young adults; and
• Increasing access to mental/behavioral health supports for children, youth and families.

There are 2 components to this project:

1. Coordinating Community Services to Address Mental/Behavioral Health Needs of School-age Youth.

   Through a strategic process, communities:
   
   o Use data to identify the local mental health needs of youth and families;
   o Develop focused plans to address these needs;
   o Establish procedures to improve coordination and integration of behavioral health services for youth. These plans focus on activities, services and strategies to decrease risk factors, increase healthy youth development, and promote mental/behavioral wellness.

2. Increasing Skills to Identify and Respond to Signs of Mental Health Problems in School Age Youth.

   Statewide resources have been provided to school staff and community partners to raise awareness of the mental health needs of youth and how to intervene. Additionally, Youth Mental Health First Aid training has been made available statewide. Youth Mental Health First Aid training is an eight-hour training that teaches adults how to support a young person experiencing a mental health crisis until the student receives appropriate treatment and support. This 8-hour course reviews typical adolescent development, introduces common mental health challenges for youth and teaches a five-step action plan to help young people in both crisis and non-crisis situations.

For additional information about Safe Schools Healthy Students, go to: https://mha.ohio.gov/Supports/Children-Youth-Families/Safe-Schools-Healthy-Students

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

**Benchmark 7:** Promote use of Mental Health Networks for School Success (where available).

**Progress Made to Improve Outcomes:**
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.
During the CFSP implementation period, OMHNSS continued disseminating the *Mental Health, Social-Emotional, and Behavioral Screening and Evaluation Compendium* and the *Universal Screening Guidance* through statewide electronic methods, and conference presentations. 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](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: These included:

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

To view these in more detail, go to: [http://resources.oberlinkconsulting.com/#](http://resources.oberlinkconsulting.com/#) and click on “Compendiums”. This link 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.

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](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.


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:** Continue support of Ohio’s Parent Advocacy Connection (PAC) program and collect data regarding education-related service utilization.

**Benchmark 2:** Partner with Ohio’s Primary Parent Workgroup to promote use of educational advocates for families in need.

**Progress Made to Improve Outcomes:**
Records indicate 2,673 families were served by PAC during Years 1-3 of the CFSP. Of those, approximately 59% of the cases (1,577) were education related. ODJFS partners with Ohio’s Primary Parent Workgroup to promote use of educational advocates for families in need.
Goal 5: Objective 2
Increase workforce capacity to address the educational needs of foster children.

*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.

*Progress Made to Improve Outcomes:*
During this 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 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 websites 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.

*Also see Goal 5, Objective 1, Intervention 3, Benchmarks 1 & 5*

*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).

*Progress Made to Improve Outcomes:*
In addition to the activities noted in: *Goal 5, Objective 1, Intervention 3, Benchmarks 1 & 5* and *Goal 5, Objective 2, Intervention 1, Benchmark 1,* ODJFS also:

- Jointly presented workshops with ODE at the *Fostering Pathways for Success* Conferences. 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: Promote use of Wrap-Around service coordination for youth and young adults in transition.

Progress Made to Improve Outcomes:
To comprehensively address youth and young adults in transition, Ohio implemented the High-Fidelity Wrap Around service coordination model coupled with the evidence-based Transition to Independence Process model statewide. Counties were trained on practice strategies to ensure fidelity to the models. Cohort site selections were based on a comprehensive community readiness assessment process that was completed in 2013. The first map below illustrates active implementation as of October 24, 2016. The second map demonstrates sites that also received intensive coaching in an effort to enhance local service capacity.
For additional information about ENGAGE, refer to Ohio’s Health Care Oversight and Coordination Plan.

**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).

**Progress Made to Improve Outcomes:**
Throughout the CFSP implementation period, OFC Transitional Youth Program staff collaborated annually 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 conference provided youth with information on resume writing and post-secondary educational and vocational options to explore with hands-on demonstrations. Additionally, information was provided on the Comprehensive Case Management and Employment Program, housing options, Medicaid coverage, and job search opportunities through enrollment in https://jobseeker.ohiomeansjobs.monster.com/ Youth and PCSAs also received information about ETV, and how to use Chafee funding to support transitioning youth.

In addition, Opportunities for Ohioans with Disabilities (OOD) also conducted targeted outreach to PCSAs, Title IV-E Courts, and Bridges providers. With oversight of specialized services and supports for those aged 14 through adulthood, this partnership helps foster students and young adults with disabilities successfully transition from school to work, to maintain employment, and further develop skills needed for life-long job advancement. For additional information, go to: https://www.ood.ohio.gov/Portals/0/Connecting%20Students%20with%20Work.pdf and https://www.ood.ohio.gov/About-Us.

At the time of this writing, OOD is planning upcoming webinars for Bridges’ providers to facilitate coordinated care for young adults who have emancipated from care and enrolled in Ohio’s IV-E extension program. Special emphasis will be on work skill development and provision of
supportive services needed to obtain and maintain employment and career development opportunities.

**Goal 5: Objective 3**

*Increase awareness of best health practices to facilitate informed decision-making.*

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

**Benchmark 1:** Distribute information to PCSAs re: Ohio’s “Bright Futures” initiative.

**Benchmark 2:** Work with the Ohio chapter of the American Academy of Pediatrics to develop checklists and practice tools for PCSAs, caregivers and providers.

**Progress Made to Improve Outcomes:**

*Bright Futures* is a national health promotion and prevention initiative, led by the American Academy of Pediatrics and supported, in part, by the US Department of Health and Human Services, Health Resources and Services Administration (HRSA). *Bright Futures* provides evidence-driven guidance for all preventive screenings and well-child visits. Resources available through this initiative include family/patient tip sheets, guidance on patient engagement strategies, practice improvement recommendations, and a periodicity schedule for screenings, assessments, and physical examination procedures.

To promote adherence to recommended timelines for health screenings and assessments, child welfare staff were provided the periodicity schedule as an on-going resource. The periodicity schedule was featured in OFC’s *First Friday* newsletters, incorporated into Ohio’s Health Care Plan, and used as a guide for discussions with managed care plans and providers throughout CFSP implementation. To view the Schedule, go to: [https://www.aap.org/en-us/Documents/periodicity_schedule.pdf](https://www.aap.org/en-us/Documents/periodicity_schedule.pdf).

The Ohio Chapter of the American Academy of Pediatrics (AAP) launched the Good4Growth website which features information about topics necessary to facilitate healthy child development. As part of the CFSP implementation, the Ohio Children’s Trust Fund partnered with the AAP to promote use of the website as well as other programs and parent support activities to prevent child abuse and neglect. To view the website, go to: [http://ohioaap.org/parent-resource-page/](http://ohioaap.org/parent-resource-page/)

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

**Benchmark 1:** Through Ohio Minds Matter, provide training to health care professionals on ways to effectively engage patients as partners and how to broach difficult topics.

**Progress Made to Improve Outcomes:**

During the CFSP implementation period, *Ohio Minds Matter* developed a Toolkit for healthcare professionals to use to improve patient engagement and to promote shared decision-making. To view the Toolkit, go to:
In addition, a video adaptation of the Toolkit was created to further promote its use. The video options allow viewers to select their character: Teenager, Foster Mother, Clinician, Social Worker/Teacher. To view the videos, go to: http://ohiomindsmatter.org/prescribers-toolkit, See the Toolkit in Action box.

For more information regarding this project, go to: http://ohiomindsmatter.org and/or refer to the Ohio Health Care Oversight and Coordination Plan.

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

**Benchmark 1:** Provide training to youth on health issues via implementation of the Personal Responsibility Education Program (PREP).

**Benchmark 2:** Provide information to youth regarding self-advocacy via implementation of Ohio Mind Matters

**Progress Made to Improve Outcomes:**
Ohio’s PREP targets youth ages 14 to 19 who are in foster care or the juvenile justice system. Using a train-the-trainer model, PREP provides state-level trainings to nine regional sub-grantees, which then provide training to foster care and juvenile justice agency-level staff. The program uses a focused approach of reducing risk-taking behaviors by advocating for contraception use or delay of sexual contact to avoid HIV/STIs and pregnancy. The program consists of 16 course modules focused on sexual health and four additional modules addressing the topics mentioned above for healthy relationships, career building, and financial literacy.

Between 2013-2017:

- 3,664 youth were provided training on health issues through PREP;
- 2,371 youth completed 75% of the 15 to 16-hour PREP programming;
- Ohio youth engaged in PREP not only showed increased knowledge of sexual health, prevention of pregnancy and sexually-transmitted infections, but also increased intentions to utilize birth control.
- Over 1,400 Ohio social service and health workers participated in PREP facilitator training or retraining from program inception through July 2017.

For more information about this initiative, refer to Ohio’s Health Care Oversight and Coordination Plan.

**Self Advocacy**

To better address the health care needs of children in care, current and former foster youth co-authored a shared decision-making Toolkit with contractors from the Health Services Advisory Group, a multi-state Quality Innovation Network. Use of the Toolkit was piloted in several counties as part of the Ohio Minds Matter demonstration project. Following testing, webinars were
The Toolkit received positive responses from youth in care, child welfare workers, private foster care network representatives, residential treatment providers, as well as community-based behavioral health clinicians and medical personnel. The Toolkit continues to be used throughout the state to promote the importance of personal responsibility for health outcomes, and to train youth on how to speak with providers about their health care needs and treatment options. To view the Toolkit, go to: http://ohiomindsmatter.org/sites/ohiomindsmatter/files/2018-10/decision-guide-for-foster-care-F1.pdf

The Toolkit received national attention by the Patient-Centered Outcomes Research Institute (PCORI) when it was featured in a federally-funded comparative study on the effectiveness of state psychotropic oversight systems for children in foster care. The study was conducted by Rutgers University; states selected for this project were: Ohio, Texas, Washington, and Wisconsin. For more information about this work, go to: https://www.pcori.org/research-results/2015/comparing-effects-state-policies-monitor-mental-health-medicines-given

For additional information about Ohio Minds Matter, go to: http://ohiomindsmatter.org and/or refer to Ohio’s Health Care Oversight and Coordination Plan.

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

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

**Benchmark 1:** Conduct cross system data analyses to determine level of health care service utilization, and emerging needs. (Please see Goal 3, Objective 2).

**Progress Made to Improve Outcomes:**
Refer to Goal 3, Objective 2.

**Intervention 2: Promote Medicaid enrollment for eligible individuals.**

**Benchmark 1:** Work with the Ohio Department of Medicaid to develop marketing strategies to increase initial enrollment and re-determined eligibility for coverage.

**Benchmark 2:** Work with PCSAs to facilitate youth enrollment in a Medicaid Managed Care plan prior to emancipation from care.

**Progress Made to Improve Outcomes:**
Youth who emancipate from foster care are categorically eligible for Medicaid Managed Care coverage until age 26. Throughout the CFSP implementation 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 youth. Staff from ODM annually participated in ODJFS’ *Fostering Pathways to Success* conferences to provide information about
health care coverage to foster youth and those who had emancipated from care. ODM also conduct on-site enrollment for young adults at these events. In addition, an ODM webpage was specifically designed for former foster youth to guide their enrollment. To view the webpage, go to: https://www.medicaid.ohio.gov/FOR-OHIOANS/Programs/Foster-Care.

ODM also contracts with Automated Health Systems (AHS) to provide neutral guidance to consumers about the various Ohio Medicaid programs, eligibility criteria, and plan selection. To view information about this resource, go to: https://www.ohiomh.com/

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. Team members have also provided technical assistance to county partners and met with foster and emancipated youth about health care coverage criteria, and available managed care plans. The ODJFS Medicaid team has promoted use of AHS resources to PCSAs, Title IV-E Courts, adoptive parents, and emancipated youth.

**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.**

**Benchmark 1:** Promote coordinated care of young people with multiple developmental needs living in Appalachia via the IPAC (Integrating Professionals for Appalachian Children) program.

**Progress Made to Improve Outcomes:** Integrating Professionals for Appalachian Children (IPAC) is a network comprised of multiple agencies in the Southeast Ohio region. Over the past several years, IPAC has developed numerous culturally-appropriate programs to address the complex health needs of children and families in the region. Examples include: The Pathway Program, the Athens County Children Services School Social Worker Program, and the Family Network Program. During the CFSP implementation period, IPAC was awarded $300,000.00 annually for three years from the Health Resources and Services Administration (HRSA) to connect southeast Ohio families with primary care providers and to expand IPAC programs that improve children’s access to healthcare. Through this effort, IPAC established inter-professional care teams to work with families and those providing foster care to address the developmental, behavioral, and health concerns of children who have experienced trauma. These funds also supported professional and community education regarding trauma and effective, developmentally-appropriate interventions.

To view a video about IPAC, go to: https://www.youtube.com/watch?v=8QlZ7EHOp5c

**Benchmark 2:** Promote use of Wrap-Around service coordination for youth and young adults in transition via implementation of the ENGAGE project.
Progress Made to Improve Outcomes:
The Substance Abuse and Mental Health Services Administration awarded Ohio a 5-year System of Care Implementation Grant on July 1, 2013. To facilitate long-term sustainability, the original proposal was amended to refine the target population and project focus. Engaging the New Generation to Achieve their Goals through Empowerment (ENGAGE) was designed to address the complex needs of multi-system youth and young adults in transition, ages 14-21, with serious emotional disturbance/mental illness, including those with co-occurring disorders. ENGAGE used an evidence-based High-Fidelity Wrap Around service coordination approach along with components from the Transition to Independence Process (TIP) model. Through a competitive process, the Center for Innovative Practice (CIP) at Case Western Reserve University was selected to develop the curriculum, training schedules and technical assistance processes.

To continue this effort, the Wraparound Ohio website was designed to support on-going Wraparound and System of Care resource and knowledge dissemination. The website features a calendar of upcoming trainings, Webinars on a variety of topics, resource articles, wraparound tools, annotated links to related sites, youth, young adult, and family resources, and a portal for technical assistance requests. To view the website, go to: https://www.wraparoundohio.org/

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.

Progress Made to Improve Outcomes:
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 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.

Progress Made to Improve Outcomes:
During the CFSP implementation period, Ohio passed legislation to broaden the scope of Physician Assistant (PA) practice, added licensure status to PAs, and expanded the number of PAs a
The 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 practice 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.

**Progress Made to Improve Outcomes:**
The Ohio Department of Health oversees both state and federal loan repayment programs as a means of recruiting health care professionals to work in under-served areas (identified by geographic location, populations served, or type of health care facility). These include the National Health Service Corps, the Ohio Physician Loan Repayment Program, and Loan Repayment Programs for Dentists and Dental Hygienists. (In December 2014, the Ohio General Assembly enacted Revised Code 3702.96 to create a loan repayment program for dental hygienists.)

For additional information about Ohio’s Health Professional Shortage Areas, go to:
and

Health care professionals eligible to participate in these programs include:

- Physicians (Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology), Nurse Practitioners, Physician Assistants and Certified Nurse Midwives;
- Psychiatrists, Health Service Psychologists, Licensed Clinical Social Workers, Psychiatric Nurse Specialists, Licensed Professional Counselors and Marriage and Family Therapists; and
- General and Pediatric Dentists and Registered Dental Hygienists.

Eligible practice sites must be within identified Health Professional Shortage Areas and:

- Use a sliding fee scale based on 200 percent of the federal poverty level;
- Accept Medicaid;
- Accept assignment from Medicare;
- Prominently advertise a statement expressing that no one will be denied services due to inability to pay; and
- Provide culturally appropriate ambulatory services.

ODH also offers scholarships to students enrolled in accredited health professions training programs to cover tuition, lab fees, books and other reasonable costs, and to provide a monthly stipend. Upon graduation, clinicians work in HPSAs for a minimum of two years or for a period of time equal to the number of years of financial assistance.

Health Professionals eligible for the NHSC Scholarship Program include:
• **Primary Care**- Physicians (Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology Adolescent Health, Geriatrics), Family Nurse Practitioners, Physician Assistants and Certified Nurse Midwives;
• **Mental Health**- Psychiatrists; and
• **Dental**- General and Pediatric Dentists.

State statute requires ODH to also administer the J-1 Visa Waiver Program to recruit non-citizen physicians who received graduate medical education or training in the United States to serve in health professional shortage areas of this country. Under this program, ODH accepts and reviews applications for placement of physicians seeking to remain in the United States pursuant to the "Immigration and Nationality Act.”

Over the course of years 1-4 of the CFSP implementation period, the most recent available data (June 2018) indicated:

• 606 providers practicing through these programs, including primary care, dental and mental health providers in the National Health Service Corps Scholarship and Loan Repayment Programs;
• 197 primary care physicians, dentists and dental hygienists in state loan repayment and scholarship programs (partial count); and
• 212 primary care and sub-specialty physicians in visa waiver programs (years 2-4 only).

In addition, the OhioMHAS also administers a loan repayment program for those who choose to work in the regional state hospitals. While the most recent data is unavailable at the time of this writing, historical records indicate 61 loan repayment agreements were in place with psychiatrists during years 1-4 of the CFSP implementation period. To learn more about Ohio’s Regional Psychiatric Hospitals, go to: [http://mha.ohio.gov/Default.aspx?tabid=96](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.**

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**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.

**Benchmark 1:** Convene a statewide symposium to increase awareness of trauma.

**Progress Made to Improve Outcomes:**

On June 26, 2014 the OhioMHAS hosted the first statewide summit on trauma, *Creating Environments of Resiliency and Hope*. This event featured training for clinical and administrative leaders, as well as breakout sessions for regional teams. Thereafter, annual summits were held through 2018.
In addition, OhioMHAS has created a resource library on trauma issues, including assessments, policy development, evidence-based program models, recommended interventions for unique populations, and peer support/self-help. To examine these materials, go to: https://mha.ohio.gov/Treatment/About-Trauma-Informed-Care/Resource-Library

For additional information on Ohio’s Trauma-Informed Care work, go to: https://mha.ohio.gov/Initiatives/Trauma-Informed-Care

**Benchmark 2:** Establish regional technical assistance pilot areas to facilitate development of collaborative trauma response/interventions.

**Progress Made to Improve Outcomes:**
OhioMHAS established six Regional Trauma-Informed Care (TIC) collaboratives in Year 3 of the CFSP implementation period. The map below illustrates how the regions are configured.

These sites serve to:

- Identify regional strengths, champions and areas of excellence to facilitate TIC implementation;
- Identify regional gaps, weaknesses and barriers for TIC implementation;
- Develop a repository of expertise and shared resources within the region to facilitate local and statewide TIC implementation;
- Train individuals to disseminate TIC principles and best practices; and
- Develop specific implementation strategies to effectively address the unique needs of particular populations (e.g., the developmentally disabled, children, older adults, and those challenged by addiction).
For additional information about Ohio’s efforts to promote use of trauma-informed care, refer to *Ohio’s Health Care Oversight and Coordination Plan*.

