Ohio Annual Citizen Review Panel Report

State Fiscal Year 2024-2025

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ABOUT THIS REPORT

Ohio Citizen Review Panels (CRPs) are tasked with submitting an annual report to the Ohio Department of Children and Youth (DCY), referenced as DCY throughout this report, with recommendations for the improvement of the child protective services (CPS) system in Ohio. The CRPs conduct an annual review and evaluation of an identified issue relevant to the CPS system and make actionable and measurable recommendations to the state on how to improve this issue. The CRP program is prescribed by federal statute detailed in the Child Abuse Prevention and Treatment Act (CAPTA). This report is the product of the Ohio CRPs' annual evaluation for the 2024-2025 work year. The report details each panel's topic, process for review, and development of the recommendations submitted to DCY on May 15, 2025.

CITIZEN REVIEW PANELS

Mandate/Function

The CRP program was established in federal statute by CAPTA in 1996, and states were required to have their CRPs up and running by 1999. Depending on the size of the state, some are required to have three panels, while other states are only required to have one. CAPTA details the following two main objectives for the CRP program: (1) evaluate the impact of current child services procedures and practices upon children and families in the community, and (2) provide for public outreach. The first objective drives the main work of the program. CRPs are required to evaluate the extent to which a state is adhering to its CAPTA state plan. This evaluation involves examining policies, practices, and procedures of state child welfare agencies. Based on these reviews, CRPs then make recommendations via an annual report to the state child welfare agency with the goal of improving the child protection system. Following the submission of these recommendations, the state is required to respond to the panels about how they will address the recommendations within six months of the report.

The CRPs have a responsibility to provide for public outreach and comment following the completion of their annual report. The legislation reads, "Each panel shall provide for public outreach and comment in order to assess the impact of current procedures and practices upon children and families in the community and in order to meet its obligations under subparagraph (A)." (Administration for Children and Families, 2013, p. 24).

Overview of Ohio CRPs/Purpose

In January 2016, DCY entered a contract with The Ohio State University (OSU) to redesign the Ohio CRPs. Beginning in January 2016, OSU began a planning phase to prepare for three new panels. Each of the three new panels met for the first time in March 2017. Ohio added two additional panels in early 2019. This report is the product of the 2024-2025 year of work.

Each panel is named for its geographical position in Ohio, the Northwest, Northeast, Central, Southwest, and Southeast CRPs. All panels reviewed statewide data to make recommendations that are applicable statewide rather than limited to their respective geographic location. Panel members are volunteers and are not appointed or compensated for their work. They were strategically recruited to ensure the panels have representation across gender, race, age, and professional discipline.

OHIO CRP MISSION STATEMENT

Citizen Review Panels provide perspectives from the stakeholder community on child welfare practices and policies to improve safety, permanency, and the immediate and long-term well-being of children.

PANEL MEMBERSHIP AND PROFESSIONAL AFFILIATION

Northwest Ohio CRP:

Rose Cousino, CRP Chair, private practice clinician
Sarah Zimmerman, Sandusky County Board of Developmental Disabilities
Stacey Gibson, Director, Sandusky County Family and Children First Council
Shannon Keefer, private practice clinician
Amy Koziarski, private practice owner and clinician
Samantha Habusta, licensed foster parent
Felecia Spaulding, evangelist

Northeast Ohio CRP:

Jim Molnar, CRP Chair, Child advocate
Beth Cardina, Program Coordinator at CASA/GAL Program of Summit County Juvenile Court
Mary Ann Sheets, Stark County CASA Volunteer
Brittany Reed, Stark County Mental Health & Addiction Recovery
Julie Stimpert, public school teacher and licensed foster parent
Theresa Lash, Coleman Services
Katherine Holler, Instructor of Social Work, Franciscan University of Steubenville

Central Ohio CRP:

Kathryn Wolf, CRP Chair, The Center for Family Safety and Healing
Rachel Binting, School Social Worker
Pam Scott, The Buckeye Ranch
Lorie McCaughan, Professor of Clinical Studies and Supervising/Senior Attorney, General Litigation Clinic and Family Advocacy Clinic, Capital University Law School
Jo Simonsen, OhioKAN, Kinship & Adoption Navigator
Dot Erickson-Anderson, Treatment Parent Educator, Ohio Family Care Association
Tishia Gunton, Clinical Social Work Program Coordinator at Nationwide Children's Hospital
Julie Roy, Volunteer and Local Advocate
Abbey Menter, Associate Director of Academic Innovation, Partners for Rural Impact
Nafiso Jamale, Clinical Social Work Supervisor

Southwest Ohio CRP:

Kimberly Budig, CRP Chair, Dayton Children's Hospital, Foster, Kinship & Complex Care Program Social Worker
Charlotte Caples, Advocacy Director, Special Programs, Guardian Ad Litem
Mike Robinson, Retired Community Mental Health Manager/therapist
Amy Winkler, Ohio Medicaid
Suzan DeCicca, Cincinnati Public Schools
Kimberly Altick, private practitioner
Hannah Phillips, The Recovery Center

Southeast Ohio CRP:

Terry Cluse-Tolar, CRP Chair, Ohio University
Bridget Moore, The Ohio State University
Michele Papai, private practice mental health practitioner
Brenda Wachenschwanz, Athens County Juvenile Court
Micki Lamb, Integrated Services for Behavioral Health
Lindsay Place, Athens Co. Public Libraries
Tara Huffman, Director of Athens County CASA/GAL Program
Erin Space, Senior Director of Programs, Appalachian Children Coalition
Thomas Hecker, Regional Behavioral Health Manager, Integrated Services
Amber Miller, Probation Officer

STAFF SUPPORT

OSU provides administrative support to the CRPs under contract with DCY, with team members representing The Ohio State University (OSU) College of Social Work, and the University of Michigan (UM) School of Social Work. Sarah Parmenter, the project manager for the CRPs, is a University Partnership Program (UPP) graduate and former Ohio CPS caseworker. She is currently a doctoral candidate at OSU. Dr. Susan Yoon is an Associate Professor at OSU College of Social Work. She is an expert in childhood trauma and resilience following child maltreatment. She has worked closely with Ohio PCSAs for the implementation of the Ohio START (Sobriety, Treatment, and Reducing Trauma) program. Dr. Kathryn Maguire-Jack transitioned from OSU to UM in the Fall of 2019, where she is an Associate Professor of Social Work. She remains committed to Ohio CRP and continues to support the project. She has worked with child protective services in research and evaluation capacities at the state and county levels since 2006 in Ohio, Wisconsin, and Michigan. Yujeong Chang is a current Ph.D. student at OSU and her research focuses on examining protective factors and resilience in youths with experiences of child maltreatment. She served on multiple child maltreatment prevention research and evaluation projects, as well as a foster care/adoption caseworker intern during her master's program at UM. She currently serves as a research assistant for the Ohio START program as well as the Ohio CRP project. Charis Stanek is also a current Ph.D. student at OSU and her research aims to improve transition-age youths' mental health outcomes through understanding how systems of

care, such as the foster care system, affect individuals' sense of self and goal development, particularly for youth with experience in residential treatment facilities. She previously worked as a case manager at a youth residential treatment facility and as a psychotherapist during her social work master's practicum at another youth residential treatment facility. She currently serves as a project manager for the Ohio START family survey project, as well as a research assistant on the Ohio CRP project.

The team members provide the following services to the CRP program:

- membership recruitment for all panels
- tracking/maintenance of panel membership
- training of new CRP members
- maintenance of the online training site
- assisting with agenda creation for bi-monthly meetings
- partnering with new chairpersons to run the meetings
- facilitating communication between CRPs and DCY/PCSAs
- providing support to panels in obtaining data from DCY
- assisting panels in gathering data from other sources
- data analysis

ACKNOWLEDGEMENTS

We would like to thank DCY for their assistance with data collection and insight into the panels' topics throughout the 2024–2025 CRP work year. We would also like to thank all the focus group participants including caseworkers, primary parents, kinship caregivers, and foster parents who participated in data collection. Their stories and insights were invaluable and informed the panels' recommendations for the year. The panels place great value in their relationships with all child-serving partners in Ohio.

ACRONYMS

- CAPTA- Child Abuse Prevention and Treatment Act
- CANS- Child and Adolescent Needs and Strengths
- CASA- Court Appointed Special Advocate
- CCWIS- Comprehensive Child Welfare Information System
- CFSR- Child and Family Services Review
- CRC- Children's Residential Center
- CRP- Citizen Review Panel
- CPS- Child Protective Services
- CWS- Child Welfare System
- DCY - Department of Children and Youth
- FCFC- Family and Children First Council
- FFPSA- Family First Prevention Services Act
- LOS- Letter of Support
- MSY- Multi-System Youth
- OAC- Ohio Administrative Code
- OCWTP- Ohio Child Welfare Training Program
- ODE- Ohio Department of Education
- ODH- Ohio Department of Health
- OhioKAN- Ohio Kinship & Adoption Navigator
- OhioMHAS- Ohio Department of Mental Health and Addiction Services
- OhioRISE- Ohio Resilience through Integrated Systems and Excellence
- ORC- Ohio Revised Code
- OSU- Ohio State University
- PCEs- Positive Childhood Experiences
- PCSA- Public Children Services Agency
- PCSAO- Public Children Services Association of Ohio
- QIC-WD- Quality Improvement Center-Workforce Development
- START- Sobriety, Treatment, and Reducing Trauma
- STS- Secondary Traumatic Stress
- UPP- University Partnership Program
- YAB- Youth Advisory Board

STRATEGIC PLAN OVERVIEW

STRATEGIC PLAN FOR THE OHIO CITIZEN REVIEW PANELS

Mission: Citizen Review Panels provide perspectives from the stakeholder community on child welfare practices and policies to improve safety, permanency, and the immediate and long-term wellbeing of children.

Goal One: The five statewide panels will work collaboratively to make meaningful recommendations to DCY on the state of child welfare in Ohio.

Regular Meetings	•Annual meeting of all CRP members will be held in May each year to select topic areas •Quarterly meetings with OSU and DCY program staff •Internal OSU meetings to direct programming •Five meetings of each CRP during the 2024-2025 work year
Five Annual Reports	•Each panel will submit an annual report to DCY summarizing its activities, analyses, and recommendations.
DCY Responses	•DCY will provide a response to the report and recommendations of each panel within six months of submission.
Member Recruitment and Retention	•When membership drops below 10 on the panel, panel members will make suggestions for additional citizens to recruit for the panel. •Panel membership will ideally include representation from foster care, mental health, substance use, physical health, education, law enforcement, officers of the court, and the faith community.
Member Training	•New members will receive training and onboarding via the online training website •More tenured members will complete new and ongoing training via the website •OSU staff will provide training as needed during the work year during regular meetings •OSU staff will provide leadership training and opportunities for panel chairs

***Goal Two**: The Northwest Ohio CRP will create actionable and measurable recommendations to improve Ohio's ability to recognize and respond to the well-being needs of children and families involved with the child welfare system.*

Topic Selection

- Panel members will engage in a guided conversation to identify the most pressing issues facing child welfare in Ohio
- Panel members will prioritize these ideas and discuss their feasibility
- Panel members will discuss these ideas and make a final decision on a topic

Literature Review

- Panel members will review background literature provided by the Project Director
- Panel members will engage with stakeholders from DCY, PCSAs, and other community partners to gather information about this topic

Data Gathering

- The panel will engage in primary data collection via survey, focus groups, or interviews as needed to meet their goals
- The OSU team will engage with DCY on behalf of panels to assess current data sources available to inform the topic
- The panel, OSU, and DCY will engage with stakeholders as needed to aid in data collection

Annual Report

- In February 2025, panel members will brainstorm and draft recommendations based on the findings from that year
- By the April 2025 meeting, the Project Director will compile a draft of the annual report for panels to review at their April meeting
- Panel members will review and approve the annual report via email and/or teleconference prior to the due date of the report
- The annual report will be submitted to DCY by May 15, 2025

***Goal Three**: The Northeast Ohio CRP will create actionable and measurable recommendations to improve Ohio's support of children and families utilizing the Positive Childhood Experiences (PCEs) as a framework.*

Topic Selection

- Panel members will engage in a guided conversation to identify the most pressing issues facing child welfare in Ohio
- Panel members will prioritize these ideas and discuss their feasibility
- Panel members will discuss these ideas and make a final decision on a topic

Literature Review

- Panel members will review background literature on the topic provided by the Project Director
- Panel members will engage with stakeholders from DCY, PCSAs, and other community partners to gather information about this topic and learn about current intitives
- Panel members will engage with experts in the field and other state child welfare agenices for further insight

Data Gathering

- The panel will engage in primary data collection via survey or focus groups as needed to meet their goals
- The OSU team will engage with DCY on behalf of panels to assess current data sources available to inform the topic
- The panel, OSU, and DCY will engage with stakeholders as needed to aid in data collection

Annual Report

- In February 2025, panel members will brainstorm and draft recommendations based on the findings from that year
- By the April 2025 meeting, the Project Director will compile a draft of the annual report for panels to review at their April meeting
- Panel members will review and approve the annual report via email and/or teleconference prior to the due date of the report
- The annual report will be submitted to DCY by May 15, 2025

***Goal Four**: The Central Ohio CRP will create actionable and measurable recommendations to improve Ohio's response to the child welfare workforce crisis based on past CRP recommendations.*

Topic Selection

- Panel members will engage in a guided conversation to identify the most pressing issues facing child welfare in Ohio
- Panel members will prioritize these ideas and discuss their feasibility
- Panel members will discuss these ideas and make a final decision on a topic

Literature Review

- Panel members will review background literature including academic literature and state statutes provided by the Project Director
- Panel members will engage with stakeholders from DCY, PCSAs, and other community partners to gather information about this topic

Data Gathering

- The panel will engage in primary data collection via survey, focus groups, or interviews as needed to meet their goals
- The OSU team will engage with DCY on behalf of panels to assess current data sources available to inform the topic
- The panel, OSU, and DCY will engage with stakeholders as needed to aid in data collection

Annual Report

- InFebruary 2025, panel members will begin to brainstorm and draft recommendations based on the findings from that year
- By the April 2025 meeting, the Project Director will compile a draft of the annual report for panels to review at their April meeting
- Panel members will review and approve the annual report via email and/or teleconference prior to the due date of the report
- The annual report will be submitted to DCY by May 15, 2025

***Goal Five**: The Southwest Ohio CRP will create actionable and measurable recommendations to improve Ohio's response to the behavioral health needs of children involved with the child welfare system based on previous CRP reports.*

Topic Selection

- Panel members will engage in a guided conversation to identify the most pressing issues facing child welfare in Ohio
- Panel members will prioritize these ideas and discuss their feasibility
- Panel members will discuss these ideas and make a final decision on a topic

Literature Review

- Panel members will review background literature including academic literature and and other background information provided by the Project Director
- Panel members will engage with stakeholders from DCY, PCSAs, and other community partners to gather information about this topic

Data Gathering

- The panel will engage in primary data collection via survey to all Ohio CRCs to meet their goals
- The panel, OSU, and DCY will engage with stakeholders as needed to aid in interpretation of survey findings
- The panel will engage in additional data collection as needed to meet their goals and answer additional questions arising from the case plan reviews

Annual Report

- In February 2025, panel members will brainstorm and draft recommendations based on the findings from that year
- By the April 2025 meeting, the Project Director will compile a draft of the annual report for panels to review at their April meeting
- Panel members will review and approve the annual report via email and/or teleconference prior to the due date of the report
- The annual report will be submitted to DCY by May 15, 2025

***Goal Six**: The Southeast Ohio CRP will create actionable and measurable recommendations to improve Ohio's ability to meet the well-being needs of youth involved with the child welfare system.*

Topic Selection

- Panel members will engage in a guided conversation to identify the most pressing issues facing child welfare in Ohio
- Panel members will prioritize these ideas and discuss their feasibility
- Panel members will discuss these ideas and make a final decision on a topic

Literature Review

- Panel members will review background literature including academic literature and and other background information provided by the Project Director
- Panel members will engage with stakeholders from DCY, PCSAs, and other community partners to gather information about this topic

Data Gathering

- The panel will engage in primary data collection via survey to all Ohio CRCs to meet their goals
- The panel, OSU, and DCY will engage with stakeholders as needed to aid in interpretation of survey findings
- The panel will engage in additional data collection as needed to meet their goals and answer additional questions arising from the case plan reviews

Annual Report

- In February 2025, panel members will brainstorm and draft recommendations based on the findings from that year
- By the April 2025 meeting, the Project Director will compile a draft of the annual report for panels to review at their April meeting
- Panel members will review and approve the annual report via email and/or teleconference prior to the due date of the report
- The annual report will be submitted to DCY by May 15, 2025

REPORT 1: NORTHWEST OHIO CRP ANNUAL REPORT

Annual CRP Activities

SCHEDULES

The Northwest Ohio CRP meets bi-monthly from August to May of each work year. The 2024–2025 work year began with the Ohio CRP Annual Strategic Planning Meeting on Wednesday, May 29, 2024, which occurred via Zoom. All Ohio CRP members were invited to attend this meeting. The Annual Strategic Planning Meeting allows the Northwest Ohio CRP, in conjunction with the other panels, to learn from the other panels' previous year of work and plan for the next year. The Northwest panel decided on a topic and created a data request for DCY at the annual meeting.

