

2020-2024

CHILD AND FAMILY SERVICES PLAN



Office of Families and Children

June 30, 2019

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I. Ohio Department of Job and Family Services, Office of Families and Children

Ohio's child welfare system is structured as a state supervised, county administered system with 88 counties. The Ohio Department of Job and Family Services (ODJFS) supervises the county Department of Job and Family Services and Children Services Boards. County Commissioners, under Section 307.981 of the Ohio Revised Code are responsible for determining which agency within their county will provide public children services to their communities. ODJFS supervises multiple programs including: cash and food assistance; publicly funded child care; child support; unemployment compensation; workforce job-training programs; adult protective services; and child welfare services.

ODJFS information systems support Ohio's service delivery system. Information systems include the: County Finance Information System (CFIS); CRIS-E; Child Support Web Portal; Child Care Information Data System (CCIDS); Employer Resource Information Center (ERIC); ODJFS Benefits; OhioHereToHelp.com; OhioMeansJobs; and the Statewide Automated Child Welfare Information System (SACWIS).

ODJFS, under the provisions contained in the Ohio Revised Code (ORC), is authorized to administer Title IV-B, Title IV-E, Title XX programs, CAPTA, License resource homes and perform other child welfare functions.

Office of Families and Children (OFC)

Within ODJFS, the Office of Families and Children (OFC) is under the direction of a deputy director; the office is comprised of seven bureaus and one statutorily established board. OFC is the designated work unit responsible for state level administration and oversight of the following children and adult services programs:

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

The following information provides a synopsis of each bureau's area of responsibility.

Bureau of OFC Automated Systems

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

Available 24 hours a day, 7 days a week, SACWIS is a web-based system used by 7,077 individuals (mostly child welfare caseworkers). The system contains historical and current child abuse/neglect information and flags safety hazards to alert caseworkers in their daily assessment/investigation activities. SACWIS also initiates: (1) monthly adoption subsidy payments for over 20,000 adopted children; (2) monthly reimbursement payments for Title IV-E foster case maintenance; and (3) monthly reimbursement payments for foster care training.

The bureau is also responsible for: (1) generating and transmitting monthly Medicaid eligibility information to the Medicaid Information Technology System (MITS) for approximately 30,000 children; (2) maintaining and responding to requests generated through the SACWIS and OFC Help Desks; (3) responding to ongoing data requests; and (4) transmitting federally mandated reports (Adoption Foster Care Analysis Reporting, Child and Family Services Review Performance Measures, National Child Abuse Neglect Data Systems, National Youth Transition Data).

Bureau of Child and Adult Protection Services

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

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

Bureau of Foster Care Licensing

The Bureau of Foster Care Licensing (BFCL) oversees Ohio's foster care and adoption providers and agencies. The Bureau licenses agencies to provide foster care, adoption and/or residential services for children, to make sure they are fit to provide care and fit to authorize others to provide care. The Bureau administers all foster care licensing functions including: (1) initial certification and recertification and agency functions for nearly 8,000 foster homes and 250 public and private agencies; (2) conducting complaint and illegal operation investigations; (3) initiating enforcement actions; and (4) managing RAPBACK (Retained Applicant Fingerprint Database Information Exchange) for any foster caregiver and adult household member who is subject to a criminal records check.

Bureau for System and Practice Advancement

This Bureau oversees the quality assurance system, Child Protection Oversight and Evaluation (CPOE). CPOE is designed to improve services and outcomes for families and children. CPOE monitoring activities occur on a 24-month cycle. PCSA strengths and opportunities for

improvement are supported through the provision of technical assistance by ODJFS staff. Measurement of PCSA practice is based upon agency-specific data gathered from SACWIS and on-site case reviews. Throughout the process, ODJFS and the PCSA engage in systematic and focused problem-solving by analyzing data to determine achievement of outcomes.

This bureau also provides leadership and support to strengthen Ohio's Continuous Quality Improvement (CQI) system for improving practice and outcomes in child welfare. The Bureau works with state and local child welfare partners to develop and implement Ohio's Child and Family Services (Title IV-B) Plan (CFSP) and the Child and Family Services Review (CFSR) and Program Improvement Plans. Federal reports on CFSP and CFSR activities are done by the Bureau.

Bureau of OFC Multi-Systems Support

The Bureau of Multi-Systems Support works to improve outcomes for children and families served by the child welfare system by engaging in effective communication and collaboration with other state partners (e.g., the Supreme Court of Ohio, the Ohio Department of Mental Health and Addiction Services, the Department of Youth Services, the Department of Education, the Department of Developmental Disabilities, and Medicaid); Provides Medicaid technical assistance to counties and troubleshoots issues with the MITS/SACWIS exchange of data; and, manages targeted services for older youth in substitute care (Transitional Youth) and for those previously in care through the Bridges program.

Bureau of Fiscal Operations

The Bureau of Fiscal Operations : (1) manages all OFC budget and fiscal activities; (2) works with state and federal representatives to oversee OFC budget development; (3) oversees state, federal and grant fiscal management, reporting and fiscal forecasting; (4) develops cost reports and audit filing processes for public and private agencies (including the establishment of federal foster care reimbursement ceilings that enable agencies to receive reimbursement for children in care); (5) oversees Ohio's federal Title IV-E waiver program, ProtectOHIO and grant agreements with 33 Juvenile Courts to provide Title IV-E supported child welfare services on behalf of unruly and delinquent children; and (6) coordinates various OFC administrative functions.

Development of policy and OAC rules governing the operation of programs serving Ohio's children and families through Adoption Assistance and Title IV-E Foster Care Maintenance and Adoption Assistance falls within the bureau's responsibility.

Justice Services

Within the Office of the Deputy Director a project manager is responsible for: (1) overseeing systemic initiatives to improve the investigation and prosecution of child abuse and neglect (e.g. development of child advocacy centers, forensic interviewing, training for guardians ad litem, first responders for minor victims of human trafficking); (2) coordinating Children's Justice Act and the Court Improvement Program (Supreme Court of Ohio) federal grants; and (3) developing and overseeing Ohio's Inter-branch Agreement with the Supreme Court of Ohio and the collaborative efforts to improve outcomes for the families and children served by Ohio's courts

Ohio Children's Trust Fund

The Ohio Children's Trust Fund (OCTF) was established by the Ohio legislature in 1984 to support efforts designed to prevent child abuse and neglect. It does this by providing funds for primary and

secondary child abuse and neglect prevention programs. These funds are distributed at both local and statewide levels. For the local level, funds are distributed to the county-based Child Abuse and Child Neglect Prevention Advisory Boards. On the statewide level, funds are provided to Strengthening Families Ohio, Ohio Infant Safe Sleep Campaign, the Ohio Intimate Partner Violence Collaborative, Stewards of Children Sexual Abuse Prevention, Human Trafficking Prevention, and Child Advocacy Centers. In addition to distributing funds, OCTF provides subject matter expertise and training and technical assistance, responds to public and professional inquiries, develops outreach materials, and researches literature and data.

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

Currently the Ohio's Children Trust Fund is exploring developing a Community-Based Prevention Model that would offer an array of services to at risk families through a tiered approach that "meets families where they are." They have applied for a grant to further this goal.

Office of Children Services Transformation

It is important to note a new office, the Office of Children Services Transformation was created, by executive order and reports directly to the ODJFS Director. This team's charge is to focus intentionally on the needs of Children Services reform opportunities. Priorities include: conducting a top down review of Ohio's strengths and needs of service delivery for children and families who experience the child welfare system; leading efforts to strengthen state and county relationships; and increase collaborative teaming opportunities, and promote accountability utilizing data measures prioritizing the reduction of children in custody; children in foster care; children in congregate care and children aging out without permanency.

II. Collaboration and Vision

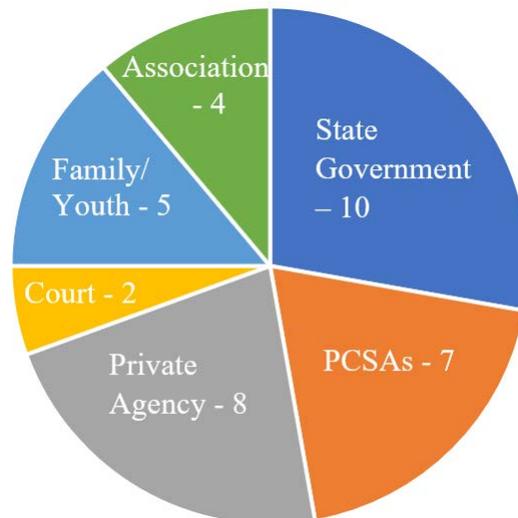
Collaboration

Family First Prevention Services Act

With the recent passage of the Family First Prevention Services Act (FFPSA), Ohio created an advisory committee. The Committee was charged with development of a road map for Ohio's child welfare system's implementation of the FFPSA, including:

- An over-arching vision for the FFPSA in Ohio;
- Critical decisions required by the FFPSA;
- Recommendations in relation to these critical decisions;
- Rationale for each recommendation; and
- Key implementation considerations as the state moves forward, including projected action steps, timing and resource needs.

The FFPSA leadership advisory committee and three subcommittees (Prevention, Kinship/Adoption Navigator, and QRTP) are made up of representatives from a diverse representation of community stakeholders. The committee includes representation from state, community organizations and county and private agencies.



The Leadership Advisory Committee also includes an Executive Committee that leverages statewide cross-departmental leadership, a Steering Committee to support/plan Leadership Advisory Committee's direction, and a Communications Workgroup to plan a bidirectional communication strategy.

Child and Family Services Review

When Ohio chose to conduct the Child and Family Services Review (CFSR), the plan included working with fifteen counties in determining the systemic strengths and areas needing

improvement to create a meaningful Program Improvement Plan (PIP). Representatives on the PIP planning team were public agencies and courts that were reviewed during the CFSR and will be the same agencies reviewed for PIP monitoring. Other members were from the Institute of Human Services, the entity responsible for caseworker and foster parent training, the Ohio Supreme Court; and PCSAO. Periodic meetings will continue to be held with this group to discuss successes, challenges and barriers to PIP activities. The success of this workgroup as well as the FFPSA Leadership Advisory Committee and workgroups depends on effective collaboration with Ohio's entire child welfare system.

Additional Platforms for Collaboration

In addition to the above, OFC has built a foundation of integrated inter-systems and state and local partnerships which we continue to strengthen. The Partners for Ohio's Families (PFOF) Advisory Board continues to serve as a forum to promote a sustainable and collaborative partnership to improve Ohio's child welfare system. The PFOF Advisory Board is comprised of representatives from local public and private child welfare agencies, the Supreme Court of Ohio, PCSAO, the Ohio Children's Alliance, the Ohio Family Care Association and OFC.

Ohio's former foster youth continue to serve on local and statewide Ohio Youth Advisory Boards. They are often contacted to participate in or provide feedback to various advocacy events, reviews and stakeholder groups. They have participated in a legislative briefing on Ohio Fostering Connections, participated as the youth voice in court and normalcy discussions, were advocacy leads in Washington D.C. for Fostering Stable Housing Opportunities (FSHO) Coalition, and provided the youth voice in Bridges implementation, the Child and Family Services Review, and on the expansion of post-secondary resources. In addition, they helped create and revised the latest version of the *Foster Youth Rights Handbook* (JFS01677, effective 02/2019). A complete list of their accomplishments can be found at <https://fosteractionohio.org/timeline-of-ohio-yab-accomplishments/>.

With the recent priority given to Ohio's children by the Governor, an Office of Children's Initiatives was created. In doing so, each child serving department was tasked with improving communication and coordination across all state agencies, engage local, federal and private sector partners to align efforts and investments to improve outcomes, and advance policies, as well as initiate, and guide enhancements related to the priorities outlined above.

VISION

Vision of OFC

Ohio's children, youth and vulnerable adults have a safe and permanent family that nurtures and promotes their overall well-being.

Mission of OFC

Through partnership with public and private agencies, we support the delivery of services to improve outcomes that promote safety and well-being.

Prevention Vision

An integrated system of care where families and children thrive.

The above vision of the Office of Families and Children aligns with Ohio's Governor's commitment to create an Ohio that works for all Ohio families, especially those most in need by investing in:

- Evidence-based home visiting programs;
- Early Intervention Programs;
- Improving the quality of Ohio's publicly funded child care system; and
- Children services agencies by investing in county support, care coordination of Ohio's highest need children, foster care and family recruitment and engagement, statewide Kinship Navigator Program and Ohio's Bridges program.

This vision statement reflects the long-standing philosophy of OFC, who we serve, and our goal when working with and providing services to Ohio's families. The mission statement articulates how this vision is to be met: through partnership with public and private agencies and by the delivery of services.

The Prevention Vision is a recent vision based upon the requirements of this Child and Family Service Plan and because of the collaboration of state and court representatives at the CFSP State Team Planning Meeting in Washington, D.C. in April of this year. When the question was posed in our team regarding what Ohio wanted to build, based upon the collective thinking of the assembled group, it was clear to everyone that Ohio wants to build an integrated system of care where families and children thrive. Further discussion defined "system" as the child welfare system, comprised of each entity, public and private, that provide services to Ohio's children and families. This includes the state and local court, education, and physical, mental and behavioral health systems and providers.

During the month of October 2018, the Ohio Department of Job and Family Services in partnership with Casey Family Programs, Public Children Services Association of Ohio, Ohio Children's Alliance, Ohio Family Care Association and the Institute for Human Services held five regional FFPSA Exploration and Design Sessions throughout the state. Participants of these sessions included leadership from Public Children Services Agencies (PCSAs), Residential Treatment Facility representatives, Mental Health and Alcohol and Drug service providers, Managed Care providers, foster parents, Family and Children First (FCFC) members, Ohio's CASA/GAL

Association, the Supreme Court of Ohio (SCO) as well as other service providers and family members. During the sessions, participants had the opportunity to learn about the work of our partnering agencies and they received a detailed overview of the FFPSA. Participants also had the opportunity to ask clarifying questions about the Act.

In addition to the information sharing component of each session, Casey Family Programs facilitated some group work including a visioning activity, an open World Café discussion exercise, and an opportunity for participants to provide ideas/suggestions about their concerns, items for consideration and connections regarding the implementation of FFPSA. Common themes emerged among all five of the sessions.

The visioning exercise sought participant input on what “true system transformation” might look like for Ohio, what strengths we can build upon as a state, and what barriers need to be tackled to be successful in achieving transformation. Many of the comments focused on ways to attract and maintain a well-trained workforce, creating standardized statewide practices such as centralized resources, universal forms, and building service array, collaborating across systems, ensuring the availability of resources, and concerns around funding.

It is a vision that will require continued collaboration and planning with stakeholders as Ohio continues to chart a course toward prevention of child abuse and neglect and transforming the child welfare system in Ohio.

III. Assessment of Current Performance in Improving Outcomes

Ohio's Quality Assurance System has conducted qualitative reviews on cases for all 88 counties for more than twenty years. Child Protection Oversight and Evaluation (CPOE) is required by administrative rule. Entrance Conferences (88 counties) for CPOE Stage 10 began October 1, 2014 through September 30, 2016. CPOE Stage 11 entrance conferences (73 counties¹) began January 1, 2018 and the last one will be completed by June 30, 2019. The federal Child and Family Services Review (CFSR) Onsite Review Instrument was used to review cases in both CPOE Stage 10 and Stage 11. In CPOE Stage 10, 1,067 cases were reviewed. Partial CPOE Stage 11 results indicate 833² In-home and Substitute Care cases were reviewed. Interviews were conducted on one in-home and one foster care case in each county reviewed in both CPOE Stage 10 and CPOE Stage 11. In CPOE Stage 11, counties were encouraged to have staff participate in the review of their cases and were "interviewed" as part of the case reviews. In CPOE Stage 11, counties could opt out of their staff participating in the reviews, however, they were to present information to OFC explaining why they could not or would not participate. To date, all counties have had staff participated in the reviews.