**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.

**Progress Made to Improve Outcomes:**
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 impact 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](https://www.youtube.com/watch?v=M-az7cDb048&feature=youtu.be)

In addition, OhioMHAS created 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. To view the videos, go to: [https://mha.ohio.gov/Treatment/About-Trauma-Informed-Care/Ohio-Voices-on-Video](https://mha.ohio.gov/Treatment/About-Trauma-Informed-Care/Ohio-Voices-on-Video)

**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.

**Progress Made to Improve Outcomes:**
ODJFS remains committed to offering staff and caregivers training on trauma-related issues through the OCWTP. In partnership with OhioMHAS, the Institute for Human Services modified the National Child Traumatic Stress Network (NCTSN) Child Welfare Training Toolkit to meet established timelines of the state’s program. The NCTSN Child Welfare Trauma Training Toolkit has been regularly offered since 2010. The NCTSN Child Welfare Trauma Training Toolkit consists of four, three-hour modules. Below is data for CFSP Year 1 to Year 5 on session offerings and attendance.

<table>
<thead>
<tr>
<th>NCTSN Child Welfare Trauma Toolkit</th>
<th>Sessions Offered</th>
<th>Attendance</th>
<th>Canceled Sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overview of Trauma and Its Effect on Children</td>
<td>20</td>
<td>253</td>
<td>3</td>
</tr>
<tr>
<td>The Impact of Trauma and the Importance of Safety</td>
<td>20</td>
<td>195</td>
<td>2</td>
</tr>
<tr>
<td>Identifying Trauma-related Needs and Enhancing Well-Being</td>
<td>17</td>
<td>150</td>
<td>3</td>
</tr>
<tr>
<td>Worker Well-Being and the Importance of Partnering</td>
<td>14</td>
<td>132</td>
<td>6</td>
</tr>
</tbody>
</table>
In addition to the Toolkit, OCWTP offered a range of trainings related to trauma. Trauma-related training is offered consistently in all eight regional training centers. For example, during CFSR Year 5, just one of eight RTCs (NEORTC) offered the following eight trainings:

- *Reaching Teens: Working with an Adolescent with a History of Trauma*
- *Promoting Successful Futures by Addressing Child Traumatic Stress in the Child Welfare System,*
- *Interventions for Children who have Suffered Trauma*,
- *Girls, Trauma, and Delinquency*,
- *Overcoming Trauma: The Recovery Process from Childhood Sexual Abuse,*
- *Assessing, Preparing and Supporting Adoptive Parents who care for Traumatized Children*,
- *Fostering Healing, Resiliency, and Hope for Traumatized Children*
- *Bouncing Back from Drama and Trauma: Helping Teens Build Resiliency*

Some RTCs promote trauma-focused learnings by special designation in training catalogs. NCORTC also provided trauma-responsive environments for learning, including a wellness room at their supervisory conference and Mindfulness training through the county employee assistance program. OCWTP staff are currently working with three RTCs to develop three classroom learning opportunities related to trauma-informed supervision.

Most recently, the Trust Based Relational Intervention (TBRI) series was incorporated into OCWTP’s menu of offerings for staff and caregivers. TBRI is an attachment-based, trauma-informed intervention that uses empowering, connecting, and correcting principles to meet the needs of vulnerable children. During the five-year period, the series was offered as follows:

- **Trust-Based Relational Intervention Module 1: Introduction**
  - 9 sessions, 100 attendees
- **Trust-Based Relational Intervention: Connecting Principles**
  - 5 sessions, 37 attendees
- **Trust-Based Relational Intervention: Empowering Principles**
  - 4 sessions, 27 attendees
- **Trust-Based Relational Intervention: Correcting Principles**
  - 4 sessions, 29 attendees
- **The Power of Healing Connections Using Trust-Based Relational Intervention**
  - 8 sessions, 76 attendees, 40 respondents

OCWTP staff consulted with Ohio Mental Health and Addiction Services’ (OhioMHAS) Ohio Opioid Project in the development two asynchronous distance learning courses on secondary trauma, *Self-Care for Foster Caregivers* and *Secondary Trauma for Administrators*. OhioMHAS developed an additional training on secondary trauma for staff.
**Goal 5: Objective 6**  
**Improve monitoring and oversight of psychotropic medication use for children placed in substitute care.**

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

**Benchmark 1:** Work with BEACON and the Clinical Team to disseminate information on prescribing guidelines and use of peer consultation.

**Progress Made to Improve Outcomes:**
Throughout the CFSP implementation period, ODJFS continued to work with state and local partners to disseminate information regarding prescribing guidelines and the use of peer consultation. Clinical Team members of *Ohio Minds Matter* developed resources for prescribers to use to promote the safe and effective use of psychotropic medications. These include:

- A Quick Reference Guide
- Antipsychotic medication Management for children under 6 years of age
- Avoiding use of more than 1 atypical antipsychotic medication in children under 18
- Avoiding polypharmacy
- Psychotropic medication lists
- Evidence-based treatments by disorders
- A screening and monitoring tools
- Informed consent
- Adverse effects tables
- Contraindications and interactions tables
- Case studies
- Behavioral symptom reference guide: Inattention, Hyperactivity, and Impulsivity
- Behavioral symptom reference guide: Disruptive behavior and aggression
- Behavioral Symptom reference guide: Moodiness and irritability
- Podcasts
- A Shared Decision-Making Toolkit

To view these resources, go to: [http://ohiomindsmatter.org/prescribers](http://ohiomindsmatter.org/prescribers)

To promote on-going use of the website and increase professional knowledge about the prescribing guidelines, continuing educational credits were offered for completion of the *Ohio Minds Matter* on-line learning modules. Those completing sessions through the site included: Medical Doctors, Doctors of Osteopathic Medicine, Pediatricians, Psychiatrists, Developmental and Behavioral Pediatricians, Neurodevelopmental Pediatricians, Medical Directors, Epidemiologists, Medical School Professors, Clinical Nurses, Advance Practice Nurses, Pharmacists, Clinical Fellows, Medical Residents, and Medical Students. While most completing these training sessions were from Ohio, others were residents of: California, Florida, Georgia, Kentucky, Illinois, Nevada, New York, North Carolina, Oregon, Rhode Island, Tennessee, Texas, Washington, and West Virginia.
In addition, OhioMHAS continued to promote use of its Pediatric Psychiatry Network (PPN) as a resource for prescribers to receive peer guidance on how to treat children with difficult behavioral health issues, including but not limited to the use of psychotropic medications. For more information on the PPN, see: [http://ppn.mh.ohio.gov/](http://ppn.mh.ohio.gov/)

**Benchmark 2:** Work with the Ohio Department of Medicaid to analyze prescribing patterns within the child welfare population and to disseminate this information to local partners.

**Benchmark 3:** Facilitate development of effective cross-system collaborations specifically designed to address this issue at the local level via the *Minds Matter* pilot sites.

**Progress Made to Improve Outcomes:**
The aim of *Ohio Minds Matter* was to increase timely access to safe and effective psychotropic medications and other treatments for children who need it; improve pediatric patient health outcomes for these children; and reduce potential medication-related adverse effects. The performance targets for Ohio Minds Matter included a 25% reduction in the:

- Use of antipsychotic (AAP) medications in children less than 6 years of age;
- Use of 2 or more concomitant AAP medications for over 2 months duration; and
- Use of 4 or more psychotropic medications in youth less than 18 years of age.

Three demonstration sites were established to pilot use of the guidelines, identify local challenges, and test community-specific interventions. The sites were chosen based on high volumes of Medicaid service utilization and geographic location to ensure inclusion of rural, small and metropolitan communities across the state. The demonstration sites included the following counties:

- Summit, Portage, Trumbull, and Stark Counties;
- Franklin, Licking, Fairfield, Muskingum and Perry Counties; and
- Montgomery, Greene, Miami and Clark Counties.

Each pilot community was led by a steering committee consisting of local prescribers, including primary care and behavioral health practitioners; consumers; family members; as well as senior leadership representatives from community agencies, schools, PCSAs, juvenile and family courts, medical associations and health plans (e.g., Medicaid Managed Care Organizations). The pilot sites worked to:

- Improve care among clinicians through training, data feedback and rapid cycle quality improvement interventions;
- Advance consumer empowerment through education and shared decision-making; and
- Improve access to care and service coordination through community collaboration.

Eighty-one (81) practitioners participated in the pilot projects, including: pediatricians, family physicians, pediatric psychiatrists, and advance practice nurses. These participants represented 34 organizations, including: children’s hospitals, large primary care groups, federally qualified health centers, and community behavioral health centers.
Outcomes:
The foster care population sample size participating in the *Ohio Minds Matter* demonstration projects was too small to result in statistically significant findings. The charts below illustrate the overall clinical results of that project (i.e., results do not exclusively reflect the foster care population).

**Reduced prevalence of ≥ 2 AAPs by 25%**

*Children’s length of exposure to ≥ 2 AAPs was 6 months less for Wave 1 providers*

*The likelihood of transitioning to treatment within guidelines*
As part of Ohio Minds Matter, inter-system partners also implemented a strategic plan to establish a statewide learning network for clinicians and community partners. The goals of this effort were to:

- Disseminate information about tested strategies and “lessons learned” from the pilot projects;
- Advance use of the prescribing practice guidelines; and
- Increase patient participation in treatment through promotion of the shared decision-making toolkit.

At no cost, network members:

- Participated in quarterly webinars jointly facilitated by children’s services agencies and state partners to discuss engaging foster youth in treatment, and reducing barriers to treatment;
- Discussed strategies to engage foster youth in mental health treatment;
- Received diagnostic and prescribing resources specifically tailored for clinicians, families, child welfare agencies, schools and community members;
- Were provided guidance on how to facilitate for shared decision-making among youth, caregivers, family members and providers through use of the Ohio Minds Matter Toolkits; and
- Received Maintenance of Certification, Continuing Medical Education and Continuing Education Unit credits for completing on-line learning modules.

Ohio Minds Matter has been nationally recognized for its approach to improve prescribing practices, its holistic design, and collaborative inter-system implementation model. Staff from Ohio were invited to present at SAMHSA conferences, and Center for Health Care Strategies events. In addition, at the requests of Senators Orrin Hatch, Ron Wyden, Tom Carper, and Claire McCaskill, the federal Government Accountability Office conducted a multi-state comparative study on child welfare oversight of medication use by foster children. The goal of this work was to determine:

- How Medicaid and child welfare agencies in selected states worked to ensure the appropriate use of psychotropic drugs for children in foster care?
- What steps, if any, did selected states take to measure the results of their efforts to ensure appropriate use of psychotropic drugs for children in foster care?
- To what extent has HHS taken steps to help states ensure appropriate prescriptions of these drugs to children in foster care?

Other states selected for the GAO study included: Arizona, California, Illinois, Maryland, New Jersey, and Washington. (To view the report, go to: https://www.gao.gov/products/GAO-17-129.) Similarly, the Patient-Centered Outcomes Research Institute (PCORI) conducted a comparative study of how states monitor psychotropic medication use in the foster care population, particularly the use of atypical antipsychotics. The study included Medicaid claims data analysis, key
informant interviews (with state and local level child welfare administrators, child welfare caseworkers, pharmacists, physicians, and behavioral health care treatment providers), and focus groups (with former foster youth and caregivers/biological and foster parents.). Other selected states included: Texas, Washington, and Wisconsin. The final report has not yet been published at the time of this writing.

**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:** Work with PCSAO Behavioral Health Leadership Group to provide guidance to PCSA staff regarding use of the Psychotropic Toolkit for Child Welfare.

**Progress Made to Improve Outcomes:**
As the custodian for children in care, PCSAs have a profound responsibility to not only focus on safety and permanency, but on improving the long-term well-being of children in care. Ultimately, PCSAs are required to authorize use of medication if birth/adoptive parents are unavailable to consent. Given the complexity of pharmacological interventions, consistent oversight and monitoring of medication use is critical. This responsibility requires knowledge of specific medications, effective interventions, best practices, policies, procedures and practice guidelines.

To better address this issue, PCSAO established the Behavioral Health Leadership Group (BHLG) in February 2012. BHLG membership was inclusive of state and local child welfare entities, as well as public and private providers. Representatives included: 15 Public Children Services Agencies, including both rural and urban jurisdictions; the Ohio Association of County Behavioral Health Authorities; the Ohio Association of Child Caring Agencies (now Ohio Children’s Alliance); the Ohio Council of Behavioral Health and Family Service Providers; and the Ohio Departments of: Job and Family Services, Mental Health and Addiction Services, Youth Services, Education, Health, and Developmental Disabilities. Technical assistance was provided by Vorys Health Care Advisors.

The BHLG developed a toolkit to guide PCSA oversight of psychotropic medication use by children and youth in the custody of Ohio’s child welfare system. The recommendations put forth were selected following review of other published works, including: *Guidelines on Managing Psychotropic Medications from the American Academy of Child and Adolescent Psychiatrists* (AACAP), other state plans (i.e. Connecticut and Texas) and local Ohio child welfare agencies’ policies (i.e. Lucas, Summit).

On July 7, 2014, ODJFS’ amended Ohio Administrative Code 5101:2-5-13 went into effect. This rule change mandated all agencies to have a written policy for monitoring the use of psychotropic medications for children in foster care. Required components of the agencies’ policy as of that date included:

(a) Comprehensive and coordinated screening, assessment, and treatment planning mechanisms to identify the child's mental health and trauma-treatment needs including a psychiatric or medical evaluation, as necessary, to identify needs for psychotropic medication.
(b) Informed and shared decision-making and methods for ongoing communication between the prescriber, the child, the child's parents or caregivers, other healthcare providers, and the agency case worker.

(c) Effective medication monitoring for the children placed in care.

The rule change also suggested agencies review the *Psychotropic Medication Toolkit* for guidance in developing local policies and procedures. OFC technical assistance staff also referenced the tool in their work with individual county agencies.

To further promote use of the Toolkit, OFC conducted direct mailings to PCSA Directors, PCSAO, the Ohio Children’s Alliance, the Ohio Council of Behavioral Health and Family Service Providers (The Council), and Ohio Family and Children First partnering agencies. In addition, the resource was featured in various newsletters: OFC’s *First Friday*, the *PCSAO Update*, and *OACCA News*.

**Benchmark 2:** Promote use of the *Ohio Minds Matter* website.

**Progress Made to Improve Outcomes:**
OFCl has continued to promote the use of the *Ohio Minds Matter* website since the initiative’s launch. Some efforts during this the CFSP implementation period included: presentations to the Ohio Chapter of the American Academy of Pediatrics’ Subcommittee on Child Abuse and Neglect, the Foster Care Alumni Association–Ohio Chapter, the PCSAO Behavioral Health Leadership group, the *Ohio Minds Matter* Statewide Stakeholder Network, and the Partners for Ohio’s Family Advisory Council (comprised of local child welfare agencies, private providers, state level partners, the Public Children’s Services Association of Ohio, the Ohio Association of Child Caring Agencies, the Ohio Family Care Association, and the Supreme Court of Ohio). In addition, use of the website was also promoted nationally through the efforts noted above (i.e., SAMHSA conferences, Center for Health Care Strategies’ events, the GAO research, and the PCORI study).

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**Goal 5: Objective 7**

Enhance Ohio’s response to the substance abuse within families served by the child welfare system.

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

**Benchmark 1:** Conduct cross system data annually to determine level of substance abuse related child maltreatment, service utilization, and emerging needs.

**Progress Made to Improve Outcomes:**
Refer to Goal 3, Objective 3.
Intervention 2: Work with OCWTP, OhioMHAS, and providers to develop training for child welfare personnel regarding addiction, family dynamics, and child safety.

Benchmark 1: Identify individuals and organizations that could help OCWTP access resources and subject matter experts from throughout Ohio and identify relevant training curricula on substance abuse intervention and collaboration between substance abuse and child welfare agencies.

Progress Made to Improve Outcomes:
To assist workers in developing the skills needed to effectively address the complex needs of families impacted by substance abuse, the OCWTP developed a strategic training plan in Year One of the CFSP implementation period. The plan featured a cross-system training model in recognition that effective interventions require multi-disciplinary approaches. Specific activities included:

- Identifying subject matter experts in the substance abuse field who can consult with OCWTP to design a coordinated training approach.
- Finding local, state and national training information and resources that can be used in Ohio at nominal, if any, cost to the program.
- Increasing the capacity of the OCWTP trainer pool by adding trainers who can facilitate effective cross-training experiences and other high priority learning needs.
- Incorporating a continuum of diverse types of learning opportunities, utilizing a variety of training methodologies.
- Initiating strategies for ongoing technical assistance on substance abuse needs for county PCSAs and RTCs.

To advance this work, the OCWTP obtained commitments from a group of partners who were willing to serve as liaisons and had statewide influence and reach into the substance abuse field. This group included four statewide associations; several treatment and prevention providers; an Alcohol, Drug and Mental Health (ADAMH) Board Director; the Chemical Dependency Professionals Board; and the Supreme Court of Ohio Judicial College. The Ohio Department of Mental Health and Addiction Services also identified key individuals to provide on-going support of the effort as needed. In addition, the following training topics were identified to initially expand learnings on best practice models available to the system:

- Motivational Interviewing and Stages of Change
- Mental Health First Aid
- SAFERR Cross System Training
- Opiate Specific Case Management
- Increasing Protective Factors for Children

The OCWTP also began development of specialized sessions for foster and adoptive parents during this time to better equip them to meet the needs of children whose parents are addicted, and/or who may abuse substances themselves that year.

The Logic Model for Substance Abuse Training for this work is presented on the following page.
**Benchmark 2:** Recruit and prepare trainers from the substance abuse field and PCSA staff proficient in working with families affected by substance abuse to pilot selected cross-systems training curricula.

**Progress Made to Improve Outcomes:**
During Year 2 of the CFSP implementation period, the OCWTP held a Substance Abuse Training Partnership event for building an ongoing infrastructure of relationships between substance abuse professionals and the Regional Training Centers. The event was jointly sponsored by the Supreme Court of Ohio, ODJFS, and the Ohio Association of County Behavioral Health Authorities. Speakers from the Ohio Department of Mental Health and Addiction Services, the Ohio Department of Job and Family Services, the Ohio Supreme Court, Case Western School of Addiction Medicine, Public Children Services Association of Ohio, and a local child welfare administrator provided highlights of current substance abuse needs and collaborative efforts. The event was attended by 80 participants.
Forty subject matter experts willing to serve as regional liaisons for the OCWTP attended the Substance Abuse Training Partnership event. These individuals represented the ADAMH boards along with prevention, treatment, and opiate-specific addiction resources. They were asked to help identify substance abuse trainers and training resources in content areas specific to child welfare system needs of caseworkers, supervisors and caregivers. These liaisons met in teams with the eight Regional Training Center Directors and staff along with a select group of public child protective services supervisors and Institute for Human Services facilitators.