Regular meetings for the Northwest Ohio CRP began in August 2024. The panel meets bi-monthly on the second Friday of the month from 2:00 pm to 4:00 pm via Zoom. The following is a list of all meeting dates for the panel from August 2024 to April 2025:

Table 1. Northwest Ohio CRP Regular Meeting Schedule:
Friday, August 23, 2024
Friday, October 11, 2024
Friday, December 13, 2024
Friday, February 14, 2025
Friday, April 11, 2025

CHANGES TO PANEL MEMBERSHIP

The Northwest Ohio CRP began the work year with seven members. Over the course of the year, the panel experienced major transitions, and only three of the original members will remain for the next work year. Recognizing the importance of strengthening this panel, we prioritized recruitment and launched an exceptionally successful outreach effort. As a result, we have secured commitments from at least five new members, significantly expanding the panel's capacity and perspectives. The new members will participate in the upcoming annual strategic planning meeting in May. With this revitalized membership and the continued use of technology like Zoom to support remote engagement, the panel is optimistic about sustaining momentum and maintaining an active, diverse roster moving forward.

SUCCESSES, CHALLENGES, AND ACHIEVEMENTS

The Northwest Ohio CRP experienced a dynamic year marked by significant successes, thoughtful challenges, and meaningful achievements. One of the panel's key successes was consistent engagement in robust, productive discussions at each meeting. A recurring challenge for the panel in previous years has been narrowing broad interests into a focused, actionable project. However, the program's built-in flexibility provided the necessary time and space for the panel to make thoughtful decisions about their direction. This year marked the culmination of a two-year initiative aimed at enhancing

understanding of well-being from the perspective of child welfare partners. In this second phase, the panel concentrated on recruiting young adults with lived experience in the child welfare system. They successfully conducted focus groups with ten participants and integrated these new insights with the data collected in the previous year. This accomplishment represents a major milestone for the Northwest Ohio CRP and demonstrates its capacity to manage complex, multi-year research projects that elevate community voices and inform systems change.

Background

The Northwest Ohio CRP focused its work on understanding how Ohio supports the well-being of youth involved with Ohio's child welfare system. For the 2024-2025 work year, the Northwest CRP undertook a primary data collection project to follow up on their introductory work from the previous work year. One of the three main objectives of the child welfare system is well-being. The Adoption and Safe Families Act of 1997 makes well-being a top priority of the child welfare system in addition to safety and permanence (Barth et al., 2008). The aim of the project was to define and examine child well-being in the context of child welfare by conducting focus groups with key stakeholders throughout the state of Ohio. While federal child welfare professionals specifically define child well-being with markers of physical, mental health, and educational well-being, stakeholder groups such as foster families, kinship caregivers, and primary parents, and young adults with past child welfare involvement may more broadly define well-being (Child Welfare Information Gateway, 2020).

Strengths

Ohio demonstrates several key strengths in its efforts to support the well-being of youth in care. The Department of Children and Youth (DCY) has shown a strong, ongoing commitment to child well-being, particularly through its attention to the federal Child and Family Services Review (CFSR) well-being indicators. One notable example of this commitment is DCY's collaboration with Ohio Resilience through Integrated Systems and Excellence (OhioRISE), a specialized managed care program designed to meet the complex behavioral health and multisystem needs of youth. This innovative partnership highlights the state's proactive approach to delivering coordinated and effective care. Further strengthening this work is DCY's continued collaboration and data-sharing efforts with Ohio Medicaid, which are vital to addressing both the mental and physical health needs of children and youth in care. These efforts reflect an integrated, system-wide approach to promoting well-being. The development of the new DCY office in which the Office of Children and Families now resides, has also proven to bring child welfare professionals together with education professionals to enhance the educational well-being of young people in Ohio. Additionally, DCY consistently values and incorporates feedback from the Ohio Citizen Review Panels (CRPs), demonstrating a strong commitment to shared leadership and community voice. The Northwest Ohio CRP feels empowered by this partnership and is encouraged to contribute meaningfully to initiatives that elevate the experiences of youth and families across the state.

Data

- Literature Review

The Northwest Ohio CRP gathered information from academic sources to gain a better understanding of child well-being and how an expanded definition of well-being might be beneficial in a child welfare setting. The results of this academic literature review are detailed in the results section.

- Focus group data

Seven focus groups were conducted with various child welfare stakeholder groups to better understand the role of well-being for children involved with the child welfare system. Stakeholder groups included caseworkers, primary parents, kinship caregivers, foster parents, and young adults who had previous involvement with the child welfare system. Table 1 provides a summary of the participant demographics. Of the 18 total individuals who participated in focus groups, 3 were child welfare caseworkers, 3 were primary parents, 7 were kinship caregivers, 5 were foster parents, and 10 were young adults who had previous involvement with the child welfare system. Most participants identified as Black (57.1%), with 28.6% identifying as White, and 14.3% identifying as Mixed Race. The majority of the participants were female (92.9%), and the average age of participants were 35.7 years old.

Table 2
The Descriptive Information of Focus Group Participants (N=18).

	n (%)	*M* (SD)
Participants	28	
Kinship caregiver	7 (25%)	
Foster parent	5 (17.9%)	
Primary parent	3 (10.7%)	
Caseworker	3 (10.7%)	
Young adult with recent child welfare involvement	10 (35.7%)	
Race		
White	8 (28.6%)	
Black	16 (57.1%)	
Mixed Race	4 (14.3%)	
Gender		
Female	26 (92.9%)	
Male	2 (7.1%)	
Age		35.7 (15.3)

Results

- Literature review

Child well-being has been studied across multiple domains, including health, education, economic security, and social and emotional development (Bradley & Corwyn, 2002). Previous research has shown that a range of factors, including poverty (Duncan & Brooks-Gunn, 1997), family structure (Amato & Keith, 1991), and parental involvement (Epstein, 2001), can impact child well-being. The role of the child welfare system in promoting child well-being has also been studied, with some research suggesting that child welfare interventions can have a positive impact on child well-being (Casey Family Programs, 2019), while others showing mixed results (Gifford, Berry, & Barth, 2000).

One of the three main objectives of the child welfare system is well-being. The Adoption and Safe Families Act of 1997 makes well-being a top priority of the child welfare system in addition to safety and permanence (Barth et al., 2008). Still, the main measures of success in child welfare have been permanence and safety. Safety and permanence reflect outcomes that are simpler to identify and quantify in child welfare policy and practice. However, evidence indicates that children who have suffered trauma may continue to have poorer well-being than children who have not experienced abuse, even when safety or permanence are supplied (e.g., Burns et al., 2004; Kortenkamp & Ehrle, 2002).

- Focus group data

Seven focus groups were conducted with different child welfare stakeholder groups to better understand the role of well-being for children involved with the child welfare system. Stakeholder groups included child welfare caseworkers, primary parents, kinship caregivers, foster parents, and young adults who had previous involvement with the child welfare system. The focus group data was summarized into four themes including, (1) defining well-being, (2) evidence of well-being, (3) role in meeting well-being needs, (4) well-being services. Findings highlight similarities and differences for each group of stakeholders.

Theme 1: Defining Well-Being

Participants discussed their conceptualization of well-being for children involved in the child welfare system. Although not every stakeholder group addressed all three domains of the federal definition of child well-being—physical health, mental health, and educational needs—these aspects were collectively covered across the different groups. **All stakeholder groups** emphasized the importance of participation in school activities, academic achievement, and attainment of learning objectives. **All stakeholder groups,** except for the **young adult group**, emphasized the importance of addressing physical health care needs through regular medical and dental appointments.

While **young adults** with previous child welfare involvement did indicate educational needs in defining their well-being, this group placed a unique emphasis on emotional and mental well-being, particularly the importance of feeling loved, cared for, and a

sense of belonging. For example, one participant noted, "*Mental? I feel like educational is important, but I feel like if your mental is not right, you can't focus on nothing else*." More specifically, many **young adults** highlighted that mental well-being goes beyond having their basic needs met, extending to feeling genuinely cared for and supported by those around them, as evidenced by the below quote:

> "*I think the well-being is more than just food and clothes and basic necessities. I think it also should include love and feeling like you are a part of a family, instead of just someone who is invading the family or making things difficult. I also think that our mental and emotional well-being definitely matters because foster kids act out…usually when they need attention and they're not being heard or listened to... I would include those things, the mental well-being, the physical well-being, the knowing that you feel loved in the foster home…instead of [feeling] like a disturbance to the home.*"

Mental and emotional health consistently emerged as critical aspects of well-being across stakeholder groups. **All groups** discussed mental health needs in terms of the trauma children experienced during their time in care. The groups recognized the need for attention to emotional and mental health needs due to the separation of children from their families. **Kinship providers** highlighted the need for formal mental health care to address children's behavioral health needs. They reported being able to identify when children were stressed, often linking this to trauma experienced during care. One **kinship provider** explained, "*I just think with their behaviors, sometimes you can tell when they're stressed out… I just tell when behaviors increase and when the kids are stressed out."* This acknowledgment of trauma and its behavioral manifestations aligned with the perspective of **young adults**, who also mentioned the importance of addressing mental health challenges through access to therapy and addressing trauma in fostering emotional stability.

Volatile relationships with biological parents were a shared theme for kinship caregivers and young adults. **Kinship providers** pointed to the children's biological parents engaging in a relationship with the children for a couple of months but then disappearing from their lives again as the source of stress. **Young adults** similarly noted how strained relationships with their biological families impacted their emotional well-being.

Caseworkers and **primary parents** were the only groups to discuss the importance of attachment and family bonds to a child's well-being needs. One caseworker spoke about family bonds in this way,

> "…*we have the permanency where they have those lifelong, lasting relationships and bonds with people, and then also just even knowing where they come from, who they come from. So, I think that would be…the main description for me, because that all affects their well-being."*

A **primary parent** also expanded on this conversation to include how their child viewed their former foster parents upon returning home. This parent reported their child was young during their time out of the home and felt some confusion around the role of all the caregivers in the child's life which affects their well-being. She explained upon

reunification her child was still bonded to his previous caregiver, and she had to navigate the confusion of all the different familial attachments in her child's life.

In addition to the federal definition of well-being needs, **kinship providers** and **foster parents** spoke at length about stability and consistency in the home as important aspects of child well-being. They saw providing a stable and consistent home as a well-being need for these children. One **kinship provider** expanded on this discussion stating, "*But child well-being is being able to provide for them, make sure they have stability..."* Kinship providers and foster parents also spoke about creating a comfortable home environment for the children in their care as an important well-being need. They reported being concerned about the children's happiness in the home and feeling secure in this space. One **foster parent** summarized this by explaining that making children feel like they are part of a family and including them in family activities as essential to their security and happiness. **Young adults** echoed the importance of stability, but their accounts often highlighted the negative impact of volatile environments. Frequent placement disruptions and unstable living conditions were cited as barriers to achieving well-being. One participant shared, "*To my peace and my freedom. Since you just keep moving me everywhere. I can't get no peace. I can't have stability.*"

An interesting discrepancy emerged between **foster parents** and **young adults**: while **foster parents** believed that they were meeting the foster child's mental health and emotional needs within their family and the environment they provide to the child, many **young adults** reported difficulties in feeling connected to their foster families.

Additionally, **kinship providers** and **foster parents** advocated for the inclusion of spiritual well-being as an important piece to include in this definition. These caregiver groups reported they felt the inclusion of spiritual well-being and children feeling connected to adults and a greater power was important for healing. Similarly, a **kinship provider** reported they felt that an importance aspect of meeting a child's well-being needs included teaching morals and values.

An important perspective unique to **young adults** was the importance of autonomy and having a sense of free will in achieving their well-being. Many **young adults** described feeling controlled and restricted within the child welfare system, which hindered their development and sense of self. One participant reflected, "*I felt like I was being trapped… I just wanted some more freedom.*" Autonomy, as well as having basic needs consistently met (e.g., clothing vouchers, hygiene, environment), was highlighted as an important yet often unmet aspect of well-being for this group.

Theme 2: Evidence of Well-Being

The second theme from the focus group data focused on indicators of well-being among children involved with the child welfare system. While **young adults** discussed the barriers and promoters to ensure their well-being, **other stakeholder groups** talked about how they measure or see evidence of well-being among children involved with the child welfare system.

Regarding the barriers to achieving well-being **young adults** discussed, systemic issues were frequently discussed. **Young adults** frequently described the child welfare system as lacking transparency and failing to provide the resources and guidance necessary for them to thrive. Delays in support, unclear processes, and a lack of communication left participants feeling unsupported and abandoned in important moments of their life. For example, one participant from the **young adult** group shared their frustration with having to navigate the complicated processes without proper guidance:

> "*But when it comes to, like, court stuff, government stuff and Medicaid and different numbers and group numbers, and I can reach out just, like, a whole bunch of adopting stuff, and I didn't understand none of it. So, it's like, if somebody please help me look around, no one's there, so just googling stuff and hoping I'm not filling out the wrong stuff on accident*."

Similarly, another **young adult** highlighted the system's failure to provide timely and relevant information when reflecting on moving into their own space:

> "*Oh, well, did you guys know y'all have food stamps? Well, nobody told us that when we first went down there. After a month of not eating and being in this cycle of life that I can't escape, it's just. It was kind of like; nobody gave us anything to go off of*."

Young adults also shared that they were often unprepared for life after leaving care (lack of preparedness for independent living/emancipation), highlighting the gaps in the system's ability to equip them with critical life skills or long-term planning. **Young adults** also talked about factors that promoted their well-being and contributed to their ability to navigate challenges within the child welfare system. **Young adults** emphasized the importance of having caring and supportive relationships, such as friends, mentors, counselors, and social workers, who genuinely listened and provided support. These relationships often served as a foundation for emotional stability and personal growth. Some participants mentioned mentors who provided consistent emotional support and encouragement for self-identified goals. For instance, one participant shared:

> "*But usually I talked to my mentor, who I got from [group home name], and she was, like, I always talk to her. She was, like, the only person I really always talked to. Like, she would always pick up if I call, and she would answer. So she honestly was, like, my biggest support when I was in placements.*"

Access to tangible resources, including financial support, housing, and clothing vouchers, played an important role in promoting participants' sense of stability and well-being. **Young adults** expressed appreciation for caseworkers or programs that connected them to these essential supports.

When other stakeholders were asked about evidence of well-being and how it can be measured, **caseworkers** spoke mostly about physical evidence of well-being such as increased grades at school, better attendance at school, better hygiene and overall appearance, and reports of good sleeping and eating habits. They spoke about things they might see while on visits with a child. **Caseworkers** spoke about the children being

willing to actively engage in conversation about school or sports and talking about new friends and interactions at school. **Caseworkers** advocated for seeing an overall high quality of life. One worker summarized this by saying,

> "*I think just how they see things…kind of like the quality of life, it just determines how they see the future, how they see where they are now, even services that they're open and willing to engage with.*"

Foster parents and **kinship caregivers** focused their conversation on seeing the well-being of a child's demeanor in the home. Both groups described well-being increasing among children in their care over time by voluntarily sharing information about their day at school, talking about making new friends, willingly engaging in conversation about their feelings, or expressing genuine joy and happiness. One **foster parent** summarized saying,

> "…*once they feel more comfortable, once they feel just more acclimated to your family situation, you start to see genuine joy, genuine comfort. And things that they were maybe anxious about before or not feeling comfortable doing before, become more natural. They maybe voluntarily come and spend more time with you rather than hiding in their room.*"

When asked to describe how they saw changes in well-being, **foster parents** and **kinship caregivers** focused on seeing increases in well-being as described above, whereas **primary parents** focused on being sensitive to potential decreases in well-being. **Primary parents** summarized seeing changes in well-being based on emotions like their children being angry, resentful, guarded, and overly emotional. One parent stated the following,

> *"So, you've got a child that appears to be angry and resentful and not wanting anything to do with the parent, but really they're just upset because they don't understand what's going on. They don't understand why their parents [are] gone. So, I think that emotional bit of it that is corresponding with all these different categories of just life in general are not really taken into consideration."*

Primary parents have limited time to spend with their children during the time they are placed out of the home. Thus, many of these reported experiences of well-being occur during visits where children could be confused about what is happening.

The **caseworkers**, **foster parents**, and **primary parents** discussed how well-being is measured. **Caseworkers** agreed that a single point-in-time measurement of well-being is not an accurate representation of child well-being. One **caseworker** stated,

> "*I think a true assessment of well-being can't necessarily happen in a snapshot*."

Foster parents agreed that well-being cannot be measured with a simple checklist, and they speculated on whether the well-being of children was truly considered in case decision-making. One **foster parent** said,

> *"I understand that they have limitations on what they consider to evaluate in a case plan, but think unless something like this is objectified and mandated as part of a reunification or a case plan, I don't know that it's being considered at the caseworker level."*

A participant in the **primary parent** focus group stated there should also be different perspectives considered in the measurement of well-being, not just the child welfare agency. This parent stated,

> *"I think … taking everyone's perspective, everyone's feelings into account, because it's very easy to judge, especially when you've got a piece of paper in front of you that says, this is who this person is, and that's just all there is to it."*

Theme 3: Roles in Meeting Well-Being Needs

Participants from each group spoke about their role in meeting a child's well-being needs. **Caseworkers** mainly saw themselves as the tangible support for well-being needs. They stated they pay special attention to asking children, foster parents, and kinship families about their needs during visits and provide resources when possible. They reported this role often seems more important for younger children who are unable to speak for their own needs.

Young adults shared mixed feelings about their **caseworkers**, with some describing them as unhelpful and focused more on compliance than care, while others shared positive stories of emotional and practical support. Negative experiences included superficial relationships and lack of responsiveness to young adults' needs, "*When I was vocal about the things that needed to change and what I needed, and they didn't listen to me. That's when I started to shut down, and things just went downhill.*" Other **young adults** felt that caseworkers were overly controlling, "*Unfortunately, those case workers can be very overbearing, being so bossy, telling me what I can and cannot do with my own life.*"

Despite these challenges, **young adults** also shared stories of **caseworkers** who provided tangible support, "*They helped me get a job... They helped me with everything else that I needed for preparations for school.*" Similarly, another **young adult** shared, "*They helped me with reactivating my Medicaid... They made sure I had my high school diploma and transcripts just in case I wanted to go to college.*" Beyond tangible support, a few **young adults** shared how their **caseworker** made a meaningful effort to support their emotional well-being and coping skills.