The CFSR Round 3 reviews were conducted from April 13, 2017 through September 30, 2017 and 164 cases in 15 counties were reviewed. These counties were excluded from the CPOE Stage 11 review. The results identified many strengths in our child welfare system including our state's information system, quality assurance system, staff and provider training, and agency responsiveness to the community. Through the course of the review, it also became evident there are several areas our state needs to improve upon to be in substantial conformity with the federal requirements. These improvements need to be made in outcomes pertaining to child safety, permanency and well-being as well as some systemic issues identified in the review.

Regarding safety outcomes, improvements are needed in the timeliness of initiating investigations of reports of maltreatment and ensuring that children are safely maintained in their own homes whenever possible and appropriate. This includes providing services to families to prevent unnecessary removals and accurately assessing risk and safety and continually monitoring and updating these planning tools to ensure safety. The systemic issues identified in the review are centered around service array and resource development (related to both array of services and individualizing services); the case review system (related to permanency hearings and notice of hearings and reviews to caregivers); and foster and adoptive parent licensing, recruitment, and retention (related to requirements for criminal background checks and state use of cross jurisdictional resources for permanent placements).

To address the issues identified in the review and establish a solid foundation for implementation of the FFPSA, Ohio has identified seven goals to advance practice and outcomes for children and families. These goals are to:

1. Improve the initial and ongoing assessment of safety, risk, family strengths, and needs.
2. Improve the quality of initial and ongoing case planning with families.

¹ Fifteen of Ohio's 88 counties participated in the state-led federal Child and Family Services Review in lieu of the CPOE Stage 11 review.

² As of June 27, 2019, and the number will increase as reviews are completed.

3. Improve the frequency and quality of face-to-face visitation between caseworker, parents, and children.
4. Improve permanency outcomes for children through collaborative efforts with the Supreme Court of Ohio.
5. Improve access to care through enhancement of Ohio’s array of effective, family- driven treatment and supportive services.
6. Improve the safety of children in out-of-home care through enhancement in monitoring of background checks for child care providers in licensed settings.
7. Improve permanency outcomes for children and families through ‘Interstate Compact for the Placement of Children (ICPC)’ enhancements.

Ohio is still assessing readiness to implement various aspects of FFPSA and expect this ongoing effort to inform adjustments to the CFSP that will be articulated in future APSRs.

SAFETY OUTCOMES 1 AND 2

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect
Safety Outcome 2: Children are safety maintained in their homes whenever possible and appropriate

Assessment of Current Performance

Safety Data Indicator 1

Data Indicator		Definition	Ohio
S1	Maltreatment in Foster Care (National Performance 9.6 or lower)	Of all children in foster care during a 12-month period, what is the rate of victimization per 100,000 days of foster care?	FY 17 rate of victimization was 9.12 per 100,000 days in care.

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 measure. 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. Inconsistencies in county users understanding of the purpose of the incident date may still be affecting the accuracy of this information. Educating the users is ongoing.

Safety Data Indicator 2

Data Indicator		Definition	Ohio
S2	Recurrence of Mal-treatment (National Performance 9.5% or lower)	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?	FY 2016 observed rate was 9.1%.

During the last four Federal Fiscal Years Ohio continued to decrease its rate for recurrence of maltreatment. Utilizing the new federal syntax, a significant level of improvement was evident with the observed performance of 9.1% in FY 2016.³

Safety Outcome 1: CFSR: 56% CPOE 10: 76.76% CPOE 11: 69.37%
Safety Outcome 2: CFSR: 52% CPOE 10: 52.4% CPOE 11: 62.07%

Item Number	CFSR Substantially Achieved	Number of CFSR Cases	CPOE 10 Substantially Achieved	CPOE 11 * Substantially Achieved
1	56%	89	76.76%	69.37%
2	72%	74	91.58%	90.32%
3	52%	164	52.84%	62.04%

When looking at the performance of the fifteen CFSR counties that were reviewed in comparison to the rest of the state reviewed in CPOE Stage 10 and CPOE Stage 11 as of the end of April, Ohio appears to be performing better than during the CFSR, but still less than the required 95% in both Safety Outcome 1 and 2. Two factors may be influencing the CPOE results. Interviews are not conducted on every case in CPOE Stage 11, which may skew to agency documentation and not be as inclusive of parent/youth perspective. More likely though, is the second factor. When screening cases for applicability for the review, in-home cases in the sample that were open only for assessment/investigations but were open longer than 65 days, per negotiations with Health and Human Services staff for the CFSR and had no case activity were eliminated. This issue of keeping cases open in the system, without any activity and most importantly, without a current assessment of safety prior to closing the case was addressed systemically by reviewing the *Intake Assessment Lifecycle Report for Child Abuse, Neglect and Dependency* with the agency.

The CFSR root cause analysis conducted as part of the PIP process identified three primary causal themes related to these outcomes: workload burden; “caseworker efficacy”; and the lack of a group decision-making process and clear criteria for case closure.⁴

CPOE results are identifying that ongoing assessments of safety related to new allegations are not being addressed by the on-going caseworker, or reports are not categorized appropriately, often categorized as a family in need of services or an information and referral category, when new allegations of maltreatment are reported on a family with an open on-going case. Additionally, when a report is incorrectly categorized, the required elements of assessment or investigation of maltreatment may not be captured.

In all three review processes the following themes were consistently identified:

³ Additional information is available on pages 9-10 of the Child and Family Services Plan 2015-2019 Final Report

⁴ More information can be found on page 9 of the Child and Family Services Review, Round 3, Ohio Program Improvement Plan, Revised

- Timeliness of initiations; contact with Alleged Child Victims (ACVs) and attempts to make face-to-face contact are an area needing improvement;
- Documentation regarding assessments of safety and service needs for all children is lacking as is the documentation of the family’s progress with services; and
- Cases remain open for extended periods of time with no reassessment of safety and risk prior to closing (4-6 months).

PERMANENCY OUTCOMES 1 AND 2

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

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

Assessment of Current Performance Goals:

Permanency Data Indicators

Data Indicator		Definition	Ohio
P1	Permanency in 12 Months for Children Entering Foster Care (National Performance 42.7% or above)	Of all children who enter foster care in a 12-month period, what percent discharged to permanency within 12 months of entering foster care?	FY 2016 observed rate was 47.8 % and the April 2017 data is 47.09%.
P2	Permanency in 12 Months for Children in Foster Care 12 to 23 Months (National Performance 45.9% or above)	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?	FY 2018 observed rate was 51.0%.
P3	Permanency in 12 Months for Children in Foster Care 24 Months + (National Performance 31.8% or above)	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?	FY 2018 observed rate was 34.6%.
P4	Re-entry to Foster Care in 12 Months (National Performance 8.1% or lower)	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?	FY 2016 observed rate was 9.0%.

Data Indicator		Definition	Ohio
P5	Placement Stability (National Performance 4.44 or lower)	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?	FY 2018 observed rate was 3.42.

Ohio exceeded the National Standard of 42.7 percent for *Permanency in 12 Months for Children Entering Care* with an RSP of 47.7% for FY 15-16. However, there has been a decrease in performance during the last observation period from 47.70% for April 1, 2016 to 47.09% for April 1, 2017 after running the AFCARS data in-house. For *Permanency in 12 Months for Children in Foster Care 12 to 23 Months*, there has been an improvement in observed performance in achieving permanency. April 1, 2015 showed an increase from 45.84% to 50.03%. April 1, 2016 and April 1, 2017 reflected an increase over April 1, 2015 at 47.87% and 47.43% respectively. *Permanency in 12 Months for Children in Foster Care 24 Months or more*, reflected an increase over the last three observation periods with 34.14% as of April 1, 2017. *Re-entry to Foster Care in 12 Months* drastically decreased from April 1, 2015 at 10.22% to 7.82% as of April 1, 2016. This is well below Ohio's 2012 risk-adjusted performance of 11.5%. Lastly, Ohio's *Placement Stability (moves per 1,000 days in care)* is consistently less than 4.12 moves per 1000 days in care.

Permanency Outcome 1: CFSR: 41% CPOE 10: 50.57% CPOE 11: 56.55%
Permanency Outcome 2: CFSR: 70% CPOE 10: 89.19% CPOE 11: 93.79%

Item Number	CFSR Substantially Achieved	Number of CFSR Cases	CPOE 10 Substantially Achieved	CPOE 11 Substantially Achieved
4	76%	71	87.36%	84.83%
5	73%	71	64.37%	83.45%
6	56%	71	82.38%	73.79%
7	85%	52	95.45%	100%
8	71%	63	87.18%	86.09%
9	75%	71	94.92%	96.53%
10	89%	65	87.61%	91.59%
11	66%	62	88.34	89.22%

Again, the CPOE Stage 10 and CPOE Stage 11 results are considerably higher than the CFSR results. The CFSR root cause analysis found two primary causal themes in Permanency Outcome

⁵ Additional information can be found on page 21-25 of the Child and Family Services Plan 2015-2019 Final Report

1 including continuances and delays in scheduling key court hearings and the availability of appropriate services and the families' willingness to participate in services.

Common issues identified in all three review processes include:

- Timeliness of establishing the case plan goals, achieving the permanency goal, and numerous continuances for hearings; and
- Facilitating visits with or providing opportunities to enhance the relationship with the non-custodial parent.

WELL-BEING OUTCOMES 1, 2 AND 3

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

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

Assessment of current performance Goals:

Well-Being Outcome 1: CFSR: 45% CPOE 10: 61.92% CPOE 11: 63.89%

Well-Being Outcome 2: CFSR: 85% CPOE 10: 92.04% CPOE 11: 90.85%

Well-Being Outcome 3: CFSR: 76% CPOE 10: 80.64% CPOE 11: 75.1%

Item Number	CFSR Substantially Achieved	Number of CFSR Cases	CPOE 10 Substantially Achieved	CPOE 11 Substantially Achieved
12	52%	164	75.26%	70.37%
12A	79%	164	90.12%	88.89%
12B	52%	154	78.34%	71.63%
12C	95%	62	94.98%	94.34%
13	66%	160	78.93%	78.3%
14	68%	164	72.86%	76.54%
15	51%	155	59.17%	63.99%
16	85%	89	92.04%	90.85%
17	80%	92	80.77%	78.61%
18	79%	92	90%	82.89%

Primary causal themes identified in review of the Well-Being Outcomes included: lack of policies regarding who needs to be assessed, contacted and engaged in case planning; lack of efficacy in working with families effectively; high caseloads and excessive SACWIS data entry resulting in emotional exhaustion and burnout, lack of clarity regarding quality expectations for caseworker

contacts with children and families; and how to report/document discussions with the parties and lastly the lack of family willingness to engage in services.

Areas needing improvement evident in all three review processes are:

- Not assessing service needs of the child and parent, most commonly the non-custodial parent; and
- Frequency of visits between the caseworker, child and parents, insufficient to address safety, permanency, well-being and promote achievement of case goals.

Systemic Factors

INFORMATION SYSTEM

Assessment of current performance

Item 19 Statewide Information System was rated as a Strength in the Ohio 2017 CFSR Final Report based on information from the statewide assessment and stakeholder interviews regarding Ohio SACWIS. Ohio's statewide information system continues to be able to identify the status, demographics, location and goals for the placement of all children in foster care. Data confirms that the system reflects children in foster care and this key information can be found in Appendix A.

This positive finding is the result of persistent efforts to discover and resolve issues. Like previous years, in FFY2018, 4,008 work items were completed to improve functionality across all modules: 28% of these work items were in the Screening/Intake module; 16% in Case Management module; 28% in Resource Management; 2% in Administration; 19% in Finance; and 7% in Reporting.

ODJFS has consistently funded significant SACWIS development to support new initiatives such as Bridges, NEICE Interface, data reporting and regular system improvements. In September 2019, SACWIS will deploy the Child Support Interface with the Support Enforcement Tracking System (SETS). Ohio SACWIS data has been cited in multiple national child welfare research articles and federally funded program reform efforts to inform practice improvements.

SACWIS has many partners from PCSAs, Private Child Placing Agencies (PCPAs), IV-E Juvenile Courts, Foster Care Advocates (include former foster youth), and a cross-section of OFC users across all bureaus. Feedback from these partners is obtained in many venues, including:

- Webinars: The SACWIS team routinely provides webinar overviews on project priorities and system functionality.
- Surveys: The SACWIS leadership provides users the opportunity to give feedback on the usability of specific functionality changes and project priorities. Surveys are typically administered every 18 months to coincide with the state's budget cycle.
- PCSAO Directors' Meetings: Agency directors provide feedback on SACWIS functionality, and user needs.

- Title IV-E Juvenile Court Roundtable: SACWIS holds quarterly meetings to announce future enhancements, answer functionality questions, and gather information on desired modifications.
- Build Calls: SACWIS conducts regular build calls to review new functionality and respond to concerns/questions from users.
- CQI Workgroups: Quarterly focus groups of county users suggest changes to support CQI process and system improvements.
- Partnership for Ohio Families Regional Teams: Meeting monthly, SACWIS staff receive feedback on functionality and incorporates this feedback to drive development and plan for deployment.
- Partnership for Ohio Families Advisory Group: SACWIS updates and discussion occurs with this group whose membership is comprised of PCSAs, Private Agencies, Foster Care Advocates, a court liaison and young adults who have experienced foster care.
- Protect Ohio: Ohio's participating counties frequently recommend SACWIS changes to ensure the system supports the fidelity of program interventions, the group meets monthly. SACWIS also supports the groups with updates, presentations and providing data.

Future activities designed to improve the users' experience with SACWIS include creating an interface that will ingest activity log narrative information from Traverse Mobile into Ohio SACWIS. Following the creation of the initial interface, Ohio will continue to assess and explore functionality to identify areas where the mobile solution may be expanded. Enhancements will include providing additional prompts to ensure the documentation of quality face to face visits; enhancing ICPC screens in SACWIS to make the information required in the data fields clearer to the user; and provide training and technical assistance to technical assistance specialists on the new ICPC SACWIS screens, upon release, so that follow-up information can be provided to PCSAs.

Lastly, a technical assessment of SACWIS and its components is undergoing planning, to provide guidance and a roadmap of activities to achieve technology driven goals such as a disaster recovery strategy.

CASE REVIEW SYSTEM

Assessment of current performance

Based on the Ohio 2017 CFSR Final Report, Ohio's performance was not in substantial conformity in two of the five Case Review Items. Items rated as Strengths were:

- *Item 20 Written Case Plan* was rated as an overall Strength based upon Ohio's self-assessment. SACWIS data can be pulled to see what percentage of case plans are completed within the required timeframe. Many counties use Family Team Meetings (FTM) to involve families in case planning and track family involvement in FTMS.
- *Item 21 Periodic Reviews* was also rated as a Strength based upon the statewide assessment and stakeholder interviews. Ohio requires case reviews no less than ninety days and the six-month semiannual administrative review (SAR) or periodic court hearings. SACWIS generates reports and reminders.

- *Item 23 Termination of Parental Rights* was rated as a Strength based upon the statewide assessment and stakeholder interviews. Termination of parental rights (TPR) petitions are filed timely in most cases reviewed. Issues in some counties center on inconsistent documentation of compelling reasons and the application of TPR requirements to cases.

The two Items rated as Areas Needing Improvement were:

- *Item 22 Permanency Hearings* are held timely in most cases. However, due to an inability to identify permanency hearings within the courts data systems and in SACWIS, the current functioning of this item is not able to be monitored.
- *Item 24 Notice of Hearings and Reviews to Caregivers* based upon interviews, some stakeholders reported never having received any notice of court proceedings. Inconsistent processes across the state regarding the notification were noted as an issue. Stakeholders also reported differences in counties regarding their right to be heard. Monitoring of this provision is completed during the quality assurance reviews and aggregate reports are not available.

The Supreme Court of Ohio has applied for a Court Improvement Grant to address permanency hearings and quality parental legal representation. These strategies are addressed in Ohio's Plan for Enacting the State's Vision section of this plan.