Information and presentations from the Regional Substance Abuse Training Partnership event were posted on OCWTP’s website (www.osatg.org). During that time, OCWTP also:

- Offered regular outreach and technical assistance to Regional Training Center staff to encourage ongoing relationships with partners.
- Worked with a trainer to develop a workshop for caregivers designed to foster resiliency in children whose parents are involved with substance abuse; and another to develop a training to give supervisors insight into addiction.
- Participated in conversations with the Supreme Court’s Statewide System Reform Program partners regarding cross training needs.

**Benchmark 3:** Offer a continuum of learning opportunities such as learning labs, Guided Application to Practice sessions, coaching, desk aides, etc. that support skill development related to substance abuse.

**Progress Made to Improve Outcomes:**
During the 2015-2019 CFSP the following activities:

- IHS staff provided training and technical assistance for a new initiative (START) managed by PCSAO that encouraged cross-system collaboration and peer recovery support with 16 Appalachian counties using the Kentucky START model.
- IHS contracted with Children and Family Futures, a California-based research and policy institute that manages the National Center for Substance Abuse and Child Welfare. Their staff were used to guide technical assistance for the START initiative.
- OCWTP approved and prepared 14 subject matter experts from the area of substance abuse to train in the OCWTP system. Trainers represent both the treatment and prevention systems. Several also have experience in foster and adoptive care.
- OCWTP updated a standardized curriculum, *Supporting Families with Substance Use, Mental, and Co-Occurring Disorders* written by the National Center of Substance Abuse and Child Welfare in June of 2017. In CFSP Year 5, the OCWTP developed and conducted two sessions of a Training on Content for new substance abuse trainers to prepare them to train the curriculum. This TOC included content on how to facilitate conversations with participants related to safety and risk around substance use disorders.
- OCWTP 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 CARA and Fentanyl Safety Issues and Child Welfare.

- OCWTP 2019 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 START (Sobriety, Treatment and Reducing Trauma) initiative funded by the Attorney General’s office and managed by the PCSAO.
- OCWTP staff provided training and technical assistance for Ottawa, Huron and Trumbull counties on implementing a Universal Screening protocol through a grant each received from ODJFS.
- OCWTP piloted the standardized curriculum, Supporting Families with Substance Use, Mental, and Co-Occurring Disorders (Modules 1-5) in the southern region of the state.
- A round of the standardized curriculum, Supporting Families with Substance Use, Mental, and Co-Occurring Disorders (Modules 1-5) was held in SEORTC and one in the CORTC. An additional four rounds are scheduled in the next fiscal year.
- 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. In 2019, a new partner page was added for the START initiative to provide access to training registration and resources.
- 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.

**Benchmark 4:** Integrate substance abuse information and learning opportunities into existing venues, newsletters and other communications.

**Progress Made to Improve Outcomes:**
Throughout the CFSP implementation period, OFC staff utilized existing opportunities to share information about substance abuse and its impact on child safety, family stability as well as effective treatment models and interventions. Some of these included, but are not limited to:

- PCSAO’s annual conferences;
- MOMS Plus regional meetings;
- MOMS cross-system training curriculum;
- OFC’s *First Friday* newsletters;
- CASA conferences;
- Regional team meetings;
- Family drug court initiative meetings; and
- Supreme Court of Ohio Judicial Symposia.

**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:** Facilitate effective treatment of pregnant women who are addicted and their children through implementation of the Maternal Opiate Medical Support (MOMS) initiative.
**Progress Made to Improve Outcomes:**

Because the majority of opioid dependent pregnant women in Ohio are not engaged in prenatal treatment, OhioMHAS, ODM, and the Office of Health Transformation joined forces to launch the *Maternal Opiate Medical Support (M.O.M.S.* project in August 2013. This three-year initiative was designed to: improve outcomes for 300 women and babies; reduce the cost of specialized care; and shorten lengths of stay in Neo-natal Intensive Care Units (NICUs). By engaging expecting mothers in a combination of counseling, Medication- Assisted Treatment (MAT) and case management, the goal of this project was to reduce infant hospital stays by 30 percent. In addition to treatment, the project supported a limited number of non-Medicaid services that promoted recovery (e.g., short-term transitional housing, transportation associated with appointments, and child care needed while the parent is attending counseling sessions).

Four sites were selected to implement this project:

- First Step Home (Hamilton County);
- Comp Drug (Franklin County);
- MetroHealth Medical Center (Cuyahoga County); and
- Health Recovery Services, Inc. (Athens County).

The locations encompassed all major metropolitan areas of the state and a rural area in southeast Ohio.

Ohio contracted with The Ohio Colleges of Medicine Government Resource Center (GRC) and the Health Services Advisory Group (HSAG) to develop and implement MOMS model of care Toolkits; oversee the project’s quality improvement efforts and conduct the evaluation. Performance measures related to early identification and engagement, use of clinical best practices, and treatment retention were collected. In addition, monthly webinars were held with pilot sites, state partners, and members of the clinical advisory panel to facilitate peer learning and promote practice improvement.

To this end, GRC designed a website to provide additional information to pregnant women struggling with substance use disorders, treatment providers, and those who assist at-risk families. The site contains:


To view additional information on the site, go to: [http://momsohio.org/](http://momsohio.org/)

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.

In recognition of these findings, MOMS was:

- Featured in a non-partisan legislative commission’s [2017 Report to Congress on Medicaid and CHIP](#);
- Selected to be featured at learning symposia by SAMHSA, the Center for Health Care Strategies, and the National Governor’s Association; and
- Featured in the *Journal of Substance Abuse Treatment* as a quality improvement project that demonstrated better health outcomes and family stability for pregnant women with Opioid Use Disorder and their infants.

Ohio is currently expanding the MOMS program through federal funding received through the federal [21st Century Cures Act](#). Over the next two years, six new sites will be added per year of the grant. The map below illustrates the MOMS 2.0 current project sites.

The Ohio NAS Project
Six children’s hospitals and their affiliates (20 hospitals total) formed an NAS Consortium.
The goals of this project were to:

- Understand the epidemiology of mothers and infants with NAS by following a longitudinal cohort;
- Determine better practices for NAS treatment; and
- Identify variation and areas for future research.

Specific activities of this work included:

- Assessing and improving inter-rater reliability scoring of infant functioning in the Neonatal Intensive Care Units (NICUs);
- Improving staff attitudes about treating women with opioid use disorders;
- Standardizing pharmacological and non-pharmacological treatments across sites; and
- Partnering with stakeholders to address policy issues and promote primary prevention.

Within three quarters, considerable progress was demonstrated on each of these activities. In addition, both the length of pharmacological treatment and the length of hospital stay for these infants were reduced by 9% within that time frame. By the project’s end, recommendations from the NAS project had spread to 54 sites: 26 Level III NICUs; 26 level II Special Care Nurseries; and 2 General Newborn Nurseries.

**MOMS Plus**

Based on the success of the NAS project, the Ohio Perinatal Quality Collaborative (OPQC) is now undertaking MOMS Plus. (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
This project is designed to better coordinate care provided by obstetricians, medication assisted treatment (MAT) providers, behavioral health clinicians, and neonatal specialists/pediatricians. Hospitals serve as the lead agencies for these projects. Sites are in the following counties, though patients served often live in neighboring areas: NW (Lucas); SW (Hamilton); SE (Athens) Central (Franklin, Muskingum, Ross and Scioto); NE (Cuyahoga, Summit, Trumbull and Mahoning) and West Central (Allen, Clark, Montgomery and Warren).

The goals of MOMS Plus are to do the following by June 30, 2019:

- Increase identification of pregnant women with Opioid Use Disorder (OUD);
- Increase the % of pregnant women with OUD who receive prenatal care, MAT, and behavioral health care each month;
- Decrease the % of full-term infants with NAS requiring pharmacological treatment; and
- Increase the % of babies who go home with their mothers due to having an effective Plan of Safe Care established.

**Benchmark 2:** Partner with the Supreme Court of Ohio, OhioMHAS and local partners to establish and develop effective Family Treatment Courts.

**Progress Made to Improve Outcomes:**
In 2014, Ohio was one of five states selected by the Office of Juvenile Justice and Delinquency Prevention to receive three-year funding under the Statewide System Improvement Program (SSIP). In 2016, an additional year of funding was added. The first two years were devoted to developing a multi-year strategic plan to implement statewide and countywide improvements. The last two years focused on piloting key strategies with the goal of gathering data to determine the
effect of their system change and inform proposals for implementation statewide. Between November 2015 and April 2016, six counties initiated SSIP specialty court dockets (Expansion) and five counties implemented SSIP best practices throughout their dependency court systems (Infusion). To date, Ohio has thirty-two certified Family Dependency Treatment Courts (FDTC).

The purpose of SSIP remains to expand the scale and scope of 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.

**Progress Measures:**
The findings suggest that the SSIP demonstrations sites have made considerable progress in achieving program goals. Among Infusion demonstration sites, where the key ingredients of SSIP are being integrated throughout the family dependency court system, there was a significant reduction in the duration of foster care placement and an improvement in the timeliness of achieving permanency.

Within Expansion demonstration sites, results suggest that referral to a specialized SSIP FDC docket was targeted toward families most in need, including families with a history of behavioral health and child welfare system involvement. Families enrolled in Expansion programs were more likely to receive and be retained in behavioral health treatment; however, those who entered the foster care system were less likely to achieve timely discharge from foster care, reunification with parents, or permanent custody. Only a small number of eligible families have been engaged in an Expansion program. Their impact within the Expansion counties is likely to increase as these programs grow and reach a broader range of eligible families.

Key informant interviews revealed considerable heterogeneity across demonstration sites with regard to program implementation, referral to SSIP, utilization of kinship care, and linkage to a variety of treatment options and community supports. Demonstration sites reported that implementation of SSIP required new skills, culture change, and collaboration across courts, child welfare, and behavioral health treatment systems. Many innovative practices have been implemented as a result of the SSIP project, including:

- Expansion of Intensive Home-Based Treatment/Multi-Systemic Therapy programs for participants and their children;
- Parenting classes and coaching to improve parenting skills and increase interaction with child during out of home placement episode;
- Use of kinship care networks as a strategy for increasing parent involvement with children while placed out of the home;
- Clearly delineated milestones that allow for maximum transparency for the court and participants.

**Feedback Loops:**
SSIP is administered by the Supreme Court of Ohio (Court) in collaboration with the Ohio Department of Job and Family Services (ODJFS), the Ohio Department of Mental Health and Addiction Services (OhioMHAS), and the Ohio Department of Medicaid (ODM). Representatives from each agency serve on an SSIP CORE team that meets monthly to obtain cross-systems buy-
in and investment, ensure quality and effective service delivery, and to ensure decision mailing powers and adequate information flow.

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

*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.*

*Benchmark 1:* Promote coordinated care of young people with multiple developmental needs living in Appalachia via implementation of IPAC programming.

*Benchmark 2:* Promote use of Wrap-Around service coordination for youth and young adults in transition through implementation of the ENGAGE project.

*Progress Made to Achieve Outcomes:*
Refer to Goal 5, Objective 4, Intervention 3.

*Benchmark 3:* Continue to provide flexible funding to local partners to support needed non-clinical services and supports (e.g., Family Centered Services and Supports).

*Progress Made to Improve Outcomes:*
Throughout the CFSP implementation period, ODJFS continued to partner with OhioMHAS, ODYS, and DODD to support Family-Centered Services and Supports (FCSS). This initiative braids Title IV-B, sub-part 1 and sub-part 2 with state general revenue funds for the purpose of providing non-clinical services and supports to multi-need children and their families. The program is locally administered by the Family and Children First Councils (FCFCs). The FCFCs are established by the county commissioners for the purpose of streamlining and coordinating existing government services for families seeking services for their children. Statutorily mandated members include the directors or designees of the following entities, the: Board of Alcohol and Drug Addiction Services, County Department of Job and Family Services, Public Children’s Services Agency, Health Commissioner; Superintendent of the district with the highest number of students and a superintendent representing other districts within the county, Director of the Board of Developmental Disabilities, County Commissioners, Head Start, the local agency responsible for providing early intervention services, a non-profit agency that funds, advocates or provides services to families and children; a representative from the regional office of the Ohio Department of Youth Services; a representative of a municipal corporation; and family members.

Children and youth (ages 0-21) are the target populations for FCSS. Program eligibility requires that families be receiving service coordination through the FCFC. To be reimbursed through FCSS, all allowable services and supports must be included in the child’s Individualized Family Service Plan.

Children and youth served through FCSS are among those at highest risk for failure within traditional service systems and are often on the verge of out-of-home placement. Since FCSS was established ten years ago, approximately 95% of all children served through this initiative have
avoided removal and have been able to safely remain in their homes. Please see discussion in Section III: Update on Service Description for additional data on the population served through FCSS and outcomes achieved.

**Benchmark 4:** Continue to support and promote the use of parent advocates to increase family involvement in identifying issues and needed services.

**Progress Made to Improve Outcomes:**
When children require care from multiple sources (e.g., child welfare, juvenile justice, behavioral health, developmental disabilities, special education), it can be difficult for parents to navigate their way through the different service delivery systems. Families often become overwhelmed, and caregivers have difficulty expressing their concerns about their child’s needs. The Parent Advocacy Connection (PAC) program, a family designed program, was launched to address this problem.

PAC is jointly funded by ODJFS, OhioMHAS, ODYS, and DODD. It is overseen by the Ohio Chapter of the National Alliance on Mental Illness. To ensure statewide consistency, all PAC advocates are required to complete four training sessions (i.e., Orientation, Education Advocacy 1 & 2, and Juvenile Justice) and shadow an experienced PAC advocate prior to assuming cases. Advocates are administered a Pre-Test for Core Competencies to establish a baseline for knowledge of these skill areas.

For additional information and to view a copy of the PAC brochure, go to: https://fcf.ohio.gov/Portals/0/Home/Engaging%20Families/Parent%20Advocacy/2016%20PAC %20BROCHURE%20FINAL.pdf

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

**Benchmark 1:** Utilize ENGAGE’s Youth Advisory Council to encourage young consumers to take personal responsibility for their behavioral health care.

The ENGAGE Youth Advisory Council was formed with the intent of increasing youth voice in matters of public policy, program development and personal treatment decisions. To that end, the Council launched several initiatives designed to increase awareness of children’s mental health issues and to decrease stigma through the CFSP implementation period. These included:

- Participating in the national system of care meeting during the Georgetown Institute;
- Conducting Leadership training;
- Hosting a statewide ENGAGE Youth meeting;
- Presenting at the statewide PCSAO Behavioral Health Leadership Conference;
- Actively participating on Ohio’s Statewide Juvenile Justice Reform Committees;
- Presenting at the BEACON Conference;
- Serving on the Ohio Attorney General’s Victim Violence Review Committee;
- Hosting a Statewide Youth Leadership Planning Retreat;
- Providing competency training focusing on Asian American culture;
- Providing competency training focusing on African American culture;
• Presenting at the OhioMHAS Planning Council meeting; and
• Presenting at the statewide conference on Opiate addiction.

In addition, the ENGAGE Youth Advisory Council launched several initiatives designed to increase awareness of children’s mental health issues and to decrease stigma. Some of these included:

• Establishing an ENGAGE Youth Facebook page.
• Launching an ENGAGE Youth Text Alert System.
• Partnering with Ohio Drug-Free Alliance to plan and implement the We Are The Majority Rally and Resiliency Ring at the Ohio Statehouse.
• Designing and distributing a YouTube video to highlight the Council’s work. To view the video, go to:  https://www.youtube.com/watch?v=bMKoznoTee0&feature=youtu.be

To ensure long-term sustainability past the ENGAGE grant period, the Youth Council voted to become affiliated with YouthMOVE national.

**Benchmark 2:** Provide information to foster youth regarding behavioral health and how to effectively participate in one’s own treatment.

**Progress Made to Improve Outcomes:**
As part of the Ohio Minds Matter initiative, a Toolkit was developed to help foster youth discuss their health care concerns, symptoms, and treatment options with their medical providers. To view the Toolkit, to go:

For additional information, see: Goal 5, Objective 3, Intervention 3.

In addition, during Year 4 of the CFSP implementation period, the OFC Medicaid Technical Assistance 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.

Former foster youth were also encouraged to sign up for their eligible medical benefits at the Medicaid kiosk that was available during the 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).

Also see:
Goal 5, Objective 3, Intervention 3.
Goal 5, Objective 4, Intervention 2.
Goal 5, Objective 8, Interventions 1 & 2.
III. 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 II: 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.

Services Provides under 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 (PCSAs) 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 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 United States Bureau of Census 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.

**Services Provided Under the 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. The methodology used to distribute available funds is as follows:

- ODJFS allocates forty per cent of the statewide allocation equally among all PCSAs; and
- ODJFS allocates sixty per cent of the statewide allocation 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**

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

The FCSS target population are youth (ages 0 through 21) with multi-systemic needs who are receiving service coordination through the county FCFC. Service coordination is provided by FCFCs according to ORC section 121.37(C), with many counties also providing Wraparound as a way of coordinating care 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 a formal service coordination process. To read more about the purpose and criteria established for use of these funds, go to: http://www.fcf.ohio.gov/Initiatives/System-of-Care-FCSS.

The 88 county FCFCs requesting FCSS funding were required to submit a Semi-Annual Report by February 1, 2019. The following information presented below was compiled from 87 submitted county FCSS SFY19 Semi-Annual Reports as well as the SFY18 Annual Report.

**Total Number and Ages of Children Served**

The total number of children served between the ages of 0-21 during the first half of SFY19 was 2,184. The 14 through 18-year-old age group (747 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 (700) and the age range of 4 through 9 was the third highest (550). There were more youth served in the 19 through 21-year-old age range than in the first half of SFY 18 (55).

The graph and table below show a comparison of the number of children served in the first six months of SFY19 and SFY 18 in each age group and the percent of the total children served in each age group.

[Graph and table showing ages of youth/young adults served between 2019 and 2018]
Ages of Children

<table>
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<th>Ages of Children</th>
<th>0 – 3</th>
<th>4 – 9</th>
<th>10 – 13</th>
<th>14 – 18</th>
<th>19 - 21</th>
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<td>132</td>
<td>550</td>
<td>700</td>
<td>747</td>
<td>55</td>
<td>2184</td>
</tr>
<tr>
<td>Percent of Total in Age Group</td>
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<td>777</td>
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<tr>
<td>Percent of Total in Age Group</td>
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<td>31.2%</td>
<td>32.4%</td>
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*First sixth months

Number of Referrals by System

Beginning with SFY17, Ohio Family and Children First began tracking referral sources to FCFC Service Coordination/Wraparound by system. These data are used to identify the presenting needs of youth as they enter FCFC Service Coordination/Wraparound. The following graph presents information on the percentage of referrals by system for SFY18.
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 **5,785 identified needs** (average 2.65 needs per child) during the first half of SFY 19. The total needs are higher than the 5,199 needs identified in the first half of SFY 18, and the average needs per child are up from the average of 2.18 per child.