> *"So I've gone through a few different, like, foster care workers, but the one that I feel helped me the most was my caseworker, [caseworker name]. She was trying to, like, help me find things to help, like, help me, like, cope and relax when I get super stressed. And went to this store, I think it was called vine and blue... But we got these, like, little. She got me a journal, a rose quartz heart, and this, like, metal heart shaped thing with a bell inside of it to help me with stress or my ADHD. And the journal, I believe, was to help me write down things that I feel I need to work on and things that I need help with."*

Caseworkers emphasized their role in maintaining familial contact and relationships during the time children are placed out of the home and keeping all parties accountable. They stated they make efforts to be sure parents and children stay in contact during this time and focus on reunification. They also stated they wanted parents to focus on their own well-being during an open case. A caseworker explained they saw a parent's primary role in meeting their child's well-being needs as focusing on their reunification goals.

However, **young adults** often felt the system failed to facilitate meaningful family involvement, leaving them feeling isolated and emotionally disconnected to their family members. Many **young adults** described how it felt like the system disregarded their relationships with biological family members or prevented them from maintaining contact. One **young adult** reflected on the impact of being separated from their family, "*My family didn't have a role. I feel like they didn't have a choice and to say if they wanted to have a role or not, and neither did I.*" Another described the emotional toll of losing connection with their parents, "*They don't care about the parents. They don't care about the relationship, the ties that the children have to the parents that hurt us the most. And the state is not our parent.*"

Similarly to caseworkers, **primary parents** saw their role in meeting their child's well-being needs as maintaining their relationship with their child. They spoke about how it is necessary to put their own feelings aside to focus on their child's needs. **Primary parents** were concerned with maintaining a good relationship with the substitute caregiver who was caring for their child during out-of-home placement. While this relationship with the substitute caregiver is critical for maintaining relationships between parents and children, parents reported several challenges in maintaining this attachment. One **primary parent** described the following situation,

> "*So, at first I thought that she was on my side because she was my cousin. She's my big cousin, so I thought that she was there to help me. But at the same time, it was like mixed emotions and mixed feelings. Like, one minute she'll be on my side, and then the next minute she'll be on their [CPS] side.*"

Another **primary parent** shared a similar experience,

> *"I had a similar type of wishy-washy caregiver. I'd say she was all for the relationship one minute, and then the next minute she wasn't. There were many periods of time that I had to go without any so much as a phone call from my child or to my child. There were holidays that I had missed. There was a birthday that I missed because we were supposed to be working this plan of reunification, and she would get upset with me for something."*

On the other hand, for many **young adults**, relationships with their **primary parents** were mostly described as volatile, reflected in their sharing of a sense of abandonment or emotional disconnection. These strained dynamics often left **young adults** feeling unsupported during important moments. One **young adult** described, "…*my family didn't really want to have any involvement with me. It seemed like kind of with my mental health scared them, essentially, and they didn't know really what to do.*"

Foster parents and **kinship caregivers** mainly saw themselves as advocates and the ultimate provider of well-being needs. They described their role at the beginning of placement in the home as learning everything they could about the child. They wanted to know the child's likes, dislikes, interests, hobbies, health needs, emotional state, and anything that could be helpful to understand and get to know the needs of the child. One **foster parent** described her role this way,

> "*I think we're probably at the front of the line for not only knowing what's in their best interests or their well-being, but advocating for it and sometimes demanding services, demanding things that you have to be a squeaky wheel with the caseworkers…with the agency."*

Foster parents specifically saw themselves as agents to empower young people to speak up for their own needs but also take responsibility for their behavior when it was needed. They found it was important to play a role in maintaining contact with the biological family and update families and child welfare agencies on all the positive things the children were doing. One **foster parent** stated she focuses a lot on communicating the positives with caseworkers. She said,

> *"That's my goal. My texts and emails, I want them to read them. So I try not to always have them be negative. But they got in this job because they want to help kids. They probably realized quickly on that this is a really tough situation, so helping them find positives too is important."*

However, **young adults'** descriptions of experiences with **foster families** were mostly negative, with **young adults** feeling neglected, unheard, or treated unfairly. For example, one **young adult** described, "*All the foster parents that I experienced, it was more hurt than help.*" Similarly, one **young adult** described favoritism and lack of meaningful communication as barriers:

> "*My foster mom played favoritism a lot with, like, the other girls that were in the home as well... It was just hard, like, not being able to communicate with them, not understanding, like, not taking the time to actually just sit down and have a conversation.*"

Young adults also highlighted the superficial nature of some **foster family relationships**:

> "*Also, for my experience, my life, my foster mom was there for me, in the beginning of [residential facility name], a little bit up to the end... She used to send me some ramen and food and stuff like that. She also had, like, I think we had, like, three visits altogether. She had brought my dog up there for me.*"

Over time, the young person's relationship with her foster mother deteriorated during her stay in residential care. Once it became clear she would not be returning to the same foster home, less effort was made to maintain the connection. This experience reinforced her sense that some foster family relationships can feel superficial.

Kinship caregivers saw themselves as being the sole provider for children's well-being needs. The overall feeling from kinship caregivers was that they received little attention

or help from child welfare agencies after the placement of a relative child in their home. One **kinship caregiver** described their role this way,

> *"But, yeah, there's no financial help, there's no physical help, there's no respite help. There's nothing. And well-being comes from grandma or grandpa's or auntie's inner strength and fight and determination to save these kids from all of the circumstances that they're born under."*

Kinship caregivers described themselves as advocates, protectors, confidants, and the ultimate resource for a child's well-being needs.

Some **young adults** had a similar perception of the role of **kinship caregivers** (e.g., grandparents, aunts) in that they played a positive role, providing support and stability. One **young adult** expressed gratitude for their aunt:

"*My aunt [name], who I had been with for the longest time ever, three whole years. Love her. I was with her when I had graduated high school. She did a lot more things for me than any other foster parent would have done.*"

Theme 4: Well-Being Services

Participants were asked about services or programming that specifically enhance or meet a child's well-being needs. **All groups** struggled to answer questions about programs that meet well-being needs even when prompted with some examples. **Caseworkers** identified kinship care itself as a well-being service given its attention to meeting a child's attachment needs. They also stated several things that maintain a child's dignity like providing suitcases during moves and resources to allow children to get their hair done or purchase prom dresses. **Foster parents** reported they could not identify any programming that specifically speaks to well-being. Though closely related, they reported programming like independent living services that help young people think about getting a job, creating a resume, managing money, and preparing them to live autonomously could be considered well-being programs. **Primary parents** and **kinship caregivers** reported they could not think of any programming that relates to a child's well-being needs. Many **young adults** appreciated financial stipends offered at discharge from care, but criticized the lack of timely, thorough planning, financial literacy training, and emotional support, leaving them unprepared and forced to navigate independence largely on their own.

Conclusions

A key finding emerging from this project on well-being is that foster parents and kinship caregivers view themselves as the primary providers of child well-being, often stepping in with little systemic support. Kinship caregivers, in particular, reported significant financial strain and a lack of access to services after assuming custody, despite their commitment to keeping children out of formal foster care. They emphasized the need for stable, nurturing home environments and recommended greater access to childcare subsidies, SNAP, and legal aid. The panel urges DCY to explore advocacy opportunities to expand eligibility for such supports through legislative or waiver mechanisms.

Equally important are the perspectives of young adults with lived experience in the child welfare system, who offered a nuanced view of well-being centered on emotional and mental health. While they acknowledged educational and basic needs, they emphasized the importance of love, belonging, stability, and autonomy. Many described how frequent moves, lack of connection to caregivers, and limited freedom negatively impacted their well-being. Many emphasized the role kinship caregivers played in their well-being and maintaining connections with family. Their voices highlight the urgent need for trauma-informed care, stable placements, and genuine emotional support. These insights, along with recurring themes across stakeholders, including the need for mental health services and family bonds, point to the importance of a more holistic, youth-centered approach to supporting children in care.

This conclusion shows how the data revealed both convergence and divergence across stakeholder groups. Mental and emotional well-being, particularly in the context of trauma and separation, was a recurring theme among all groups, including caregivers, young adults, and caseworkers. However, while caseworkers and primary parents emphasized attachment and family bonds as essential for well-being, this was less emphasized by other groups, suggesting a need for more integrated conversations about relational stability and permanency.

Further, this project highlights the complexity of defining and measuring child well-being within the child welfare system. While caseworkers often referenced observable indicators like school performance, hygiene, and engagement during visits, caregivers described more relational and emotional markers like a child's comfort level, openness, and signs of joy or connection within the home. Primary parents, with limited access to their children during out-of-home placements, tended to focus on emotional cues like anger or confusion during visits. Across all groups, there was consensus that well-being cannot be accurately assessed at a single point in time and should include input from multiple stakeholders, including caregivers, caseworkers, parents, and youth. Despite this shared understanding, these nuanced insights rarely appear in official case records or child welfare databases, suggesting a disconnect between lived experiences and systemic documentation.

Lastly, the findings of the focus groups underscore the widespread absence of clearly defined services or programs that directly support child well-being. Across all stakeholder groups, participants struggled to identify programming specifically designed to enhance well-being. Caseworkers cited kinship care and dignity-focused efforts like providing suitcases or personal care resources as contributing factors, while foster parents mentioned independent living services as indirectly related. Primary parents and kinship caregivers could not identify any programs addressing well-being. Young adults highlighted major gaps in discharge planning, financial literacy, and long-term support, often feeling unprepared for independence due to inconsistent or delayed guidance.

Recommendations

1. The panel recommends DCY broaden the measurement framework for child well-being in Ohio CCWIS to include holistic indicators such as emotional well-being, comfort in the home environment, attachment, and communication with caregivers.

The data strongly suggests that well-being for children involved with child welfare expands beyond the narrow measurement of physical, mental, and educational health. Expanding the measurement framework for well-being to encompass holistic indicators, including emotional well-being, comfort in the home environment, and attachment and communication with caregivers, is essential for capturing the multidimensional nature of child well-being. Incorporating perspectives from various stakeholders, such as parents, young people, caregivers, and caseworkers, ensures a comprehensive understanding and enables more targeted interventions to support the well-being of children involved in the child welfare system.

As part of this effort or to take steps toward this recommendation, DCY should identify or develop specific indicators in collaboration with parents, young people, caregivers, and caseworkers to ensure a comprehensive and meaningful understanding of child well-being. The following are several examples:

- Children or caregivers could report on the presence of coping skills or emotional regulation strategies to measure emotional well-being.
- Caregivers could regularly report on the child's adjustment to the home environment via survey or assessment.
- Caseworkers could use an assessment tool of observed attachment behaviors during home visits.

2. Expand the use of kinship caregivers as approved respite providers to preserve family connections and support placement stability, a key indicator of well-being for young people and kinship caregivers.

Recognizing the importance of maintaining familial bonds for children in care as identified as a measure of well-being for many stakeholders, the panel recommends that DCY develop policies and practices that facilitate the approval of kinship caregivers to serve as respite providers, either formally or informally, for children placed within their extended family networks. This approach would:

- Allow children to remain connected to familiar, trusted adults during periods of respite;
- Reduce the emotional disruption often associated with traditional respite placements; and
- Strengthen the natural support systems available to kinship families.

The panel encourages DCY to explore streamlined approval processes for kinship respite providers, consider necessary training or support needs, and work with local agencies to build out kinship-centered respite options statewide.

3. Conduct a comprehensive study of existing services and programs currently provided by local PCSAs that enhance child well-being or meet a child's well-being needs.

The data collected offers limited insight into the services and programs available to support child well-being. Conducting a comprehensive study of the services and programs provided by local PCSAs would enable DCY to identify effective practices, address gaps in service delivery, and more effectively allocate resources to meet the diverse needs of children in their care.

REPORT 2: NORTHEAST OHIO CRP ANNUAL REPORT

Annual CRP Activities

SCHEDULES

The Northeast Ohio CRP meets bi-monthly from August to May of each work year. The 2024–2025 work year began with the Ohio CRP Annual Strategic Planning Meeting on Wednesday, May 29, 2024, via Zoom. All Ohio CRP members were invited to attend this meeting. The Annual Strategic Planning Meeting allows the Northeast Ohio CRP, in conjunction with the other panels, to learn from the other panels' previous year of work and plan for the next year. The Northeast panel decided on a topic and created a data request for DCY at the annual meeting.

Regular meetings for the Northeast Ohio CRP began in August 2024. The panel meets bi-monthly on the third Wednesday of the month from 2:00 pm to 4:00 pm via Zoom. The following is a list of all meeting dates for the panel from August 2024 to April 2025:

Table 3. Northeast Ohio CRP Regular Meeting Schedule:
Wednesday, August 21, 2024
Wednesday, October 16, 2024
Wednesday, December 18, 2024
Wednesday, February 19, 2025
Wednesday, April 16, 2025

CHANGES TO PANEL MEMBERSHIP

The Northeast Ohio CRP began the 2024–2025 work year with seven members and maintained consistent participation throughout most of the year. Jim Molnar continued to serve as chairperson, providing stable leadership during this period. The panel has demonstrated a strong commitment to sustaining its membership, actively engaging members, and planning for continuity. As several current members are preparing to step away at the end of the work year, the panel has proactively recruited five new members to ensure ongoing momentum. These incoming members are scheduled to participate in the strategic planning meeting in May, positioning the panel for a smooth transition and continued progress.

SUCCESSES, CHALLENGES, AND ACHIEVEMENTS

During the 2024–2025 work year, the Northeast Ohio CRP identified several key successes, challenges, and accomplishments. Members described the panel as a strong and diverse group, with Chairperson Jim Molnar recognized for fostering productive, insightful dialogue. The group valued their ability to engage in candid conversations that leveraged each member's expertise and supported quick, thoughtful consensus-building. A primary challenge for the panel was the novelty of their chosen topic – positive childhood experiences (PCEs)- and the limited availability of existing data. Members acknowledged that primary data collection can be both difficult and time-

intensive. Exploring a subject at the forefront of child welfare practice added further complexity to assessing its relevance and implementation in Ohio. Despite these hurdles, the panel successfully developed an advocacy report outlining the extent to which Ohio's child welfare system has engaged with (PCEs). They view this report as a significant achievement and a meaningful contribution to the CRPs' mission, particularly in amplifying the voices of those most impacted by the child welfare system.

Background

The Northeast Ohio CRP chose to explore how Ohio engages with PCEs as part of its ongoing commitment to improving child welfare outcomes. PCEs like feeling safe at home, having supportive relationships, and feeling a sense of belonging at school have been shown in scientific literature to build resilience and buffer against the negative impacts of trauma and adverse childhood experiences (ACEs). Given their potential to improve long-term health and well-being, the panel sought to understand how these protective factors are recognized, supported, and integrated into Ohio's child welfare practices.

Strengths

Ohio demonstrates a strong commitment to fostering PCEs through the initiatives of the Ohio Children's Trust Fund (OCTF), the state's sole publicly funded agency dedicated to preventing child abuse and neglect. OCTF's mission centers on investing in strong communities, healthy families, and safe children. Through eight Regional Prevention Councils, OCTF supports a range of programs aimed at strengthening families and preventing maltreatment. Additionally, OCTF emphasizes the importance of PCEs in its outreach and educational efforts, recognizing their role in mitigating the effects of ACEs and promoting long-term well-being. By integrating PCEs into its prevention strategies, Ohio positions itself as a leader in proactive child welfare practices.

Data

- Literature Review

The Northeast Ohio CRP gathered information from scientific sources to gain a better understanding of PCEs. The results of this academic literature review are detailed in the results section.

- Interview with Ohio Children's Trust Fund (OCTF)

Based on publicly available literature and web searches, Ohio has not yet implemented comprehensive statewide data collection efforts focused on PCEs with child welfare populations. Currently, OCTF represents the primary state-level entity expressing interest in PCE implementation and measurement, with additional support from Prevent Child Abuse Ohio (https://preventchildabuse.org/chapters/ohio/).

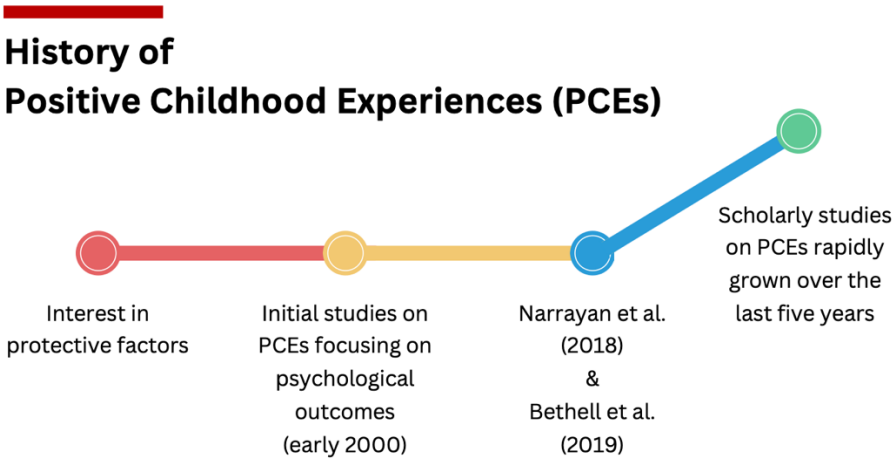
To better understand emerging PCE work within the state, an interview was conducted with OCTF representatives. This interview revealed several nascent PCE initiatives, though none yet operating with a statewide footprint within the child welfare system.