QUALITY ASSURANCE SYSTEM

Assessment of current performance

Ohio's *Quality Assurance System, Item 25*, was rated as a Strength based upon information from the statewide assessment. Results for the past reviews are used for monitoring practice changes, to address statewide issues and challenges. There are 19 Technical Assistant Specialists and three Technical Assistance Managers that conduct and oversee the QA reviews. QA reviews in Ohio are the previously mentioned CPOE Reviews and currently CPOE Stage 11 reviews are ongoing. The review cycle began January 1, 2018 and all entrance conferences will be conducted by June 30, 2019. The Onsite Review Tool Instrument (OSRI) is used in CPOE Stage 11 to determine statewide practice strengths and areas needing improvement and to compare Ohio's results from the CFSR. Detailed information on CPOE Stage 11 is addressed in the final APSR report.

Aggregate results are available in the reports section of the Onsite Review Instrument. Qualitative results from each stage are compiled into a document prepared by this Office and shared with county stakeholders, the Supreme Court of Ohio, PCSAO, as well as internally. This information as well as service information, will also be shared with other state departments and offices in ODJFS, including the Office of Child Welfare Transformation and the Governor's newly created Office of Children's Initiative.

CPOE Stage 12 is currently being developed and will continue to conduct qualitative reviews and a strong emphasis will be on quantitative data reports.

In addition to the reviews, each county and Title IV-E Court Program completed a self-assessment, designed to be a discussion guide to use with the agency. The completed assessments contained a wealth of information used to support PIP development as well as other internal activities. The next version of the assessment will be designed to capture aggregate information more easily.

To improve on inter-rater reliability, reviewers will begin reviewing cases for the 15 CFSR counties prior to the PIP review. Initially, each reviewer will review the same in-home case and foster care case, rating each item and documenting rater justifications as well as any interview questions that may need to be addressed if interviews were to be conducted. After each case is reviewed, each regional office will discuss the case ratings and justifications. All regional offices will then meet to discuss the ratings and justifications and again, come to a consensus. Managers will be providing “quality assurance reviews”. During all components of the review, the instructions and CFSR FAQs will be used to determine the findings. As the reviews continue, progressively more cases will be reviewed, eventually ending with each reviewer reviewing and rating several cases. This process will begin in July 2019. Documentation of the outcome findings will be compiled and shared with the counties each month to assist them with gauging performance. Aggregate data will be compiled and maintained as well. In addition, for the PIP review, peer reviewers from the county and private agencies will be utilized. A training will begin in January 2020 to train new reviewers as well as provide a refresher to those who participated in the CFSR Round 3 reviews. Trainers will be the state reviewers and managers.

The CPOE process has traditionally relied upon the Federal indicators to assist agencies improve. Although these measures are valid indicators of performance, they are only indicators. As such, they provide limited guidance on factors contributing to performance and the longitudinal aspects of the indicator. To assist both reviewers and county personnel, OFC staff have created and are in the process of finalizing a dashboard. The dashboard augments the indicators by using a variety of statistical tools (e.g. logistic regression, event history analyses, forecasting) to empower counties to discover the underlying factors influencing performance.

For instance, one indicator examines the percent of children obtaining permanency in twelve months. In the dashboard’s simplest form, a user filters on a given county, and one graph shows a nine-year performance history of the indicator. A second graph, using a logistic regression, weighs 18 factors (e.g., child disability, out-of-state placements, neglect, parental drug abuse) and shows how each factor contributes to children not getting permanency. A third graph, using an event-history analysis, shows the longitudinal performance of children obtaining permanency every 30-days for two years by age group. A fourth graph shows the historic number of children removed from their homes each month, and a monthly forecast over the next twelve months.

This type of analysis is available for each of the Federal indicators and serves to amplify strategy discussions to improve performance.

Statewide Continuous Quality Improvement

Ohio’s statewide CQI system for promoting practice improvement throughout the state consists of an advisory team and specific subcommittees.

Statewide CQI Advisory Team

The OFC CQI Advisory Team is a leadership body dedicated to improving outcomes for the children and families served by Ohio’s child welfare system. The Advisory Team serves as an ongoing leadership forum to provide guidance on Ohio’s statewide system of CQI and promotes a sustained focus on advancing practice and improving outcomes for children and families.

The CQI Advisory Team meets on a quarterly basis to review data and information related to statewide child welfare practice trends and outcomes. The Advisory Team makes

recommendations to OFC about potential strategies to improve outcomes and the formation of ad hoc workgroups to address specific CQI topics. As workgroups are approved by OFC leadership and formed, the Advisory Team will hear periodic progress reports and provide guidance to the workgroups on the completion of their assigned tasks.

Four CQI Advisory Team subcommittees are currently operating 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 will be responsible for recommendations to support a statewide "CQI Community of Practice."
- ***Peer Partnership:*** This Subcommittee is responsible for designing a multi-county and/or regional Peer Review structure to be implemented on a pilot basis. This will include gathering feedback from local partners to inform the design of the peer review process and standards. This Subcommittee is also exploring the feasibility and utility of integrating peer review within the state's Child Protection Oversight and Evaluation process and/or Ohio's federal Child and Family Services Review Round 3 case reviews.
- ***Data Reports:*** This Subcommittee is responsible for making recommendations to guide the development of user-friendly, standardized data reports; make data more accessible to practitioners, supervisors and agency administrators; and strengthen statewide use of performance data.
- ***New Initiatives:*** This Subcommittee is responsible for monitoring, identifying, and recommending projects to support new and current child welfare initiatives. The subcommittee will also be responsible for developing and implementing such projects to align and further advance the mission and goals of child welfare initiatives through partnership with public and private agencies.

Future CQI

Having established an effective and functional Statewide CQI process, Ohio will strengthen the CQI efforts by utilizing the established feedback loops to promote successful examples of practice. Ohio's CQI process has proven effective at identifying unique local practices that have potential impact in a variety of settings. County participants in the CQI process have found this type of information to be very beneficial to their own local CQI efforts, and they have found the examples of others to spark ideas for innovation within their own county CQI systems. Utilizing Ohio's established statewide feedback loops, Ohio's CQI process is promoting both best practice and local CQI processes.

The CQI Advisory team will continue to identify opportunities to support statewide improvement via the CQI process. The team will examine how it can support improvement efforts informed by the CFSR and CFSR PIP activities. The CQI feedback loops will provide an excellent opportunity for statewide distribution of lessons learned in the 15 CFSR Counties. Ohio's statewide CQI process will continue to promote a culture of CQI.

STAFF TRAINING

Assessment of current performance

Initial staff training (Item 26) received a Strength rating based upon the statewide assessment and stakeholder interviews. *Item 28 Foster and Adoptive Parent Training* was also rated as a Strength. Information in the statewide assessment showed that foster and adoptive parents and child care institution staff completed training to satisfy approval and licensing requirements. On the other hand, *Item 27 Ongoing staff training* was rated as an Area Needing Improvement. Data provided at that time showed the training requirements were not being met. A little more than half of the caseworkers meet the ongoing training requirements and slightly more supervisors were meeting ongoing training requirements. The reporting mechanism in the Ohio Child Welfare Training Program (OCWTP) training system, E-track, was unable to produce aggregate reports for staff meeting or not meeting training requirements. ODJFS worked with OCWTP and an aggregate reporting mechanism was developed and implemented in E-Track. This allows ODJFS to obtain information on whether staff are meeting training requirements.

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, whose mission is to promote best child welfare practice through comprehensive skill development, strategic partnerships, and effective advocacy, has been training Ohio’s child welfare professionals since 1987.

Initial Training Requirements for Staff

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

Population to be Trained	ORC Requirement	OCWTP Offerings
New Caseworkers	New Caseworkers complete 102 hours of Core training within the first year of employment.	Caseworker Core
New University Partnership Program (UPP) Caseworkers	New UPP caseworkers complete legal aspects of CPS and 36 hours of ongoing training (if Core is waived) within the first year of employment.	Caseworker Core Module 3 Ongoing
New Supervisors	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.	Supervisor Core

Addressing the Basic Skills and Knowledge Needs of Caseworkers

The Ohio Revised Code (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 OCWTP is a Comprehensive Competency-Based In-service Training System (CCBIT) and uses a universe of competencies (statements of skill and knowledge needed for specific job functions) as the cornerstone of the program. Competencies are used to identify training needs and develop training curricula. The competencies were developed by reviewing pertinent literature and conducting focus groups for task analyses of job functions and identification of corresponding skills and knowledge needed to fulfill those job functions. Competencies are periodically reviewed and revised using the same process.

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 of the system's 8 Regional Training Centers has specific roles and responsibilities related to trainer development. In addition to ongoing activities such as recruiting, screening and onboarding new trainers in needed prioritized content areas, The OCWTP's trainer development activities have focused on the following:

Observations: OCWTP and Regional Training Center (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 Comprehensive Assessment and Planning Model - Interim System (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 the program's trainers had taken the required TOT.

SACWIS Learning Labs: OCWTP has provided SACWIS learning labs for select prioritized trainings. The learning labs noted below are standardized and regularly scheduled throughout the state. Although not mandated as part of Ohio's core training hour, PCSAs recognize the skill-building advantage offered through the labs and attendance continues to reflect that value. New caseworkers and UPP students have responded favorably to the SACWIS learning labs, stating that they appreciate the "hands-on-learning" provided to further understand CAPMIS, and correctly record case data into SACWIS.

Name of Learning Lab	Workshops conducted 7.1.17 to 4.15.19	Workshops scheduled 4.16.19 to 6.30.19
Assessing Family Strengths and Needs and Risk of Future Harm	35	12
Assessing Safety and Controlling Safety Threats	36	11
Assessment Skills for Gathering Facts in Child Protective Services	29	12
Service Planning	33	14

SACWIS Coaching through the OCWTP is provided by request. Over the past year there have been three coaching events related to SACWIS completed, and one request is being scheduled. 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 skill gained. Evaluations by both workers and their supervisors indicate skill was improved and practice with families enhanced as a result.

Reporting and Data Workshops were developed in collaboration between ODJFS and 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.

Over the 2014-2019 CFSP period, the three-hour learning lab, *Managing for Outcomes: Using SACWIS Data to Improve Unit Performance*, was offered 12 times to 72 participants. Participant evaluations showed that 92% of responders *strongly agreed* or *agreed* this course increased their knowledge and ability to use SACWIS, BIC, and ROM reports.

Supervisor Roundtable Series provides guidance for supervisors through the process of collecting data, developing a goal, creating an action plan, implementing the action plan, evaluating, and sustaining change and use of qualitative and quantitative data to gather baseline and ongoing data for practice improvement. Since 2015, 14 roundtable series have occurred.

Integration of CAPMIS, Differential Response (DR), and SACWIS into Caseworker Core training modules. The integration of CAPMIS, DR and SACWIS content in Caseworker Core has ensured that curriculum addresses new caseworkers’ specific learning needs to be able to conduct assessments and case plans that are consistent with Ohio’s practice model. Revisions were made to Caseworker Core to integrate CAPMIS, SACWIS, and Differential Response as follows:

- Caseworker Core II: Engagement in Family-Centered Child Protective Services – revised and finalized in 2015
- Caseworker Core III: Legal Issues in Family Centered Child Protective Services – 2nd draft of revisions will be submitted to ODJFS by June 2019
- Caseworker Core IV: Assessment and Safety Planning in Family-Centered Child Protective Services – revised and finalized 2015
- Caseworker Core V: Gathering Facts in Family Centered Child Protective services – revised and finalized 2015

- Caseworker Core VI: Service Planning and Delivery in Family Centered Child Protective Services – revised and finalized 2016
- Caseworker Core VII: Child Development: Implications for Family-Centered Child Protective Services – draft revisions will be submitted to ODJFS by June 2019
- Caseworker Core VIII: Separation, Loss, and Reunification in Family-Centered Child Protective Services – draft revisions will be submitted to ODJFS by June 2019.

Development of four intensive modules in the CAPMIS training curricula. OCWTP staff collaborated with ODJFS Policy staff to develop the following four intensive modules in the CAPMIS training curricula:

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

These trainings are being 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, North Central Ohio RTC 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, Central Ohio RTC has six counties who have completed three of four CAPMIS modules.

South East Ohio RTC has implemented the CAPMIS series of trainings in each county in their region.

Strengthen Foster Parent pre-service training with revision completed in 2015. Revisions strengthened, among other things, the importance of working closely with primary parents. In CFSP Year 5, it was offered 98 times and is scheduled numerous times through June 30, 2019. In calendar year 2018, it was offered 132 times with 19,912 participants (note that this is a duplicative count). Average attendance per session was 16.8 participants.

Monitoring training compliance for initial and ongoing caseworkers and supervisors. Previous methods of tracking and recording caseworker and supervisor training compliance involved different hand tabulations, but the methods have advanced for tracking and reporting training compliance records. It appears that compliance numbers have decreased, although this may not be a difference in actual compliance but may be more accurate than previous methods used.

Caseworker initial Core training compliance:
 Original (hand-tabulated) CFSR: April 1, 2014 through March 31, 2015
 358 Caseworkers: 299 Compliant (83%); 59 Noncompliant (16%)

Last complete year, April 1, 2017 through March 31, 2018
497 OAC Caseworkers: 409 Compliant (82%); 88 Noncompliant (18%)

Caseworker ongoing Core training compliance:

Original (hand-tabulated) CFSR: April 1, 2014 through March 31, 2015
620 OAC Caseworkers: 375 Compliant (60%); 246 Noncompliant (40%)

Prior year compliance from report issued March 31, 2018
2427 OAC Caseworkers: 1271 Compliant (52%); 1157 Noncompliant (48%)

Supervisor initial training compliance:

Original (hand-tabulated) CFSR: April 1, 2013 through March 31, 2015
81 OAC Supervisors: 54 Compliant (66%); 27 Noncompliant (33%)

Prior year compliance from report issued March 31, 2018
AC Supervisors: 27 Compliant (44%); 34 Noncompliant (56%)

Supervisor ongoing training compliance:

Original (hand-tabulated) CFSR: Most recently completed year of all supervisors, except those currently in Core. 431 Supervisors; 299 Compliant (69%); 132 Noncompliant (31%)

Prior year compliance from report March 31, 2018
560 Supervisors: 344 Compliant (61%); 216 Noncompliant (39%)

ODJFS partnered with Wargo-Brock Workforce Dimensions, LLC to study the effectiveness of the OCWTP. The current state coordinator for the OCWTP training system is the Institute for Human Services (IHS). Eighty caseworkers and supervisors, as well as several trainers shared their opinions and experiences about the OCWTP training system. The purpose of the study was to gather quantitative and qualitative feedback to assess the effectiveness of the training program in providing Ohio's child welfare workforce with the knowledge and skills needed to carry out their duties.

The study's scope was to obtain feedback on the training offered to new as well as experienced caseworkers and supervisors; OCWTP areas of strength and areas needing improvement; training methodologies and content; effectiveness of training for specific areas, such as SACWIS, CAPMIS, and Differential Response; and barriers to workplace learning. The results of the study lead to recommendations which are being used to develop the Request for Proposal (RFP) for a new contract for the OCWTP coordinator. Until a statewide contract is awarded, Ohio has extended IHS' contract for one year. New trainings will not be developed, although the current training curriculum will be used. This is necessary to ensure the current provider does not have an advantage in the RFP process. The Training Plan will address Year 1, and the goals and strategies in section IV Plan for Enacting Ohio's Vision, will address the development of the plan for Years two through five.

Recommendations included developing a strategic plan to increase technology-based learning; expanding the workplace learning range; to "drill down" to determine the knowledge or skill needed to perform the task, or behavior; expand transfer of learning techniques; establish a process

for evaluating training outcomes; alternative forms of training delivery, and support CEU for competency-based learning experiences and apply the learning experiences to the training requirements. ODJFS expects to make progress towards these recommendations over the next five years.

SERVICE ARRAY

Assessment of current performance

Based on information from the statewide assessment and stakeholder interviews, both *Item 29 Array of Services* and *Item 30 Individualizing Services* were rated as an Area Needing Improvement. Gaps in services were identified throughout the state. For parents, psychotherapy, parenting education and support, domestic violence services, particularly for male victims and batterers, substance abuse diagnostics and treatment and services to address homelessness were identified. Gaps identified for children included lack of psychotherapy and medical services, behavioral health assessment and treatment, substance abuse and services to address teen pregnancy. Education supports for youth to obtain post-secondary education beyond the state's Education and Training Voucher (ETV) program is an area of need. Prevention services are lacking, specifically in-home services and services to kinship providers. One issue identified is the lack of knowledge of the availability of these services varies from agency to agency, worker to worker. Availability of wrap around services and services that can accommodate the developmental needs of children and parents were also reported as challenges to individualizing services.