- The top three categories of needs identified for the past six fiscal years, including the first half of SFY 19, have consistently been **Mental Health (66.2% of children had this identified need)**, **Special Education (41.1%)** and **Poverty (35.2%)**. When combined, these three categories account for 3,113 of the needs identified, or 53.8% of the total identified needs in 13 categories.

- Beginning in SFY 2014, counties were asked to track how many children presented with a need for supports specific to those on the Autism Spectrum. This need was identified in 14.0% of the children/youth (305), which is an increase from the first half of SFY 18.

The table below shows the number of needs identified in each category by mid-year.

<table>
<thead>
<tr>
<th>Category of Service/Support Need</th>
<th>Number of Children Presenting with this Need at Intake SFY19</th>
<th>Percent of Children with this Need SFY19</th>
<th>Percent of Children with this Need SFY18</th>
<th>Percent of Children with this Need SFY17</th>
<th>Percent of Children with this Need SFY16</th>
<th>Percent of Children with this Need SFY15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td>1446</td>
<td>66.2%</td>
<td>60.5%</td>
<td>59.7%</td>
<td>57.9%</td>
<td>57.5%</td>
</tr>
<tr>
<td>Special Education</td>
<td>898</td>
<td>41.1%</td>
<td>37.6%</td>
<td>40.7%</td>
<td>43.7%</td>
<td>39.4%</td>
</tr>
<tr>
<td>Poverty</td>
<td>769</td>
<td>35.2%</td>
<td>37.6%</td>
<td>48.8%</td>
<td>48.6%</td>
<td>45.5%</td>
</tr>
<tr>
<td>Developmental Disability</td>
<td>633</td>
<td>29%</td>
<td>24.5%</td>
<td>26.1%</td>
<td>25.5%</td>
<td>24%</td>
</tr>
<tr>
<td>Unruly</td>
<td>500</td>
<td>22.9%</td>
<td>17.7%</td>
<td>20.3%</td>
<td>21%</td>
<td>20.1%</td>
</tr>
<tr>
<td>Autism</td>
<td>305</td>
<td>14%</td>
<td>12.5%</td>
<td>13%</td>
<td>15.2%</td>
<td>11%</td>
</tr>
<tr>
<td>Child Neglect</td>
<td>253</td>
<td>11.6%</td>
<td>11.5%</td>
<td>11.5%</td>
<td>15%</td>
<td>14%</td>
</tr>
<tr>
<td>Delinquent</td>
<td>231</td>
<td>10.6%</td>
<td>8%</td>
<td>11.1%</td>
<td>11.6%</td>
<td>11.2%</td>
</tr>
<tr>
<td>Physical Health</td>
<td>206</td>
<td>9.4%</td>
<td>8.5%</td>
<td>10.2%</td>
<td>11.8%</td>
<td>12.5%</td>
</tr>
<tr>
<td>Child Abuse</td>
<td>185</td>
<td>8.5%</td>
<td>7.9%</td>
<td>9.9%</td>
<td>10.5%</td>
<td>10.2%</td>
</tr>
<tr>
<td>Category of Service/Support Need</td>
<td>Number of Children Presenting with this Need at Intake SFY19</td>
<td>Percent of Children with this Need</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------------------</td>
<td>------------------------------------------------</td>
<td>---------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>SFY19</td>
<td>SFY18</td>
<td>SFY17</td>
<td>SFY16</td>
<td>SFY15</td>
<td></td>
</tr>
<tr>
<td>Alcohol/Drug</td>
<td>169</td>
<td>7.7%</td>
<td>6.6%</td>
<td>8.2%</td>
<td>7.4%</td>
<td>7.6%</td>
</tr>
<tr>
<td>No Primary Care Physician</td>
<td>125</td>
<td>5.7%</td>
<td>6.6%</td>
<td>3.8%</td>
<td>9.8%</td>
<td>3.5%</td>
</tr>
<tr>
<td>Help Me Grow</td>
<td>65</td>
<td>3%</td>
<td>3.5%</td>
<td>4.4%</td>
<td>5.3%</td>
<td>4.6%</td>
</tr>
<tr>
<td>Total Needs</td>
<td>5,785</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FCSS Funded Services and Supports Provided through FCFC Service Coordination**

County FCFCs were asked to provide information about the number of diverse 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 categories of services were more clearly defined and the way the services/supports are to be counted was more clearly explained in preparation for SFY 13 reporting. Therefore, three years of data have been included for this part of the summary report to assure valid comparisons.

The tables below provide the details of the frequency of all service types reported.
<table>
<thead>
<tr>
<th>Type of Service/Support Provided</th>
<th>Number/ % of Families Receiving Service/Support 1st half SFY 19</th>
<th>% of Total Services and Supports 1st half SFY 19</th>
<th>% of Families Receiving Service/Support 1st half SFY 18</th>
<th>% of Total Services and Supports 1st half SFY 18</th>
<th>% of Families Receiving Service/Support 1st half SFY17</th>
<th>% of Total Services and Supports 1st half SFY17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-clinical in-home parenting/coaching</td>
<td>128/ 7%</td>
<td>4.2%</td>
<td>8.1%</td>
<td>4.2%</td>
<td>10.9%</td>
<td>4.9%</td>
</tr>
<tr>
<td>Mentoring</td>
<td>135/ 7.4%</td>
<td>4.4%</td>
<td>8.7%</td>
<td>4.5%</td>
<td>12.6%</td>
<td>5.6%</td>
</tr>
<tr>
<td>Parent Education</td>
<td>66/ 3.6%</td>
<td>2.2%</td>
<td>4.1%</td>
<td>2.1%</td>
<td>9.3%</td>
<td>4.1%</td>
</tr>
<tr>
<td>Parent Advocacy</td>
<td>92/ 5%</td>
<td>3%</td>
<td>6.4%</td>
<td>3.3%</td>
<td>8.3%</td>
<td>3.7%</td>
</tr>
<tr>
<td>Safety and Adaptive Equipment</td>
<td>91/ 5%</td>
<td>3%</td>
<td>5.5%</td>
<td>2.8%</td>
<td>7.2%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Youth/Young Adult Peer Support (new category)</td>
<td>3/ 0.2%</td>
<td>0.1%</td>
<td>0.1%</td>
<td>0.1%</td>
<td>0.8%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Non-clinical Parent Support Groups</td>
<td>21/ 1.1%</td>
<td>0.7%</td>
<td>0.3%</td>
<td>0.2%</td>
<td>1.6%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Other</td>
<td>3/ 0.2%</td>
<td>0.1%</td>
<td>0.4%</td>
<td>0.2%</td>
<td>1.6%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Total</td>
<td>3050</td>
<td>100%</td>
<td>------</td>
<td>100%</td>
<td>------</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Number of Children/Families Connected to a Primary Care Physician during Service Coordination**

Beginning in SFY 13, families entering FCFC Service Coordination were asked if they and/or their children had a primary care physician. The families without a primary care physician have the opportunity to be connected to a primary care physician. In the first half of SFY19 there were 44 children identified during the intake process who had not have a primary care physician. This is 28 less than in the first half of SFY 18 (72). This may be an indication that multi-system families are being connected to primary care earlier and at a much higher rate than in previous years. Although no FCFC funds are used to provide medical services, 84% of the children identified in SFY 19 as not having a doctor were connected to a primary care physician during the service coordination process. The benefit for the families is to be connected to a primary care physician through the service coordination process with the goal of better integrating physical and behavioral health.
Number of Families Successfully Completing FCSS Supported Service Coordination

Data from local FCFCs indicated that 81% of the families who exited FCFC Service Coordination in SFY18 successfully completed the goals identified in their Individualized Family Service Coordination Plan. This is an impressive accomplishment, considering the high level of intensive needs identified when these families enter FCFC Service Coordination/High-Fidelity Wraparound. Often, the children served are at a high level of risk of out-of-home placement, and there is a high level of transience with many of these families.

Goal results reported for SFY 15 through SFY 18 are compared in the chart below.

<table>
<thead>
<tr>
<th></th>
<th># Families Exiting Service Coordination</th>
<th># of Families Successfully Completed Less than 75% of Family Goals</th>
<th># Families Successfully Completed 75-99% of Family Goals</th>
<th># Families Successfully Completed 100% of Family Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>SFY 18 Number of Families Exiting</td>
<td>1436</td>
<td>270</td>
<td>586</td>
<td>580</td>
</tr>
<tr>
<td>SFY 18 % of Total Families Exiting</td>
<td>100%</td>
<td>18.8%</td>
<td>40.8%</td>
<td>40.4%</td>
</tr>
<tr>
<td>SFY 17 Number of Families Exiting</td>
<td>1515</td>
<td>100</td>
<td>747</td>
<td>655</td>
</tr>
<tr>
<td>SFY 17 % of Total Families Exiting</td>
<td>100%</td>
<td>6.6%</td>
<td>49.3%</td>
<td>43.2%</td>
</tr>
<tr>
<td>SFY 16 Number of Families Exiting</td>
<td>1448</td>
<td>109</td>
<td>704</td>
<td>635</td>
</tr>
<tr>
<td>SFY 16 % of Total Families Exiting</td>
<td>100%</td>
<td>7.5%</td>
<td>48.6%</td>
<td>43.9%</td>
</tr>
<tr>
<td>SFY 15 Number of Families Exiting</td>
<td>1477</td>
<td>317</td>
<td>567</td>
<td>593</td>
</tr>
<tr>
<td>SFY 15 % of Total Families Exiting</td>
<td>100%</td>
<td>20.5%</td>
<td>39%</td>
<td>40%</td>
</tr>
</tbody>
</table>
Number of Children in Out-of-Home Placement during Service Coordination

One of the goals of providing service coordination is to prevent or reduce the incidence of out-of-home placement of children. (Out-of-home placements include residential treatment facilities, local or state correctional facilities, group homes and foster care.) For FCSS, public agency custody status or any placement lasting longer than 72 hours, excluding respite care up to seven (7) consecutive days, is considered to be an out-of-home placement. During SFY 2018, there were 209 children who were placed in an out-of-home placement while they were actively receiving FCSS funded supports and participating in service coordination. This accounted for 5.3% of the total number of children who were receiving FCSS funded supports and participated in FCFC Service Coordination/High-Fidelity Wraparound. There were no data collected regarding the length of these placements, but many of these out-of-home placements were brief and for the purpose of short-term stabilization.

Conclusion

This summary provides a snapshot of how FCSS funds were used during the CFSP implementation period to serve the needs of children with multi-system needs and their families. As indicated in this report, these are not “one size fits all” children or those with a single need. 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.

FCSS provides an opportunity for families to creatively design integrated family service plans with trusted and unique teams. It should be remembered that the number of children and families served through FCFC Service Coordination/High-Fidelity Wraparound and the services and supports included include those that accessed FCSS funding. It is important to note that FCFCs may use other available funding to serve the families referred, provide needed services to support the Wraparound process. In addition, services and supports needed by children and families may not meet the criteria of FCSS funding. In these instances, the FCFC Service Coordination/High-Fidelity Wraparound teams find community resources that are donated or have no cost. In addition, the FCSS funds are not used unless other resources have been exhausted.)

Local FCFCs report these funds are highly valued and serve as a safety net to and meet the needs of families when no other funding sources are available. From a state perspective, FCSS has consistently demonstrated that the uniquely designed braided funding strategy is resulting in a cost-effective method of obtaining better outcomes for the children and families being served by each of the child-serving departments.

Approximately 95% of children who received Family-Centered Services and Supports throughout the CFSP implementation period remained in their own homes.
Family Reunification Services

ODJFS issues the Emergency Services Assistance Allocations (ESAA) for Family Reunification Title IV-B, subpart 2 funding to PCSAs to reunify the family unit in crisis. ODJFS issues reunification funding as two separate allocations: one for direct services and one for administrative costs. The methodology used to distribute available funds is as follows:

- 40% of statewide allocation is distributed equally among all PCSAs; and
- 60% of statewide allocation is distributed to PCSAs 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.

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.

The following table presents information on reunification services provided by PCSAs before and after the passage of the Family First Prevention Services Act.

<table>
<thead>
<tr>
<th>Time-limited Family Reunification Services” (prior definition)</th>
<th>Family Reunification Services (Family First Prevention Services Act)</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 was restricted to the 15-month period that begins on the date that the child is considered to have entered foster care.</td>
<td>Provided to a child who is removed from his home and placed in a foster home or a residential facility or a child who has been returned home and to the parent, guardian or custodian of such a child, in order to facilitate the reunification of the child safely and appropriately within a timely fashion, but only during the fifteen month period that begins on the date the child returns home.</td>
</tr>
</tbody>
</table>

Time-Limited Family Reunification Services include:

- Individual, group, and family counseling;
- Inpatient, residential, or outpatient substance abuse treatment services;
- Assistance to address domestic violence;
- Services designed to provide temporary child care and therapeutic services for families, including crisis nurseries;
- Programs designed to provide follow up care to families to whom a child has been returned after a foster care placement;

Family Reunification Services includes:

- 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 care facilities;
**Time-limited Family Reunification Services** (prior definition)

- Transportation to or from any of the services and activities described above.

**Family Reunification Services** (Family First Prevention Services Act)

- 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, and transportation to or from any of the services or activities described above.

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**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
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 June 1, 2019, nearly 972 applications for PASSS have been received for SFY 2019. Over $5.9 million has been approved to cover special services for adopted children. ODJFS has reimbursed just over $2.5 million of the funds requested.

Service Category Percentages and Rational

Each of the four service categories of: family preservation, community-based family support, time-limited family reunification, and adoption promotion and support had a minimum of twenty percent of the total funds allocated to provide services as outlined within the category. The amount allocated to each service category is outlined in CFS-101, Part 2.

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.

Monthly Caseworker Formula Grants

ODJFS issued Title IV-B, subpart 2 funding to public children services agencies (PCSA) to assist in meeting federal performance standards related to caseworker visits with children in substitute care. Caseworker visits funding was issued in two separate allocations; one for direct services and one for administrative costs.

The following methodology was used to distribute available funds:
allocates the caseworker visits 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 (CY).

The PCSA is reimbursed for allowable direct and administrative caseworker expenditures with seventy-five per cent Title IV-B subpart 2 funds. The PCSA could use eligible state funding or provide local funds at twenty-five per cent match rate for the nonfederal share.

The PCSA could claim allowable expenditures for providing direct caseworker services as described in OAC rule 5101:2-42-65. A PCSA may claim reimbursement of administrative costs for caseworker visits through the social services random moment sample (SSRMS) reconciliation/certification of funds (COF) process.

**Chafee and ETV**

In the 2015-2019 CFSP, Ohio outlined ten goals for Chafee services. The information provided below details the accomplishments achieved over the past five years. As shown, ODJFS involved the public and private sectors, including the youth, in a variety of ways to help youth in foster care achieve independence. The goals also show how ODJFS coordinated services with other federal and state programs for youth.

**Goal 1: Promote use of the Youth-Developed Transition Plan, which has been piloted successfully through the Supreme Court Ohio. AND**

**Goal 2: Create a statewide template to capture the Transitional Plan for youth emancipating from care in Ohio**

Combining the best elements of the two existing Transitional Plans being utilized throughout Ohio (Ohio Benefits Bank and the Foster Club tools), ODJFS policy and SACWIS staff designed and finalized a statewide template to capture final transition plan activities outlined for youth, prior to their emancipation from foster care. In addition to the Final Transition Plan, an Emancipated Youth Plan template was developed in SACWIS. Other parts of this initiative included upgrades to the Independent Living Plan, improvements to NYTD and credit check sections as well as adding five additional reports. The reports include youth friendly versions of the plans. The SACWIS functionality went live in October 2016.

Since October 2016, the Transitional Youth (TY) Program staff continues to partner with the SACWIS team to provide knowledge base reference articles and training to PCSAs on the updated SACWIS functionality. Training consists of a live web-based demonstration of each plan paired with the policy mandated requirements. Additionally, the TY team provided an overview of the functionality and policy mandates at the 2018 fall regional Independent Living and Transitional Youth meetings and ongoing technical assistance to PCSAs continues to be provided as requested.

**Goal 3: Explore development of a statewide curriculum for IL practitioners which encompasses best practices identified by the Ohio IL Coordinators Association.**

Stakeholder feedback on the proposal for a statewide Independent Living (IL) curriculum was sought through discussions at regional IL meetings and quarterly Ohio Independent Living Coordinators Association (OHILA) meetings. Stakeholder consensus reflected a high degree of
satisfaction with the current content that includes the eleven state IL requirements with flexibility for counties to implement individualized curriculum to meet these requirements. After further discussion with county IL Coordinators at OHILA, a suggestion to develop a supplemental IL Toolkit with hands-on learning activities to assist youth individually in achieving the desired eleven outcomes was agreed upon. A specific request was made to tailor these tools to the 14-15-year-old population of youth that are now receiving IL services.

ODJFS TY Program Staff finalized the Independent Living Skills Toolkit for Ohio’s transitioning foster youth, in partnership with county 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 TY Program staff provided training and regional presentations across the state at local PCSAs. 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 IL 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. 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 in 2018. 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 4: Continue to host statewide and regional forums with Chafee stakeholders, to include current and former foster care youth.**

**Regional Independent Living & Transitional Youth Meeting**
ODJFS TY Youth Program staff continues to host five regional Independent Living (IL) forums and one statewide event with all stakeholders. 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.

**Annual Fostering Pathways to Success Conference (FPS)**
In partnership with Ohio Reach, ODJFS continues to host an annual conference for foster youth age 14 and older, young adults that have emancipated and supportive adults/professionals. The conference has averaged 500 or more participants each year and has become an event that is looked forward to annually based on favorable reviews on the conference evaluations. Conference
planners strive to make FPS a resource rich event offering exposure to post-secondary options, career exploration and self-care/positive relationship discussions. The conference planning committee relies on youth voice in planning the annual event by including foster alumni on the planning committee, receiving regular input from the Ohio Youth Advisory Board and ActionOhio on event details and welcoming workshop presentations by the youth.

Annual Independent Living & Transitional Youth Meeting
The annual statewide meeting is an additional opportunity to bring the Independent Living and Transitional Age Youth adult supporters and professionals together for one day of learning, networking and collaboration. Agenda items include report outs from the previous regional meetings, statewide program announcements/policy updates and guest presentations on current topics/barriers that may be prevalent across the state.