Results

- Literature review

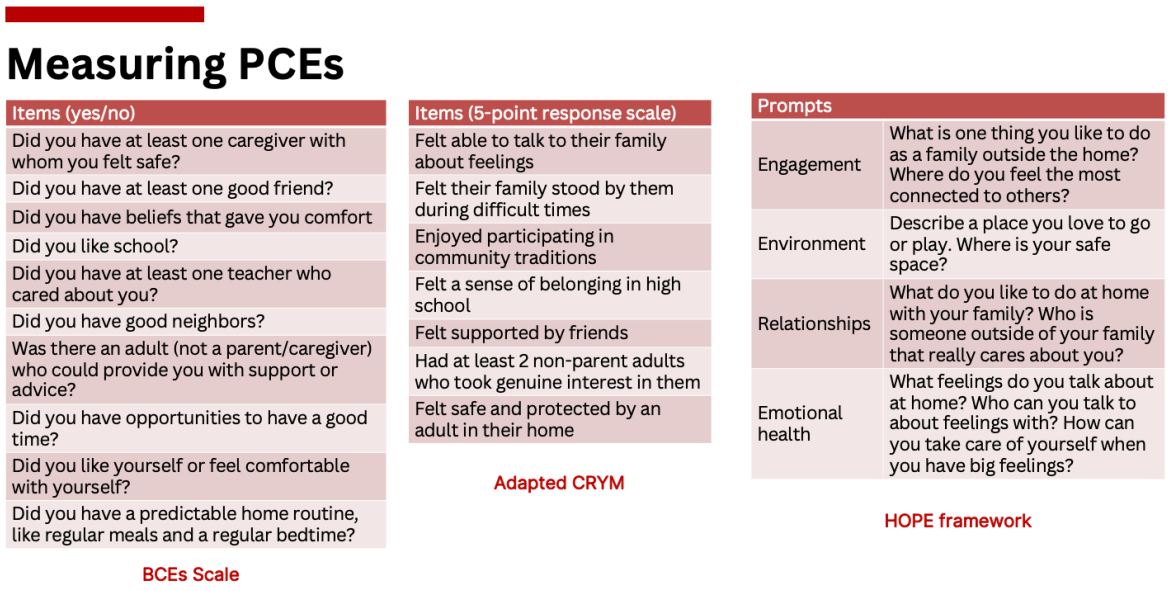
Both ACEs and PCEs function as foundational elements for development and well-being throughout an individual's lifespan. Following the development of the ACEs framework by Felitti et al. (1998), extensive research has documented the detrimental short-term and long-term effects of ACEs on multiple health domains, including physical health (Chang et al., 2019; Kalmakis & Chandler, 2015), psychological health (Manyema et al., 2018; Morgan et al., 2022), and socio-emotional health (Mosley-Johnson et al., 2019). Accordingly, child welfare research and policy efforts have predominantly been focused on the prevention of ACEs and the mitigation of their associated adverse outcomes (Merrick & Narayan, 2020).

Figure 1. History of PCEs



Recently, there has been increasing scholarly attention directed toward PCEs as well as their associations with adaptive and maladaptive outcomes (Han et al., 2023). Initial studies documenting the effects of PCEs date back to early 2000s– most of which examined the association of PCEs with psychological outcomes (e.g., depressive symptoms: Chung et al., 2008; psychiatric diagnosis: Saleptsi et al., 2004; personality disorder: Skodol et al., 2007). Scholarly work on PCEs has rapidly grown over the last five years, largely influenced by Narrayan et al. (2018)'s work on the development of the Benevolent Childhood Experiences (BCEs) scale and a seminal work by Bethell and colleagues (2019) documenting the association of PCEs with adult psychosocial functioning. Several studies adopted Bethell et al. (2019)'s approach of utilizing a subset of items adapted from the Child and Youth Resilience Measure (CYRM; Ungar & Liebenberg, 2011). Other utilized the HOPE framework, Healthy Outcomes from Positive Experiences (Sege & Browne, 2017).

Figure 2. Commonly used measures of PCEs



While growing evidence indicates the potential positive role of PCEs in an individual's life (Bethell et al., 2019; Narayan et al., 2018), there is currently no standardized conceptualization or measure of PCEs. The literature uses various terminologies to refer to PCEs, including BCEs, protective childhood experiences, advantageous childhood experiences, and counter-ACEs. As the differing use of terminologies implies, the conceptualization of PCEs also shows variations among researchers. Some posit that PCEs function as direct predictors of improved outcomes, independent of the influences of ACEs (Bethell et al., 2019). Conversely, others propose that PCEs may serve a protective function, potentially attenuating the effect of ACEs on various outcomes when PCEs are more prevalent (Morris et al., 2021). The methodology for measuring PCEs shows significant variation among researchers. A systematic review conducted by Han and colleagues (2023) identified that among 58 studies examining the association between PCEs and adult outcomes, the majority utilized the BCEs scale for PCE measurement. Other studies employed a diverse range of established measures, including the PACEs scale (Morris et al., 2018) and the Childhood Experiences Questionnaire-Revised (CEQ-R; Zanarini et al., 1989). Several studies adopted Bethell et al. (2019)'s approach of utilizing a subset of items adapted from the Child and Youth Resilience Measure (CYRM; Ungar & Liebenberg, 2011) (Ungar & Liebenberg, 2011), either replicating this method or using portions of these items. Some studies developed their own measure of PCEs based on available survey items.

A growing body of research suggests that higher PCEs are associated with improved mental health outcomes (e.g., depression: Bethell et al., 2019; suicidality: Crandall et al., 2021; Narayan et al., 2023), psychosocial outcomes (e.g., prosocial behaviors: Kosterman et al., 2011), and behavioral outcomes (e.g., aggression: Narayan et al., 2023; substance use: Crandall et al., 2020). PCEs have also been demonstrated to serve as a buffer in the relationship between ACEs and negative outcomes (Morris et al., 2021). Furthermore, the promotive effects of PCEs are observed to be associated

with more favorable outcomes even after controlling for ACEs (Bethell et al., 2019; Narayan et al., 2018).

Table 4. YRBS-recommended PCEs data

Construct	Suggested items
*Lifetime prevalence of feeling able to talk to adults about feelings/presence of a supportive adult	During your life, how often have you felt that you were able to talk to an adult in your family or another caring adult about your feelings?
Lifetime prevalence of feeling supported by friends/presence of peer support	During your life, how often have you felt that you were able to talk to a friend about your feelings?
*Incidence of feeling a sense of belonging at school	Do you agree/disagree that you feel close to people at your school?
Presence of a supportive adult in life	1. Besides your parents, how many adults would you feel comfortable seeking help from if you had an important question affecting your life? 2. Is there at least one teacher or other adult in your school that you can talk to if you have a problem? 3. Do you agree/disagree that your teachers really care about you and give you a lot of encouragement? 4. During the past 12 months, did you talk to a teacher or other adult in your school about a personal problem you had?
*Parental monitoring and structure	1. Do you agree/disagree that your parents or other adults in your family have clear rules and consequences for your behavior? 2. How often do your parents or other adults in your family know where you are going or with whom you will be? 3. During the past 7 days, on how many days did you eat dinner at home with at least one of your parents?
Ability to talk with friends	During your life, how often have you felt that you were able to talk to a friend about your feelings?
*School safety/structure	1. How often do you feel safe and secure at school? 2. Do you agree/disagree that your school has clear rules and consequences for your behavior?
Community safety and connectedness	1. How often do you feel safe/secure in your neighborhood? 2. Do you agree/disagree that in your community you feel like you matter to people?
*School and community engagement	1. During an average week, when you are in school, how many total hours do you participate in school activities such as sports, band, drama, or clubs? 2. During the past 30 days, how many times did you perform any organized community service as a non-paid volunteer, such as serving meals to the elderly, picking up litter, helping out a hospital, or building homes for the poor? 3. During an average week when you are in school, how many total hours do you participate in activities run by community groups?

Note. Those identified with an asterisk are included in the Ohio data collection.

In 2009, the Centers for Disease Control and Prevention (CDC) included questions on ACEs in their state-wide survey that is administered across the United States (Centers for Disease Control and Prevention, 2024; Merrick & Narayan, 2020). In addition to ACEs questions, some states (e.g., Washington State) have included measures of PCEs (Merrick & Narayan, 2020). The seminal work of Bethell et al. (2019) examining the association between PCEs and adult mental and relational health was conducted with individuals in Wisconsin as well. In addition, the Youth Risk Behavior Survey (YSBR) released a recommendation guide for measuring PCEs data (see Table 3). Among the YRBS-recommended PCEs data, four constructs 1) help-seeking support, 2) lifetime prevalence of feeling able to talk to adults about feelings and presence of a

supportive adults, 3) lifetime prevalence of feeling supported by friends and presence of peer support, and 4) incidence of feeling a sense of belonging at school, are the ones included in Ohio's data collection regarding PCEs.

Assessing PCEs in addition to ACEs has several advantages. Primarily, it enables us to comprehend how resilience mechanisms may have functioned throughout one's life in parallel with risk trajectories. We can gain insights not only into how ACEs contribute to various risks in adulthood but also how PCEs might predict more favorable adulthood outcomes. This is particularly important given that risk and resilience pathways often operate simultaneously and are interconnected (Merrick & Narayan, 2020). Specifically in the context of child welfare, assessing both ACEs and PCEs can shed light on how an adult's childhood experiences may have shaped and continue to influence their parenting approach (Pereira et al., 2012). By examining these two aspects of childhood, social workers can develop a comprehensive understanding of parents' early life histories. Furthermore, assessing PCEs in children's lives is equally crucial as it allows caseworkers to identify and promote family strengths and resources while mitigating risk factors before they accumulate. This is particularly significant given that the timing of PCEs suggests that experiences occurring earlier in childhood are more salient predictors of adult outcomes (Merrick et al., 2020). These findings highlight the importance of fostering PCEs to mitigate various potential adult outcomes.

Adopting the PCEs framework in child welfare is an important step towards fostering resilience and improving long-term outcomes for children and families involved with the child welfare system. By assessing both ACEs and PCEs, child welfare agencies can develop a more comprehensive understanding of Parents' and children's risk and protective factors, focusing on mitigating risks and actively leveraging protective factors to promote child well-being. Further, the PCEs framework facilitates a more nuanced approach to interventions, allowing caseworkers to strengthen protective factors that may buffer the effects of adversity. Moreover, this dual assessment helps to ensure that children receive the necessary support early on, reinforcing the importance of addressing both risks and resources at the earliest stages of life.

For Ohio, integrating PCEs into statewide data collection efforts, alongside ACEs, would allow better tracking of resilience-building efforts. It would also provide an opportunity to enhance Ohio's child welfare system by offering a more holistic, strengths-based approach to family support. This approach not only benefits children in their formative years but also contributes to more positive psychosocial, behavioral, and health outcomes in adulthood. The ability to leverage both adversity prevention and the promotion of resilience will benefit Ohio's child welfare system with the tools necessary to create positive change for families involved in the child welfare system.

PCEs in Ohio

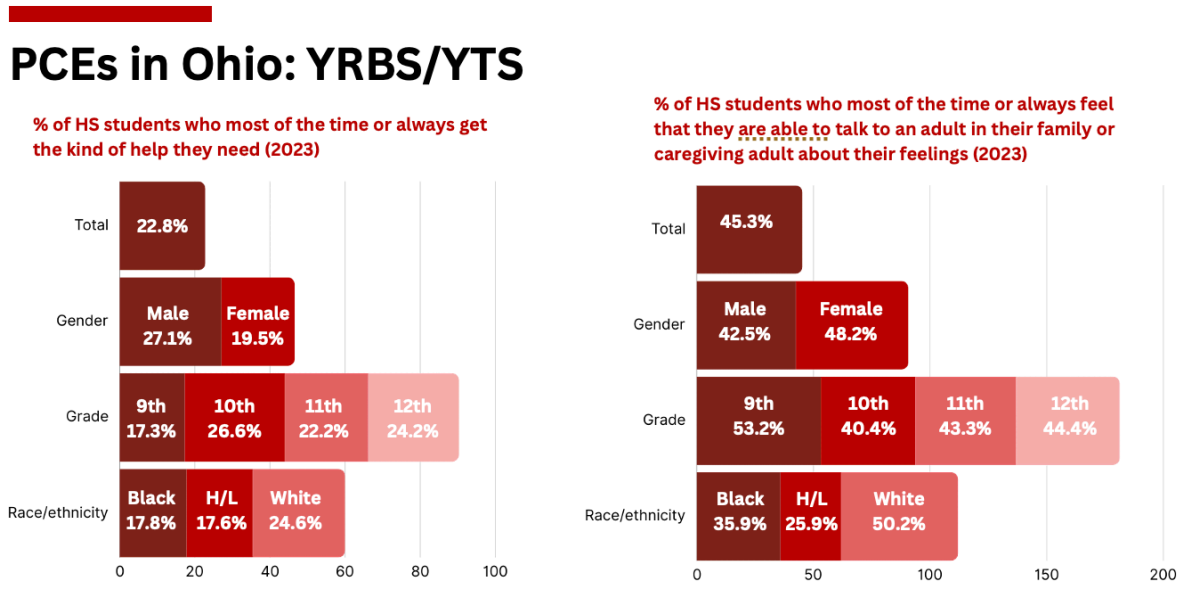
In recent years, Ohio has increasingly recognized the importance of PCEs. Using data from the 2023 Ohio High School Youth Risk Behavior Survey (YRBS)/Youth Tobacco Survey (YTS) and the Ohio Healthy Youth Environments Survey (OHYES!), Ohio attempted to better understand the prevalence of key PCEs among Ohio youth.

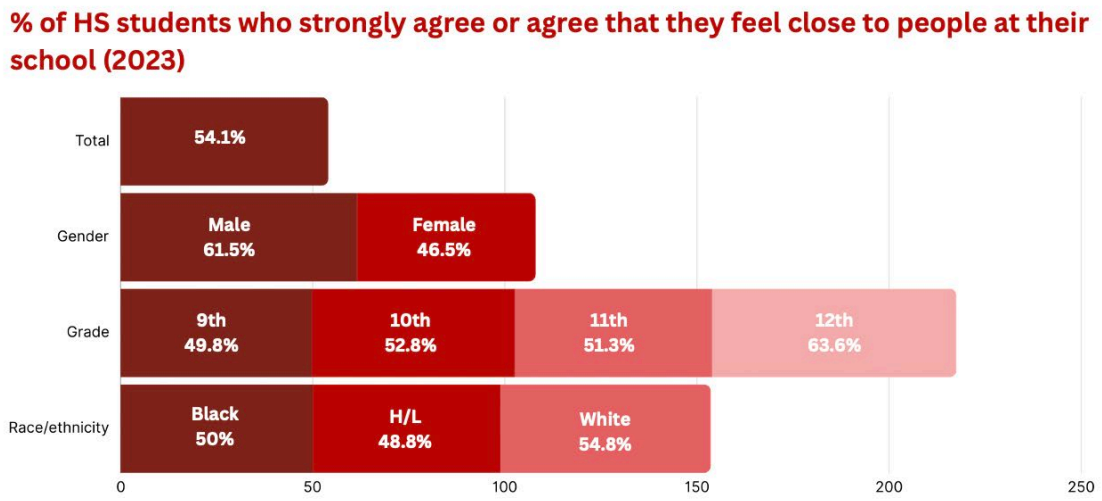
The **2023 Ohio High School YRBS/YTS** specifically focused on 4 items:

- **Help-seeking support:** When you feel sad, empty, hopeless, angry, or anxious, how often do you get the find of help you need?
- **Emotional communication with adults:** During your life, how often have you felt that you were able to talk to an adult in your family or another caring adult about your feelings?
- **Talk to a friend about feelings:** During your life, how often have you felt that you were able to talk to a friend about your feelings?
- **School connectedness:** Do you agree or disagree that you feel close to people at your school?

Findings from the 2023 YRBS/YTS highlight the prevalence of key PCE indicators among Ohio high school students.

Figure 3. PCEs in Ohio: YRBS/YTS data

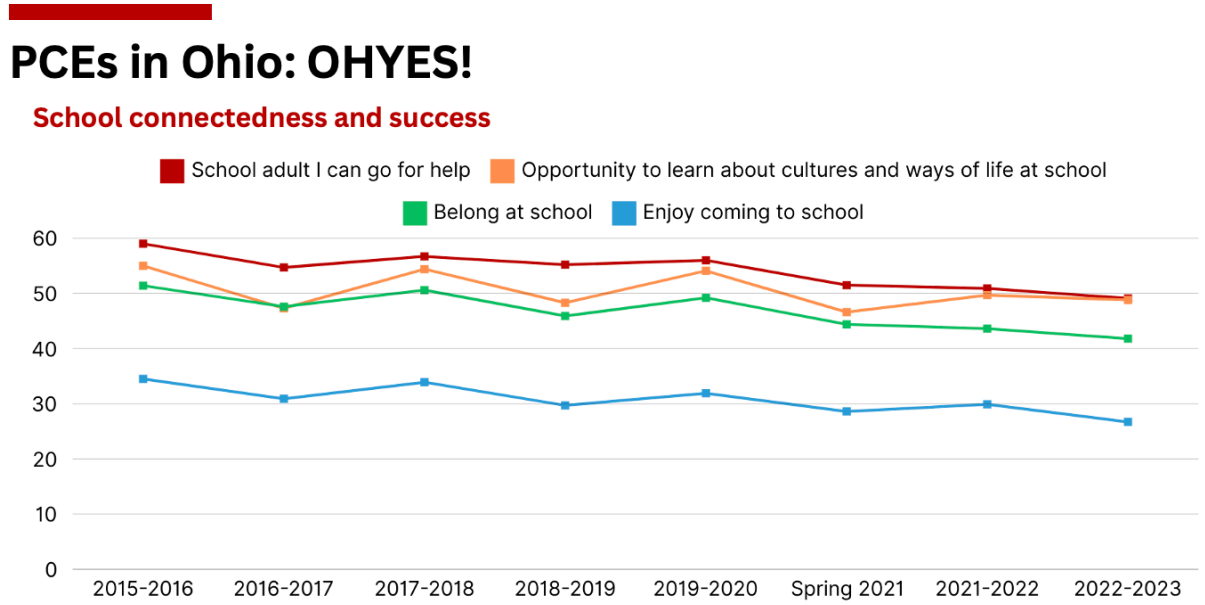




For **help-seeking support**, only 22.8% of Ohio high school students reported that they most of the time or always get the kind of help they need. Among those who reported that they get the support needed, 27.1% were males and 19.5% were females. Regarding grades, 10th graders (26.6%) were most likely to report receiving help, while 9th graders (17.3%) reported the lowest. Regarding race/ethnicity, 24.6% of White students reported receiving needed help, compared to 17.8% of Black students and 17.6% of Hispanic/Latine students. For **emotional communication with adults**, 45.3% of students indicated that most of the time or always, they feel able to talk to an adult family member or caregiving adult about their feelings. 48.2% of females and 42.5% of males reported being able to talk to an adult. Regarding grades, 9th graders (53.2%) reported the highest levels of adult communication, compared to 40.4% of 10th graders, 43.3% of 11th graders, and 44.4% of 12th graders. Regarding race/ethnicity, 50.2% of White students reported being able to communicate with an adult, compared to 35.9% of Black students and 25.9% of Hispanic/Latine students. About half of the students (50.3%) reported that they feel that they are able to **talk to a friend about their feelings** most of the time or always. For **school connectedness**, about 54.1% of students strongly agreed or agreed that they feel close to people at their school. 61.5% of males reported feeling close to people at school, compared to 46.5% of females. Regarding grades, reports of school connectedness increased across grades, with 12th graders (63.6%) feeling the most connected, compared to 49.8% of 9th graders, 52.8% of 10th graders, and 51.3% of 11th graders. Regarding race/ethnicity, 54.8% of White students reported feeling connected at school, compared to 50% of Black students and 48.8% of Hispanic/Latine students.