In the analysis of data received from a statewide survey conducted during the PIP development, it was noted that caseworkers and supervisors believed the severity/complexity of family problems affect not only the ability to assess needs, but also to provide appropriate services. It was noted that in some communities, there was a lack of available services for dually diagnosed children and parents.

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* gathered 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.

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

Most respondents either Strongly Agreed or Agreed with each of the statements, 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.

70,237 drug overdose deaths occurred in the United States in 2017. Ohio was identified as having the second highest rate of deaths due to drug overdose, with 46.3 per 100,000. Ohio was also one of 23 states with statistically significant increases in drug overdose death rates from 2016 to 2017.⁶ This increase has strained the existing drug and alcohol services in communities. In response, several entities have obtained grants to implement various treatment models addressing opioid and

⁶ ([Center for Disease Control and Prevention, 2018](#)).

other drugs. However, Ohio START, implemented by the Ohio Attorney General's office is the model most accepted and for which the state is planning expansion activities.

In January 2016, OFC completed an *Ohio Needs Assessment for Child Welfare*. The purpose of the Needs Assessment was to identify service needs of children and families coming to the attention of PCSAs between July 1, 2013 and June 30, 2014. In addition to the service needs analysis, this study sought to identify the most effective interventions to meet those service needs, and determine service gaps. Another component of the Needs Assessment was a cost analysis based on the service gaps. The cost analysis was provided to the Ohio General Assembly in May 2016. A comprehensive update of this statewide needs assessment has begun and will be completed during year 1 of the CFSP. The task ahead for ODJFS is to work with PCSAs to move service provision toward greater utilization of evidence-based interventions identified in the Needs Assessment.

To address the needs of pregnant women with Opioid Use Disorder (OUD), a two-year state-led quality improvement (QI) effort was initiated in 2014 with the goal of increasing access to effective treatment, improving maternal and fetal health outcomes and family stability, and reducing costs of Neonatal Abstinence Syndrome (NAS) for Ohio's Medicaid program. This initiative, called the Maternal Opiate Medical Supports (MOMS) Project, was sponsored by the Ohio Governor's Office of Health Transformation, the Ohio Departments of Medicaid, and the Ohio Department of Mental Health and Addiction Services in partnership with other Health and Human Service State Agencies. This study can be found at <https://doi.org/10.1016/j.jsat.2019.04.010>.

The Department of Medicaid and the Office of Families and Children have recently developed a very productive partnership that is looking at barriers to keeping high needs children in Ohio including the lack of Psychiatric Residential Treatment Facilities (PRTF) in Ohio. PRTFs provide inpatient services to Medicaid-eligible youth, under the age of 21. A PRTF offers an array of services to meet the multiple and changing needs of children and youth with behavioral health challenges and the needs of their families. While the core benefit package for children and youth with significant mental health conditions would include traditional services, such as individual therapy, family therapy, and medication management, the primary benefit would be stabilization of the child, while maintaining the child in state, where the child/parent bond can be maintained or enhanced and allow for community based services to step in sooner to assist the parents/family and return the child home or to their community.

Additionally, the FFPSA requirements for congregate care and QRTPs would elevate the service levels of in-state providers to meet the step-down needs of these children and others with less severe mental health needs not requiring placement in a PRTF.

AGENCY RESPONSIVENESS TO THE COMMUNITY

Assessment of current performance

In the Ohio 2017 CFSR Final Report, Items 31 and 32 were rated as Strengths. The assessment of *State Engagement and Consultation with Stakeholders Pursuant to the CFSP and the APSR* and *Coordination of CFSP Services with Other Federal Programs* were based upon the statewide assessment. For additional information on the institutionalized partnerships, refer to the 2014-2019 CFSP final report, page 91-95.

As Ohio moves forward with the PIP and implementing the FFPSA legislation, Ohio will leverage the existing relationships with stakeholders and continue to build high quality engagement and consultation with the various stakeholders.

With the creation of the Office of Children's Initiatives within the Governor's Cabinet in conjunction with the formation of the Executive Leadership Team for FFPSA, cross-system leadership and accountability structures will facilitate implementation efforts.

Additional information regarding Coordination of CFSP services with other federal programs is fully explained in the 2014-2019 CFSP Final Report, pages 95-99.

FOSTER AND ADOPTIVE PARENT LICENSING, RECRUITMENT, AND RETENTION

Assessment of current performance

The Ohio 2017 CFSR Final Report indicated that Ohio was not in substantial conformity in two of the four items in this systemic factor. *Item 34 Requirements for Criminal Background Checks* and *Item 36 State Use of Cross Jurisdictional Resources for Permanent Placements* were both rated as Areas Needing Improvement.

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. Agencies that received 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.

The CFSR Round 3 Final Report noted that 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 36 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.

Additional information can be found in the 2014-2019 CFSP final report, pages 103-108 for Item 34 and pages 113-114 for Item 36.

Ohio launched a new website in May 2019 to provide information on Foster Care and Adoption in Ohio. The website can be accessed at <https://fosterandadopt.jfs.ohio.gov>.

When children are unable to return home to their primary families or find permanency with kin, they often come into the permanent custody of our county agencies. When this happens, many times the child is adopted by the foster family currently caring for them. For the sake of stability and attachment, this is often seen as the best possible option for the child at that point in time. Because foster caregivers often adopt children who have been placed with them, foster parent

turnover will always be an issue and continuous foster parent recruitment and retention efforts must always be a priority. Increased efforts must be placed on foster parent retention, as national data trends show that nearly half of all foster parents stop fostering during the first year.

To better enhance our abilities to recruit foster care applicants and retain the ones who do complete the process, our office is exploring a collaboration with the National Council for Adoption (NCFA) on a cross-comparative research project to determine differences in recruitment and retention practices. The research project is designed to determine why some states' recruitment and retention programs are successful and others are not, as well as identifying the characteristics and behaviors of foster parents who remain and what supports they are provided to succeed. The research consists of a 7-part questionnaire/survey to be given to foster parents at distinct points in the process, such as initial recruitment, when training has been completed, a few weeks after a child has been placed, three months after placement, after removal, at adoption, and when the family stops fostering.

Once data collection is complete and reviewed, NCFA will provide the office with a data driven report with recommendations for policy and practice changes to maximize recruitment efforts and increase retention among foster parents. Four other states have already joined the project, and NCFA hopes to use all the data to create recommendations on a national level.

IV. Plan for Enacting Ohio’s Vision

Goal 1: Strengthen Ohio’s child welfare workforce with work-related knowledge and skills needed to carry out their duties. (Workforce Development)

Impact: Safety, Permanency, Well-Being, Systemic Factor- Training

Measures of Progress: Training Effectiveness Survey, Turnover rate in sample of counties; Quality Improvement Center for Workforce Development (QIC-WD) Resilience Alliance Model and training results (Utilizing the turnover rate formula established by QIC-WD, Survey, etc.)

Rationale: Staff recruitment and retention are widespread challenges in Ohio, as well as across the nation for many child welfare agencies. The reality of the increasing number of children needing public child welfare services with the corresponding lack of qualified staff to provide these services, results in resources being directed to replace staff rather than the provision of services, impacting the overall functioning of the child welfare system. In the root cause analysis identified earlier also suggested that caseworker effectiveness was an underlying issue for safety and so improving the skill level of the workforce is intended to address practice outcomes. Ohio was selected as a project site for the QIC-WD project to research, synthesize data and generate effective strategies to improve workforce outcomes. Ohio wants to utilize the knowledge and strategies from all eight sites participating in the project to strengthen Ohio’s child welfare workforce. In addition, Ohio is working on securing a new contract for Caseworker, Supervisor and Foster Parent Training that better supports development of a workforce and resource homes with the skills and knowledge needed to carry out their specific duties.

Objective 1: Coach Ohio

Strategy: Implement Resilience Alliance in Summit, Montgomery, Hamilton, Champaign, Wayne and Knox Counties, the experimental counties in Ohio’s Quality Improvement Center for Workforce Development (QIC-WD) grant.

Benchmark 1: Conduct 24 weekly Resilience Alliance sessions in the six experimental counties.

Timeframe: Year 1

Benchmark 2: Supervisors from the six identified counties were trained in the Atlantic Child Welfare Implementation Center Coaching Model. Supervisors will implement coaching into their supervision sessions, with a specific focus on worker resilience.

Timeframe: Years 1-3

Benchmark 3: The Coach Ohio intervention will be formally evaluated by the QIC-WD evaluation team.

Timeframe: Years 1-3

Benchmark 4: Based upon effectiveness of Coach Ohio, begin implementing in other counties and monitor turnover rates in those counties.

Timeframe: Years 4-5

Objective 2: Revise the delivery of training to workforce (new contract for core and ongoing training)

Strategy 1: Maximize the funding of child welfare at the local level by enhancing their ability to utilize available federal funding and match with local dollars.

Benchmark 1: Work with the Office of Fiscal and Monitoring Services (OFMS) to create a statewide child welfare fiscal training program that marries subject matter experts within the OFC with fiscal reporting requirements.

Timeframe: Year 1

Benchmark 2: Gather fiscal and program subject matter expert list, work with OFMS to create training topics for agency directors, as well as general fiscal info, and in-depth fiscal training. Clustering information by subject matter (e.g., Random Moment Sample (RMS), Administration and Training claiming, IV-E Foster Care Maintenance (FCM), adoption funding programs, etc.).

Timeframe: Year 1

Benchmark 3: Create on demand resources, training, webinars, Knowledge Base Articles (KB), guides, etc.

Timeframe: Years 1-2

Benchmark 4: Cluster trainings specific to the audience, organized by topics, such as new staff, directors, fiscal officers, etc. (RMS, Administration and training claiming, FCM, adoption funding programs, etc.)

Timeframe: Years 2-5

Strategy 2: Revise Ohio's Child Welfare Training Program to strengthen Ohio's child welfare workforce.

Benchmark 1: Prepare and issue a Request for Proposal (RFP) for the Ohio Child Welfare Training Program based upon the recent training system assessment to address the needs of the workforce and foster parents.

Timeframe: Year 1

Benchmark 2: Score and identify differences and strengths between vendors. Select a vendor to partner with, finalize negotiations and award the contract.

Timeframe: Year 1

Benchmark 3: Create Training Plan in collaboration with the selected vendor and the new deliverables for Years 2-5.

Timeframe: Years 1-2

Benchmark 4: Begin statewide training, monitor effectiveness of training and transfer of learning, and how trainees are viewing the quality and applicability of the training.

Timeframe: Years 2-5

Strategy 3: Establish and provide a common foundation for effective assessment and service delivery through intensive CAPMIS training and coaching (assessment of safety, assessment of strengths and needs, safety planning and case planning) in support of CFSR PIP strategies.

Benchmark 1: Develop a tailored plan to provide training, coaching, and consultation to the participating CFSR county administrators, supervisors, and caseworkers on the Assessing Safety, Safety Planning, Assessing Strengths and Needs, Case Planning.

Timeframe: Year 1

Benchmark 2: Ongoing trainer recruitment, approval, observation, and development for standardized caseworker and CAPMIS trainings. Recruit, approve and certify 5 new CAPMIS Trainer/Coaches for approval by September 1, 2019, and an additional 5 by December 1, 2019.

Timeframe: Year 1

Strategy 4: Advance substance abuse training resources through OCWTP.

Benchmark 1: Coordinate with Ohio START grants from Cures and Victims Of Crimes Act to integrate 10 Ohio START courses into regular OCWTP training offerings to make this training available to all counties through the RTCs and to provide sustainability of these training modules after the grants have been completed.

Timeframe: Year 1

Benchmark 2: Ongoing trainer recruitment, approval, observation, and development for standardized caseworker and CAPMIS trainings. Recruit, approve and certify 5 new CAPMIS Trainer/Coaches for approval by September 1, 2019, and an additional 5 by December 1, 2019.

Timeframe: Year 1

Objective 3: Learn from QIC-WD projects on recruitment and retention of staff strategies.

Strategy 1: OFC staff will participate in knowledge sharing opportunities with staff from other QIC-WD sites and utilize lessons from the QIC-WD site evaluations and implement strategy(ies) in interested counties.

Benchmark 1: OFC’s Site Implementation Manager (SIM) will participate in monthly virtual meetings with the SIMs from the other QIC-WD sites.

Timeframe: Years 1-2

Benchmark 2: OFC’s SIM, data coordinator, and one county representative will attend annual QIC-WD all site meetings.

Timeframe: Years 1-3

Benchmark 3: OFC staff will review the evaluation reports from all QIC-WD sites. If evidence was found to support the strategies implemented at a site, OFC will share results with agencies and together determine whether the strategy may be appropriate for implementation in Ohio.

Timeframe: Years 3-5

Benchmark 4: OFC will begin planning for implementation by assessing needs of interested agencies, selecting sites, and facilitate the training of staff on the selected strategy.

Timeframe: Years 3-4

Benchmark 5: OFC will begin implementation of the selected interventions and determine agencies’ ability to ensure the sustainability of the interventions prior to implementing.

Timeframe: Years 4-5

Objective 4: Continue to develop in non-CFSR counties a cohort of expert practitioners to partner in ongoing solution focused efforts of skill building and continuous quality improvement of engagement, assessment and service delivery. (PIP)

Strategy 1: OFC will expand the cohort of experts to include non-CFSR counties.

Benchmark 1: Expectations for cohort participants will be shared with the remaining counties.

Timeframe: Years 3-5

Benchmark 2: Expansion counties will identify candidates to participate in the cohort and procedures for adding new members to the cohort

Timeframe: Years 3-5

Benchmark 3: OFC will hold quarterly ongoing meetings (statewide, regional, virtual) with the cohort(s) to assist with the building of assessment and engagement skills.

Timeframe: Years 2-5

Strategy 2: Provide access to a clinician to assist caseworkers and managers with guidance on addressing multiple issues in family dynamics leading to resolution.

Benchmark 1: Predicated upon the success of this initiative in Ohio's PIP, OFC will work with interested counties to secure expert clinicians to provide consultation on domestic violence, substance abuse, mental health, and other specialized topics.

Timeframe: Years 3-5

Benchmark 2: Once the clinicians are established, clinicians will regularly meet with caseworkers/supervisors to conduct clinical consultation and conduct group coaching.

Timeframe: Years 3-5

Goal 2: Ensure children are placed in the most appropriate and family-like setting.

Impact: Permanency Outcomes 1 and 2

Measures of Progress: Item 10, permanency indicators, comparative data of kinship care to foster care. Reduction of children in foster homes, congregate care and children aging out of foster care without permanency. Increase in use of kinship caregivers.

Rationale: Ideally, children should remain in their home with their family of origin if there are no safety concerns and family members are willing to participate in services. However, that goal is sometimes not possible. Research indicates that children's well-being is best served in a safe, stable family environment. Access to their school, community, friends, teams, etc. provides critical support for the child's mental and behavioral health as well and can be best achieved by keeping the children with family. Federal law requires children to be placed in the least restrictive and most family-like setting available. Title IV-E of the Social Security Act requires that states "consider giving preference to an adult relative over a nonrelated caregiver when determining placement for a child, provided that the relative caregiver meets all relevant State child protection standards." For those children who cannot be reunified due to safety and well-being issues, timely permanency is a priority. The availability of legal representation is not always conducive to achieving case outcomes timely, thus educating on least restrictive settings, stable placements, timeliness of hearings and permanency for the child as it relates to the child's and family's specific circumstances is critical.

Objective 1: Increase use of kinship care.

Strategy 1: Expand the 30 Days to Family Program (PIP)

Benchmark 1: Evaluate Ohio's pilot results with a comprehensive study.

Timeframe: Year 1

Benchmark 2: Expand the capacity in counties currently utilizing the program to increase impact on child permanency. Capacity will be determined following confirmation of new state budget.

Timeframe: Years 1-2

Benchmark 3: Implement 30 Days to Family Program in additional counties. Capacity will be determined following confirmation of new state budget.