Goal 5: Continue support for the Ohio Youth Advisory Board (OYAB).
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 representatives from the ODJFS Bridges Team, Transitional Age Youth Section and Foster Care Licensing regularly attend these meetings to gather feedback regarding the youth’s experiences, as well as share valuable programming and service information with the youth. ODJFS continues to provide funding for OHIO YAB.

Goal 6: Continue to host and support statewide training venues that promote Chafee services.
The Ohio Child Welfare Training Program (OCWTP) offers four standardized workshops for caregivers of transitioning youth. The National Resource Center for Youth Development (NRCYD) Independent Living series is a set of three workshops (total 24 hours) and the other workshop, Fostering Self-Reliance in Children and Youth: Roots and Wings, is part of the Fundamentals of Fostering series. The OCWTP also maintains a strong catalogue of non-standardized learnings for staff and caregivers focused on transitioning youth – a much broader topic.

The table below provides statewide data on standardized course offerings between CFSP Year 1 and Year 5 on independent living for staff, caregivers, and adoptive parents, including some joint sessions.
Attendees completed a survey after each training. When asked if their job performance or parenting skills would improve because of what they learned in this training, on average, 98% of the respondents agreed or strongly agreed their performance would improve. Only 2% of the respondents disagreed or strongly disagreed their parenting skills would improve.

**Goal 7: Promote the uniform application of Chafee 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. These standard practices and resources included:

- Independent Living Skills Toolkit.
- Independent Living Funding Guidance Document.
- Updated Foster Youth Rights Handbook.
- Programs that work in conjunction with Ohio’s Independent Living programming to better serve youth statewide, such as: Bridges, Comprehensive Case Management Employment Program and Ohio Reach.

Counties continue to learn from one another through these peer-to-peer discussion opportunities.

**Goal 8: Support special initiatives (e.g., Lighthouse Youth At Risk of Homelessness Planning Grant, Summit County’s “Purple Umbrella” Project) aimed at improving outcomes for children emancipating from foster care.**

**Purple Umbrella Project**

ODJFS has promoted the Purple Umbrella Project that was established in Summit County by the Summit County Youth Emancipation Task force in 2009. The project was designed to provide a visual symbol of hope and help for youth that have emancipated from foster care and focus on developing a stable resource network of community partners which are sensitive to the disparities facing youth who have aged out of foster care, and are now “living on their own, but not alone.” ‘Purple Umbrella Window Decals’ are prominently displayed at each participating agency or
business that offers special assistance and/or services to youth who identify themselves as having recently left foster care. Recognition and awareness from ODJFS resulted in the project being duplicated by other county agencies, such as, Cuyahoga County Children and Family Services.

Youth at Risk of Homelessness (YARH)

The YARH planning project, currently in its sixth year (2 years of planning, year 4 of implementation), is an opportunity for Hamilton County, Ohio to strengthen and coordinate local systems to meet the needs of youth and young adult at risk of experiencing homelessness. Led by Lighthouse Youth Services, ODJFS and Hamilton County Job and Family Services, the initiative has engaged over 35 community partners in strategic planning and research activities to develop an implementation plan. The planning work was conducted with current and former foster youth as partners.

The work in the grant has thus far included the following:

**Planning Phase:**

- Community Readiness Assessments comprised of interviewing 23 service providers about the need and opportunity to serve this population.
- The team completed 30 Case File Reviews of current and former Lighthouse clients and crafted narratives of each client’s history with the foster care system and identified opportunities for system and service changes.
- Signed data sharing agreements to learn about youth experience in various systems such as child welfare, juvenile court and homeless services.
- Engaged youth with lived experience by conducting focus groups and interviews with currently homeless youth with a history in foster care or aging out of foster care.
- The YARH teams assessed available services, identified strengths and gaps and researched potential evidenced based practices.

**Implementation Phase:**

- Continued enrollment and service of homeless youth with a history of foster care into Watch Me Rise.
- Ongoing coaching of the 6-person staff team to refine practice.
- Conducting Follow-Up Questionnaires with all enrolled youth.
- Data transfers and analysis.
- Convening the Lighthouse Youth Advisory Council to train leaders to participate in project CQI efforts.
- Convening Key partners to review progress to date and CQI.

Ohio Reach

Ohio Reach was initiated by foster scholars themselves and a handful of Ohio child welfare and higher education champions who were passionate about improving higher education access and outcomes for youth formerly in foster care. The Public Children Services Association of Ohio
provided the foundation to create a diverse, multi-system board, bylaws and coordinating structure to host staff and manage finances.

Since the beginning, OFC has supported Ohio Reach and held a position on the Ohio Reach Board. Together OFC and Ohio Reach have provided national, state and regional trainings to college professionals, child welfare, and community partners on topics including: The Importance of Community Impact, Keys to Success, The Evolution of Foster Care in Higher Education and Building a Campus Support Program.

Following a generous donation from then Ohio Attorney General Mike DeWine, the Ohio Reach Board was able to hire a full-time program coordinator to create and support mentoring programs on college campuses. To date, there are currently seven Ohio Reach Mentoring Programs on Ohio campuses actively engaging and supporting over 250 former foster youth in their higher education journey.

Adapted from the Essential Elements of a Guardian Scholar Program, Ohio Reach has worked to establish trained college Professionals on the needs of former foster youth on their campuses. While Ohio Reach has intentionally established mentoring programs at seven different campuses, Ohio Reach has worked to have at least a point of contact for former foster youth on campuses within Ohio where a mentoring program is not yet established.

The Ohio Reach Safety Net fund has been established to assist foster scholars who are enrolled in higher education to deal with an immediate crisis in order to stay in school. Well-coordinated with ODJFS for SACWIS verification, linkage to county Chafee program supports, and the new Bridges program for emancipated youth, the Director of Ohio Reach can provide just-in-time assistance. Scholars may receive funding for one emergency per academic year. The maximum amount a student can receive is $500.00. Consultations are made to ensure all other resources are explored, and the student must address a plan to avoid a future crisis.

Created in 2015, The Ohio Reach Mentee Scholarship Program was established to support foster scholars affiliated with Ohio Reach. Eligibility focuses on the scholar’s active involvement in a mentoring program, alignment with the FASFA foster care question regarding having been in foster care at any point during adolescence, and good academic standing.

Currently OFC is working with the Ohio Reach Board on a plan for sustainability of this important work. At this time, it is believed that Ohio Reach will receive state dollars and will be moved under the Ohio Department of Higher Education. It is recommended that the multi-system board continue to guide Ohio Reach and that a full-time staff is hired to manage the program. The future of this plan will be confirmed with the Ohio’s State Budget codification.

Goal 9: Continue to collaborate with other funding sources and statewide initiatives aimed at improving outcomes for youth in transition (e.g., ENGAGE).

The Substance Abuse and Mental Health Services Administration awarded Ohio a System of Care Implementation Grant on July 1, 2013. To facilitate long-term sustainability, the original proposal was amended to refine the target population and project focus. Engaging the New Generation to Achieve Their Goals through Empowerment (ENGAGE) is designed to address the complex needs of multi-system youth and young adults in transition (YYAT), ages 14 – 21, with serious emotional
disturbance/mental illness, including those with co-occurring disorders (substance use and/or developmental disabilities). To ensure programming for those most at risk, the population to be served through ENGAGE now also requires past, current, or risk of involvement with child welfare, juvenile/criminal justice, and/or homelessness. To ensure statewide consistency, the implementation strategy for ENGAGE has been streamlined to use evidence-based High-Fidelity Wrap Around service coordination with incorporated components from the Transition to Independence Process (TIP) model.

Ohio’s multi-level approach to statewide system of care implementation has four components:

- Workforce development;
- Capacity building;
- Evaluation and continuous improvement; and
- Fidelity.

Through a competitive process, the Center for Innovative Practice at Case Western Reserve University was selected to develop the curriculum, training schedules and technical assistance processes.

The ENGAGE Youth Advisory Council was formed with the intent of increasing youth voice in matters of public policy, program development and personal treatment decisions. To that end, the Council launched several initiatives designed to increase awareness of children’s mental health issues and to decrease stigma. These include:

- Maintaining an ENGAGE Youth Facebook page; Implementing an ENGAGE Youth Text Alert System;
- Implementing the Resiliency Ring at the Ohio Statehouse (April 2017) to promote awareness of behavioral health recovery; and
- Designing and distributing a YouTube video to highlight the Council’s work. To view the video, go to: http://www.namiohio.org/nami_ohio_mental_health_apparel

In addition, the ENGAGE Youth Advisory Council has been instrumental in testing OhioMHAS’ Peer Support Certification process and establishing a cadre of trained individuals to assist other transition-age youth.

The ENGAGE Youth Advisory Council continues to be an affiliate of YouthMOVE National. The decision to do so was to ensure long term sustainability following the conclusion of the ENGAGE grant. Additional information on the program can be found at: https://www.fcf.ohio.gov/Initiatives/ENGAGE

**Goal 10: Incorporate pre- and post-testing through the Connecting the Dots (CTD) pilot sites for youth who enroll and obtain services through the CTD.**

Connecting the Dots from Foster Care to Employment and Independent Living (CTD) was a joint initiative between the ODJFS Offices of Families and Children and Workforce Development. The goal of CTD was to dramatically improve the educational and employment outcomes for youth in or emancipating from foster care. Pilot counties were asked to give the youth enrolled in CTD the program entry survey during the enrollment process. This served as a baseline for the population
and assisted CTD service providers in planning individual services for the youth. The survey was modeled after the National Youth in Transition Database Survey (NYTD). A mid-program survey was offered in November 2014 to all youth that completed the program entry survey prior to June 1, 2014, and a final program survey was completed in November 2015. The Connecting the Dots initiative ended December 31, 2015.

The CTD promising practice of joint agency collaboration has produced a broader outcome of success overall and is now being modeled in the newly developed Comprehensive Case Management Employment Program (CCMEP). CCMEP programming is targeted to the same population of youth and assists in their continued employment and educational success.

**Education and Training Vouchers Program (ETV)**

The Ohio State Education and Training Voucher Program (ETV) has been administered by Foster Care to Success (FC2S) since academic year 2004-2005. The program goes well beyond simply awarding a financial grant. The ETV staff forge relationships with students and encourage their dreams, share their joys, and coach them over and around challenges to help them realistically plan and achieve their education and training goals.

The ETV Program is well-integrated with state and local services, public and private as well as higher education initiatives. It facilitates the dissemination of information on scholarships and grants, campus-based programs, and BRIDGES so youth are aware of all the resources available to them. To protect students’ privacy, ETV forwards targeted messages to students advising them of opportunities at their college, in their county, etc.

The program has continually changed and updated how it connects with students. Because youth are highly mobile and may choose to only communicate in fits and starts in addition to phone calls and email, program staff have increased use of text messaging exponentially. The text messaging model now being used is based on ‘nudging’ a multi-tiered actionable, evidence-based model developed by researchers at the University of Virginia and the University of Pittsburgh and is used by colleges across the country to help students start college and progress toward graduation. Research has confirmed that providing accurate bits of information using a text messaging platform is well received by college students. Additionally, there is an Ohio Facebook page for peer sharing, group messaging and students often use it to send a private message to their coordinator.

Ohio uses the Foster Care to Success (FC2S) Data Collection platform which provides accurate, real-time information to record students’ current circumstances: housing stability, reliable transportation, financial literacy, and pregnancy and parenting that factor into post-secondary progress. Through an annual report FC2S informs ODJFS of issues that affected students’ ability to attend and succeed in post-secondary education, as well as annually reporting accurate retention and graduation data.

Young Adults Served through the program for the past five years are as follows:

- **SFY 2015** 376 Students
- **SFY 2016** 335 Students
- **SFY 2017** 339 Students
- SFY 2018 279 Students
- SFY 2019 348 Students (estimated)

Due to the Family First Prevention Services Act of 2018, Ohio expanded the young adults served by the program. Ohio’s program now serves youth who were in foster care on their 18th birthday and aged out, were in foster care at or after the age of 16 and legal custody or guardianship was awarded to a kinship caregiver, were adopted from foster care at or after the age of 16 and youth who will have their foster care case closed between the ages of 18 and 21 years old. Youth are also now eligible to receive ETV funding for a maximum of five years until their 26th birthday.

**Consultation with Tribes**

While there are no federally recognized tribes within the state of Ohio, Chafee 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.

*Services for Children Adopted from Other Counties (section 422(b) (11) of the Act)*

Ohio provides inter-country adoption services through training, homestudy, in-home services, 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.

*Services for Children Under the Age of Five (section 422(b) (18) of the Act)*

A SACWIS point-in-time snapshot of Ohio’s population of children in care on April 1, 2019 shows 795 children ages 0-5 in permanent custody. This is a decrease in the number of children ages 0-5 reported in 2018. 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 717 days while the median number of days is 684. 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 157. During this reporting period, when compared to last year’s reporting period, the median number of days spent in the permanent custody of the agency has decreased.

The SACWIS point in time snapshot of Ohio’s population of children in care on April 1, 2019 identifies 5,421 children ages 0-5 in temporary custody. This is a slight increase from last year. The mean number of days for children in this age group to have spent in temporary custody, to date, is 275 while the median number of days in custody is 225. The length of time children in this age group remain in custody remained the same.
Ohio Administrative Code 5101:2-40-02 Supportive Services for Prevention of Placement, Reunification and Life Skills, requires 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.

Additionally, cross system programming to address the developmental needs of vulnerable children under the age of 5 who are in foster care, being served in-home and in a community-based setting is outlined below.

Early Learning and Development Standards

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 the Ohio Department of Mental Health and Addiction Services, OhioMHAS), the Ohio Department of Developmental Disabilities, and Governor Kasich’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 fourth administration (November 2018) were as follows: 41.5 percent (48,968) 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 36.2 percent (42,725) of these children were Approaching Readiness and needed supports to be able to engage with kindergarten-level instruction. As many as 22.4 percent (26,420) 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 the CFSP implementation period, OhioMHAS distributed 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 Intervention Temprana
- Safe Sleep
- School-to-Prison Pipeline
- FLIP IT poster
- Healthy Eating

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### 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 General Accountability Office’s [2017 Report to Congress on Medicaid and CHIP];
- Selected to be featured at learning symposia by SAMHSA, the Center for Health Care Strategies, and the National Governor’s Association; and
- Featured in the Journal of Substance Abuse Treatment as a quality improvement project that demonstrated better health outcomes and family stability for pregnant women with Opioid Use Disorder and their infants.

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**

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).

Populations of Greatest Risk of Maltreatment (section 432(a) (10) of the Act))

When children are re-abused, negative short-term and long-term consequences follow. Compared to children who are not re-abused, re-abused children exhibit more health problems, developmental delays, cognitive disturbances, social-emotional problems, and psychopathology. In addition, they are more likely to engage in delinquent activities, and enter the juvenile justice system. These factors demonstrate the sad impacts of re-abuse, but what are the contributing factors?

Contributing factors have been thoroughly researched and center on caretaker/family issues and child characteristics. Issues involving caretaker/family include mental health problems, alcohol and substance abuse, and domestic violence. If a caretaker was less than 19 years of age at the birth of her first child, or was in the foster care system as a child herself, her children are at higher risk of re-abuse. Household structure has also been noted as an influence: Children in single parent households or households with step-parents experience more re-abuse.

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Children are at heightened risk if they have a range of special needs, including behavior problems, mental health issues, disability/health problems, substance abuse, special education involvement, and developmental delays. While ethnicity has been studied as a predictor of recurrence, the results are mixed. In some studies researchers have found that a child identified as Caucasian/White is at a higher risk for recurrence, while in other studies they found no difference across a range of socio-demographic variables for predicting recurrence of maltreatment. Similarly, gender as a predictive factor has had mixed results, too. Some studies found that females experience recurrence less frequently, while others have found that females experience recurrence of maltreatment more frequently or have found no difference in frequency of recurrence.

To understand some of the driving factors in Ohio, a logistic regression was done on children who had substantiated/indicated reports between 2013 and 2018, using the following factors:

- County
  - All 88 Counties
- Age group
  - < 2 years
  - 2-5 years
  - 6-13 years
  - 14-16 years
  - 17 years
- Gender
- Type of abuse:
  - Emotional Maltreatment,
  - Medical Neglect

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Drake et al., “Rereporting of child maltreatment: Does participation in other public sector services moderate the likelihood of a second maltreatment report.”

9 Drake et al., “Rereporting of child maltreatment: Does participation in other public sector services moderate the likelihood of a second maltreatment report.”


11 Bae et. al., “Multiple child maltreatment recurrence relative to single recurrence and no recurrence.”
Drake et al., “Rereporting of child maltreatment: Does participation in other public sector services moderate the likelihood of a second maltreatment report.”

12 Rittner, “The use of risk assessment instruments in child protective services case planning and closures”

13 Lipien et. al., “An event history analysis of recurrent child maltreatment reports in Florida,”.
- Neglect
- Physical Abuse
- Sexual Abuse

- Situational concerns:
  - Child’s emotional behavior problems
  - Child’s physical social cognitive problems
  - Caregiver’s cognitive abilities
  - Domestic violence
  - Parent’s emotion mental health functioning
  - Parenting problems
  - Parent’s physical health
  - Substance abuse

- Investigation decision:
  - Close the Case
  - Refer and Close the Case
  - Transfer the Case to On-going

The results were illuminating, and an interactive Excel file was developed for users to learn about the interplay of factors contributing to re-abuse. When the Excel file is used, users select the county, child age, gender, situational influences. The likelihood of re-abuse within one year within three conditions: (1) case closure, (2) case referred and closed, and (3) case transferred for on-going services.

In most instances, cases that are referred and closed are the more likely to have children who will experience a re-abuse in one-year, than cases that are closed or transferred for on-going services. The following figures illustrate the use of the Excel file by depicting two scenarios. The first scenario (Figure 1) is a male child victim who is less than 2 years old, with situational factors of an out-of-home-perpetrator and domestic violence.

- If the case is Closed, there is a 17% chance the child will be re-abused.
- If the case is Referred and Closed, there is a 24% chance the child will be re-abused.
- If the case is Transferred to On-going Services, there will be a 13% chance the child will be re-abuse.
This same scenario (Figure 2) can be compared to one where all the characteristics are the same, except for child age being changed to 6-13 years old.

- If the case is Closed, there is a 23% chance the child will be re-abused.
- If the case is Referred and Closed, there is a 31% chance the child will be re-abused.
- If the case is Transferred to On-going Services, there will be a 17% chance the child will be re-abuse.
This analysis prompts counties to examine the special combinations of contributing factors to re-abuse and connect these high-risk factors to an array of targeted services. The following table provides the five-year CFSP activity update on the entities that provided services for each of the contributing factors of re-abuse.