OHYES! specifically focused on 5 items. School connectedness is measured through four items: 1) I enjoy coming to school, 2) I feel like I belong at my school, 3) I can go to adults at my school for help if I needed it, and 4) My school provides various opportunities to learn about and appreciate different cultures and ways of life.

Figure 4. PCEs in Ohio: OHYES! data



Trends from the Ohio Healthy Youth Environments Survey (OHYES!) reveal patterns in school connectedness among Ohio youth from 2015 to 2023. While the majority of students consistently reported access to supportive adults and cultural learning opportunities at school, overall levels of school connectedness indicators have gradually declined over time.

- Interview data

OCTF, the child maltreatment prevention arm of DCY, represents the primary state-level entity working on PCE implementation and measurement. OCTF professionals met with Ohio CRP project manager to provide a summary of the PCE work occurring in Ohio. They first highlighted how OCTF is collecting data on PCEs as an **outcome measure** for programming. OCTF has begun incorporating PCEs as outcome measures within mentoring programs targeting at-risk families, representing an early adoption of PCE frameworks in program evaluation. These programs are funded across OCTF regions in Ohio. Additionally, OCTF described their engagement with **data collection instruments** of PCEs in the "Child and Youth Outcome Survey" to systematically gather PCE data from OCTF funded programming. They recognize the value in gathering data from a consistent measure of PCEs. Next, OCTF described their role in a **CDC-Funded Research Partnership**. OCTF is collaborating with Nationwide Children's Hospital on a CDC-funded project utilizing the PCE Questionnaire to collect retrospective childhood experience data from adults, with plans to develop a comprehensive data dashboard for public consumption. Lastly, OCTF described their work in spreading the word about PCE through their **prevention programming**. Various child abuse prevention programs have started highlighting PCE concepts within their educational and intervention frameworks including in the new online mandated reporter training.

In summary, key findings from this interview include:

1. **Outcome Measurement Integration**: OCTF has begun incorporating PCEs as outcome measures within mentoring programs targeting at-risk families, representing an early adoption of PCE frameworks in program evaluation.
2. **Data Collection Instruments**: Implementation of the "Child and Youth Outcome Survey" to systematically gather PCE data among program participants.
3. **CDC-Funded Research Partnership**: OCTF is collaborating with Nationwide Children's Hospital on a CDC-funded project utilizing the PCE Questionnaire to collect retrospective childhood experience data from adults, with plans to develop a comprehensive data dashboard.
4. **Prevention Programming**: Various child abuse prevention programs have started highlighting PCE concepts within their educational and intervention frameworks.

Conclusions

This year's exploration of PCEs and specifically PCEs in the Ohio context highlights both promising efforts and critical gaps in advancing a protective, strengths-based approach within child welfare systems. Currently, there is no established statewide footprint for integrating PCE frameworks into child welfare practice in Ohio. However, the work of the OCTF stands out as a promising model that could guide broader statewide adoption of PCEs.

Despite growing recognition of the importance of PCEs, systematic data collection of PCEs among the child welfare population remains rare both in Ohio and nationwide. Few initiatives are actively measuring PCEs among children involved with the child welfare system, and existing PCE-related content, such as in Ohio's online mandated reporter training, represents only initial steps. Unlike Adverse Childhood Experiences (ACEs), there is no consistently adopted PCE measurement tool. Developing a standardized PCE measurement strategy in Ohio would be a meaningful next step to ensure consistency across agencies and enhance efforts to promote resilience and positive development among vulnerable youth.

PCEs' connections to the past and current CRP's work are evident. Recent focus groups with youth emphasized the critical role of belonging, an important dimension of PCEs. Participants often described missed opportunities for connection, particularly with caseworkers and foster parents, underscoring the need to intentionally strengthen relationships within the system. Although these relational challenges are not always formally framed as PCEs, they point to important opportunities for child welfare agencies to enhance everyday practices and interventions that foster relational safety, trust, and belonging for children and youth.

At the national level, there is limited publicly available information about how other child welfare systems are incorporating PCEs. A deeper understanding would require significant additional resources and investigation. Given the early stage of PCE integration into child welfare practice, it is not yet possible to offer comprehensive

recommendations for Ohio, based on nationwide lessons. Nonetheless, this work has provided valuable opportunities for learning and reflection. It has allowed CRP to envision a child welfare system that is not solely deficit-focused, but one that is also strengths-based and solution-oriented, dedicated to nurturing resilience and promoting positive experiences for every child and family served.

Final Thoughts

Overall, the Northeast Ohio CRP's exploration of PCEs represents an important first step in understanding how a strengths-based, protective framework might be incorporated into Ohio's child welfare system. This year's work illuminated both the potential of PCEs to shift child welfare toward more relational and resilience-focused practices, as well as the significant gaps that currently exist in knowledge, implementation, and measurement. While promising efforts, such as those led by the Ohio Children's Trust Fund demonstrate growing recognition of PCEs, there is not yet a consistent statewide strategy or sufficient data to assess their integration into practice.

Given the early stage of this work and the limited infrastructure to support widespread adoption or evaluation of PCEs, the panel is not positioned to make formal recommendations for systemic change at this time. However, this project has created a strong foundation for ongoing learning, reflection, and dialogue. It underscores the need for continued exploration and investment in strategies that prioritize connection, belonging, and positive development for children and families involved in the child welfare system.

REPORT 3: CENTRAL OHIO CRP ANNUAL REPORT

Annual CRP Activities

SCHEDULES

The Central Ohio CRP meets bi-monthly from August to May of each work year. The 2024–2025 work year began with the Ohio CRP Annual Strategic Planning Meeting on Wednesday, May 29, 2024, which occurred via Zoom. All Ohio CRP members were invited to attend this meeting. The Annual Strategic Planning Meeting allows the Central Ohio CRP, in conjunction with the other panels, to learn from the other panels' previous year of work and plan for the next year. The Central panel decided on a topic and 5created a data request for DCY at the annual meeting.

Regular meetings for the Central Ohio CRP began in August 2024. The panel meets bi-monthly on the third Thursday of the month from 1:00–3:00 pm via Zoom. The following is a list of all meeting dates for the panel from August 2024 to April 2025.

Table 5. Central Ohio CRP Meeting Schedule:
Thursday, August 22, 2024
Thursday, October 17, 2024
Wednesday, December 18, 2024
Tuesday, February 20, 2025
Thursday, April 17, 2025

CHANGES TO PANEL MEMBERSHIP

The Central Ohio CRP started the year with 10 members and maintained that number throughout. A dedicated core group has consistently contributed to the panel's efforts, actively working to recruit new members. At the end of this work year, the panel will welcome two new members. The blend of experienced and incoming participants has sparked fresh and exciting ideas.

SUCCESSES, CHALLENGES, AND ACHIEVEMENTS

The Central Ohio CRP undertook its first-ever review of past CRP reports and recommendations, as well as the state's responses. Thanks to strong leadership and active member engagement, this project was a significant success. Members valued the opportunity to deeply engage with previous responses from DCY and appreciated the time to reflect on how to improve CRP processes. The group identified shortcomings within the CRP framework that limit their ability to fully engage with state responses and to further strengthen their role in Ohio's child welfare system.

Background

After nearly eight years of submitting CRP reports, the Central Ohio CRP was interested in evaluating its overall effectiveness as part of the child welfare system and its impact on service delivery improvements. This led to the development of what the panel called an "impact project," a review of past CRP reports and recommendations, along with the state's responses. Their goal was to assess what changes, if any, had been implemented based on those recommendations. The Central Ohio CRP chose to focus this impact report on a single topic: workforce-related recommendations. This report reflects the panel's efforts to examine previous reports, analyze state responses, follow up with state officials on any resulting changes, and gather primary data to evaluate and improve CRP processes.

Strengths

One of the key strengths observed during this project was Ohio's responsiveness to past CRP recommendations. In many cases, DCY successfully implemented meaningful changes that aligned with the panel's suggestions, demonstrating a commitment to continuous improvement in the child welfare system. DCY also exhibited a commendable level of transparency throughout the process. They clearly communicated where recommendations could be addressed and where limitations existed, providing valuable context for their decisions. Additionally, DCY made time to engage directly with the CRP project manager, offering insights and participating in open dialogue that greatly enriched the impact project. This willingness to collaborate reflects a strong partnership between the DCY and the CRPs, laying a solid foundation for future progress.

Data

- Document review of past CRP reports and recommendations specific to the child welfare workforce

As part of the impact report, the panel conducted a thorough document review of past CRP reports and recommendations specifically related to the child welfare workforce. This involved analyzing multiple years of submissions and organizing them in tables.

- Document review and summarization of DCY responses to the recommendations

The panel also reviewed and summarized DCY's responses to past workforce-related recommendations. This step helped clarify how DCY responded to each recommendation. This summarization was also included in a table.

- Key informant interviews with DCY professionals

Key informant interviews were conducted with DCY professionals to gain deeper insights into how past recommendations were received and what changes were made since the submission of each recommendation.

- Development of a rating system to determine the extent to which a CRP recommendation was addressed by DCY

The panel developed a structured rating system to assess the extent to which each CRP recommendation had been addressed by DCY, allowing for a more consistent and objective evaluation of state responses. Table 6 below provides a summary of the rating scale.

Table 6. CRP Recommendation Rating Scale Legend

Level	Description
Fully Addressed	DCY has made changes to policy or practice that fully address the recommendations from CRPs
Partially Addressed	DCY has made some changes to policy or practice that partially or relatedly address the recommendations made by CRPs and there are no current initiatives to address the CRP recommendation.
Not Addressed	DCY has not made any changes to address the CRP recommendation.
Part of ongoing conversation or initiative	This option is used to indicate that a CRP recommendation may have been partially addressed by a DCY change or initiative **AND** there is an ongoing effort to address the CRP recommendation.

A team of reviewers used a structured rating system to evaluate how thoroughly DCY addressed each recommendation made by the CRP. This system allowed the team to assess the level of responsiveness, ranging from fully addressed to not addressed, and ensured a consistent, transparent approach to measuring the state's engagement with panel input.

- CRP Recommendations feedback survey to DCY

The panel distributed a feedback survey to DCY staff to gather their perspectives on the impact and feasibility of past CRP recommendations, as well as to identify opportunities for improving topic selection moving forward.

The panel received a total of 10 survey responses. Respondents of the survey were section/bureau chiefs (n=3), policy developers (n=3), and project managers (n=4). Half of the respondents had previously provided feedback on the response to the CRP report and recommendations.

Results

- Document review of past CRP reports and recommendations specific to the child welfare workforce

Table 7 below highlights workforce-related recommendations made by various CRPs from the 2017-2018 work year to present.

Table 7. Overview of Workforce-Related CRP Recommendations

Panel	Year	Recommendation
Central Ohio CRP	2017-2018	Create a resource library for online access to CORE module resources
Central Ohio CRP	2017-2018	Create space for supervisor mentorship, roundtables, and other support
Central Ohio CRP	2017-2018	ODJFS (DCY) should create guidelines for onboarding new workers
Central Ohio CRP	2017-2018	Enhance CCWIS learning labs by utilizing online technology
Central Ohio CRP	2017-2018	Utilize online technology for Caseworker and Supervisor Core modules
Central Ohio CRP	2018-2019	ODJFS (DCY) should implement a consistent system for tracking turnover and tenure.
Central Ohio CRP	2018-2019	Track workforce initiatives and provide funding for successful initiatives.
Central Ohio CRP	2018-2019	Increase the state budget for child welfare services and divert funds specifically for workforce development.
Central Ohio CRP	2018-2019	ODJFS (DCY) should form a workgroup to investigate the development of a measure of caseload size and complexity that determines caseload assignment recommendations.
Northeast Ohio CRP	2021-2022	ODJFS (DCY) should launch a public awareness campaign about the vital work of child welfare and the need for initiatives to address STS and promote the well-being of child welfare workers.
Northeast Ohio CRP	2021-2022	ODJFS (DCY) should develop or utilize existing critical incident debriefing protocols to be provided to all PCSAs.

- Document review and summarization of DCY responses to the recommendations

Table 8 highlights a brief summary of the state's response to each workforce-related recommendation made by CRPs from the 2017-2018 work year to present.

Table 8. DCY Brief Response to Workforce Related CRP Recommendations

Recommendation	State Response
Create a resource library for online access to CORE module resources	According to the Ohio Child Welfare Training Program (OCWTP), core training resources exist, though not many people know about them or how to use them. Thus, the OCWTP has been working to increase people's knowledge about those materials by sharing flyers with QR codes to the materials and urging the state child welfare trainers to share the flyers with trainees.
Create space for supervisor mentorship, roundtables, and other support	The state will implement an evaluation model that should foster supervisory coaching skills. OCWTP already has a supervisory advisory team (SAT) with supervisors from around the state. It also leads a quarterly newsletter where supervisors are recommended to submit topics and questions.
ODJFS (DCY) should create guidelines for onboarding new workers	There has already been a set of orientation tools for new staff (including job readiness materials for caseworkers and supervisors and a list of training supervisors in each region). Those materials are available for stakeholders who might want to review them to make specific recommendations tailored to their local areas
Enhance CCWIS learning labs by utilizing online technology	Because of the Caseworker Core Learning Labs' objectives and structures, not all of the labs' contents could be transposed to an online environment, requiring more thoughtful planning.
Utilize online technology for Caseworker and Supervisor Core modules	Because of the complexity of the day-to-day operations of the OCWTP, the feasibility of all structural changes, including in the curricula, should be thoughtfully considered and analyzed by all stakeholders first.
ODJFS (DCY) should implement a consistent system for tracking turnover and tenure.	Before implementing this consistent system to track turnover and tenure, consistent and reliable data would be needed first.
Track workforce initiatives and provide funding for successful initiatives.	The state of Ohio has been selected as one of eight sites chosen across the nation for a Quality Improvement Center-Workforce Development Grant, which should help monitor and fund some workforce initiatives.

Increase the state budget for child welfare services and divert funds specifically for workforce development.	One million dollars was dedicated to the 2019 fiscal year to support the recruitment and retention of child welfare workers and to assist county agencies with stabilizing after significant events such as large-scale turnover, child fatality with practice implications, etc.
ODJFS (DCY) should form a workgroup to investigate the development of a measure of caseload size and complexity that determines caseload assignment recommendations.	The state will offer more training to agency staff to educate staff on how to utilize best the reports on the CCWIS Administrative Data Report page, which could assist supervisors in determining caseload size, complexity, and assignments.
ODJFS (DCY) should launch a public awareness campaign about the vital work of child welfare and the need for initiatives to address STS and promote the well-being of child welfare workers.	A statewide media campaign was launched to assist with caseworker recruitment and publicize the positive impact of child services caseworkers. The media campaign consists of a 30-second advertisement and media resources for counties to utilize in their communities, aiming to improve workforce recruitment.
ODJFS (DCY) should develop or utilize existing critical incident debriefing protocols to be provided to all PCSAs.	The state will continue collaborating with PCSAO to see how state workforce teams can support counties in addressing Critical Incident Stress. The state will analyze the feasibility of the models recommended. Moreover, Ohio counties have already used diverse strategies for responding to critical incidents.

- Key informant interviews with DCY professionals

Table 9 highlights a brief summary of the key informant interviews conducted in November 2024 in response to each workforce-related recommendation made by CRPs from the 2017-2018 work year to present.