Timeframe: Years 2-5

Objective 2: Remove barriers to licensing relatives as foster family homes.

Strategy: Revise Ohio’s foster care licensing standards to relieve licensure barriers for relative caregivers and all foster care applicants.

Benchmark 1: Review federal foster care licensing model standards.

Timeframe: Year 1

Benchmark 2: Alignment of Ohio’s licensing standards with most federal foster care licensing standards.

Timeframe: Years 1-2

Benchmark 3: Increase agency training on the availability of non-safety waivers for relatives applying for licensure.

Timeframe: Years 1-2

Benchmark 4: Release procedure letter to share waiver types and instructions on how to submit requests for waivers.

Timeframe: Year 1

Objective 3: Improve use of assessments in guiding placement decisions.

Strategy 1: Work in collaboration with state and local partners to expand options for family-based treatment foster care that are more appropriately aligned with the various needs and challenges of children requiring placement.

Benchmark 1: Research best practices and other states foster care “levels” including the HUB model of foster care and the Care Portal system.

Timeframe: Year 1

Benchmark 2: Partner in convening stakeholders to develop a draft plan that will work in conjunction with Ohio’s FFPSA implementation plan to ensure appropriate levels of care and options for all children in need of placement.

Timeframe: Year 1

Strategy 2: Level of Care Assessment Tool to ensure children’s needs are identified and they are placed in appropriate settings.

Benchmark 1: Convene a group to review level of care tools and assessments and select tool(s) for statewide use.

Timeframe: Year 1

Benchmark 2: Develop and implement a statewide rollout plan for new level of care tool and/or assessment.

Timeframe: Year 2

Benchmark 2: Monitor and evaluate effectiveness.

Timeframe: Years 2-3

Objective 4: Improve quality of congregate care.

Strategy: Evaluate current congregate care programs to determine right-sizing of congregate care.

Benchmark 1: Evaluate QRTP readiness survey data and identify opportunities to target agencies (by level of readiness) and identify needs to address FFPSA requirements.

Timeframe: Year 1

Benchmark 2: Evaluate existing group home models, level of care assessment tools and trauma informed care models, clinical and nursing staff coverage agreements, family engagement efforts, discharge planning and aftercare supports and update OAC definitions.

Timeframe: Year 1

Strategy 2: Assess congregate care workforce and development needs for Trauma Informed Care, and treatment model(s).

Benchmark 1: Analyze data on survey results collected in early 2019.

Timeframe: Year 1

Benchmark 2: Provide guidance and technical assistance on training requirements and obtaining training.

Timeframe: Years 1-5

Objective 5: Timely background checks for all personnel/staff working in congregate care.

Strategy 1: Continue requiring agencies to submit criminal records checks on a quarterly basis to licensing specialists for monitoring and corrective action.

Benchmarks: Quarterly submissions will continue to be due on the last business day of the quarter.

Timeframe: Years 1-5

Strategy 2: Develop a reporting mechanism within the Ohio Certification and Licensing Monitoring system (OCALM) to measure progress with criminal record check requirements.

Benchmarks: The BFCL will generate a report once per quarter to identify trends in compliance with criminal record check requirements. Licensing specialists will provide technical assistance to agencies on an individual and collective basis to identify most frequent noncompliance areas.

Timeframe: Years 1-5

Strategy 3: ODJFS will seek changes to the Ohio Revised Code and Ohio Administrative Code to reflect new criminal record check requirements for agency employees and administrators. ODJFS will seek changes to:

Benchmark 1: Require a search or report, or request for a search, of certain prospective child welfare officers and administrators in the Uniform Statewide Automated Child Welfare Information System (SACWIS), the System for Award Management, the Findings for Recovery, and the U.S. Department of Justice National Sex Offender website.

Timeframe: Years 1-2*

Benchmark 2: Require a search of prospective foster and adoptive parents and all persons 18 years old or older residing with the prospective foster and adoptive parents, to be conducted in the National Sex Offender database.

Timeframe: Years 1-2*

Benchmark 3: Requires a search of prospective staff of institutions or associations to be conducted in the National Sex Offender database and SACWIS.

Timeframe: Years 1-2*

Benchmark 4: Grants the Director of ODJFS authority to adopt rules to implement and execute the background check expansion.

Timeframe: Years 1-2*

*Since the intervention described above will require legislative action, benchmarks will be based upon the legislative process for enacting new provisions in law, and rule implementation.

Objective 6: Improve quality of legal representation in abuse, neglect, and dependency cases.

Strategy 1: Provide the claiming mechanism for these costs to county directors and fiscal staff as well as the Title IV-E Juvenile Courts.

Benchmark 1: Develop fiscal procedures for claiming for PCSAs and Title IV-E Juvenile Courts.
Timeframe: Years 1-2

Benchmark 2: Conduct statewide webinar and provide technical assistance to support proper claiming.
Timeframe: Years 1-2

Strategy 2: In collaboration with the Supreme Court of Ohio's Court Improvement Project, pilot parent and child representation programs to implement best practices for attorneys representing parties in cases.

Benchmark 1: Identify an established practice model with data supporting the model's effectiveness towards achieving permanency.
Timeframe: Year 1

Benchmark 2: Identify court, clinics, or agencies that will participate in pilot and begin training on model.
Timeframe: Years 1- 2

Benchmark 3: Begin implementation of the model in cases and provide technical assistance to the sites and develop evaluation protocol.
Timeframe: Years 2- 3

Benchmark 4: Continue implementation while beginning to evaluate pilot's effectiveness and explore sustainability to increase pilot participation and eventual rollout.
Timeframe: Years 3- 5

Benchmark 5: In cooperation with Sub-committee on Child Abuse, Neglect and Dependency (CAND), identify strategies to increase scale of pilot, if effective.
Timeframe: Years 4-5

Benchmark 6: Accountability to the sub-committee on CAND as established by their protocol
Timeframe: Years 1-5

Objective 7: Provision of timely legal permanency for families and children.

Strategy 1: Review current statutes and practices to identify if Supreme Court time standards may be reduced.

Benchmark 1: Convene child welfare system (PCSAs, courts, stakeholders) to share values, data and drivers of outcomes that courts and child welfare agencies can use to make informed decisions, manage operations, monitor performance, and make systemic changes to improve outcomes for children and families.

Timeframe: Year 1-5

Benchmark 2: Recommendations put forth to the Supreme Court of Ohio, based upon the review.

Timeframe: Years 1-3

Strategy 2: Develop a system to appoint council to advocate for parents and/or children prior to a formal filing in court.

Benchmark 1: Collaborate with the Supreme Court of Ohio, Ohio Public Defenders, Ohio Legal Aid, and Ohio universities with Law Schools, CASA and other stake holders to identify system to appoint representation prior to the formal filing in court.

Timeframe: Years 1- 2

Benchmark 2: Identify an established practice model with data supporting the model's effectiveness towards resolving family concerns leading to placement.

Timeframe: Year 2

Benchmark 3: Begin implementation of the model in cases and provide technical assistance to the sites.

Timeframe: Years 3-4

Benchmark 4: Continue implementation while beginning to evaluate pilot's effectiveness.

Timeframe: Years 4-5

Benchmark 5: Identify strategies to increase scale of pilot, if effective.

Timeframe: Years 4-5

Strategy 3: Provide the claiming mechanism for these costs to county directors and fiscal staff as well as the Title IV-E Juvenile Courts.

Benchmark 1: Develop fiscal procedures for claiming for PCSAs and Title IV-E Juvenile Courts.

Timeframe: Years 1-2

Benchmark 2: Conduct statewide webinar and provide technical assistance to support proper claiming.

Timeframe: Years 1-2

Goal 3: Reduce the need for foster care for children at risk of removal/prevention of foster care.

Impact: Safety 1, Well-Being 1

Measures of Progress: Entry rate

Rationale: Studies have shown that the longer a child remains in foster care profoundly effects future outcomes for them and the next generation as well. Placing children in out-of-home care is a traumatic event, and for many, even more traumatic than the event that led to their removal. Many children currently in foster care, may not have come into care if services and supports were available to their families, prior to a crisis. Other children who leave foster care return to care because of subsequent abuse and/or neglect. Foster care can be prevented by providing appropriate supports and evidence-based services to families; evidence-based services can expedite their leaving foster care sooner and appropriate supports can keep them safely with their families, so they do not return to foster care. If a child should need to be removed from their family, the next best placement would be with an extended family member or family friend (kin placement) who can provide a safe and stable home environment. To accomplish this goal, we need to prevent abuse and neglect; have the least restrictive placement available if removal is necessary and encourage and work with parents, including non-custodial parents, relatives and family friends to support the child. In addition, evidence-based preventive and ongoing services are needed to reduce the risk of abuse or re-abuse.

Objective 1: Identify Children at risk of foster care

Strategy 2: QIC-CCCT pilot in three counties to develop multi-system approach to ensure safety of infants under one year of age and compliance with CARA requirements.

Benchmark 1: The QIC sites will enter data, including but not limited to demographic, CARA, scores from three standardized assessment tools, and child protection data.

Timeframe: Years 1-5

Benchmark 2: Data will be tracked and analyzed for the pilot to determine effectiveness.

Timeframe: Years 1-5

Benchmark 2: Disseminate the findings/best practices statewide via regional forums.

Timeframe: Year 5

Strategy 3: Develop Statewide Title IV-E Prevention Service Plan.

Benchmark 1: Define candidates for foster care and eligibility criteria and claiming reimbursement criteria and billing through SACWIS.

Timeframe: Year 1

Benchmark 2: Develop Child's prevention plan.
Timeframe: Year 1

Benchmark 3: Define process for ongoing monitoring of safety while children and families are receiving prevention services.
Timeframe: Year 1

Strategy 4: Provide kinship supports through the statewide Kinship Navigator program.

Benchmark 1: Work with the vendor Kinnect on researching and planning for the Kin Navigator Program.
Timeframe: Year 1

Benchmark 2: Plan for implementation and sustainability of statewide rollout.
Timeframe: Years 2-3

Benchmark 3: Implementation of program based on funding allocations.
Timeframe: Years 2-5

Objective 2: Determine and develop the prevention service array to fit the at-risk of foster care population needs.

Strategy: Identify prevention services that align with the needs of children and families at-risk of foster care and a sustainable fiscal plan for implementation.

Benchmark 1: Stakeholder engagement in planning Ohio's Prevention Services Array by establishing cross-systems workgroups.
Timeframe: Year 1

Benchmark 2: Identification of evidence-based programming that are aligned with FFPSA in the areas of In-Home Parent Skill-Based Programming, Mental Health Prevention and Treatment, and Substance Abuse Prevention.
Timeframe: Year 1

Benchmark 3: Inclusion of necessary non-FFPSA EBPs or other promising interventions that meet the needs of Ohio's Children and Families.
Timeframe: Year 1 -2

Benchmark 4: Cross-system fiscal planning to support the prevention services array.
Timeframe: Year 1

Benchmark 5: Development a plan for ensuring ongoing model fidelity of approved evidence-based prevention services.

Timeframe: Years 1-2

Strategy 2: Develop state plan to identify and address gaps in services by region and cooperatively work with the Department of Medicaid and Managed Care entities to fill service gaps for eligible children and families.

Benchmark 1: Identify gaps in services to children ages 0-3, and their parents and implement services in every region to address gaps.

Timeframe: Years 1-5

Benchmark 2: Identify gaps in services needed for high needs children placed in out of state congregate care facilities and implement services to meet the needs of these children in Ohio.

Timeframe: Years 1-5

Objective 3: Enhance the well-being of Ohio's children by providing opportunities for fathers to become better parents, partners and providers.

Strategy: Engage the Ohio Fatherhood Commission and explore programs and initiatives that are working and replicate in other areas.

Benchmark 1: Identify available resources and programs and share best practices and programs with agencies and courts.

Timeframe: Year 1

Benchmark 2: Explore strengths-based attitudes and relationship-based practices to aid in the use of father engagement strategies.

Framework: Years 1-5

Goal 4: Reduce recurrence of maltreatment.

Impact: Safety Outcome 2

Measures of Progress: Recurrence of Maltreatment remains the same or continues to reduce.

Rationale: One of the primary responsibilities of a child welfare system is to keep children safe and for those children that have experienced maltreatment, the interventions should prevent future harm and reduce the need for future interventions of the child welfare system. One way to reduce the recurrence of maltreatment, is for the child welfare system to understand the recurrence patterns, trends over time on a local as well as a statewide scale.

Objective 1: Distribute and present on screening guidelines to ensure appropriate recognition and categorization of maltreatment.

Strategy 1: Implement screening guidelines by providing statewide meeting or webinars to county agencies and juvenile courts to highlight purpose of, changes to, and how to use the screening guidelines.

Benchmark 1: Distribute guidelines to county agencies and juvenile courts and make available through forms central or on OFC website.

Timeframe: Year 1

Benchmark 2: Schedule regional meetings statewide to discuss screening guidelines and importance of appropriate recognition and categorization of maltreatment.

Timeframe: Years 1-2

Objective 2: Implement continuous monitoring, validation and reporting of recurrence (monthly to quarterly).

Strategy 1: Provide counties with monthly reports to review and validate the accuracy of the information.

Benchmarks: Information is accurately recorded in SACWIS for allegation referrals including the estimated date of the maltreatment.

Timeframe: Years 1-5

Strategy 2: CQI Advisory Team review quarterly reports and make recommendations as appropriate.

Benchmark: Data review of recurrence of maltreatment and maltreatment in foster care reports are added as a standing agenda item to CQI meetings, including a discussion of trends and systemic issues identified as potential contributors.

Timeframe: Years 1-5

Strategy 3: Analyze repeat maltreatment cases and determine opportunities to improve performance.

Benchmark 1: Evaluate effective use of safety and risk assessment tools to evaluate and screen cases for risk and safety throughout the life of the case.

Timeframe: Years 1-5

Benchmark 2: Evaluate any effect the updated case plan may affect the risk factors associated with recurrence of maltreatment.

Timeframe: Years 2-5

Benchmark 3: Evaluate the effect of implementation of EBPs on recurrence of maltreatment.

Timeframe: Years 4-5

Staff Training, Technical Assistance and Evaluation

Staff development, technical assistance and training activities in support of the goals and objectives of this plan are identified and embedded throughout the plan. As stated in the Training Assessment and the Training Plan, to meet the staff development needs and support the goals and objectives of this plan, a Request for Proposal (RFP) will be prepared and issued for the Ohio Child Welfare Training Program based upon the recent training system assessment, to address the needs of the workforce and foster parents. The training plan submitted detailed activities for year one of the CFSP and the steps that will be completed for years two through five with the development of the new deliverables in collaboration with the selected vendor.

Ohio has a strong tradition of participation in research and evaluation activities, which will continue through this 2020-2024 CFSP cycle. Several evaluation projects are planned or continuing, which are directly connected to the interventions included in Ohio's five-year strategic plan.

Implementation Supports

Ohio has developed a thorough working knowledge of implementation science through its partnership with the National Implementation Research Network (NIRN). ODJFS has worked with NIRN to apply the principles and methods of implementation science to the state's rollout of its Differential Response practice model. Through this process, the state has examined the essential drivers of implementation quality defined by NIRN: staffing/staff selection, training, coaching, performance assessment, facilitative administration, data systems to support decision-making,

systems intervention, and leadership. The interventions within the CFSP were selected with this critical framework in mind, and the required implementation supports are embedded seamlessly throughout the plan.

V. SERVICES

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. Planning of the PIP and for FFPSA activities will work toward 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. Focusing on prevention and quality of services to keep families intact, as well as achieving timely permanency will provide direction.

Child Abuse and Neglect Prevention

The Ohio Children's Trust Fund (OCTF) is on the forefront of prevention activities throughout the state. The OCTF is Ohio's solely dedicated public funding source for child abuse and neglect prevention. OCTF establishes guidelines for prevention program development, provides access to up-to-date prevention curricula, and produces educational and public awareness materials. As the administrator of Ohio's federal Community-Based Child Abuse and Neglect Prevention grant, OCTF supports statewide projects designed to strengthen families and prevent child abuse and neglect, and funds primary and secondary prevention strategies that are conducted at the local level. With this support, PCSAs across the state and their local partners implement a variety of evidence-based and evidence-informed child abuse and neglect prevention programs in their communities.