Figure 2: Likelihood of abuse, example 2
<table>
<thead>
<tr>
<th>Contributing Factors</th>
<th>Entities that Provided Programs for An Array of Services</th>
<th>Update on Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional and Mental Health</td>
<td>Patient-Centered Medical Homes</td>
<td>Ohio continued to expand use of Patient-Centered Medical Homes and Integrated Treatment Models.</td>
</tr>
<tr>
<td></td>
<td>State Health Improvement Plan</td>
<td>Ohio’s comprehensive statewide health plan; addressed improving provision of behavioral health services as a targeted objective of this work. (Refer to Health Plan)</td>
</tr>
<tr>
<td></td>
<td>Trauma-Informed Care</td>
<td>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)</td>
</tr>
<tr>
<td></td>
<td>Telehealth</td>
<td>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)</td>
</tr>
<tr>
<td>Parenting Skills</td>
<td>Family-Centered Services and Supports (FCSS)</td>
<td>Parenting education and peer support continued to be offered statewide through the Cabinet’s Family-Centered Services and Supports (FCSS) project. (Refer to Update on Service Description)</td>
</tr>
<tr>
<td></td>
<td>OCTF Regional Prevention Councils</td>
<td>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)</td>
</tr>
<tr>
<td></td>
<td>Strengthening Families</td>
<td>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)</td>
</tr>
<tr>
<td>Contributing Factors</td>
<td>Entities that Provided Programs for An Array of Services</td>
<td>Update on Activities</td>
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<tr>
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<tr>
<td><strong>Parenting Skills</strong> (continued)</td>
<td>Early Childhood Mental Health</td>
<td>Ohio continued to increase parental competencies though implementation of the Early Childhood Mental Health Program and dissemination of evidence-based programming. <em>(Refer to Update on Service Description)</em></td>
</tr>
<tr>
<td><strong>Substance Abuse</strong></td>
<td>Maternal Opiate Medical Support (M.O.M.S.)</td>
<td>Ohio launched M.O.M.S.2.0 utilizing a portion of funding received through the federal 21st Century Cures Act. <em>(Refer to Update on Services Description)</em></td>
</tr>
<tr>
<td>Ohio START (Sobriety, Treatment, and Reducing Trauma)</td>
<td>Ohio 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, The Ohio Governor’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 &amp; Addiction Services (OMHAS), the Ohio Department of Job and Family Services (ODJFS), behavioral health providers, and juvenile/family courts. The goal of Ohio START is to ensure child safety while supporting parental substance abuse services to support long-term stability and recovery. Programming is trauma informed. Family peer mentors are also 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. 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. Thirty-two counties in Ohio are currently implementing START: Ashtabula, Athens, Brown, Butler, Carroll,</td>
<td></td>
</tr>
<tr>
<td>Contributing Factors</td>
<td>Entities that Provided Programs for An Array of Services</td>
<td>Update on Activities</td>
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</tr>
<tr>
<td>Substance Abuse (continued)</td>
<td>Clinton, Delaware, Erie, Fairfield, Fayette, Franklin, Gallia, Hardin, Hamilton, Highland, Hocking, Jackson, Lorain, Lawrence, Meigs, Mercer, Morrow, Ottawa, Pickaway, Richland, Ross, Seneca, Stark, Summit, Trumbull, Warren, and Vinton.</td>
<td>The Ohio State University College of Social Work and the Voinovich School of Leadership and Public Affairs at Ohio University will be collecting data throughout the grant term to determine the effectiveness of this program. <a href="https://csw.osu.edu/wp-content/uploads/2017/04/2017-4-April_Ohio-START.pdf">https://csw.osu.edu/wp-content/uploads/2017/04/2017-4-April_Ohio-START.pdf</a></td>
</tr>
<tr>
<td>Use of Medication Assisted Treatment (MAT)</td>
<td>Through implementation of the 21st 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.  <a href="#">Refer to Health Care Plan</a></td>
<td></td>
</tr>
<tr>
<td>Medicaid Expansion</td>
<td>Ohio continues to increase access to needed behavioral health care services through expansion of Medicaid health care coverage.</td>
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<tr>
<td>Increased use of Patient-Centered Medical Homes</td>
<td>Ohio continues to expand use of Patient-Centered Medical Homes and Integrated Treatment Models.</td>
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</tr>
<tr>
<td>State Health Improvement Plan</td>
<td>This past year, Ohio developed a comprehensive statewide health plan; improving provision of behavioral health services is a targeted objective of this work.  <a href="#">Refer to Health Care Plan</a></td>
<td></td>
</tr>
<tr>
<td>Family Drug Courts</td>
<td>Through the SSRP increased the number of family drug courts as well as to infuse family drug court principles into other systems.  <a href="#">Refer to Goals 5, Objective 7, Intervention 3</a></td>
<td></td>
</tr>
<tr>
<td>Prescription Guidelines</td>
<td>Ohio has established prescription guidelines regarding use of opioid medications. Training and monitoring of prescriptions are on-going. In addition, specific regulations associated with safe prescribing practices were released on August 30, 2017.</td>
<td></td>
</tr>
</tbody>
</table>
## Contributing Factors

<table>
<thead>
<tr>
<th>Entities that Provided Programs for An Array of Services</th>
<th>Update on Activities</th>
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</thead>
<tbody>
<tr>
<td>Early Childhood Mental Health Consultation</td>
<td>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 Early Childhood Mental Health Consultation.)</td>
</tr>
<tr>
<td>Safe and Together</td>
<td>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.</td>
</tr>
<tr>
<td>Early Childhood Mental Health Consultation</td>
<td>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 Early Childhood Mental Health Consultation.)</td>
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</tbody>
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### FY 2018 Kinship Navigator Funding (title IV-B, subpart 2)

Since the passage of the Family First Prevention Service Act in February 2018, the ODJFS has made great strides in preparing the state of Ohio to participate in the new Title IV-E kinship navigator funding option. ODJFS has broadened Ohio’s Navigator program to include the development of an Adoption Navigator Program along with the development of the Kinship Navigator Program. While kinship caregivers and adoptive parents are distinct populations with individualized needs, common needs exist across both groups. Therefore, ODJFS has braided resources in both programmatic areas to support the development of programming to meet these families’ needs.

The FY 2018 Kinship Navigator funding received in November 2018 has assisted the State in moving forward in this effort. Ohio has used/plans to use these funds on the following activities:

- Ohio Kinship and Adoption Navigator (OhioKAN) Program Consultant contract: A contract has been awarded to an external consultant, Kinnect, to facilitate the development of this program. The Request for Proposal required vendors to demonstrate a knowledge of and expertise in program evaluation methodologies. Kinnect is responsible for researching kinship navigator models implemented nationally, developing a design group and facilitating meetings of the design group and interested stakeholders. The contract requires Kinnect to develop an implementation plan as well as an evaluation plan by September 30, 2019.
• **FosterAndAdopt.jfs.ohio.gov** website upgrade: This upgrade will incorporate kinship-specific content and branding. The website will offer:
  - information for both current and prospective kinship caregivers including a searchable FAQ section.
  - an available resources map which will assist kinship caregivers in locating services in their area.
  - an online calendar which will offer listings of events, activities and trainings that can be narrowed down by location and type.
  - a Contact Us form which will allow the caregiver to reach out to our office for additional assistance.

The website already offers a robust social media integration including share buttons, follow buttons and download ability that enables visitors to share posts directly from the website to Facebook and Twitter. The upgrade will expand these features to Instagram.

• Post Guardianship funds: OFC provided funding to two counties with Kinship Navigator Programs to develop new kinship programming. One county created a post assistance for kinship program (PAK) that is designed to preserve and assist kinship families in crisis who have legal custody of children with specific or special needs. The other county will utilize the funds to assist kinship care providers in meeting the needs of children in their care. The funds are intended to assist with clothes for the changing seasons, daycare, transportation expenses, enrichment activities such as sports, music and STEM camps as well as non-Medicaid covered services such as equine therapy.

• Kinship Caregiver Month Media Campaign: During the month of September 2019, ODJFS will conduct a media campaign to promote Kinship Month and the launch of the updated website.

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**Child Welfare Waiver Demonstration Activities**

As a legacy state, Ohio has had a Title IV-E Waiver since 1997. The counties that have been part of the waiver since have engrained in their agency culture and their community culture that family engagement, prevention services, kinship services, and community partnership are the best way to successfully serve children and families. It has only been through the use of flexible waiver funding that originally innovative strategies have become evidence-based waiver interventions that positively impact significant outcomes in the waiver counties.

ProtectOHIO continues its composition of fifteen (15) of Ohio’s eighty-eight (88) county public children services agencies, which covers over one-third of Ohio’s child welfare population, and 16 control counties for comparison. The fifteen (15) demonstration counties are Ashtabula, Belmont, Clark, Crawford, Fairfield, Franklin, Greene, Hamilton, Hardin, Lorain, Medina, Muskingum, Portage, Richland and Stark. The sixteen (16) comparison counties are Allen, Butler, Clermont, Columbiana, Guernsey, Hancock, Mahoning, Miami, Montgomery, Morrow, Perry, Scioto, Summit, Trumbull, Warren, and Wood.

During Phase III (2010-2015) and Phase IV (2016-2019) of Ohio’s Title IV-E Waiver Demonstration Project, ODJFS and the ProtectOHIO Consortium selected two distinct core
interventions to serve as the continued focus of waiver activities. All fifteen (15) participating counties have continued to implement both core interventions, which are briefly described below:

**Family Team Meetings (FTM)** – Endeavor to engage a 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 at risk of out-of-home placement or in out-of-home placement. This is a family-driven process with a neutral facilitator to create a foundational plan to ensure child safety while working to strengthen the family through community resources and family supports.

**Kinship Supports** – Increase attention to and support for kinship caregivers and their families, ensuring that kinship caregivers have the support they need to meet a child’s physical, emotional, educational, financial and basic needs once a child is placed with a kinship caregiver. The intervention includes a set of core activities specifically related to the kinship caregiver including home assessment, needs assessment, support planning, and service referral and provision.

Various waiver counties have successfully used this intervention in two ways. As a prevention service, to prevent a kinship caregiver/child not involved in the child welfare system from entering/further penetrating the child welfare system when referral for a service(s) or financial support can remediate the safety concerns. As well as an intervention to formally serve kinship caregivers who are caring for a child that cannot safely remain in their own home. This is regardless of whether the child is in the custody of a child welfare agency or in the custody of a kinship caregiver.

The Family Team Meeting (FTM) and Kinship Supports interventions have proven to be effective prevention services to prevent children and families from entering and/or re-entering the child welfare system and also as effective intervention services. These waiver interventions have also shown evidence of positively impacting several other important outcomes for children and families with open cases in the child welfare system. Some of these outcomes are:

- Engagement of families, their supports, and community resources from the beginning and throughout the duration of the case.
- Reduction in number of days a case is opened for services.
- Preventing the unnecessary removal of children from their homes.
- Placement of children, that require out-of-home placement, with kin/kinship whenever possible, as a first option to lessen trauma for the child.
- Increase permanency rates for children who are in out-of-home care by:
  - Reached permanency in significantly fewer days.
  - Greater placement stability, significantly fewer placement moves.
- Reduce likelihood of experiencing abuse/neglect after exiting out-of-home care.

In addition to the core interventions, participating counties have also had the option to spend flexible funds on other prevention and/or supportive services that strengthen and promote family
capabilities, prevent placement, and promote permanency for children in out-of-home care. These additional strategies include visitation, managed care, and community specific services/programs that enhance the resources to children, families and kinship caregivers.

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 fifteen (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 the five-year plan, the ProtectOHIO Consortium met on a bi-monthly basis. The focus of these meetings was to continue discussion on ways to increase fidelity to the interventions to enrich outcomes for the Phase IV waiver extension, identify evaluation data, share placement data, fiscal data and plan for sustainability of the proven core interventions.

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 current model of up front flexible funding.

During this period and based on the Consortium’s request, ODJFS has been providing several types of training in the areas of title IV-E eligibility, traditional claiming, fiscal management, SACWIS entry and county reports to prepare the demonstration counties for the end of the waiver.

Quarterly meetings were also held during the five-year period among three different subcommittees (FTM, Kinship Supports, and Fiscal) to plan for continued implementation of the interventions and continuation of the waiver and evaluation. The focus of the FTM and Kinship Supports subcommittees was fidelity to intervention models, discussion about barriers to fidelity and strategies to resolve identified barriers. Of primary consideration for the Fiscal subcommittee was evaluation of fiscal impact, budget neutrality, placement day costs, and long-term sustainability with the impending end of the waiver and then transition to implementation of the Family First Prevention Services Act. The Fiscal subcommittee completed 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. ODJFS received the proposal and acknowledged the need for additional fiscal training.

In addition, six Consortium members, ODJFS staff and evaluation members attended the Twentieth Annual Child Welfare Waiver Demonstration Projects Meeting held in Washington, D.C. in July 2018.
On May 30, 2019, Ohio’s Semi-annual Report (for the period of October 1, 2018 through March 31, 2019) 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 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 blended learning course that was developed in 2017. The blended learning course consists of two components:
  o 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.
  o 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.
- Continue to review data regarding the Kinship Supports intervention and kinship 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 Supports intervention model.

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

- High Fidelity FTM Subcommittee: OCWTP staff developed a blended training program in 2017 which included classroom training and web-based training on the FTM intervention manual. The Subcommittee continues to formulate ideas on how to increase fidelity to the FTM model across counties. After evaluation 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. The HSRI evaluation team conducted additional analyses to explore whether ‘attendee’ or ‘timeliness’ fidelity components have more bearing on positive outcomes. In the most recent report, (April 2019) it shows that timeliness fidelity has the most significant influence on positive outcomes.

- **Kinship Supports Intervention Subcommittee**: The Kinship Supports Intervention 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 or not and regardless of custody status or supervision orders. The process and outcomes findings have helped to inform potential ways in which the kinship intervention could be refined. To enhance fidelity and service delivery, the Subcommittee developed the *ProtectOHIO Kinship Supports Intervention (Self-Directed): Implementing the ProtectOHIO Kinship Supports Manual* course in partnership with the Ohio Child Welfare Training Program. This online tool is a resource for caseworkers in ProtectOHIO counties, as well as any Ohio county, and consists of three components: a workbook for caseworkers, a supervisor companion guide, and seven on-line presentations.

- **Fiscal Subcommittee**: This committee has recently become part of the Consortium meetings instead of a group that meets separately. However, the focus will continue to be review and discussion of current usage of funding and flexibility/creative ideas being utilized for services to children and families. The focal point for the past year has been on identifying 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.

  o 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.
  o 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.
  o 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.”

Ohio and ProtectOHIO counties are hopeful that the twenty (20) plus years of original waiver interventions, which were created through flexible waiver funding, will be recognized as evidence-based programs under the FFPSA Clearinghouse since each intervention has proven through evaluation, over an extended period of time, to have significant positive impact on child/family outcomes.
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 counties 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 interventions 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 interventions, 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 non-traditional things, and allowing the agencies to provide 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.
- It has caused a positive change in the way the community and families view the child welfare agency and the services/interventions that may be provided; from punitive/intrusive to supportive and individualized.

Adoption and Legal Guardianship Incentive Payments (section 473A of the Act)

Adoption incentives earned from FFY2015-FFY2018 total $2,663,501. Of this amount, $1,686 lapsed. To date, Ohio has invested $424,743 in its new Foster and Adoption Website. Tentative plans for the remaining incentive funding include:

- Expanding the number of adoption recruiters statewide;
- Increasing the compensation rate for adoption recruiters;
- Providing specialized training for mental health professionals who provide services to adoptive families;
- Adding kinship caregiver resources to the Foster and Adoption Website;
- Maintaining the state’s photo listing that provides detailed information about children available for adoption; and
- Providing funds to local agencies for adoption facilitation and post adoption services.
IV. Program Support

Training and Technical Assistance Provided to Counties

Training and technical assistance in support of the goals and objectives of the CFSP are identified in Section II: Update to the Plan for Improvement and Progress Made to Improve Outcomes. Training of public and private agency staff and foster and adoptive parent training is primarily provided by:

- The Ohio Child Welfare Training Program (initial training, ongoing training, and specialized training for caseworkers, supervisors, foster caregivers, adoptive parents, kinship caregivers).
- Private Child Placing Agencies and Private Non-Custodial Agencies who are approved to operate a Preplacement Training Program or a Continuing Training Program.
- ODJFS program staff and SACWIS staff (either on-site at the court agencies, at regional meetings, or via Webinars).

Technical assistance to public and private agencies is primarily provided by:

- ODJFS, OFC Technical Assistance Managers and Technical Assistance Specialists who are assigned to specified public children services agencies.
- ODJFS, OFC Foster Care Licensing Program Administrators and Licensing/Certification Specialists who are assigned to specified public children services agencies, private child placing agencies and private non-custodial agencies.
- ODJFS program staff and SACWIS staff.
- SACWIS Help Desk.
- Office of Families and Children Help Desk

State Technical Assistance or Capacity Building Needs

1. 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. At this time ODJFS did not pursue this request.
2. A request was made for technical assistance from the Capacity Building Center for States and The Center for Courts to assist in formulating the revised CFSR, PIP. Technical Assistance was provided.
3. A request was made for technical assistance from the Capacity Building Center to assist in development of the 2020-2024 CFSP. Technical assistance was provided.
4. A request was made to the Capacity Building Center for States for a process map for aligning the Family First Prevention Services Act, the CFSR PIP, the APSR and the CFSP to be used during a team building session for senior managers. The request was not responded to.
Evaluation

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

- 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
- OCWTP evaluation.

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 II of the APSR).

Management Information System

Ohio is on target with the enhancements to SACWIS outlined in the 2015-2019 CFSP. Additionally, SACWIS data reports have been utilized to monitor performance by county and state staff throughout the duration of the 2015-2019 CFSP.

Quality Assurance System

Ohio is on target with strengthening its child welfare statewide Continuous Quality Improvement (CQI) system. Section II of this report provides information on CQI efforts. Additionally, the Child Protection Oversight and Evaluation process, implemented more than twenty years ago, is a systematic and consistent method used to review child welfare practice at the county level through case record reviews and interviews with case participants. Statewide results are used to inform the need for provision of technical assistance, provision of training, making policy changes, and developing new initiatives.
V.  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 May 1, 2019, 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, nine had ‘American Indian’ as the only race identified. The other 270 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 (69), followed by Franklin County (48), Cuyahoga County (23), and Clermont County (20). The remaining children of Native American heritage were in the custody of 40 other agencies across the state.

Compliance with ICWA

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

- Ensures consistency between state and federal ICWA definitions and regulations.
- Requires 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 were updated to incorporate the new federal regulations and the updated ICWA guidelines issued in June of 2016 by the Bureau of Indian Affairs.

ICWA compliance is monitored by the State through on-site agency case record reviews.