Table 9. Overview of Key Informant Interview DCY Updates on Workforce Related CRP Recommendations

Recommendation	November 2024 Update
Create a resource library for online access to CORE module resources	The current training vendor has developed and adopted a new learning management system called CAPS LMS. This is designed to be a central place for all training related resources. There are also communities within the CAPS LMS to assist in connecting workers with similar job duties and can share resources. This new LMS was implemented in November 2022 and admittedly has room for growth. OCWTP recognizes the need to increase awareness of CAPS LMS and enhance the use of the materials. The system allows OCWTP to send out marketing materials for training and resources to all caseworkers and supervisors.
Create space for supervisor mentorship, roundtables, and other support	As of 2021, OCWTP has created Supervisory Support Groups to focus on supervisor skill development and skill development of workers. These meetings are a six-hour day, quarterly available in all regions. There is set aside time at these meetings for "Sharing of Solutions" (SOS) to allow time for supervisors to debrief with one another. There is also an annual supervisor summit specific for child welfare supervisors to receive additional training opportunities. This is generally well-attended and available in-person and virtually.
ODJFS (DCY) should create guidelines for onboarding new workers	All onboarding materials are now available in the CAPS LMS system. This also includes regular roundtable discussions for new workers who have not yet completed all of CORE training but need particular resources.
Enhance CCWIS learning labs by utilizing online technology	All CCWIS training materials are available in CAPS LMS and most CCWIS training courses are now incorporated into the CORE trainings. Caseworkers can now see CCWIS live as they are learning about different assessments in CORE.

Utilize online technology for Caseworker and Supervisor Core modules	CORE 2.0 for caseworkers and supervisors include several self-directed modules with follow-up in-person trainings. DCY and OCWTP are getting ready for an evaluation of the new CORE 2.0 regarding the effectiveness of the transfer of learning.
ODJFS (DCY) should implement a consistent system for tracking turnover and tenure.	There is still a major struggle with collecting accurate turnover data. The CAPS LMS system is trying to address this issue. On January 1, 2025, the training vendor is going live with a training compliance dashboard. The most difficult part for OCWTP is when a worker changes positions. Tracking their tenure across different positions is difficult. The state is tracking UPP in a different system currently given the concerns with the CAP LMS data. The state lacks a statewide HR system making tracking turnover data a challenge.
Track workforce initiatives and provide funding for successful initiatives.	The QIC-WD intervention, Coach Ohio was offered to all counties following the final results. The results were favorable but not huge. There are no plans for rigorous evaluation moving forward. DCY representatives could not comment on the current evaluation of local workforce efforts.
Increase the state budget for child welfare services and divert funds specifically for workforce development.	DCY representatives on the call could say for certain if the investment in workforce specific initiatives has continued to increase. Though, DCY can for certain report that state staff spend significantly more work hours addressing issues related to workforce and engaging with PCSAs to address workforce concerns. Specifically, DCY highlights a recent major expansion of the UPP program as well as the Northwest Ohio Fellowship Program.
ODJFS (DCY) should form a workgroup to investigate the development of a measure of caseload size and complexity that determines caseload assignment recommendations.	The state in collaboration with PCSAO conducted a caseload and case assignment study in 2019. The findings suggested that county dynamics were so diverse across the state that the report yielded no significant recommendations.

ODJFS (DCY) should launch a public awareness campaign about the vital work of child welfare and the need for initiatives to address STS and promote the well-being of child welfare workers.	DCY confirmed the implementation of the public awareness campaign in collaboration with ODH. They do see this as workforce support. PCSAO was the first to identify public perception as a potential issue related to workforce turnover. DCY and ODH provided resources to counties for this public awareness campaign. There has been no effort to evaluate the effectiveness of these efforts.
ODJFS (DCY) should develop or utilize existing critical incident debriefing protocols to be provided to all PCSAs.	There has been no movement to adopt a statewide approach to critical incident debriefing. PCSAO is engaged with several PCSAs in psychological safety efforts called "Safety Culture." DCY and PCSAO alike acknowledge there is a major concern about STS for workers in Ohio. This was partly the intention behind the QIC-WD project that focused on supervision and addressing STS through the Resilience Alliance and supportive supervision.

- Results of rating CRP recommendations based on the extent to which it was addressed by DCY

The color-coded Table 10 below presents a visual of the extent to which each workforce-related CRP recommendation was addressed by DCY based on the rating system outlined in the data section of this report.

Table 10. A Summary of DCY's Implementation of Workforce-Related CRP Recommendations by Rating

Panel	Year	Recommendation	Level
Central Ohio CRP	2017-2018	Create a resource library for online access to CORE module resources	Fully Addressed
Central Ohio CRP	2017-2018	Create space for supervisor mentorship, roundtables, and other support	Fully Addressed
Central Ohio CRP	2017-2018	ODJFS (DCY) should create guidelines for onboarding new workers	Fully Addressed
Central Ohio CRP	2017-2018	Enhance CCWIS learning labs by utilizing online technology	Fully Addressed
Central Ohio CRP	2017-2018	Utilize online technology for Caseworker and Supervisor Core modules	Fully Addressed

Central Ohio CRP	2018-2019	ODJFS (DCY) should implement a consistent system for tracking turnover and tenure.	Part of ongoing conversation or initiative
Central Ohio CRP	2018-2019	Track workforce initiatives and provide funding for successful initiatives.	Not Addressed
Central Ohio CRP	2018-2019	Increase the state budget for child welfare services and divert funds specifically for workforce development.	Partially Addressed
Central Ohio CRP	2018-2019	ODJFS (DCY) should form a workgroup to investigate the development of a measure of caseload size and complexity that determines caseload assignment recommendations.	Fully Addressed
Northeast Ohio CRP	2021-2022	ODJFS (DCY) should launch a public awareness campaign about the vital work of child welfare and the need for initiatives to address STS and promote the well-being of child welfare workers.	Partially Addressed
Northeast Ohio CRP	2021-2022	ODJFS (DCY) should develop or utilize existing critical incident debriefing protocols to be provided to all PCSAs.	Partially Addressed

The Central Ohio CRP's recommendations from 2017-2018 were comprehensively addressed. All five recommendations in this period were fully implemented by DCY, mainly through the new OCWTP training vendor changes. These focused on strengthening the infrastructure of workforce training, including creating a resource library, providing structured mentorship opportunities, establishing onboarding guidelines, and incorporating online technologies for CCWIS and CORE training modules. This demonstrates DCY's commitment to foundational improvements in training and support for child welfare professionals.

In contrast, the Central Ohio CRP recommendations from 2018-2019 that focused on broader systemic and workforce issues received a more varied response. One recommendation, implementing a consistent system for tracking turnover and tenure, was partially addressed and remains part of an ongoing initiative, signaling progress but not completion. Another recommendation, tracking and funding successful workforce initiatives, was not addressed, indicating a lack of response in this area. The recommendation to increase the child welfare budget and allocate funds specifically for workforce development was partially addressed, showing some movement but falling short of full implementation. However, the recommendation to form a workgroup to

develop a caseload complexity measure was fully addressed, yet the findings of the workgroup produced no substantial improvements in case assignment for workers.

The recommendations from Northeast Ohio CRP, in its 2021-2022 emphasized the importance of public awareness and the well-being of child welfare workers. Both recommendations, launching a public campaign to promote child welfare work and implementing critical incident debriefing protocols, were partially addressed. This suggests that while DCY has acknowledged these needs and taken some action, there is still considerable work required to fully support frontline staff and raise public awareness about their value to society at large.

Overall, DCY has made significant progress in addressing workforce-related CRP recommendations from earlier years. DCY fully addressed 6 of the 11 recommendations highlighted here. More recent and complex issues, particularly those involving systemic reform and public engagement, remain in partial stages of implementation or without action. Continued efforts and strategic investments will be necessary to fully implement all workforce-related recommendations put forth by the CRPs.

- CRP Recommendations feedback survey to DCY

The Central Ohio CRP distributed a survey to DCY professionals to compile feedback on previous CRP recommendations. A summary of the main findings is synthesized below:

Respondents of the summary were section/bureau chiefs (n=3), policy developers (n=3), and project managers (n=4). Half of the respondents had previously provided feedback on the response to the CRP report and recommendations. Respondents were asked to respond to previous recommendations as either “not impactful and not feasible,” “not impactful, but feasible,” “impactful, but not feasible,” or “impactful and feasible.”

The survey was designed to assess differences among several types of CRP recommendations:

- Changes to ORC/OAC
- Creation of a workgroup or task force
- Change to Ohio CCWIS
- Funding recommendations
- Development of guidance for PCSA use

Table 11. Summary of Survey Responses about ORC/OAC CRP Recommendations

CRP Recommendation: changes to ORC/OAC	Not impactful and not feasible	Not impactful, but feasible	Impactful, but not feasible	Impactful and feasible
Request ODJFS (DCY) consider additions to ORC for mental health services guidelines for children in care, incorporated with the physical health standards in ORC.	0%	0%	11%	89%
ODJFS (DCY) should develop guidance on how to incorporate the children's rights from the OAC into licensing requirements and compliance for ODJFS licensed facilities.	0%	10%	0%	90%
ODJFS (DCY) should advocate for consistent application of the prudent parenting standards (Ohio Revised Code Section 5103.162) across all Public Children Services Agencies (PCSAs).	0%	0%	22%	78%

These results suggest overall strong support among DCY professionals for CRP recommendations related to policy and code changes, with respondents largely viewing them as both meaningful and implementable.

Respondents additionally provided open-ended feedback on recommendations that suggest changes to ORC or OAC:

> *"It is important to convene discussions with all levels of stakeholders; those with lived experience such as a foster parent, a former foster youth, policy makers, law makers, representatives from Department of Children and Youth, Ohio Department of Mental Health and Addiction Services, etc.*"

> *"I support the recommendations, while cautious to not burden agencies with additional requirements, stronger guidance/requirements regarding foster youth rights, mental health needs and the prudent parent standard would greatly improve the foster care experience for older youth."*

Table 12. Summary of Survey Responses about Creation of Workgroup Recommendations

CRP Recommendation: creation of workgroup	Not impactful and not feasible	Not impactful, but feasible	Impactful, but not feasible	Impactful and feasible
ODJFS (DCY) should convene a workgroup or utilize an existing group to address potential CCWIS changes in which there are instances of Domestic Violence (DV) (Enhance documentation of the problem/incidents of DV; Edit the case plan structure or provide additional training on best practices in case planning; Add language to case plan to remind workers to document about the impact of DV on the children and how services can address their needs).	12.5%	12.5%	25%	50%
ODJFS (DCY) should convene a task force to develop simple and straightforward guidelines regarding information sharing between PCSAs, schools, and health/mental health entities.	11%	11%	22%	56%
Request that ODJFS (DCY) assemble a task force to investigate the possibility of creating a standardized approach for making referrals for the appropriate mental health treatment for each child.	0%	0%	44%	56%

Overall, while feasibility concerns were noted, especially around complex inter-agency issues, the panel's recommendations for workgroups and task forces were largely seen as impactful and worth pursuing.

Respondents additionally provided open-ended feedback on recommendations that suggest the creation of a workgroup or task force:

> *"Ohio does not currently have the capacity to provide treatment for children and youth let alone the potential for new referrals from and standardized approach for referrals."*

"Ohio Department of Mental Health and Addiction Services should assemble, lead and convene this initiative. They are the subject matter experts in this area."

"Several of my responses that are not impactful but feasible is because guidance or language already exists today; therefore, not requiring a workgroup to come up with changes. The system/practice might just need some minor changes to make things more visible to Caseworkers (i.e. adding DV language to case plans), not a full workgroup to achieve an impactful outcome."

"There is already work being done to improve data sharing between some state agencies."

Table 13. Summary of Survey Responses about CCWIS Changes Recommendations

CRP Recommendation: changes to CCWIS	Not impactful and not feasible	Not impactful, but feasible	Impactful, but not feasible	Impactful and feasible
Add more items (such as date of services referral, date of assessment completion, linkage of services, & place to document updates over time) in CCWIS as required fields to aid in data collection around mental health services for children.	11%	0%	44%	44%
ODJFS (DCY) should add a field in CCWIS to record participation in Early Care and Education (ECE), which is reviewed at semi-annual review hearings and monitored as an indicator of early childhood wellbeing.	11%	11%	11%	67%
ODJFS (DCY) should revise the Child Behavior and Characteristics Checklist to address cultural issues, remove diagnosable conditions, and incorporate positive aspects of children.	0%	11%	11%	67%

Recommendations related to CCWIS updates were broadly seen as valuable and aligned with child welfare goals, though some concerns were expressed about the complexity or practicality of implementing certain changes.

Respondents additionally provided open-ended feedback on recommendations that suggest changes to CCWIS:

> *"Unfortunately, caseworkers have a lot of documentation to complete as it is, adding more items to document may be difficult. Having the child behavior and characteristics updated would be great- but the list is very, very long as it is and caseworkers do not often have time to go through and check all and may only mark one."*

> *"Changes to CCWIS require significant funding and time to accomplish."*

> *"First, please refer to the Child Welfare systems in Ohio as either: Ohio's Comprehensive Child Welfare Information System (CCWIS), CCWIS, or Ohio CCWIS. Ohio CCWIS is one part of our federal CCWIS. Second, CCWIS has changed its name to Ohio CCWIS when the federal regulations shifted from CCWIS to CCWIS. Lastly, several of the items in here are already in Ohio CCWIS. It contains early education like preschool. Workers aren't entering it as they are balancing the importance of data entry with the work in the field. For the services question, the majority of these fields exist and requiring them is not possible as I might not have a date of linkage as the parent never linked to the service. We have created an interface to pull the CANS Assessments for children in custody to reduce the need for data entry and increase visibility the children's behavioral needs."*

> *"I agree that recording services in CCWIS needs updated, it needs to be user friendly and not over burdensome. Early Care and Education should already be captured on the Med/Ed form."*

Table 14. Summary of Survey Responses about Funding Recommendations

CRP Recommendation: state budget or other funding	Not impactful and not feasible	Not impactful, but feasible	Impactful, but not feasible	Impactful & feasible
ODJFS (DCY) should direct funding to Children's Residential Centers (CRCs) to provide tutoring services for those youth in PCSA custody to meet their educational needs.	22%	0%	33%	44%
Increase the state budget for child welfare services and divert funds specifically for workforce development.	0%	0%	50%	50%
ODJFS (DCY) should consider changes in eligibility criteria for social service supports to allow greater access to benefits.	11%	0%	56%	33%

Notably, all funding-related recommendations were regarded as impactful, especially those targeting the workforce and support services. However, feasibility, possibly influenced by budget limitations and policy structures remains a key concern for implementation.

Respondents additionally provided open-ended feedback on recommendations that suggest changes to the state budget or other funding:

> *"I am not sure of the questions in this area-kids should receive tutoring at CRC; increasing funds for workforce development-but the question is vague, so not really sure what area this question is trying to solve; also not sure about question about eligibility for social service supports-I am not sure what changes are needed to actually answer the question to state changes are needed, but believe supports should be accessible."*

> *"Changing eligibility criteria seems too broad, money towards workforce is needed, and CRS should utilize tutoring services through the community/dept of education to increase normalcy and involvement with community providers."*

Table 15. Summary of Survey Responses about Developing Guidance for PCSAs Recommendations

CRP Recommendation: develop guidance for PCSAs	Not impactful and not feasible	Not impactful, but feasible	Impactful, but not feasible	Impactful & feasible
ODJFS (DCY) should develop a statewide standardized release of information form for PCSAs and their community partners.	20%	20%	0%	60%
ODJFS (DCY) should create a communication plan to notify foster parents of the process for enrolling children in Head Start.	0%	0%	0%	100%
ODJFS (DCY) to create a foster care recruitment toolkit to give Ohio cohesive branding and evidence-based practices for recruitment available for counties to use.	0%	0%	0%	100%

Overall, recommendations focused on providing practical tools and consistent guidance to PCSAs were viewed as highly impactful and easily actionable, making them some of the most widely supported suggestions in the survey.

One respondent additionally shared on this topic:

> *"All of these tools and guidance is great, but the issue really falls within the PCSAs being able to choose not to use tools the state provides."*

Finally, one person shared additional feedback on topics that CRPs could evaluate that would be helpful for DCY:

> *"Kinship caregivers involved with a PCSA versus supports for kinship caregivers not involved with a PCSA. Also, financial and service supports available to kinship caregivers with some type of custody (legal custody or adoption) versus kinship caregivers that are caring for children without any type of custody."*

Conclusions

Overall, the Central CRP found this experience valuable and appreciated the opportunity to engage closely with the past DCY responses. However, this emphasizes that the processes and timeline for CRPs continue to present a significant challenge. Often, by the time the CRP receives a response from DCY on a past report, they are already well into a new project cycle. This limits the CRP's ability to truly engage with material. Receiving feedback sooner would better position the panel to shape future topics that genuinely support DCY's efforts.

The panel also noted that several of the recommendations were not addressed by DCY for a variety of reasons. The panel identified that it would be helpful to gain deeper insight into the barriers DCY faces in implementing certain recommendations. The panel believes there is value in continuing to push for creative, actionable solutions, and would welcome more collaboration in identifying paths forward for these persistent challenges.

At the same time, it's important to recognize progress. The panel wishes to highlight that a significant percentage of workforce-related CRP recommendations were fully addressed by DCY, and they want to acknowledge and commend the effort and responsiveness seen in these areas.

One area for growth involves the feedback loop between CRPs and DCY. The panels generally receive minimal input from DCY on potential CRP topics, which makes it difficult to ensure their work aligns with DCY's most pressing needs. CRPs are designed to be helpful and to fill important gaps in evaluating the needs of children and families in Ohio. The CRPs believe they can only achieve that goal if there is a strong partnership and regular dialogue with state child welfare officials. Additionally, the panel sees a need for clearer guidance on how CRPs are viewed and utilized within DCY and whether there are opportunities to amplify the findings or contribute more directly to internal initiatives.

Lastly, the panel observed that different sections of DCY seem to be tackling similar issues, such as staff turnover and retention, without a clear sense of what each group is doing. This presents opportunities for greater coordination and information-sharing across departments, which could strengthen efforts and avoid duplication of work.