Child Maltreatment Assessment & Intervention

Ohio practices a Differential Response (DR) child protection system that provides two pathways (Traditional Response and Alternative Response) to assess and respond to the unique safety concerns, risks and protective capacities of each family who is the subject of an accepted report of child maltreatment. In some instances, a traditional child protection response is needed to determine whether abuse or neglect has occurred and to ensure child safety and well-being. However, for many other families, an alternative approach may be more appropriate. Ohio's Alternative Response (AR) pathway is a formal child protection response that allows PCSAs to assess and address the needs of the child and family without requiring a determination that maltreatment has occurred. Regardless of the initial response to reported maltreatment, the same quality methods and principles of child protective services apply across both pathways of Ohio's DR system.

Regardless of whether a family is served via the AR or traditional pathway, PCSAs strive to provide families with the array of services and supports needed to safely maintain children in their own homes.

Child Placement and Family Reunification

Ohio values keeping children with family and those with whom he or she has a connection. Consideration of relative resources begins with the agency's first involvement with the family, as caseworkers encourage family members to work together to assure the child's safety. When a child is not able to safely remain in their own home, PCSAs work with the family to explore relative

options. To facilitate possible family placements, PCSAs notify relatives within thirty days of a child's removal so that they may be considered as a resource and assess their capacity care for the child as soon as possible. In addition, PCSAs prioritize placement with relatives who are willing and able to assume custody of the child and his or her siblings.

When a relative is not able to assume legal custody, the PCSA petitions the court for temporary custody so that it can oversee placement. PCSAs work to ensure the child's needs are met in the least restrictive setting. These placements represent a continuum of care and include: those with relatives or non-relative kin, licensed family foster homes, and licensed children's residential centers. The PCSA retains custody until the child can be returned home safely, or another permanent placement option can be made.

To ensure the continuity of children's relationships and community connections, Ohio has made significant investments to strengthen family engagement and kinship supports over the past several years. Through the state's Title IV-E Waiver Demonstration Project, ProtectOHIO, two primary strategies have been implemented with successful outcomes: Family Team Meetings and enhanced kinship supports. In addition, the state has increased its focus on implementing effective family search and engagement practices.

One such endeavor was the creation of the Family Search and Engagement Toolkit. This Toolkit was the product of collaboration with PCSAs throughout the state. The purpose of the Family Search and Engagement Toolkit is to provide children services agencies and Title IV-E Juvenile Courts, with a helpful informational guide aimed at strengthening Family Search and Engagement (FSE) practice. The information contained in this Toolkit comes from a variety of sources; however, it is just a sample of the plethora of valuable FSE resources available on-line. More information on this toolkit can be found on the internet at: <http://jfs.ohio.gov/ocf/Family-Search-and-Engagement-Toolkit.stm>.

Efforts to Secure Permanent Homes for Children

Ohio's Permanency Roundtable Advisory Group has defined permanency as "having a relationship with at least one adult that is characterized by these five points: parenting, life-long intent, belonging, status, and unconditional commitment." The "Gold Standard" is achieving legal permanency for each child or youth in one of the following ways: reunification, adoption, legal custody or guardianship. When children are not able to be safely reunified with their parents, services are provided to promote and support adoption, legal custody, guardianship or other permanent living arrangements for children. PCSAs recruit prospective adoptive parents, conduct home studies to assess the capacity of prospective caregivers, hold matching conferences for children awaiting permanent homes, and provide post-adoption services and supports. To specifically address the needs of children who have been awaiting permanency for an extensive period, Ohio has partnered with the Dave Thomas Foundation for Adoption to implement the Wendy's Wonderful Kids (WWK) model of child-focused recruitment. Through this statewide effort, WWK recruiters work to match and place children, ages 9-17, who have been awaiting permanency for more than two years. In addition, Ohio also promotes relative options as a means of achieving permanency for children in care. Ohio's statewide Kinship Permanency Incentive (KPI) program provides financial support to kinship caregivers who make the commitment to obtain legal custody or guardianship of the children in their care.

Preparation and Support of Youth Transitioning from Care

PCSAs provide independent living services for all youth in their care who are 14 years of age and older. Agencies work with these youth to develop tailored independent living plans designed to further their personal development and promote successful transition to adulthood. Agencies also provide a variety of services to assist transitioning youth. These include, but are not limited to:

- Support to develop daily living skills;
- Assistance in obtaining a high school diploma or general equivalency diploma (GED);
- Assistance in preparation for post-secondary education and training;
- Assistance with career exploration, vocational training, job placement and retention;
- Preventative health activities (smoking avoidance, nutritional education, and prevention);
- Counseling to address financial, housing, employment, education and self-esteem concerns;
- Development of positive relationships and support systems; and
- Drug and alcohol abuse prevention and treatment.

To facilitate service delivery to this population, Ohio's Chafee Foster Care Independence Program funding is allocated to the state's 88 counties.

If requested, PCSAs also provide services to former foster youth under the age of 21 who emancipated from agency custody. Independent living services available to these young adults include, but are not limited to: academic support, post-secondary educational support, career preparation, financial assistance with room and board, mentoring, budgeting and financial management assistance.

The signing of Substitute House Bill 50 in June 2016 opened the door for Ohio to expand care options under the federal Title IV-E program for youth in the custody of public children services agencies on or after their 18th birthdays. Bridges is a voluntary program available to young adults who leave foster care in Ohio at ages 18, 19 or 20 and who are in school, working, participating in an employment program, or have a medical condition that prevents them from going to school or working. The program supplements existing county post-emancipation services. Most Bridges services fall into one of the following categories: housing, education, employment and/or well-being.

Bridges is administered by ODJFS through a contract with The Child and Family Health Collaborative of Ohio, LLC. The collaborative works in partnership with member agencies throughout the state to serve eligible young adults in each of five regions: Northeast, Southeast, Central, Northwest and Southwest. Visit the Bridges website for more information: <http://bridgestosuccess.jfs.ohio.gov/index.stm>.

Service Coordination across Systems

Ohio Family and Children First

Ohio Family and Children First (OFCF) is a partnership of state and local government, communities and families that enhances child and family well-being by building community capacity, coordinating systems and services, and engaging families. OFCF's vision is for every child and family to thrive and succeed within healthy communities.

OFCF was designed to streamline and coordinate government services for children and families. The OFCF Cabinet Council is comprised of the following Ohio Departments: Aging, Mental Health and Addiction Services; Developmental Disabilities; Education; Health; Job and Family Services; Rehabilitation and Correction; Youth Services; the Rehabilitation Services Commission; and the Office of Budget and Management. Locally, the commissioners establish the 88 county Family and Children First Councils (FCFCs) comprised of the county directors affiliated with the state departments identified above. ORC 121.37(C) requires each county to develop a county service coordination mechanism through the FCFC. This mechanism serves as the guiding document for coordination of services in the county. Through this process, the FCFCs are mandated to: share accountability, engage and empower families, build community capacity, and coordinate systems and services.

The purpose of FCFC service coordination is to provide a venue for families whose needs may not have been adequately addressed in traditional agency systems. The local service coordination process provides access to existing services and supports, both formal and informal, for families with multiple, cross-system needs. The FCFC service coordination mechanism is not intended to override agency systems, but to supplement and enhance what currently exists.

The success of FCFC service coordination efforts depends on integrating key components into this process. FCFCs use the following components to improve the service coordination process and increase the effectiveness of service delivery:

- Services are delivered using a family-centered approach.
- Services are responsive to the cultural, racial and ethnic differences of the population being served.
- Service outcomes are evaluated.
- Available funding resources are fully utilized or integrated.
- Wraparound services and community supports are utilized.
- Specialized treatment for difficult-to-serve populations and evidence-based treatment services are encouraged.
- Duplicative efforts among agencies are reduced or eliminated.
- Families are fully involved in decision-making for their children and are provided with family advocacy options.

Families receiving services through the FCFCs are required to have an Individualized Family Service Plan developed. Required components of this plan are codified in ORC 121.37. and include the following:

- Designation of service responsibilities among the various agencies that provide services to children and their families, including those who are abused, neglected, unruly or delinquent children and under the jurisdiction of the juvenile court, and children whose parents or custodians are voluntarily seeking services.
- Description of the method by which efforts to address gaps in services are selected and prioritized.
- Assurance that services to be provided are responsive to the strengths and needs of the family.
- Inclusion of all appropriate services and supports.
- Time lines and description of monitoring methods to ensure achievement of plan goals.

- Assurance that services and supports be provided in the least restrictive environment as possible.
- Establishment of a dispute resolution process.

Ohio Benefits Site

On October 1, 2013, Ohio launched a new system designed to assist residents who wish to obtain health care coverage through Medicaid. Ohio Benefits is a simplified, self-service website that makes it easier for Ohioans to learn what type of assistance may be available to them. Through the Benefits portal, individuals receive immediate notice as to whether they qualify for Medicaid coverage. Those who do not qualify are immediately directed to other opportunities for coverage through the federal health insurance exchange. Ohio Benefits is the primary resource for those seeking to enroll in other assistance programs including eligibility determination for the Supplemental Nutrition Assistance Program (SNAP), and Temporary Assistance for Needy Families (TANF).

Health Care Services

ODJFS, OFC monitors compliance with state mandates designed to ensure youth in the child welfare system (foster children and those receiving in-home services) acquire timely health assessments and needed follow-up treatment. To fulfill this responsibility, OFC has established a collaborative oversight and coordination plan with partners from the Ohio Department of Medicaid (ODM), the Ohio Department of Health (ODH), health care providers, and consumers to evaluate the provision of health care services. In addition, these partners continue to work together to jointly address the ongoing health care needs of these children through program development and revisions to OAC rules. Please see the attached Health Care Oversight and Coordination Plan for additional information regarding these collaborative efforts.

Children’s Bureau Grant Programs

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 continues to partner with the Court on CFSP implementation activities. The Supreme Court of Ohio continues to serve 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. Ohio’s multidisciplinary task force that complies with the Children’s Justice Act (CJA) requirements set forth in Section 107 of the Child Abuse Prevention and Treatment Act (CAPTA) is established as a subcommittee under the Supreme Court of Ohio (SCO). This subcommittee, the Subcommittee on Responding to Child Abuse, Neglect and Dependency (CAND), functions under a standing Advisory Committee on Children and Families appointed by Chief Justice Maureen O’Connor. The terms CAND and Task Force are used interchangeably to describe Ohio’s multidisciplinary CJA task force.

The purpose of the advisory committee is to provide ongoing advice to the Court and its staff regarding the promotion of statewide rules and uniform standards concerning the establishment and operation of programs for children and families in Ohio courts; the development and delivery of services to Ohio courts on matters involving children and families, including training programs for judges and court personnel; and, the consideration of any other issues the advisory committee deems necessary to assist the Court and its staff regarding children and families in Ohio courts. This functionality has significantly enhanced the Task Force's professional participation and diversity in membership while meeting the letter and intent of the federal regulation. Representation that complies with the federal multidisciplinary requirements is always maintained.⁷

In addition, through partnership with CIP and CJA, the Quality Hearing Project was developed to explore the quality of current court practices in abuse, neglect and dependency hearings. Dr. Alicia Summer was contracted to observe the hearings using a court observation tool and collect information ranging from who was present, engagement of parties, topics discussed and the determination of findings on record. Twelve sites participated, and Shelter Care and Permanency/Annual Review hearings recordings were provided (from 10-30 per site). A summary of the findings will be provided to the sites and used to begin discussions on the hearing strengths and opportunities for improvement.

Stephanie Tubbs Jones Child Welfare Services Program: Title IV-B, Subpart 1

Services for Children Adopted from Other Countries (section 422(b) (11) of the Act)
Ohio provides inter-country adoption services through training, home study, 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.

⁷ Ohio CJA 2019 Application

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 rule 5101:2-40-02 *Supportive Services for Prevention of Placement, Reunification and Life Skills*, requires PCSAs to 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>

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.

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).

Efforts to Track and Prevent Child Maltreatment Deaths

ODJFS has implemented an internal review as well as additional tracking of the types of child fatalities associated with children and families the local PCSAs are involved with and where abuse

and/or neglect are suspected in the child’s death. Each agency must enter information on referrals involving a child’s death into SACWIS and screen the referral. SACWIS has a report, *Child Fatality/Near Fatality Administrative Report*, that displays the agency name, fatality status recorded at intake (Fatality or Near Fatality); fatality status at the time of the work item; fatality status at the time of disposition; person ID, Child Name, Date of Birth, Deceased Date, Intake ID, Intake Received Date, Incident Date, Intake Category, Intake Type, Intake Screening Decision, etc. The report can capture the Child’s Harm Description from the Intake Disposition, but only if it is entered into the system. Emails are sent to the Technical Assistance Manager whenever a child fatality or near fatality is entered in SACWIS. They in turn, forward the email to the assigned TAS to complete an initial review and high-level summary of the events leading to the child’s death. If compliance and/or practice issues are evident in this review, a recommendation for further review is completed and presented to the Child Fatality Review Team.

The review team looks at causes of death reported to agencies recorded in the SACWIS system. This includes screened in and screened out reports. While the primary focus of the reviews will be for children in the agency custody or who had services provided as an in-home case within one year of their fatality or near fatality, any child that dies because of maltreatment will be recorded and the cause of death will be captured. The purpose of the review is to determine patterns, systemic issues of the CPS process, and assist PCSAs and communities to reduce child deaths.

The following are the number of child fatalities or near fatalities reported through SACWIS and the number of administrative reviews conducted:

Year	Number of Fatalities or Near Fatalities	Number of Administrative Reviews
2015*	80	4
2016	68	2
2017	84	2
2018	90	5
2019**	35	6

*as of May 2015, and **May 31, 2019

The Ohio General Assembly passed Substitute House Bill Number 448 (HB 448) in July 2000, mandating Child Fatality Review (CFR) Boards in each of Ohio’s counties (or regions) to review the deaths of children under eighteen years of age.

The ultimate purpose of the local review boards, as clearly described in the law, is to reduce the incidence of preventable child deaths. To accomplish this, it is expected that local review boards will:

1. Promote cooperation, collaboration and communication between all groups that serve families and children;
2. Maintain a database of all child deaths to develop an understanding of the causes and incidence of those deaths;
3. Recommend and develop plans for implementing local service and program changes; and advise the department of health of aggregate data, trends and patterns found in child deaths.

The Ohio Revised Code requires the county coroner, Chief of Police or Sheriff, Executive Director of the PCSA, public health official, executive director of a board of alcohol, drug addiction and mental health services and a pediatrician or family practice physician or any designee. The board must meet at least once a year to review all deaths of child residents of that county.

Each local CFR board provides data to ODH by recording information on a case report tool before entering it into a national Web-based data system. The report tool and data system were developed by the National Center for Fatality Review and Prevention (NCFRP) with a cooperative agreement from the federal Maternal and Child Health Bureau. The tool captures information about the factors related to the death and the often-complex conversations that happen during the review process in a format that can be analyzed on the local, state or national level.

CFR Findings for the five-year period from 2014 through 2018, CFR boards reviewed 161 deaths from child abuse and neglect. These represent two percent of the 6,785 deaths reviewed.

- Sixty three percent (101) of the reviews indicated that abuse caused or contributed to the death, while 37 percent (60) indicated that neglect caused or contributed to the death.
- Seventy-eight percent (126) of child abuse and neglect deaths occurred among children younger than 5 years old.
- Thirty-seven percent (59) of the child abuse and neglect deaths reviewed indicated the child had a prior history of maltreatment.
- Thirty-two percent (51) of the reviews indicated the child's primary caregiver has a prior history of child maltreatment.

ODH initiated an additional review program in 2014 to fully understand the issues of fetal and infant mortality. The Fetal Infant Mortality Review (FIMR) is a multi-disciplinary, multi-agency, community-based program that identifies local infant mortality issues through the review of fetal and infant deaths and develops recommendations and initiatives to reduce infant deaths.