**Strategies to Improve ICWA Compliance**

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**

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. NAICCO implements the following culturally-specific programs:

• **White Bison**- a “Wellbriety” initiative designed to prevent substance use and facilitate chemical dependence recovery for Native and Non-Native peoples using the Healing Forest Model and community healing;
• **Sweat Lodge Ceremonies** - Inipi ceremonies designed to bring mental, emotional, and spiritual purification;
• **Talking Circles**- Weekly meetings designed to increase protective factors for individual participants through education and support; and
• **Creative Circles** - Weekly meetings to promote communal empowerment through the teaching of traditional native skills (e.g., beadwork, quilting, pottery, sewing, basketry, singing).

NAICCO continued its partnership with the ODJFS, Office of Family Assistance as an *Ohio Benefit Bank* (OBB) site. Through this partnership, NAICCO can 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:**
  o Food Assistance;
  o Women Infants and Children (WIC); and
  o USDA Child Nutrition Programs.

• **Healthcare Assistance Programs:**
  o Health Care Programs for Families and Children;
  o Medicaid for the Aged, Blind and Disabled;
  o Medicare Premium Assistance;
  o Child and Family Health Services (CFHS);
  o Bureau for Children with Medical Handicaps (BCMH);
  o Extra Help for Medicare Part D; and
  o Ohio’s Best Rx.

• **Other Programs:**
  o Home Energy Assistance Program (HEAP);
  o Child Care Assistance;
  o Ohio Works First Cash Assistance (OWF);
  o Golden Buckeye Program;
  o Senior Community Service Employment Program (SCSEP);
  o Big Brothers / Big Sisters “Amachi” Youth Mentoring Program; and
  o Voter Registration.

ODJFS, OFC 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.

To learn more about NAICCO, including their parenting program, substance use recovery services, and cultural engagement efforts, go to: [https://www.youtube.com/watch?v=QoXUGWAfXWU](https://www.youtube.com/watch?v=QoXUGWAfXWU)
To view, *Staying Indian in Ohio*, a documentary produced by NAICCO, go to:
https://www.youtube.com/watch?v=hp15X7VMwak
VI. Child Abuse Prevention and Treatment Act (CAPTA) State Plan Requirements and Update

Introduction

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

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

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

Changes to State Law

Ohio has not enacted any statutory changes that would affect CAPTA program eligibility since the last update was submitted in 2018.

Significant Changes to the Previously Approved CAPTA Plan

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

CAPTA Update

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

1. Improving the intake, assessment, screening and investigation of reports of child abuse and neglect.

2. Improving case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families.

3. Enhancing the general child protective system by developing, improving and implementing risk and safety assessment tools and protocols, including the use of differential response.
4. Developing, strengthening, and facilitating training including:

   a. Training regarding evidence-based strategies, including the use of differential response, to promote collaboration with the families;
   b. Training regarding the legal duties of agency/court personnel and law enforcement;
   c. Personal safety training for caseworkers; and
   d. Training in early childhood, child, and adolescent development.

5. Developing and implementing procedures for collaboration among child protective services, domestic violence services, and other agencies in:

   a. Investigations, interventions, and the delivery of services and treatment provided to children and families, including the use of differential response, where appropriate; and
   b. The provision of services that assist children exposed to domestic violence, and that also support the caregiving role of their non-abusing parents.

6. Developing and delivering information to improve public education relating to the roles and responsibilities of the child protection system including the use of differential response and the nature and basis for reporting suspected incidents of child abuse and neglect.

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

   a. To provide child abuse and neglect prevention and treatment services (including linkages with education systems), and the use of differential response; and
   b. To address the health needs, including mental health needs, of children identified as victims of child abuse or neglect, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports.

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

**Screening Update**

The Screening Guidelines workgroup continues to meet and work towards finalizing the revised screening guidelines.

**Training Update**

Beginning August 2017, all prospective OCWTP trainers/coaches were required to participate in a CAPMIS TOT. New trainers/coaches will have one year from their approval date to complete the requirement. The OCWTP commits to offering this TOT, at minimum, on a quarterly basis. The CPS program provides the CAPMIS TOT trainings.
PROVIDED SESSIONS over the past year:

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The direction of training efforts has been informed by Ohio’s recent CFSR Round 3 results, which indicated the need for improving fundamental assessment skills. The CPS program area has started a process of meeting with individual county administration to develop a customized plan of training and support to improve understanding of Ohio’s Assessment and Planning model, CAPMIS. Initial meetings to plan specific training for each county have been unique but always include, Child Protection data expertise, CPS policy staff, a Technical Assistance Specialist (TAS), SACWIS training specialists, as well as an expert in the CFSR process. The training efforts generally consist of a top-down approach to training and coaching where staff are trained following the agency administration. Follow up support is provided with ongoing coaching and any other needed support, as well as the formation of regional peer support networks. The CPS program area has trained the administration of Cuyahoga, Summit, Fairfield, Muskingum, Athens, and Guernsey counties. There is a systematic strategy for continuing these efforts with all Ohio counties, beginning with Ohio’s 15 CFSR Counties. The training provided by the CPS program area includes Assessing Safety, Safety Planning, Assessing Strengths and Needs (Risk), and Case Planning.

Since 2015, the OCWTP has developed the following two standardized six-hour classroom workshops, one 90-minute virtual GAP session, and one Supervisor Roundtable Series to enhance supervisor’s knowledge and ability to supervise critical decision-making points in the case process:

- **Supervising Quality Assessment of Safety**: This workshop develops supervisory skill in helping caseworkers do better assessments of safety; a process that statewide reviews have consistently found needs to be improved. It has been offered four times with a total of 59 supervisors. (See APSR for evaluation data.)

- **Supervising Quality Assessments of Safety Online GAP Session**: This is a highly interactive virtual session where supervisors process successes and challenges to applying what they learned in the training above. It has been piloted one time with six supervisors.

- **Supervising Quality Case Planning**: Using cases from their own units, supervisors practice key supervision strategies to help develop caseworkers’ skills in case planning. Emphasis is placed on facilitating critical thinking and ensuring case plans are assessment-driven, behaviorally-specific, and measurable. This workshop has been offered eight times with a total of 69 supervisors. (See APSR for evaluation data.)
Supervisor Roundtable Series: Supervising Quality Assessments of Safety: This Supervisor Roundtable focuses on quality supervision of assessment of safety. It involves three classroom sessions with two in-field check-ins and is currently being implemented. Supervisors have selected areas of practice that need enhanced by their units; collected baseline data on the area of practice; and finalized unit goals and action plans. They are currently implementing their plans and will return in June to share results and develop strategies to sustain progress.

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

Case Planning Tools Update

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

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

Additional joint application and design sessions (JAD) were held and an internal implementation work team created. The work team and JAD sessions included staff from SACWIS, CPS policy and 3 representatives from the field office staff. The team completed additional revisions to the tools and functionality to enhance the intuitive design based on case specifics. The SACWIS functionality is anticipated to be released in a build in September 2019. Upon the build release,
one family case planning tool will be utilized throughout the life of the case in both the traditional and alternative response pathways.

During the implementation process:
- Open cases without a Case Plan or Alternative Response (AR) Family Service Plan will automatically transition to the Family Case Plan tool. All proceeding Case Reviews and SARs will be completed on the revised tools.
- All open cases with an approved AR Family Service Plan or Case Plan will be required to have a completed Family Case Plan within six months from the implementation date of the SACWIS functionality.
- Agencies will be required to update AR Family Service Plans and Case Plans when a case plan amendment/update is necessary.

The implementation team created a SACWIS data report to identify cases in which a case plan has yet to be completed or the case has been inactive for at least 180 days to assist PCSAs in identifying cases for closure to ease the burden at implementation. This report has been generated and distributed by SACWIS. The number of the cases has significantly reduced within the first few iterations of the release of the data report. SACWIS staff plan to continue to pull this data for PCSAs close to the build release.

CPS policy staff and SACWIS staff are also teaming to provide seven live walk-through presentations of the new functionality to assist leads within each agency with preparing to implement the new functionality. Six sessions are dedicated to PCSA staff regionally throughout June and July of 2019. Another session will be offered at the Juvenile IV-E roundtable in June to meet the unique implementation and training needs of the IV-E courts. One of the sessions will be recorded and posted on the SACWIS knowledge base for PCSAs or IV-E court staff to view as it meets the agency or workers individual needs.

Learning labs will also be offered approximately two to three weeks prior to the release date of the SACWIS build. Agencies are encouraged to identify designated staff to attend the learning labs to develop the capacity to assist internal staff with the implementation of the new functionality. SACWIS and field office staff will be on hand during these sessions to provide direct support of the agencies need to understand the functionality and address their individual implementation issues or concerns. Additionally, knowledge base articles are being developed to provide a step-by-step walkthrough of the functionality. These articles will be posted on the SACWIS knowledge base for wide distribution.

Ohio’s Citizen Review Panel Update

Ohio’s Citizen Review Panels (CRP) are county-based and each panel focuses on a specific topic of concentration. In January of 2016, ODJFS entered into a contract with The Ohio State University (OSU) and three panels were established. The Children’s Bureau recommends a focus on integrating Safety, Permanency, and Well-Being. At the end of 2018, Ohio had three CRPs
located in different areas of the state. The Safety Panel is in Franklin County, the Permanency Panel is in Athens County, and the Well-Being Panel is in Hamilton County.

OSU provides administrative support to the CRPs and redesigned the program to create the three new CRPs in Ohio. The OSU team provides the following services to the CRP panels:

- Membership recruitment
- Tracking/maintenance of panel membership
- Training new CRP members
- Maintenance of online training site
- Assisting with agenda creation for bimonthly meetings
- Partnering with new chairpersons to run the meetings
- Facilitating communication between CRPs and ODJFS/PCSAs
- Providing support to panels in obtaining data from ODJFS
- Assisting panels in gathering data from other sources
- Data analysis

Panels reviewed statewide data to make recommendations that are applicable statewide rather than narrowed to their respective geographic location. Panel members are volunteers and are not appointed or compensated for their work. They were strategically recruited to ensure the panels have equal representation among gender, race, age, and professional discipline. CAPTA details the following two objectives for the CRP program:

1. Evaluate the impact of current child services procedures and practices on children and families in the community.
2. Provide the information to the public for outreach.

The Safety Panel in Franklin County focused their work on the structure and organization of training for new child welfare caseworkers and supervisors in Ohio and the relationship to high turnover rates in Ohio. The Permanency Panel located in Athens County focused on the issues surrounding the recruitment and retention of foster and kinship families in Ohio. The Well-Being Panel located in Hamilton County focused on the timelines and availability of mental health services provided to children involved in the child welfare system.

At the end of 2018 the OSU team began recruitment activities to add two additional panel sites to the CRP. The recruitment for panel members in Northwest and Northeast Ohio is complete, with all applications received, reviewed and members selected. The new panel members were required to complete their first four training modules prior to their first meetings, which were held in March. The panel located in Sandusky County met on March 14, 2019, and the panel located in Stark County met on March 22, 2019. They will submit their first annual report in May of 2020. The annual meeting for all CRP members, including the new panel groups, occurred on May 22, 2019.
Statewide Child Fatality Review Advisory Committee (SCFRAC) Update

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

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

Local boards in each county or region are mandated to review all deaths of children under 18 years of age, from all causes. The SCFRAC receives reports from each county or regional CFR team that examine what specific changes the local team believes should occur to prevent other deaths and keep children safe, healthy, and protected. Reports on individual case reviews include specific recommendations and/or actions that resulted from the case review. Recommendations may involve the development or revision of laws, policies, practice, programs and services; and improvements in protocols and procedures. This report can be accessed via the internet at the following web address: https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/child-fatality-review/media/2018-cfr-annual-report

The following data summary is taken from the Ohio Child Fatality Review Eighteenth Annual Report. This report includes reviews of child deaths that occurred in 2017 and aggregate reviews for 2013-2017. There is a two-year delay in the data reported by the Committee due to confidentiality issues and policies that require resolution of criminal investigations before data can be sent to the SCFRAC.

Child Fatality Review Findings

2013-2017 Key Findings
For the five-year period 2013-2017, reviews were completed for 6,920 child deaths, which is 91 percent of the child deaths reported by the Ohio Bureau of Vital Statistics. Deaths that were not reviewed include cases still under investigation or involved in prosecution, and out of state deaths reported too late for thorough review. Late-year deaths for which death certificates were not yet available to local review boards were also not reviewed.

Black children and boys of all races died at disproportionately higher rates than white children and girls of all races for most causes of death. Thirty-five percent (2,456) of deaths reviewed were
black children and 57 percent (3,980) were boys of all races. Their representation in the general population is 18 percent for black children and 51 percent for boys of all races. Ninety percent of reviews were for non-Hispanic children.

Other key findings are presented below:

- Twenty-six percent of the deaths of white children were found to be preventable. Twenty-five percent of the deaths of black children were found to be preventable.
- Twenty-five percent of all reviews were found to be preventable by local CFR boards.
- Natural deaths accounted for 71 percent of all deaths reviewed.
- Accidents (unintentional injuries) accounted for 14 percent of the deaths reviewed.
- Homicides accounted for 4 percent of the deaths reviewed.
- Suicides accounted for 4 percent of the deaths reviewed.
- Seven percent of the deaths reviewed were of an undetermined, or unknown manner.

**Sleep-related Reviews**

Fifteen percent (691) of infant deaths reviewed were sleep-related. The following information provides more detailed information on sleep-related deaths.

- Eighty-eight percent of reviewed sleep-related deaths were for infants between 29 days and 1 year of age.
- Co-sleeping was reported at time of death for 52 percent of reviews.
- Second-hand smoke exposure was reported for 35 percent of reviews.
- Infants were put to sleep on their back in 48 percent of reviews.
- Seventy-one percent of infant sleep-related deaths were found to be preventable.

**Child Abuse and/or Neglect Reviews**

Two percent of the deaths reviewed were related to child abuse and/or neglect. The following information provides more detailed information on child abuse and/or neglect related deaths:

- Seventy-nine percent of child abuse/neglect reviews were for children younger than 5 years of age.
- In forty-two percent of the reviews, the perpetrator was a parent (biological, step, or adoptive).
- Ninety-five percent of these deaths were found to be preventable.

For the five-year period from 2013 through 2017, CFR boards reviewed 139 deaths from child abuse and neglect. These represent two percent of the 6,920 deaths reviewed.

- Sixty percent (84) of the reviews indicated that abuse caused or contributed to the death, while 35 percent (48) indicated that neglect caused or contributed to the death. Seven reviews indicated both abuse and neglect caused or contributed to the death.
- Seventy-nine percent (110) of child abuse and neglect deaths occurred among children younger than 5 years old.
- Thirty-six percent (50) of the child abuse and neglect deaths reviewed indicated the child had a prior history of child abuse and neglect.
- Twenty percent (28) of the deaths had an open child protective services case at the time of the incident.
Twenty-nine percent (41) of the reviews indicated the child’s primary caregiver had a prior history as a perpetrator of abuse or neglect.

**Reviews by Age Groups**
Examination of data by age groups revealed the following:
- Sixty-seven percent of the deaths reviewed were infants (birth-364 days old).
- Seventy percent of reviews were for infants 28 days or younger.
- Eighty-one percent of reviews were due to medical causes.
- Sixty-five percent were born at or before 36 weeks of gestation.
- Twenty-three percent of mothers smoked during pregnancy.
- Sixty percent of all deaths reviewed were deemed probably not preventable by local CFR teams.
- Ten percent of the deaths reviewed were children 1-4 years old.
  - Congenital anomalies, not preventable (12 percent) and drowning, preventable (10 percent) were the two leading causes of death (excluding categories indicated as ‘other’).
  - Many of the preventable deaths in this age group are drowning related as well as accidents.
  - Forty-two percent of deaths reviewed were deemed probably preventable by local CFR teams.
- Six percent of the deaths reviewed were children 5-9 years old.
  - Cancer, not preventable (17 percent) and vehicular injuries, preventable (14 percent) were the two leading causes of death (excluding categories indicated as ‘other’).
  - Fifty-seven percent of these deaths reviewed were deemed probably preventable by local CFR teams.
- Seven percent of the deaths reviewed were children 10-14 years old.
  - Cancer (14 percent), and vehicular injuries (14 percent) were the two leading causes of death (excluding categories indicated as ‘other’).
  - Forty-four percent of deaths reviewed were deemed probably preventable.
- Ten percent of the deaths reviewed were children 15-17 years old.
  - Vehicular (35 percent) and weapons (33 percent) injuries were the two leading causes of death.
  - Sixty percent of these deaths reviewed were deemed probably preventable.

**Homicide Reviews**
Four percent of the deaths reviewed were homicides. Following are some of the findings of the death related homicide reviews:
- Sixty-five percent of homicide reviews were for males.
- Fifty-three percent of homicide reviews were for black children.
- Weapon use accounted for 78 percent of homicide reviews, most frequently through the use of a firearm (56 percent).
- Seventeen percent of homicide perpetrators were parents (biological, step or adoptive).
- Local CFR boards found that 94 percent of homicide deaths were preventable.
Suicide Reviews
Four percent of the deaths reviewed were suicides. Following are some of the findings of suicide reviews:

- Seventy-seven percent of suicide reviews were for white children.
- Sixty-eight percent of suicide reviews were for males.
- Most frequently, asphyxia (55 percent) was the cause of death.
- The majority of suicide reviews (168) were for children age 15-17.
- Local CFR boards found that 67 percent of suicide deaths were preventable.

Accident Reviews
Fourteen percent of the deaths reviewed were accidents. Following are some of the findings of accident reviews:

- Infants (30 percent) and children age 15-17 years (25 percent) had the highest incidence of accidents.
- Thirty-eight percent of accident reviews were due to vehicular causes.
- Drowning deaths and fire, burn, electrocutions accounted for an additional 22 percent of accident reviews.
- Local CFR boards found that 89 percent of accident related deaths were preventable.

Medical Causes
Seventy percent of the deaths reviewed were due to medical causes. Following are some of the findings of death reviews related to medical causes:

- Most deaths due to medical causes were infants less than 1 year of age.
- The most frequent medical cause of death was prematurity (45 percent).
- Congenital anomalies combined with all other medical causes accounted for an additional 37 percent of medical cause reviews.
- Local CFR boards found that four percent of these deaths were preventable.