Recommendations

1. To improve the timeliness, consistency, and clarity of responses to Citizen Review Panel (CRP) recommendations, DCY in collaboration with CRPs should develop and utilize a standardized response template. This template could require the following fields to be completed for each recommendation:
    a. Name(s) of the assigned staff or units responsible for the response
    b. Summary of initial action
        i. Accepted (The department agrees with the recommendation and will proceed with a plan for implementation)
        ii. Accepted with Modifications (The department supports the recommendation in principle but plans modifications based on feasibility, resources, or policy requirements)
        iii. Under Review (The department needs more time to assess feasibility, resource impact, or legal/policy implications)
        iv. Partially Feasible (Some components of the recommendation are feasible and will be pursued, while others are not [with explanation])
        v. Not Feasible at This Time (Due to funding, staffing, regulatory, or other constraints, the department cannot act on the recommendation now [with a clear rationale])
        vi. Declined (The department does not plan to implement the recommendation, with a full explanation provided)
    c. Brief rationale supporting the action
    d. Planned next steps or implementation plan, if applicable.
    e. Potential obstacles

    The standardized template should be provided to the CRP as part of the department's response to each set of recommendations.

2. To strengthen collaboration and ensure CRP work aligns with agency priorities, DCY should annually provide written input to the CRPs identifying 2–3 topic areas where panel review and recommendations would be most valuable. This input should be provided with the submission of the response to the CRP annual report each year by December 31. This will allow CRPs to incorporate DCY needs into their annual planning processes. Topics could be based on emerging trends, areas needing system improvement, upcoming federal reviews, or internal strategic initiatives. This collaborative approach would support a stronger partnership between DCY and CRPs and enhance the relevance and usefulness of CRP activities.

3. To improve the engagement with DCY responses, the panel recommends the addition of a standardized portion of the Annual CRP Report submitted to DCY each year in May. This portion would be a reflection on the state response to the prior year's report to Citizen Review Panel (CRP) recommendations. In addition, the panel recommends conducting an annual meeting with DCY to review the response to CRP recommendations to aid in future strategic planning.

REPORT 4: SOUTHWEST OHIO CRP ANNUAL REPORT

Annual CRP Activities

SCHEDULES

The Southwest Ohio CRP meets bi-monthly from August to May of each work year. The 2024-2025 work year began with the Ohio CRP Annual Strategic Planning Meeting on Wednesday, May 29, 2024, which occurred via Zoom. All Ohio CRP members were invited to attend this meeting. The Annual Strategic Planning Meeting allows the Southwest Ohio CRP, in conjunction with the other panels, to learn from the other panels' previous year of work and plan for the next year. The Southwest panel decided on a topic, created a data request for DCY, and developed an additional plan for data collection at the annual meeting.

Regular meetings for the Southwest Ohio CRP began in August 2024. The panel meets bi-monthly on the second Thursday of the month from 1:00–3:00 pm via Zoom. The following is a list of all meeting dates for the panel from August 2024 to April 2025:

Table 16. Southwest Ohio CRP Regular Meeting Schedule:
Thursday, August 22, 2024
Tuesday, October 22, 2024
Thursday, December 5, 2024
Thursday, February 27, 2025
Thursday, April 10, 2025

CHANGES TO PANEL MEMBERSHIP

The Southwest Ohio CRP began and ended the work year with the same seven members, as listed in the Panel Membership and Professional Affiliation section. The panel remains committed to maintaining consistent membership levels. At the close of the work year, two members will step down. In preparation for the next cycle, the panel has elected new leadership and aims to add four new members. Two individuals have already been recruited and are expected to participate in the annual strategic planning meeting in May 2025.

SUCCESSES, CHALLENGES, AND ACHIEVEMENTS

Like the Central Ohio CRP, the Southwest Ohio CRP conducted its first comprehensive review of past CRP reports, recommendations, and the corresponding state responses. This initiative, driven by strong leadership and active member participation, proved highly successful. Members appreciated the chance to closely examine the DCY responses and reflect on ways to enhance CRP processes. Through this effort, the group identified several structural limitations within the CRP framework that hinder their full engagement with state responses and restrict their ability to more effectively contribute to Ohio's child welfare system.

Background

After nearly eight years of submitting CRP reports, the Southwest Ohio CRP was interested in evaluating its overall effectiveness as part of the child welfare system and its impact on service delivery improvements. This led to the development of what the panel called an "impact project," a review of past CRP reports and recommendations, along with the state's responses. Their goal was to assess what changes, if any, had been implemented based on those recommendations. The Southwest Ohio CRP chose to focus this impact report on a single report, the 2017-2018 report on timelines to linking behavioral health care for youth involved with Ohio's child welfare system. This report reflects the panel's efforts to examine the previous report, analyze the state response, follow up with state officials on any resulting changes, and gather primary data to evaluate and improve CRP processes.

Strengths

Like the Central CRP, a key strength highlighted during this project was the state's responsiveness to previous CRP recommendations. In numerous instances, Ohio implemented meaningful changes that closely aligned with the panel's suggestions, reflecting a strong commitment to ongoing improvement in the child welfare system. DCY also demonstrated a notable level of transparency, clearly outlining where recommendations could be acted upon and where constraints existed, offering important context for their decisions. Furthermore, DCY actively engaged with the CRP project manager, sharing insights and participating in open dialogue that significantly enhanced the project's impact. This collaborative approach underscores a strong and productive partnership between the state and the CRPs, setting the stage for continued progress.

Data

- Document review of past CRP reports and recommendations specific to the behavioral health-related recommendations from the 2017-2018 CRP Annual Report

As part of the impact report, the panel conducted a thorough document review of the 2017-2018 CRP Annual report and recommendations on behavioral health for youth involved with Ohio child welfare. This involved the submission and organizing it in a table.

- Document review and summarization of DCY responses to the recommendations

The panel also reviewed and summarized DCY's response to the 2017-2018 CRP recommendation. This step helped clarify how the state responded to each recommendation. This summarization was also included in a table.

- Key informant interviews with DCY professionals

Key informant interviews were conducted with DCY professionals to gain deeper insights into how past recommendations were received and what changes were made since the submission of each recommendation.

- Development of a rating system to determine the extent to which a CRP recommendation was addressed by DCY

The panel developed a structured rating system to assess the extent to which each CRP recommendation had been addressed by DCY, allowing for a more consistent and objective evaluation of state responses. The table below provides a summary of the rating scale.

Table 17. CRP Recommendation Rating Scale Legend

Level	Description
Fully Addressed	DCY has made changes to policy or practice that fully address the recommendations from CRPs
Partially Addressed	DCY has made some changes to policy or practice that partially or relatedly address the recommendations made by CRPs and there are no current initiatives to address the CRP recommendation.
Not Addressed	DCY has not made any changes to address the CRP recommendation.
Part of ongoing conversation or initiative	This option is used to indicate that a CRP recommendation may have been partially addressed by a DCY change or initiative **AND** there is an ongoing effort to address the CRP recommendation.

A team of reviewers used a structured rating system to evaluate how thoroughly DCY addressed each recommendation made by the CRP. This system allowed the team to assess the level of responsiveness, ranging from fully addressed to not addressed, and ensured a consistent, transparent approach to measuring the state's engagement with panel input.

- CRP Recommendations feedback survey to DCY

Like the Central Ohio CRP, the panel distributed a feedback survey to DCY staff to gather their perspectives on the impact and feasibility of past CRP recommendations, as well as to identify opportunities for improving topic selection moving forward.

Results

- Document review of past CRP reports and recommendations specific to the behavioral health related recommendations from the 2017-2018 CRP Annual Report

Table 18 highlights the behavioral health related recommendations from the 2017-2018 CRP Annual Report.

Table 18. Overview of Behavioral Health Related Recommendations from the 2017-2018 CRP Annual Report

Panel	Year	Recommendation
Southwest Ohio CRP	2017-2018	Add more items (such as date of services referral, date of assessment completion, linkage of services, & place to document updates over time) in CCWIS as required fields to aid in data collection around mental health services for children.
Southwest Ohio CRP	2017-2018	Request ODJFS (DCY) to consider additions to ORC for mental health services guidelines for children in care, incorporated with the physical health standards in ORC.
Southwest Ohio CRP	2017-2018	Additional training for caseworkers in CCWIS to understand how to document those items most important to children's mental health services with the current available tools.
Southwest Ohio CRP	2017-2018	Request that ODJFS (DCY) assemble a task force to investigate the possibility of creating a standardized approach for making referrals for the appropriate mental health treatment for each child.

- Document review and summarization of DCY responses to the recommendations

Table 19 below highlights a brief summary of the state's response to each behavioral health related recommendations from the 2017-2018 CRP Annual Report.

Table 19. DCY Brief Response to the Behavioral Health Related Recommendations from the 2017-2018 CRP Annual Report

Recommendation	Response
Add more items (such as date of services referral, date of assessment completion, linkage of services, & place to document updates over time) in CCWIS as required fields to aid in data collection around mental health services for children.	The state recommends that the CCWIS program consider those recommendations for feasibility analysis. Regarding the date of assessment and a place to document updates over time, it is already possible for mental health providers to record the child's medical details in the CCWIS system

Request ODJFS (DCY) to consider additions to ORC for mental health services guidelines for children in care, incorporated with the physical health standards in ORC.	According to the state response, providers have already expected assessment and treatment of both physical and behavioral health care needs. Also, language contained in the Family First Prevention Services Act (FFPSA) requires that the placement of children be aligned with their documented functional needs and requires ongoing assessments by independent professionals
Additional training for caseworkers in CCWIS to understand how to document those items most important to children's mental health services with the current available tools.	The state recommends that the OCWTP committee and CCWIS consider those recommendations for feasibility analysis.
Request that ODJFS (DCY) assemble a task force to investigate the possibility of creating a standardized approach for making referrals for the appropriate mental health treatment for each child.	CCWIS is working with Northwoods to develop functionality for uploading documents into an Electronic Document Management System, which should result in more standardization of care and related referral protocols

- Key informant interviews with DCY professionals

Table 20 includes a brief summary of the key informant interviews conducted in November 2024 in response to each workforce related recommendation made by CRPs from the 2017-2018 work year to present.

Table 20. Overview of Key Informant Interview DCY Updates on the Behavioral Health Related Recommendations from the 2017-2018 CRP Annual Report

Recommendation	November 2024 Update
Add more items (such as date of services referral, date of assessment completion, linkage of services, & place to document updates over time) in CCWIS as required fields to aid in data collection around mental health services for children.	DCY confirmed these fields are mostly available for completion in CCWIS currently. They are not routinely completed by case work teams. DCY recognizes using these fields in CCWIS are "bulky" and "clunky." There are no easy ways to automate the completion of these fields to aid caseworkers in data entry. DCY reported they completed a feasibility analysis for the case services tab in CCWIS in 2019. Ultimately, the results suggested very few options for addressing the issues reported by casework teams.
Request ODJFS (DCY) to consider additions to ORC for mental health services guidelines for children in care, incorporated with the physical health standards in ORC.	There have been no additions to ORC or OAC that address guidelines for requiring a mental health screening or assessment upon entry to care. Some additions to OAC since this recommendation include: Rule 5160-1-14 Healthcheck: early and periodic screening, diagnostic, and treatment (EPSDT) covered services (for Medicaid eligible children under 21, a behavioral health screening is reimbursable); Rule 5101:2-42-66.1. Comprehensive health care for children in placement (part d states "treatment for any diagnosed medical or psychological need is initiated within sixty days of the diagnosis, unless treatment is required sooner."
Additional training for caseworkers in CCWIS to understand how to document those items most important to children's mental health services with the current available tools.	DCY has addressed this issue in several ways. The training experts reported CCWIS learning labs are available to caseworkers during CORE training. Caseworkers now receive training on CCWIS tools at the same time as they are learning about how to conduct each required child welfare assessment. This should enhance workers' use of these available tools. Additionally, the systems experts at DCY reported they are modernizing all their systems with more user guides built into the system. This will decrease the amount of time workers must spend visiting the CAPS LMS in search of documents for guidance in navigating systems.
Request that ODJFS (DCY) assemble a task force to investigate the possibility of creating a standardized approach for making referrals for the appropriate mental health treatment for each child.	DCY spoke about several different initiatives that will work to address this ongoing issue, but they recognize that difference in practices across the state does not allow for a fully standardized approach to behavioral health referrals. There has not been a formal task force assembled to discuss this issue. There is a current system, Traverse, which allows document uploads by service providers. This could include referral forms, care updates, and other documents that enhance service provision and communication for caseworkers and providers. DCY also identified that there is now a centralized place for families to contact when they need services called the Parent and Youth Ambassadors. DCY has also integrated the CANS assessment into the CCWIS system allowing caseworkers to see current and past CANS assessments which can aid in making appropriate referrals for services. Additionally, DCY has placed emphasis on more interface and data sharing with medical systems like Medicaid which will work to address this problem identified by CRPs.

- Results of rating CRP recommendations based on the extent to which it was addressed by DCY

The color-coded Table 21 below presents a visual of the extent to which each CRP recommendation was addressed by DCY based on the rating system outlined in the data section of this report.

Table 21. A Summary of DCY's Implementation of the Behavioral Health Related Recommendations from the 2017-2018 CRP Annual Report by Rating

Panel	Year	Recommendation	Level
Southwest Ohio CRP	2017-2018	Add more items (such as date of services referral, date of assessment completion, linkage of services, & place to document updates over time) in CCWIS as required fields to aid in data collection around mental health services for children.	Partially Addressed
Southwest Ohio CRP	2017-2018	Request ODJFS (DCY) to consider additions to ORC for mental health services guidelines for children in care, incorporated with the physical health standards in ORC.	Partially Addressed
Southwest Ohio CRP	2017-2018	Additional training for caseworkers in CCWIS to understand how to document those items most important to children's mental health services with the current available tools.	Fully Addressed
Southwest Ohio CRP	2017-2018	Request that ODJFS (DCY) assemble a task force to investigate the possibility of creating a standardized approach for making referrals for the appropriate mental health treatment for each child.	Part of ongoing conversation or initiative

In the 2017–2018 work year, the Southwest Ohio CRP issued several recommendations aimed at improving the quality and consistency of behavioral health services for children involved in the child welfare system. These recommendations focused on enhancing

documentation practices within CCWIS, updating relevant guidelines in state law, and improving training and coordination efforts.

The state responded to these recommendations with varying levels of action. Two of the recommendations, adding specific fields in CCWIS to improve mental health service tracking and incorporating behavioral health service guidelines into the ORC were **partially addressed**, indicating some movement but not full implementation. One recommendation, **providing additional training for caseworkers on how to document key mental health service items using current CCWIS tools was fully addressed**, demonstrating a successful and complete response by the state.

A fourth recommendation, which proposed the formation of a task force to standardize mental health referrals, was **partially addressed and noted as part of an ongoing conversation and initiative**, suggesting a solution-focused process is underway, though not yet complete.

This mixed response highlights both progress and ongoing challenges in aligning state practices with CRP recommendations to strengthen children's behavioral health service delivery.

- CRP Recommendations feedback survey to DCY

The results of the CRP Recommendations feedback survey to DCY are presented in the Central Ohio CRP report.

Conclusions

Like the Central Ohio CRP, the Southwest panel appreciated the opportunity to engage deeply with the DCY responses. This process allowed the panel to reflect meaningfully on past recommendations and their impacts. However, the panel found the timing to be a significant challenge. The current timeline for CRP activities often requires them to move forward with new projects before receiving responses to previous ones. A more expedited feedback process from DCY would enable panels to align their efforts more effectively and shape the next topics as true support to DCY's work, rather than simply performing oversight.

The Southwest CRP also wants to highlight the positive developments in training for caseworkers on this topic. Efforts have been made to improve data entry practice, and the CRP commends those changes. At the same time, the panel recognizes the persistent challenges caseworkers face, particularly with CCWIS data entry. The system remains difficult to navigate, and these hurdles can interfere with efficient and accurate documentation. Many of the recommendations reflected in the 2017-2018 rely heavily on data entry which continues to be one of the greatest challenges for child welfare caseworkers.

The Southwest CRP continues to believe that local initiatives, such as the foster care clinic in Hamilton County, can serve as models for excellence in collaborative care. These types of collaborations demonstrate how high standards can be achieved at the county level with strong provider networks. The panel encourages DCY to explore how they might be able to provide support for similar programs that might be replicated in

other areas, particularly those with fewer resources, to promote consistency and innovation across the state.

Finally, the panel expressed concern that the current topic of behavioral health care for child welfare involved youth, while critical, may no longer be the best fit for the CRPs focus. Since the original discussions in 2017–2018, there have been major developments such as the implementation of OhioRISE, which have significantly altered the landscape. The panel feels they have contributed all they can on this topic under the current scope. Like their counterparts in Central Ohio, the Southwest CRP is eager to work on issues that are timely and relevant to DCY's evolving needs. That relevance, however, is only possible through a strong partnership and consistent feedback from DCY. Ongoing collaboration will be key to ensuring our work remains impactful and supportive.

Recommendations

Both the Central Ohio CRP and the Southwest Ohio CRP conducted impact projects and arrived at similar conclusions. The Southwest Ohio CRP acknowledges and fully supports the recommendations put forth by the Central Ohio Citizen Review Panel.

REPORT 5: SOUTHEAST OHIO CRP ANNUAL REPORT

Annual CRP Activities

SCHEDULES

The Southeast Ohio CRP meets bi-monthly from August to May of each work year. The 2024-2025 work year began with the Ohio CRP Annual Strategic Planning Meeting on Wednesday, May 29, 2024, via Zoom. All Ohio CRP members were invited to attend this meeting. The Annual Strategic Planning Meeting allows the Southeast Ohio CRP, in conjunction with the other panels, to learn from the other panels' previous year of work and plan for the next year. The Southeast panel decided on a topic, created a data request for DCY, and developed an additional plan for data collection at the annual meeting.