The FIMR Process includes the following:

- Identification of cases based on the infant mortality issues of the community.
- Collection of appropriate records from medical, social service and other providers.
- Maternal interview.
- Abstraction of available records to produce a de-identified case summary.
- Presentation of de-identified case summary to review team.
- Development of data-driven recommendations.
- Implementation of recommendations to prevent future deaths.

FIMR includes two components: a case review team (CRT) and a community action team (CAT).

- Case Review Team (CRT) – reviews case summaries and develops recommendations
 - Diversity and community involvement in the CRT are key.
 - CRT members should have influence and commitment to improvement of services.
 - Members should be those who provide services for families as well as community advocates.

Recommended professionals include: representatives from local health department, OB/GYN, social services, SIDS community, Medicaid, WIC, minority advocacy, child care providers, drug treatment centers, and hospital administrators.

Community Action Team (CAT) reviews the recommendations presented by the CRT and develops a plan to implement these interventions. It is recommended that an existing community group serve as the CAT, rather than creating a new team such as, a Healthy Mothers/Healthy Babies program, Prenatal/Perinatal Regional Consortium, Community Advisory Board, mayor's or county commissioner's blue-ribbon panel on infant mortality. The CAT coordinates their plan with the CRT and shares their interventions.

The plan for 2019-2024 as well as compliance with the FFPSA requirements for child maltreatment deaths will include creating a robust partnership with State agencies, private and public children service agencies, law enforcement and the courts to create a comprehensive statewide plan to link all the information currently gathered, and improve the quality of the data in order to develop targeted, evidence-based prevention strategies and programs for both public health education, public service awareness campaigns and child welfare practices.

Service Description: Title IV-B, Subpart 2

Family Preservation

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

Programs and services provided include:

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

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

more than the allocation amount are the responsibility of the county agency. The methodology used to distribute available funds is as follows:

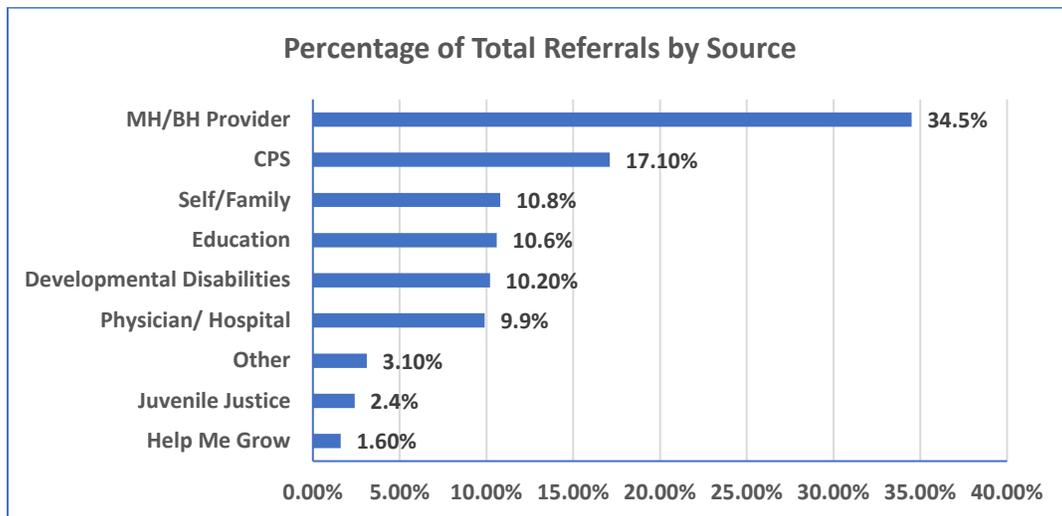
- 40% of the statewide allocation is distributed evenly among all PCSAs; and
- 60% of the statewide allocation is distributed to PCSAs based on the number of children below the federal poverty level in each county as compared to the statewide total number of children below the federal poverty level,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

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

Family support services are intended to help families provide safe and nurturing environments for their children. 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 FCFCs to provide non-clinical, family-centered services and supports. Use continues to require identification of needs on an individualized service coordination plan which must be jointly developed with the family. 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 largest age group served are between the ages of 14 through 18 years old. The second highest age group served is between the ages of 10 through 13 years old and ages of 4 through 9 were the third highest age group served. 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.



Additional information on the children served and their service and support needs can be found in the 2014-2019 final report beginning on page 254.

Time-Limited Family Reunification

Time-limited family reunification services are provided to a child and his or her caregivers to facilitate a safe and timely return home following placement in a substitute care setting. Use of these funds allows reunification services to the family of a child in foster care and allows reunification services to be provided for a period of up to 15 months once the child is returned home. 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; and
- Transportation to or from any of the services and activities described above.

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

The methodology used to distribute available funds is as follows:

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

Expenditures are reimbursed with 75% federal Title IV-B, subpart 2 funds. PCSAs are required to use eligible state funding or provide local funds at a 25% match rate for the nonfederal share.

Adoption Promotion and Support

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

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

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

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

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

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

Agencies can process applications, claim reimbursement electronically, as well as produce detailed reports on funds (e.g., services requested and utilized, amounts approved or denied, and the demographics of the families that use PASSS

Service Category Percentages and Rational

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

- Family preservation = 26.02%;
- Community-based family support = 27.12%;
- Time-limited family reunification = 22.22%; and
- Adoption promotion and support services = 24.6%.

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 to effectively respond to the needs of the community agencies and families we serve.

Assessment of Strengths and Gaps in Services

Refer to the Systemic Factor - Services Array for information on the strengths and gaps in services.

Service Decision-Making Process for Family Support Services

To better address issues regarding mental health services identified in the first round of the federal Child and Family Services Review, the Ohio Family and Children First Cabinet designed the Access to Better Care initiative (now known as Family-Centered Services and Supports, FCSS). This project was designed to improve access to behavioral health care and prevent out-of-home placements, when appropriate, through the provision of community-based services and supports. Because all child-serving agencies are mandated members of FCFCs and cross-system collaboration is essential to meeting the complex needs of the families served, the Cabinet chose the councils as the administrative entity for this work at the local level.

Respect of the family's involvement in choosing appropriate services and providers is an essential component of the FCSS program. Special attention is given to issues related to racial/ethnic/cultural identity and to gender. Emphasis is placed on early intervention, prevention of unnecessary out-of-home placements, and keeping children and communities safe by supporting families. As such, services and supports are provided in the least restrictive environment possible, and as close to the family's home as possible.

ORC 121.37 requires the FCFCs to establish a family plan for dealing with short-term crisis situations and safety concerns. This plan facilitates understanding among team members that family crises are a possibility and should not be considered a failure if they occur. Developed when everyone is calm, the family plan helps facilitate appropriate responses to crises. The identified strategies support the child and family during challenging times, ensuring safety and facilitating family preservation whenever possible. In addition to the development of comprehensive service plans, a portion of the FCSS dollars is allocated to the Ohio Chapter of the National Alliance on Mental Illness (NAMI) to support the Parent Advocacy Connection (PAC) program. PAC provides support and education for parents of multi-need children being served by local Family and Children First Councils and assists them in navigating the multiple systems necessary to secure help for their children.

Populations at Greatest Risk of Maltreatment (section 432(a) (10) of the Act)

Child welfare organizations must determine the children and families at greatest risk of adverse outcomes and be nimble to adjust to the changing demands of these groups over time. The ability

to detect these groups is crucial to organizational success. OFC utilizes various methods to identify at risk groups, including: data analysis based on known risk factors; conversations with PCSA leaders and stakeholders; and systematic profiling.

When children are re-abused, negative short-term and long-term consequences follow. Re-abused children exhibit more health problems developmental delays, cognitive disturbances, social-emotional problems and psychopathology.⁸ Contributing factors have been thoroughly researched and center on caretaker/family issues and child characteristics. Mental health problems, alcohol and substance abuse, as well as domestic violence are contributing factors. The younger the caregiver at the birth of their first child, or if the caregiver was formerly in foster care as a foster child, the higher the risk of abuse and re-abuse for their children.

In 2015, the ODJFS began learning about a promising new approach to reduce child abuse and neglect related fatalities, the Eckerd Rapid Safety Feedback model. The model uses predictive risk modeling to identify high risk cases and then intervenes with those cases using a robust case review and consultation model.

In 2017 ODJFS began working with Eckerd, Hamilton County Job and Family Services (HCJFS), and Franklin County Children Services to develop the predictive algorithm and the case review tool, and to train county and state staff on the case consultation process. A soft launch of the program began in early 2018. During the soft launch, staff continued to work on refining the predictive algorithm. After extensive work on the algorithm it was decided that the state would be better served by casting a wider net on the population of cases eligible for review and to not limit cases to those identified the algorithm. Objective risk criteria, rather than predictive modeling, are now utilized to identify high risk cases and the Ohio program was renamed Ohio Accelerated Safety Analysis Protocol (ASAP).

ODJFS continues to partner with Franklin and Hamilton Counties to implement Ohio ASAP. Both counties are utilizing their own internal staff to review the identified high-risk cases and to provide coaching and consultation to the assigned caseworkers and supervisors for the case. ODJFS is seeking to expand the program in FY 2019-2020.

Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

ODJFS issued Title IV-B, subpart 2 funding to public children services agencies (PCSAs) to assist in meeting federal performance standards related to caseworker visits with children in substitute

⁸ Fenichel C. Wiggins, C. and T. Mann., *Literature review: Developmental problems of maltreated children and early intervention options for maltreated children*. Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. Retrieved from <http://aspe.hhs.gov/hsp/07/Children-CPS/litrev/>

care. Caseworker visits funding was issued in two separate allocations; one for direct services and one for administrative costs.

The methodology used to distribute available funds is 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.

Additional Services Information

Child Welfare 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 its inception 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 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 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:
 - Reaching permanency in significantly fewer days.
 - Achieving greater placement stability, significantly fewer placement moves.
 - Reducing probability of reentering out-of-home care after exiting out-of-home care.
- 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 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 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.

Adoption Savings (section 473(a)(8) of the Act)

The total adoption savings reinvestment amount for FFY2015-FFY2018 is \$15,396,010.27. Of this amount \$1,412,754 has been spent on post adoption services, \$1,539,601 has been spent on the at-risk population, and \$10,777,207 has been spent on IV-E/IV-B allowable services. During SFY2018, in addition to using these dollars at the local level for at-risk youth, IV-E/IV-B allowable services and post adoption services, Ohio provided additional one-time funding to agencies for post-adoption services and supports. We also funded a portion of our state's new Foster and Adoption Website. In SFY2019, we are using the funding for the planning and implementation efforts for our statewide adoption navigator program. We will continue to use the funding for the intended purposes and will use a portion of our reinvestment dollars in support of the adoption navigator program in future years.

Adoption Savings Methodology

An updated annual Adoption Savings Calculation method notification is not required as the calculation has not changed from the proposed method approved January 3, 2016.

VII. CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES

Ohio does not have any federally recognized Indian tribes. ODJFS maintains compliance with Indian Child Welfare Act and has updated SACWIS to record information in the person record as well as generate the Tribal Inquiry and Notification Letter. SACWIS also has a Federally Recognized Tribes Report. Information on tribe affiliation is recorded on the ICWA Detail Screen from the Person Demographic tab. At any time more information becomes available, the screen can be edited to add the additional information. The above-mentioned letter is generated to notify and/or request information from a specific tribe or the Bureau of Indian Affairs regarding the tribal affiliation of an individual.

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:
 - Food Assistance;
 - Women Infants and Children (WIC); and
 - USDA Child Nutrition Programs.

- Healthcare Assistance Programs:
 - Health Care Programs for Families and Children;
 - Medicaid for the Aged, Blind and Disabled;
 - Medicare Premium Assistance;
 - Child and Family Health Services (CFHS);
 - Bureau for Children with Medical Handicaps (BCMh);
 - Extra Help for Medicare Part D; and
 - Ohio's Best Rx.

- Other Programs:
 - Home Energy Assistance Program (HEAP);
 - Child Care Assistance;
 - Ohio Works First Cash Assistance (OWF);
 - Golden Buckeye Program;
 - Senior Community Service Employment Program (SCSEP);
 - Big Brothers / Big Sisters "Amachi" Youth Mentoring Program; and
 - Voter Registration.

ODJFS, 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>

Refer to section VII for information related to the Chafee program and discussions with Indian tribes.

VI. JOHN H. CHAFEE FOSTER CARE PROGRAM FOR SUCCESSFUL TRANSITION TO ADULTHOOD (THE CHAFEE PROGRAM)

Agency Administering Chafee

ODJFS is the agency responsible for supervising the Chafee Foster Care Program for Successful Transitions to Adulthood in Ohio. ODJFS provides funding to PCSAs for eligible youth in their custody. Chafee funds are administered through the local PCSAs with oversight performed through onsite reviews conducted by state staff during the Child Protection Oversight and Evaluation (CPOE) process. Ohio's 88 county PCSAs provide independent living services to youth in foster care age fourteen and older to help them develop the skills to successfully transition to adulthood and become self-sufficient. PCSA's are also responsible for providing services to young adults that have emancipated from foster care until the age of twenty-one when requested. These services for emancipated young adults can also include financial assistance for room and board if needed.

Description of Program Design & Delivery

Chafee allocations are passed through to Ohio counties and as a state-supervised, county administered child welfare system, Ohio passes 100% of the allocations to its 88 counties. Youth who are in the custody of a public or private child-serving agency, and who are fourteen years old or older are required to receive Chafee services. Ohio's 88 PCSAs are also required to provide Chafee services to young adults that have emancipated from foster care until the age of 21 if requested.

Ohio's Plan to Strengthen Chafee Services 2020-2024
1. Continue to educate service providers on Independent Living Services for youth in foster care age 14 and older to assist in their successful transition to adulthood.
2. Promote opportunities for youth and young adults with foster care experience to safely engage in meaningful relationships with appropriate adults, kin and family.
3. Promote the benefits of normalcy, age or developmentally appropriate activities, positive youth development and experiential learning for youth development and experiential learning for youth in foster care age 14 and older and how independent living funds can support these activities and experiences. (Program Purpose 3 and 7)
4. Provide training and technical assistance to county PCSAs on their responsibility to provide post-emancipation from foster care, how to utilize other state programs and community resources to assist the young adult's own efforts to achieve self-sufficiency.
5. Partner with Foster Care to Success to provide eligible young adults with vouchers for education and training to provide financial assistance and support their post-secondary opportunities.
6. Support permanency efforts by promoting Kinship Services and Adoption Assistance Connections for youth that exist foster care for permanency after the age of 16 years of age.

Involvement of Youth & Young Adults in the Development of the Chafee Plan

Ohio values the voice of the youth and young adults served by the child welfare system and to demonstrate our commitment to the inclusion of youth with lived experience in planning and implementation efforts, ODJFS has hired two former foster youth to serve as the voice of former foster youth and assist the agency in the development of foster care programs and services. These roles are vital in program coordination for youth transitioning out of foster care and identifying service gaps in the foster care community. Their front-line collaboration with youth service agencies has provided valuable insight into foster care experiences.

In addition, ODJFS supports the Ohio Youth Advisory Board, a statewide organization of young people ages 14-24 who have experienced foster care. Our ODJFS team attends OYAB quarterly meetings to receive feedback and recommendations that have been incorporated into the development of Ohio's Chafee program.

Positive Youth Development

ODJFS continues to introduce resources to County PCSA's and PCPA's that reinforce the importance of age appropriate activities and normalcy such as the Ohio Personal Responsibility Education Program (PREP) and Making Proud Choices Program. Additionally, ODJFS promotes positive youth experiences at youth focused and led events hosted by the Ohio Youth Advisory Board, County Youth Advisory Boards and regional or statewide conferences. Through regular stakeholder meetings both regional and statewide, ODJFS will continue to provide ongoing training and technical assistance on how PCSA's can use Chafee funding to support foster youth in normalcy activities.