External Causes
Twenty-three percent of deaths reviewed were due to external causes. Following are some of the findings identified during death reviews due to external causes:

- Twenty-nine percent of the external deaths reviewed were caused by asphyxia.
  - Fifty-seven percent of asphyxia reviews were for infants.
  - Of the 458 asphyxia deaths, fifty-three percent (244) were infant sleep related.
- Twenty-three percent of the external deaths reviewed were caused by vehicular injuries.
  - Forty-eight percent of vehicular reviews were for children 15-17 years old.
  - Twelve percent of bicycle, motorcycle, or ATV related deaths reported helmets were used properly.
- Twenty-one percent of external deaths reviewed were caused by weapon injuries.
  - Forty-nine percent of weapon reviews were for children 15-17 years old.
  - Sixty-three percent of weapon reviews were classified as homicide.
- Eight percent of the external deaths reviewed were caused by drowning.
  - Forty-five percent of drowning reviews occurred in open water e.g. lake or pond.
- Five percent of external deaths reviewed were caused by fires, burns, or electrocutions.
  - Children ages 1-9 represented sixty-four percent of the reviews.
• Two percent of external deaths reviewed were caused by poisoning.
  o Fifty-six percent of poisoning reviews indicated prescription drugs as the substance.
• Local CFR boards found that 86 percent of these deaths were preventable. Fifty-seven percent of asphyxia reviews were for infants.

Preventability
Of the 139 deaths due to child abuse and neglect, 95 percent were determined to be probably preventable. Preventability could not be determined in four percent of the reviews. One percent of the reviews were found probably not preventable.

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

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

Differential Response Update
In State Fiscal Year 2018-2019, Ohio continued to support activities to sustain Differential Response practice model fidelity across the child welfare system:

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

• From May 1, 2018 to April 30, 2019 Ohio screened in 81,132 reports of Child Abuse and Neglect.
• 37,243 were assigned to the Alternative Response (AR) pathway (46%). This reflects consistency in the statewide percentage of reports being assigned to the AR Pathway, which was previously 48%.
• 45,065 were assigned to the Traditional Response pathway (52%)

The Supervisory Coaching Toolkit includes a case record review tool to help supervisors assess and provide feedback to workers on skills found in their SACWIS documentation of their work
with families. The case review tool also will help supervisors and caseworkers achieve fidelity to the Differential Response model and promote improvement in both their clinical competency and case documentation practice.

Over the past year, ODJFS revised the Ohio Differential Response Guide which contained the Ohio Practice Profiles. A Caseworker Skill Set was added to the Practice Profiles to address documentation. The Practice Profiles received an updated look, emphasized the best practices for Ohio caseworkers, and were distributed throughout the state. ODJFS plans to focus future efforts on providing technical assistance to counties as questions arise regarding Differential Response. The integration of CAPMIS, DR and SACWIS content in Caseworker Core has ensured that curriculum addresses new caseworker’s specific learning needs to be able to conduct assessments and case plans that are consistent with Ohio’s practice model. Evaluations routinely reflect workers’ appreciation of the application of CAPMIS, DR, and CAPMIS in the workshops. A long-term trainer, coach, and agency consultant recently shared that integration of CAPMIS in CW Core along with the CAPMIS-specific workshops has improved practice regarding safety and risk assessment statewide.

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

**Agency Training Update**

Focus has shifted to maintaining training system processes that support and develop CAPMIS expertise of new and existing trainers. CPS program staff provide the CAPMIS TOT to new trainers on a quarterly basis. Existing trainers with gaps in CAPMIS knowledge received individualized development opportunities as needs are identified. The training system continues to hold monthly meetings to review and approve trainings developed for caseworkers. The review teams ensure consistent and accurate assessment and planning information is included, and the teams identify opportunities to include CAPMIS content in order to capitalize on learning moments and make practical connections for practitioners.

The CAPMIS TOT was offered monthly in 2018 and has transitioned to quarterly offerings in 2019. The chart below provides the dates and locations. Since July 2018; 71 trainers have attended this foundational CAPMIS training.

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Caseworker Core Modules 3 (Legal Aspects of Family-Centered Child Protective Services), 7 (Child Development), and 8 (Separation, Placement, and Reunification in Family-Centered Child
Objective 5: Developing and Implementing Procedures for Collaboration among Child Protective Services, Domestic Violence Services, and Other Agencies

Update

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

Training:

David Mandel & Associates (DMA) was selected in 2010 to train four demonstration sites on its Safe and Together™ model, a strengths-based, behaviorally focused, perpetrator pattern-based approach to IPV. Safe and Together™ uses skills-based training to strengthen workers’ assessment, client engagement, and interviewing capacity. There is a strong emphasis on cross-systems collaboration, and community partners are encouraged to participate in training alongside caseworkers. Now known as The Safe and Together Institute (formerly DMA), the Institute continues to provide direction, information, and oversight to ten (10) Ohio-based trainers, through regular telephone conferences with project facilitators, conference calls to discuss training and practice issues, biannual trainer meetings, and pre- and post-training discussions and documentation. All trainers completed recertification in June 2017 and are expected to be recertified again in June 2019, which will allow them to maintain certification through 2021. The recertification process includes online testing, video observations, consultations, and performance reviews.

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

Safe and Together Core 1-4 curricula is offered at the eight regional training centers across the state which began in the fall 2018, providing counties and PCSA staff more flexibility in taking advantage of this important training.

ODJFS continues to support activities to:

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

Ohio’s Intimate Partner Collaborative is implementing a significant shift in how communities address child maltreatment when intimate partner violence is a factor within the home. This approach moves from a short-term, segmented, and crisis-based reaction to a holistic, community partnership approach which focuses on the long-term safety of the child while holding caregivers accountable. Over the next two years, the Collaborative will continue to develop a sustainability plan that is directed toward promoting counties’ internal capacity for model implementation and increase the use of in-state expertise in model practices.

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

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

The *Child Abuse and Neglect - A Reference for Medical Professionals* is presently under revision to reflect the changes as a result of the Comprehensive Addiction and Recovery Act (CARA) of 2016. The references to illegal substance abuse will be revised to reflect all substances whether legal or illegal.

The *Child Abuse and Neglect - A Reference for the Community* continues to be under revision to reflect new initiatives and programming. New information about community prevention and intervention, communities and partnership, and community support and knowledge to strengthen Ohio’s families are being added. In addition, information about the Comprehensive Addiction and Recovery Act of 2016 (CARA Act of 2018), Justice for Victims of Trafficking Act of 2015, Preventing Sex Trafficking and Strengthening Families Act is also being included. Data regarding new programs, actions, and services in Ohio will be in the new edition (i.e., Ohio’s Drug Courts, Child Welfare and MOMS: Maternal Opiate Medical Supports Project, Ohio’s Pilot Program Helping Families Overcome Substance Abuse, Ohio START [Sobriety, Treatment, and Reducing Trauma], Helping Ohio Parent Effectively [HOPE], Reasonable and Prudent Parent Standard). Safety Tips for the Community will include information regarding a safe environment for a sleeping infant, parents with children online, keeping your children safe, tips for parenting, types of bullying, and how to prevent cyber bullying.

The *Child Abuse and Neglect - A Reference for Educational Professionals* is being structured to assist anyone working in schools or day care institutions. This reference manual will assist in knowing the difference between an injured child and abused child. How to talk to an abused or neglected child and who to report this information is also addressed.

The reference manuals continue to be available and copies are distributed when CPS program staff provide mandated reporter training, nurses training, and teachers in-service training. Additionally, copies are provided to Ohioans upon request and encouraged to be used as a desk reference.
Objective 7: Supporting and enhancing interagency collaboration among public health agencies, agencies in the child protective service system, and agencies carrying out private community-based programs

Interagency Collaboration Update

Pediatric Sexual Assault Nurses
The ODJFS continues to support the Pediatric Sexual Assault Nurse Examiners (PSANE) program through a grant to the Mayerson Center for Safe and Healthy Children. The Mayerson Center for Safe and Healthy Children trains medical providers from medically underserved Ohio communities to conduct skilled, medical evaluations for sexual abuse and severe physical abuse cases. Previous reports have documented the objectives and benefits of Ohio’s long-term investment. These opportunities allow PSANE to retain competence, meet continuing education requirements and maintain quality assurance for experienced Ohio RNs and APNs as Pediatric Sexual Assault Nurse Examiners.

PSANE training was held February 4-8, 2019. Registered participants represented Bellefontaine, Boardman, Akron, Dayton and Cincinnati, OH. Healthcare Systems included Mary Rutan Hospital Pediatrics, Akron Children’s Hospital, Dayton’s Children Hospital and Cincinnati Children’s Hospital. The next PSANE course was held April 29 – May 2, 2019.

PSANE Instruction
Over the past year, Ohio’s consortium of children’s hospitals, through its project lead, The Mayerson Center for Safe and Healthy Children (Mayerson), hosted two-day didactic PSANE Instruction and Assessment Courses to ensure that participating nurse practitioners have assessment skills and telemedical capability to maintain quality of programming. On June 4-5, Ohio’s consortium of children’s hospitals, through its project lead, The Mayerson Center for Safe and Healthy Children, hosted a two-day didactic PSANE Instruction and Assessment Course to ensure that participating nurse practitioners have assessment skills and telemedical capability to maintain quality of programming. PSANE skills and competence undergo ongoing assessment and quality assurance through peer to peer and participating physician review.

PSANE skills and competence undergo ongoing assessment and quality assurance through peer to peer and participating physician review. A two-day PSANE conference will take place June 27-28, 2019 in Columbus, Ohio.

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

1. Web-based peer review sessions
   Monthly web-based peer review sessions are provided to Ohio’s Child Advocacy Centers. A survey of participants was conducted, and participants would also like to expand the peer review sessions to include relevant articles and speakers in addition to critiquing forensic
interviews. Statewide Peer Review of Forensic Interviews is held the third Thursday of every month.

2. The Annual Peer Review Retreat
Approximately 11 sites participate on an ongoing basis; other sites may participate as need arises. The opportunity to join peer review is announced at each Beyond the Silence (Ohio’s forensic interviewing) training. Ongoing peer review and support are critical quality assurance and continuing education components of the forensic interviewing program supported through these funds. Technical support has been provided to Cuyahoga county in developing an internal peer review process. Cuyahoga has been invited to attend statewide peer review.

The annual statewide peer review retreat was held on November 16, 2018. Speakers presented on screening for minor human trafficking victims in a pediatric hospital setting and vicarious trauma. This annual activity allows participants in statewide peer review to receive continuing education on a specialized topic. It also provides statewide Children’s Advocacy Center and partner agency staff an opportunity to interact in person, which we believe enhances the on-line critiquing experience for participants.

Beyond the Silence Forensic Interview Training
Oversight for Ohio’s forensic interviewing instructional and training program, Beyond the Silence, continues to be offered through the Mayerson Center for Safe and Healthy Children. Instructional sessions are linked to the Ohio Child Welfare Training Program and held at regional training centers unless an on-site session appear more appropriate or needed. The curriculum meets the National Children’s Alliance standard for forensic interview training. The manual was revised to include the OJJDP Publication, Child Forensic Interviewing: Best Practices. Recommendations from this paper have been added to the curriculum. Law enforcement officers, children’s services workers, developmental disabilities workers, victim’s advocates, prosecutors, nurses and hospital social workers from 43 of the 88 counties have been trained through this initiative.

Two levels of instruction are offered through the programming: a three-day introductory (BTS 1) course and a three-day advanced (BTS 2) course. Since the trainings are held at the regional training centers, they attract a multi-county audience, with a multidisciplinary audience often representing serving 6-10 counties. Nine BTS 1 and four BTS 2 sessions have been held or are scheduled to be held before June 30, 2019.

Services to Substance Exposed Newborns Update
Education and training continues throughout Ohio regarding the Comprehensive Addiction and Recovery Act (CARA) of 2016. Ohio Administrative Code Chapter 5101:2-36 Assessment and Investigation went through JCARR and was final approved on April 16, 2018. Since this time ODJFS has been focused on educating and training the multi-systems involved in ensuring this legislation is followed. Training specific to each system and their individual needs has been presented. Collaboration between the multi-systems has been stressed in education and training for the following: medical partners, behavioral health organizations, mental health providers, substance abuse treatment agencies and community providers who serve infants and families impacted by substance abuse, particularly newborn infants. Many provider systems were under
the assumption the responsibility of compliance with CARA was the sole responsibility of the Public Children Services Agencies (PCSAs).

The CARA SACWIS enhancements, which collect the data required for the National Child Abuse and Neglect Data System (NCANDS), are in place and the yearly NCANDS report was recently submitted. The data reported to NCANDS includes:

- the number of infants identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder;
- the number of infants with safe care plans; and
- the number of infants for whom service referrals were made, including services for the affected parent or caregiver.

Due to PCSAs not consistently selecting the appropriate reporter type, (they should be selecting the medical social worker tab versus the social worker tab), additional enhancements are being made in SACWIS for the data pull to accurately reflect referrals from hospital social workers. This enhancement is expected to be put into place in the fall of 2019. In addition to the NCANDS reports, Administrative Reports are available in SACWIS to be pulled for each of Ohio’s 88 counties. These reports provide the following data specific to cases identified under CARA criteria:

- Specific to each county by selected timeframe
- Screening Decision
  - Information/Referral
  - Screen In
  - Screen In Alternative Response
  - Screened Out
- Case Disposition
  - Alternative Response
  - Indicated
  - Substantiated
  - Unable to Locate
  - Unsubstantiated
- Final Case Decision
  - Close
  - Close, Refer Community Services
  - Transfer for Ongoing, PCSA Services
- Distinct Count of CARA Infants (CARA Infants identified on one or more intake records and/or Family Assessment, each infant counted only one time)
- Substances Identified at Intake (both illegal and legal)

Throughout the past year focus has been spent on continuing the education of CARA across the state of Ohio. ODJFS has presented CARA via trainings, conferences, presentations, web-based trainings, in person meetings, conference calls and through information sharing via the internet. These educational and trainings have occurred at various venues; The Supreme Court of Ohio, county PCSAs, the Addiction Study Institute, Health Services Advisory Group (online training),
Institute for Human Services regional meetings, CORTC director and liaison meeting, PCSAO regional meetings, the Child Abuse Prevention Program quarterly meeting, GAL/CASA conference, SSIP conference, Ohio START quarterly meeting, QIC Collaboration meeting, Department of Developmental Disabilities conference, Help Me Grow conference, QPQC MOMS regional meetings, Health Care System meetings, hospitals, and substance abuse treatment centers. This education and training will continue to improve the understanding of CARA’s impact across systems and as ODJFS continues to monitor compliance. Enhancement of developmental resources, services and educational materials to support this goal will continue.
Update to Annual State Data Report

Child Protective Service Workforce

- The number of child protective service personnel responsible for the:
  - Intake of reports filed in the previous year: 529
  - Screening of such reports: 843
  - Assessment of such reports: 2,722
  - Investigation of such reports: 2,722

- 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 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.
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 that is accessible from the system:

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

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

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

As recorded in SACWIS (taking into consideration the inconsistencies with data recording noted above), the average caseload for an Intake Worker (screening, assessment/investigation) as of September 30, 2018 was 10.62 cases; and 27.01 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 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 4,397. This is an increase of 8.2% from the previous year (3,609). Improvements continue to be made to SACWIS functionality to accurately capture those infants affected by parental substance abuse. Ohio’s enhancements to SACWIS have been deemed federally compliant with the Comprehensive Addiction and Recovery Act of 2016. 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 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 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 2018, 5,684 children under age three (3) who had a substantiated child abuse/neglect report were eligible to receive services under Help Me Grow. This is an increase from 5,409 in FFY 2017.
In FFY 2018, 41,087 reports linked to 35,763 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 2018, 51 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
321 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.

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<tr>
<th>PROGRAM</th>
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<td>$988,365</td>
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^To the extent that total costs are higher than the award, they will be charged to surplus grant balances from previous awards.
**VII. Statistical and Supporting Information**

**a. CAPTA Annual State Data Report Items:**

*Child Protective Service Workforce*

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**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 2018, 51 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.

**b. Education and Training Vouchers:**

As reported in Attachment F, the following chart contains information on the number of youth who received ETV awards from July 1, 2017 through June 30, 2018 and July 1, 2018 through June 30, 2019.

<table>
<thead>
<tr>
<th>Final Number: <strong>2017-2018 School Year</strong> (July 1, 2017 to June 30, 2018)</th>
<th>Total ETVs Awarded</th>
<th>Number of New ERVs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>279</td>
<td>116</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Final Number: <strong>2018-2019 School Year</strong>* (July 1, 2018 to June 30, 2019)</th>
<th>Total ETVs Awarded</th>
<th>Number of New ERVs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>348</td>
<td>159</td>
</tr>
</tbody>
</table>

*In some cases, this might be an estimated number since the APSR is due on June 30, the last day of the school year.
c. **Inter-Country Adoptions:**

In Calendar Year 2018, 551 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, 366 do not have their birth country listed.

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

- Abandonment 5
- Alcohol Abuse of child 2
- Alcohol Abuse of Parent 3
- Caretaker’s inability to cope 23
- Child of a Minor Parent 1
- Child’s Behavioral Problem 105
- Death of Parents 9
- Delinquency 69
- Dependency 200
- Drug Abuse of Parent 3
- Emotional Maltreatment 5
- Inadequate Housing 1
- Intimate Partner Violence 1
- Neglect 56
- Physical Abuse 28
- Relinquishment 11
- Sexual Abuse 19
- Sibling Removal 3
- Unruly Status Offender 7

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

- Adoption 209
- Independent Living/Emancipation 53
- Maintain in own home 57
- Permanent Placement with a Relative 22
- PPLA 34
- Return Child to Parent 147
- No goal listed (likely short term placements) 29

The age of the child when the previous adoption finalized:

- 0 31
- 1-3 161
- 4-6 159
- 7-9 102
- 10-12 61
- 13-15 21
Gender breakdown:

- Female: 257
- Male: 294

ODJFS policy worked with SACWIS staff to enhance the reporting of children who were previously adopted that come back into the child welfare system. The following data points are now captured in the system:

- The number of children who enter foster care under supervision of the state after finalization of an adoption.
- Information concerning the length of the prior adoption.
- The age of the child at the time of the prior adoption.
- The age of the child when the child subsequently entered foster care.
- Reasons for disruption/dissolution (Multiple removal reasons may be selected, with one designated as primary.)
- Plan for the child.
- Type of adoption (public, private, international):
  - Agency/state involved.
  - For international, whether the adoption was finalized in the country of origin or in the U.S.
  - For international, country from which the child was adopted.

**Monthly Caseworker Visit Data:**
Pursuant to PI-19-02 monthly caseworker visit data is to be submitted by December 16, 2019.
APPENDICES

- Title IV-B, subpart 1 Assurances for States
- Title IV-B, subpart 2 Assurances for States
- Governor’s Assurance Statement for The Child Abuse and Neglect State Plan
- State Certification for the Chafee Foster Care Program for Successful Transition to Adulthood
- State Chief Executive Officer’s Certification for the Education and Training Voucher Program Chafee Foster Care Program for Successful Transition to Adulthood
- Attachment F Annual Reporting of Education and Training Vouchers Awarded
- Annual Citizen Review Panel Reports
- ODJFS Responses to the Panel(s) Recommendations