Involvement of Stakeholders Analyzing Data & Program Planning

ODJFS engages stakeholders in the analysis of NYTD data through several venues including:

- Ohio Youth Advisory Board Meetings
- Ohio Independent Living Association Meetings
- Ohio Reach Board Meetings
- Title IVE Court Roundtables
- Ohio Adolescent Health Partnership Meetings
- Regional & Statewide Transitional Age Youth & Independent Living Meetings
- ODJFS led NYTD webinars

Ohio will use regional stakeholder meetings, webinars and email communications to share NYTD Survey results and SACWIS Data on service provision and outcomes for independent living and transition age youth, gather feedback to assist in the interpretation of the data, highlight best practices and identify challenges and barriers to service provision.

Ohio plans to increase communication with PCSA's regarding their NYTD Survey requirements to improve Ohio's completion rates.

Serving Youth Across the State

As noted above, Ohio Administrative Code requires that independent living (IL) services are provided to each youth in the custody of a PCSA or PCPA who has attained the age of fourteen or older. OAC also specifies requirements for the provision of services to young adults between the

ages of eighteen and twenty-one who have emancipated from foster care, when such services are requested. Services are based on an evaluation conducted by the PCSA and a mutually agreed upon written plan involving the youth/young adult. The plan outlines the responsibilities of both the young adult and the custodial agency. The PCSA must explore and coordinate services with other community resources before committing to providing the services through the PCSA such as Bridges, Comprehensive Case Management Program (CCMEP), Education Training Voucher (ETV) and local housing resources.

PCSA's statewide must make available the following independent living services to youth and young adults up to age twenty-one:

- Academic support,
- Post-secondary educational support,
- Career preparation,
- Employment programs or vocational training,
- Budget and financial management,
- Housing, education and home management,
- Health education and risk prevention,
- Mentoring,
- Supervised independent living,
- Room and board financial assistance (young adults ages 18-21)
- Education financial assistance, and
- Other financial assistance, including payments made or provided by the county agency to help the youth live independently.

Individuals returning to a PCSA for post-emancipation services can be verified via SACWIS with a letter of wardship provided upon request.

ODJFS has developed Ohio's Independent Living Skills Toolkit that is structured to mirror the above listed services that are identified in the Ohio Administrative Code 5101:2-42-19 "Requirements for the Provision of Independent Living Services to Youth in Custody" and 5101:2-42-19.2 "Requirements for the Provision of Independent Living Services to Young Adults Who Have Emancipated". The toolkit can be used as a guide for service providers to not only meet the OAC requirements but to ensure that best practices are considered when providing independent living services. The toolkit also highlights how to use IL funding to effectively support the identified independent living services.

Regional Variations in Services

Within Ohio's state-supervised, county-administered structure, all PCSAs statewide are responsible for the provision of case management and independent living services for youth fourteen and older in foster care. There are variations across counties and regions in how services may be structured and delivered.

OFC's Transitional Youth Coordinators facilitate regional meetings with stakeholders throughout the state. During these sessions, there are discussions regarding the available resources within each

region. These meetings provide an opportunity for neighboring counties to learn from and network with one another.

Serving Youth of Various ages and Stages of Achieving Independence

OAC rules address the services and the time frames for services to be provided to youth ages fourteen and older. The provision of services is monitored through the Child Protection Oversight and Evaluation (CPOE) process, Section III: Child and Family Well-Being Outcome 1 addressed the assessment and provision of independent living skills. All cases under review, if a there is a youth in custody during the review period age fourteen and older, the evaluator must document if the custodial agency assessed their independent living skills and if there is an independent living plan. Under OAC 5101:2-42-19 “Requirements for Provision of Independent Living Services to Youth in Custody”, each of the 88 counties is responsible for administering independent living services to youth in foster care age fourteen and older. The PCSA will assess the youth age fourteen and older in the first 60 days that they come into care or once they turn fourteen years old while in care. Ohio does not speak to what assessment the agency must use, just that an assessment is used, and the independent living plan will be developed based on the assessment and within 30 days of the assessment date.

In February 2018, Ohio implemented Bridges, a program that extended title IV-E foster care assistance to young adults that emancipated from foster care and extends adoption assistance to families that adopted a young person after the age of 16 years old. In Ohio, young adults that turn eighteen years old in foster care are eligible for Emancipated Services either through a Young Adult Services (YAS) case with the PCSA or through Bridges.

In the first year, Bridges had received

- 657 Applications.
- 634 Approved
- 18 Denied due to not meeting one of the five programs criteria
- 4 Voluntary Withdrawal
- 1 Pending due to needing additional documentation

Transition Age Youth Coordinators and the Bridges team use multiple opportunities to educate PCSA’s and private agency providers on the eligibility criteria for both Young Adult Services and Bridges to ensure that young adults that have emancipated from foster care are aware of services that can be provided through both options and they can choose the program that best meets their needs.

At the time of this plan, Ohio has not yet decided if Chafee services will be extended to age 23. Ohio plans to vet the proposal with several stakeholder groups including youth and young adults with lived experience.

Ohio allows PCSAs and service providers to choose which assessments and tools they use to evaluate youth in care and their stages of development. Most report using the Daniel Memorial or the Casey Life Skills Assessment. The assessment gives a baseline of the youth’s development level and assists in identifying appropriate services.

Collaboration with Other Private & Public Agencies

OFC's Transitional Youth Coordinators host five regional meetings throughout the state as well as an annual statewide meeting involving both public and private agency partners. All public or private entities providing independent living services to foster youth ages fourteen and above are invited to attend these meetings. In addition, the Ohio Independent Living Association (OHILA) meets quarterly, and any PCSA or private entity providing independent living services to foster youth ages fourteen and above are invited to attend these meetings.

ODJFS also partners with Ohio Reach annually to co-sponsor an exciting one-day conference for youth in foster care, young adults that have recently emancipated from foster care and the adult professionals that support them. This event also dives deeper into examples of successful partnerships as many of the presenters, volunteers and vendors at the annual Fostering Pathways to Success Conference are from private and public agencies that offer services to youth in foster care or emancipated youth.

The goal of any collaboration with public or private agencies is leveraging such partnerships to help our current and former foster youth achieve independence. ODJFS facilitates these partnerships by offering opportunities to bring public and private agencies together and highlighting the services needs of our foster youth and young adults and what services/programs are available to support the service needs.

Determining Eligibility for Benefits and Services

As noted previously, all PCSAs statewide are responsible for the provision of case management and independent living services for older youth in care. These supportive services are required to be made available to youth in need of these services without regard to income, race, color, national origin, religion, social status, handicap, or sex. To support the equitable provision of services to youth, ODJFS passes the state's Chafee allocation through to the PCSAs statewide per the following allocation methodology.

The Chafee allocation issued under the "Catalog of Federal Domestic Assistance" (CFDA) number 93.674, is reimbursable to public children services agencies (PCSA) for the delivery of independent living services to eligible youth as described in rules 5101:2-42-19 and 5101-42-19.2 of the Administrative Code. The allocation consists of eighty per cent federal and twenty per cent local funds. A PCSA may move the twenty per cent local match to the state child protection allocation (SCPA) through the local certification of funds process. This allocation is issued by grant year. The grant availability and liquidation periods for this allocation are communicated by ODJFS. Funds must be expended by grant availability and reported no later than the end of the liquidation period. Each PCSA receives a minimum allocation of five thousand dollars. The methodology used to distribute additional available funds is based upon the number of children within the county fourteen years of age and older who are in substitute care as compared to the statewide number of children in the same category as reported by the PCSA in the statewide automated child welfare information system (SACWIS) for the preceding state fiscal year (SFY). The PCSA shall not use more than thirty percent of these funds for room and board of the emancipated population.

Cooperation in National Evaluations

ODJFS will cooperate in any national evaluations of the effects of the programs in achieving the purposes of Chafee.

Chafee Training

ODJFS currently contracts with the Ohio Child Welfare Training Program (OCWTP) to provide the custodial agencies with opportunities to train staff and foster parents working with youth and young adults age fourteen and older. ODJFS will continue to collaborate with OCWTP to expand use of specialized trainings for workers and caregivers on topics such as; Normalcy, Permanency and Positive Youth Development. Examples of current curricula include: Positive Youth Development, Maintaining Permanent Connections and Transition Planning.

Education and Training Vouchers (ETV)

Office of Families and Children/ODJFS will continue to offer ongoing training opportunities that are specific to the Chafee Program Purposes and how to effectively use independent living funds to support services for youth in foster care age fourteen and older and those young adults that have emancipated from foster care. These trainings will include in person and web-based opportunities.

Methods Utilized to Operate the ETV Program Efficiently

The Ohio Education and Training Voucher Program is a federally and state-funded, state-administered program designed to help former foster youth with school-related expenses. ODJFS has been the agency responsible for ETV since its inception in Ohio and contracts services with the Orphans Foundation of America (OFA), entitled Foster Care to Success (FC2S), ODJFS ensures that the Ohio-ETV program operates efficiently as follows:

- ODJFS promotes ETV online (<https://www.fc2sprogram.org/ohio/> and through community awareness activities. OFA coordinates with ODJFS on the development of materials outlining eligibility requirements and the implementation of community awareness and outreach programs directed toward qualified scholarship applicants.
- OFA (FC2S) ensures that eligibility requirements are met prior to each enrollment. Funding is limited and available on a first-come, first-served basis to eligible applicants. Students may receive up to \$5000 a year for qualified school-related expenses. 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. Students participating in the ETV program will remain eligible until their twenty-sixth birthday, if they are enrolled in a post-secondary education or training program and are making satisfactory progress toward completing their course of study. In addition, eligible ETV applicants must:
 - Be either U.S. citizens or qualified non-citizens;

- Own personal assets (bank account, car, home, etc.) worth less than \$10,000; and
 - Be accepted into or enrolled in a degree, certificate or other accredited program at a college, university, technical, or vocational school.
 - Ohio ETV utilizes a standard application process which includes a review of in-state resources that can support students' academic goals and provide personal support and enrichment opportunities. This includes collaborating with colleges, federal programs, civic organizations, community services and independent living programs located in the area.
- Applicants must complete the standardized ETV form and submit documentation for each semester directly from the school to ETV confirming enrollment, including the cost of attendance and unmet needs. Students from Ohio attending out-of-state institutions are eligible on the same basis as students who attend in-state schools. Required entrance and exit interviews are conducted for all students.
 - Awards are allotted on an annual basis to students who maintain at least a 2.0 Grade Point Average (GPA) or equivalent, demonstrate satisfactory progress toward achieving their degree or certificate, and who remain in good standing at the school. At the discretion of the program manager and the state/county coordinator, ETVs may be awarded for one semester to students whose grades fall below a 2.0 GPA.
 - During enrollment, Ohio ETV insures enrollees maintain connection with needed supports through OFA. Students are enrolled in a mentoring program aimed at providing them with necessary educational assistance. In addition, eligible students are enrolled in the Care Package Program. Each enrollee is provided with three care packages per year containing age-appropriate necessities and extras that students want. The regularly scheduled packages are delivered as follows:
 - Fall: Back to school or within 14 days of acceptance into the ETV Program;
 - February: Valentine's Day; and
 - Late April: Final exams.

Methods Employed to Assure ETV Benefits are not Duplicative of other Benefits and Do Not Exceed Cost of Attendance

To avoid duplication of benefits and ensure that the total amount of ETV assistance to a youth does not exceed the total cost of attendance, ODJFS through contract with OFA, monitors the use of ETV funds to ensure:

- 1.) Program funds are used for the purposes for which they were authorized, including, but not limited to, direct payment of tuition and other educational, living, and health-related expenses to the institution or service provider;
- 2.) No student receives more than five thousand dollars (\$5,000.00) in ETV funds; and
- 3.) ETV funds are not used to supplant any other existing federal funding designated for the same purpose.

Monthly reports will be reviewed prior to issuance of payment to the OFA vendor. Program reports that are submitted to ODJFS' Ohio Independent Living State Coordinator are encrypted and password protected. These reports detail:

- Students disbursements;
- Administrative cost reimbursement through invoice requests; and
- Student status reports, including grades, support services offered.

Also, prior to awarding ETV funding, the program contractor confirms the student's enrollment status (part-time or full-time), the amount of aid they receive from all other sources and college's published cost of attendance (COA) to confirm that the ETV award and other dollars do not exceed the COA.

Through a two step-process, student's financial aid award package and their budget for the semester are reviewed to calculate the amount of federal funding they are receiving and if they are receiving a federal benefit service. This review is done prior to ETV funding being allocated each semester.

Financial Literacy & Braiding ETV funding – Before awarding ETV funding, all students will be required to discuss and review their Financial Aid Award package and budget. The goal is to help students understand the funding they receive from all sources, the choices they make, the Cost of Attendance (COA) at different schools and budgeting for school breaks and the summer. Ohio's ETV program is committed to helping youth develop a realistic budget to reduce or eliminate student loan debt.

A comprehensive year-end report is will be submitted to ODJFS, to include the results of the program and the evaluation form.

ODJFS will continue to review monthly, quarterly and/or annual reports to ensure that the intended outcomes of the ETV program are met (i.e., to provide support and guidance to youth participating in the program throughout the students' post-secondary schooling, to build on the services of the Ohio Independent Living Program, and to provide a continuum of state services that help educate and train youth to enter the workforce).

Information to be compiled and reviewed will include:

1. All ETV applications awarded in accordance with 42 USC Part 677, et seq. Each completed application must accompany a Student Financial Aid form, and an official transcript of the most recent school or program attended. A review of the student's budget is completed to determine financial need and plan, including verification of student expenditures prior to the issuance of a voucher package. Vouchers are then to be used only for allowable expenses such as housing, transportation, and childcare.
2. The actual names of students assisted through the ETV Program listed with the actual college or vocational institution to receive payment, to be maintained on file for the duration of the CFSP period and/or in accordance with the program's retention plan;
3. The percentage of participating students graduating or successfully completing the academic or vocational program;
4. The number of students who, if they decide to discontinue their studies, complete the term rather than dropping out and who have a plan that identifies next steps, career goals, opportunities, and available resources as determined by the exit interview and school records;

5. Post-program information regarding the students' status and information regarding employment stability; and
6. The percentage of participating students pursuing graduate studies.

Sample Reporting - Unduplicated ETV Awards (July 1, 2017 to June30, 2018)

Total Ohio ETV Applications: 556

Ineligible Applicants: 277

Funded Students: 279 (list available by name and institution)

- 116 New Students (42%)
- 163 Returning Students (58%)

In academic year 2017-2018, 279 eligible youth received funding. Applications were reviewed per the ETV program plan, with a goal of fully funding those with the greatest need, students who are progressing, and those soon to graduate.

Annually, youth begin applying online on July 1. To be eligible, applicants must be verified by ODJFS, enrolled, attending, and in good standing in a post-secondary program. Students who are making progress towards completing a degree or certificate may receive funding until their 26th birthday.

Of the 556 applicants, 277 did not meet basic program eligibility criteria or were ruled ineligible by ODJFS and did not receive ETV funding. These applicants included those who were not in foster care, did not attend school, were not making progress, did not meet the age requirement.

Coordination with other Education and Training Programs

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 continually changes to update on how to connect with students. Because youth are highly mobile and may choose to only communicate in fits and starts, in addition to phone calls and email, ETV will increase its 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 Univ. of Virginia and Univ. of Pittsburg and used by colleges across the country to help students start college and progress toward graduation. Research confirms that providing accurate bites of information using a text messaging platform is well received by college students.

Additionally, ETV will use its Ohio Facebook page for peer sharing, group messaging and students often use it to send a private message to their coordinator.

Ohio ETV will use its 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. FC2S informed ODJFS of issues that affected students' ability to attend and succeed in post-secondary, as well as annually reporting accurate retention and graduation data.

Consultation with Tribes

While there are no federally recognized tribes within the state of Ohio, CFCIP services are provided to all eligible youth statewide as required by OAC. Independent living services are required for all youth in care, beginning no later than age fourteen. Although fewer than 1% of Ohio's ETV applicants identified as Native American, this is to commensurate with Ohio's statewide population demographics. Refer to the section on Consultation and Collaboration with Tribal Representatives for additional information,

VIII. Targeted Plans within the 2020-2024 CFSP

The four Plans listed below can be found in the Appendices

- **Foster and Adoptive Parent Diligent Recruitment Plan**
- **Health Care Oversight and Coordination Plan**
- **Disaster Plan**
- **Training Plan**