Regular meetings for the Southeast Ohio CRP began in August 2024. The panel meets bi-monthly on the second Tuesday of the month from 1:00–3:00 pm via Zoom. The following is a list of all meeting dates for the panel from August 2024 to April 2025:

Table 22. Southeast Ohio CRP Regular Meeting Schedule:
Tuesday, August 20, 2024
Tuesday, October 8, 2024
Tuesday, December 10, 2024
Thursday, February 27, 2025
Tuesday, April 8, 2025

CHANGES TO PANEL MEMBERSHIP

The Southeast Ohio CRP began the year with nine members and successfully retained them throughout the year. One additional member was added in December 2024, and they caught up on topic materials. Another new member will join for the 2025–2026 term, and the panel aims to recruit at least two additional members. Moving forward, the Southeast Ohio CRP has prioritized recruiting and retaining members.

SUCCESSES, CHALLENGES, AND ACHIEVEMENTS

Over the past year, the Southeast CRP made important strides by revisiting a familiar and critical topic, the experiences of young people involved with the child welfare system. Drawing on years of knowledge from similar projects, the panel leveraged their deep understanding to amplify the voices of young people and bring their concerns directly to state officials. A major strength of the panel is its consistent and experienced membership, which continues to add depth and insight to their work. One of the panel's greatest achievements this year has been strengthening their collective identity within the Ohio CRP project, reinforcing their commitment to advocacy and systemic change. While recruitment remains an ongoing challenge, the panel's dedication and expertise have ensured a strong foundation for future progress.

Background

The Southeast Ohio Citizen Review Panel (CRP) selected their current project topic by building on both the availability of data and their extensive experience with related issues. Their decision was strongly influenced by the recent work of the Northwest Ohio CRP, who completed a two-year project focused on defining well-being across various child welfare stakeholder groups. The Northwest panel's success in recruiting young adults to participate in focus groups created an opportunity for the Southeast panel to take a deeper dive into the young adults' specific responses regarding their definitions of well-being. While the Northwest CRP centered their analysis on comparing similarities and differences among multiple stakeholder groups, the Southeast panel narrowed their focus to exclusively examining the insights from the young adult focus group data. During these discussions, young people also shared experiences related to congregate care, a subject with which the Southeast panel is particularly familiar, having previously conducted extensive work on the topic. This foundation of knowledge uniquely positioned the panel to thoughtfully engage with and expand upon the young adults' perspectives in their current project.

Strengths

Ohio demonstrates a strong commitment to the safety and well-being of children in residential and group home facilities through ongoing efforts to strengthen monitoring and investigative practices. DCY and county PCSAs consistently track patterns of concern and take action when necessary, including ceasing partnerships with underperforming facilities. In response to advocacy from former foster youth, media, and grassroots initiatives, Ohio is currently developing new methods to better monitor and investigate congregate care facilities, further illustrating the state's dedication to learning from the lived experiences of young people. Efforts led by youth advocates, such as those supported by the Ohio YABs, have opened critical lines of communication between former foster youth and state officials. Ohio's willingness to listen to the recommendations of young people, both regarding their needs while in care and as they transition to independence, reflects a meaningful commitment to elevating youth voices and improving the child welfare system.

Data

- Literature Review

The Southeast Ohio CRP gathered information from scientific sources to gain a better understanding of congregate care as well as broader information about youth well-being. The results of this academic literature review are detailed in the results section.

- Focus group data

Three focus groups were conducted with young adults who had previous involvement with the child welfare system to better understand the concept of well-being from their perspectives. The discussions aimed to explore their definitions of well-being, the factors that they believe contribute to it, and the challenges they faced in achieving well-being during and after their time in the child welfare system.

Results

- Literature Review

Congregate care in child welfare services is defined as a group context in which youth are receiving consistent supervision to address behavioral health challenges that cannot be maintained in a home environment (Children's Bureau, 2015) and include group homes and youth residential treatment centers. Congregate care has consistently been criticized in the literature for contributing to worse behavioral health outcomes for youth compared to youth who were in family-like foster care settings (Lee & Thompson, 2008). Residential care, which has been characterized as the highest level of care for children in out-of-home care, has in demonstrated poor sustained mental health outcomes upon discharge (Knorth et al., 2008). Residential treatment centers are also often the most restrictive and most expensive out-of-home placement (James, Zhang, & Landsverk, 2012).

Federal child welfare agencies suggest that about 15% of children in substitute care are in residential and group home facilities (Child Welfare Information Gateway, 2020). Residential and group home facilities provide placement options for youth who require a higher level of supervision than can be provided in a home, often to address mental health and/or behavioral issues (Child Welfare Information Gateway, 2019). Some experts have raised concerns about lengthy stays in residential care being influenced by child welfare placement policies and a shortage of available foster homes rather than the therapeutic needs of the child. Further, there is concern about placing too much emphasis on shortened placements in residential care, which can lead to frequent placement changes and disrupt therapeutic processes that require longer periods of time (Case et al., 2007; James, Zhang, & Landsverk, 2012).

Unfortunately, longer and more frequent stays in residential and group home facilities offer more opportunities for youth to experience abuse, neglect, or other damaging experiences while in care. Limited research has investigated the prevalence of abuse and neglect in residential and group home facilities despite youth's regular reports about concerning behavior and negative experiences. Statewide administrative data from Wisconsin showed that 5% of maltreatment reports over a seven-year period involved children in congregate care settings, indicating that maltreatment in these settings is not extremely rare (Font, 2015).

Although it is well known that there are commonly poor long-term mental health implications from experience in congregate care, less is known about the prevalence of negative experiences in residential and group home facilities that do not rise to the level of child abuse and neglect. In Ohio, former foster youth have shared narratives about damaging practices and concerning experiences that persisted long after leaving placement. For example, during the 2019 Pathways Conference hosted by the Ohio Youth Advisory Board (YAB), youth described a range of negative experiences in residential and group home settings that, while not formally investigated as maltreatment, were nonetheless troubling.

- Focus group data

Three focus groups were conducted with young adults who had previous involvement with the child welfare system. These focus groups were designed to understand the barriers and facilitators of successful emancipation from congregate care and the child welfare system more generally from the perspective of young people. All participants experienced an out-of-home placement. The focus group data were summarized into four themes including, (1) systemic barriers to empowerment and independence, (2) sources of support and resilience, (3) the complex role of relationships with family, staff, and caseworkers, and (4) perceptions of emancipation services. Findings highlight the systemic barriers to independence for young people, the critical role of supportive relationships and tangible resources in fostering resilience, and overall expressed frustration with inconsistent and insufficient services to support their transition to adulthood.

Theme 1: Systemic Barriers to Empowerment and Independence

The first theme from the focus group data focused on what young adults saw as barriers to achieving successful emancipation from child welfare and congregate care. First, participants stated the lack of transparency during discharge planning created additional stress for participants, as stated:

> "*.... Also transparency on discharge, too, is another issue with that … sometimes you didn't really know… You knew kind of what it took to be discharged, in a way, but, like, it felt like there was things that you had to specifically… So it felt like you feel like you were caged, but you. They were dangling the keys kind of in front of you."*

Participants also expressed frustration with being punished or restrained in residential care, often as a substitute for meaningful engagement or emotional support. One participant shared how behavior management practices, such as excessive use of medication, suppressed their autonomy, "*Like, them giving you medicine? … I honestly felt like they were just drugging me up so I could just be slower and not have anything, like… my voice to voice my opinions*." Another participant described the overuse of physical restraints rather than constructive dialogue, "*At [facility name], they … do, like, a lot more restraints than actually sitting down and talking to the kid. They rather just restrain you instead of, like, talking about the feelings*." Participants also felt burdened by an overemphasis on control, particularly through chores and strict rules in residential cares. One participant noted:

> "*At [facility name], I feel like they … make you do an overly amount of chores... For me, taking out a trash that's like one of those big school bins of trash, like, I feel like for me, it was too heavy for me to take out*."

Participants also shared that they were often unprepared for life after leaving care (lack of preparedness for independent living/emancipation), highlighting the gaps in the system's ability to equip them with critical life skills or long-term planning. For example, one participant recounted the confusion surrounding their emancipation process:

> "*They asked me legally, they was like, so, legally you're 18 years old. You can emancipate if you wanted to. I didn't know that I could emancipate at 18 until they told me on my 18th birthday. And I was like, so what does this mean? So they pretty much broke it down in dummy terms*."

Others described the lack of long-term planning and support during this transition:

> "*I didn't realize that I had to have a plan after the first three months. I just was going off of a three-month plan, and that's what we had planned, three months. And nobody told me that I was supposed to, like, do a three- or six-month plan.*"

The absence of guidance left participants struggling to navigate adulthood, as one explained:

> "*I wish somebody would just be there emotionally and, like, you know, be that parent that we supposed to have if we're. If they're our social worker, is the ones that are closest to us. Be that parent. You wouldn't let your own child leave a circumstance, you know, that will probably be detrimental to them.*"

Theme 2: Sources of Support and Resilience

The second theme from the focus group data focused on factors that promoted participants' well-being during their time in congregate care settings and contributed to their ability to navigate challenges within the child welfare system. Participants emphasized the importance of having caring and supportive relationships, such as friends, mentors, counselors, and social workers, who genuinely listened and provided support. These relationships often served as a foundation for emotional stability and personal growth. One participant described the positive impact of a close friend:

> "*One of my best friends, because not only does he take care of… the needs that he's required to take care of … but he kind of goes above and… has conversations with me, talks about …school, what's going on in my life and what's going on in his. He's a pretty good guy and it's just something that I think has been really good for me, not only socially, but mentally. Having somebody like him there, it's just been really good overall*."

Guardians who went above and beyond their roles were also highly valued. One participant reflected:

> "*Oh, yeah, she [guardian]. They definitely have my best interest, maybe more than the welfare system itself. She did a lot. A lot. She didn't have to. And I really appreciated her for that because she was one person who I actually genuinely felt as if they cared about me and cared about my well-being."*

Some participants mentioned mentors who provided consistent emotional support and encouragement for self-identified goals. For instance, one participant shared:

> "*But usually I talked to my mentor, who I got from [facility name], and she was … the only person I really always talked to… she would always pick up if I call, and she would answer. So she honestly was… my biggest support when I was in placements.*"

Access to tangible resources, including financial support, housing, and clothing vouchers, played an important role in promoting participants' sense of stability and well-being. Participants expressed appreciation for caseworkers or programs that connected them to these essential supports. One participant explained how their emancipation caseworker helped them transition to adulthood:

> "*When I got emancipated, I still had an emancipation caseworker. And that she really changed my life. She set me up with a lot of things, like, I could go to school if I wanted to. When I graduated her program, like, she gave me $2,000, helped me with my first car.*"

Similarly, financial stipends provided during emancipation also helped participants stabilize. Another participant noted, "*They gave me $500 for emancipating. Okay. That's what you get, I think. I don't know if they up the pay, but after you emancipate in [county name], they give you an exit stipend*." Housing support was another key resource, as one participant shared, "*An apartment, a place to stay? That was one thing that she. It was kind of just like... she gave me $2,000. Cool.*"

For some participants, their ability to advocate for themselves and regain agency after aging out of the system became a source of strengths and empowerment (individual resilience). This resilience helped them navigate challenges and prioritize their own needs. One participant reflected on how their experiences fostered personal growth:

> "*I just contributed to it just by, like, going through what I had to go through and being able to be resilient and get back up and try again just made me stronger in life and prepare me for the adulthood out the system.*"

Another participant emphasized the importance of self-advocacy, "*With what I need and making sure I'm okay and taking big thing is putting my energy and my time to certain places and certain people, I'm going to want to walk away.*"

For some participants, gaining autonomy after leaving the system was important in improving their well-being. One participant shared how emancipation gave them the opportunity to take control of their life and mental health:

> "*Ever since I emancipated, because I told them, like, being emancipated was the best thing that ever happened to me. I can finally be at peace doing everything I supposed to do. I'm not fighting now, arguing. I'm not making impulsive decisions. I'm listening more. I'm taking constructive criticism without getting mad. And then I'm able to use my coping skills instead of just putting my hands on somebody because I don't know how to communicate.*"

Theme 3: The Complex Role of Relationships with Family, Staff, and Caseworkers

The third theme from the focus group data focused on the roles of various stakeholders played in meeting young adults' needs during their time in congregate care settings. These stakeholders included biological/extended family, residential staff, and caseworkers. Participants shared both positive and negative experiences, implying the complexities of these relationships and their impact on well-being.

For many participants, relationships with their biological family were volatile, reflected in their sharing of a sense of abandonment or emotional disconnection. These strained dynamics often left participants feeling unsupported during important moments. One participant described, "…*my family didn't really want to have any involvement with me. It seemed like kind of with my mental health scared them, essentially, and they didn't know really what to do.*" Another participant reflected on the emotional impact of being abandoned by their parent, "*My mom didn't even come to my prom. She didn't come. She was supposed to come and send me off to prom, which was the day of my birthday. She never came. We didn't do anything for my 18th birthday.*"

However, some participants described that their extended family members (e.g., grandparents, aunt) occasionally played a more positive role, providing support and stability. One participant expressed gratitude for their aunt:

"*My aunt, who I had been with for the longest time ever, three whole years. Love her. I was with her when I had graduated high school. She did a lot more things for me than any other foster parent would have done.*"

Many participants had negative experiences with residential staff, describing a lack of genuine care and, in some cases, hostility. One participant reflected on the lack of dedication among staff, "*In residential facilities, I never had one staff that really was dedicated into making sure that we succeed or leave the program on a good note.*" Others shared stories of being bullied or triggered by staff, "*I also wanted to add on that some of the staff members that were on my unit... would essentially pick on you or make fun of you while you're there.*"

Participants shared mixed feelings about their caseworkers, with some describing them as unhelpful and focused more on compliance than care, while others shared positive stories of emotional and practical support. Negative experiences included superficial relationships and lack of responsiveness to participants' needs, "*When I was vocal about the things that needed to change and what I needed, and they didn't listen to me. That's when I started to shut down, and things just went downhill.*" Other participants felt that caseworkers were overly controlling, "*Unfortunately, those case workers can be very overbearing, being so bossy, telling me what I can and cannot do with my own life.*"

Despite such challenges shared, some participants shared stories of caseworkers who provided meaningful support, "*They helped me get a job... They helped me with everything else that I needed for preparations for school.*" Similarly, another participant shared, "*They helped me with reactivating my Medicaid... They made sure I had my high school diploma and transcripts just in case I wanted to go to college.*" Beyond tangible support, there was few participants who shared how their caseworker made a meaningful effort to support their emotional well-being and coping skills.

> "*So I've gone through a few different, like, foster care workers, but the one that I feel helped me the most was my caseworker [name removed]. She was trying to, like, help me find things to help, like, help me, like, cope and relax when I get super stressed. And went to this store, I think it was called vine and blue... But we got these, like, little. She got me a journal, a rose quartz heart, and this, like, metal heart shaped thing with a bell inside of it to help me with stress or my*

ADHD. And the journal, I believe, was to help me write down things that I feel I need to work on and things that I need help with."

Theme 4: Perceptions of Emancipation Services

The final theme focused on participants' perceptions of the services provided to support their emancipation from the child welfare system and transition to adulthood.

Participants frequently described a lack of consistent, thorough planning to support their transition out of care. Guidance on financial resources, housing, and education was often incomplete or delayed, leaving participants to figure things out on their own. While case closure planning typically focused on meeting basic needs, it failed to address emotional preparation or provide access to long-term support systems. One participant reflected on the inconsistency of services across placements, "*It was like, it's, like, vastly different everywhere you go. And honestly, I feel like it shouldn't be that way.*" Another participant emphasized the challenge of growing and learning independently due to insufficient guidance:

> *"I mean, in my situation, I would say it definitely did help me because I currently do have a job, and after all the things I've been through, I've been consistently keeping my job and stuff. But it's like, if they would have told me a lot sooner, like, I was able to do all these things, and I was able to get, like, transportation for my needs and stuff, I could have been having my job... Instead, I had to do it on my own."*

Participants also highlighted a significant gap in financial literacy and education assistance. They expressed frustration over the lack of training in essential skills, such as budgeting, saving, and financial planning, which left them feeling unprepared for independence. One participant shared their disappointment at the lack of financial education:

> "*The financial awareness thing was another really big issue. Like the. I mean, goodness, I didn't know how to write a check by the time I graduated from high school. As bad as that sounds, just different things like that. They didn't. Like, they glossed over."*

Another participant emphasized the importance of budgeting support:

> *"So other than that, I just feel like I wish they would have done better and would have helped me budget better. That's the biggest piece. I feel like a lot of the money I had gotten from Bridges really kind of went to not, like, waste... I feel like I could have budgeted better with their help of budgeting."*

Education assistance was also seen as a critical area for improvement. One participant noted:

> "*I truly do hope that in the welfare system they do make a change for education. Okay, education assistance. That is something that was an extremely big problem at certain points in my time there.*"

Conclusions

The first key point pertains to the systemic barriers that young adults faced in achieving successful emancipation from child welfare and congregate care. Participants described a lack of transparency during discharge planning, which heightened feelings of uncertainty and stress. Many also expressed frustrations with punitive practices in residential settings, such as excessive use of restraints and medication, which undermined their autonomy and emotional needs. Strict rules and burdensome chores further contributed to a sense of control rather than support. Critically, participants highlighted the system's failure to adequately prepare them for independent living, with many reporting confusions around emancipation processes and a lack of long-term planning and emotional support. These gaps left young adults feeling unprepared and unsupported as they transitioned into adulthood.

Findings also emphasize that supportive relationships, access to tangible resources, and opportunities for personal agency were critical in promoting young adults' successful experiences in congregate care and emancipation. Participants described how friends, mentors, counselors, and dedicated guardians provided much-needed emotional stability, encouragement, and a sense of being genuinely cared for. In addition to relational support, access to financial assistance, housing, and other resources helped participants achieve greater stability during their transition to adulthood. Importantly, many young adults also identified the development of resilience and self-advocacy skills as essential to navigating challenges within the child welfare system and regaining a sense of control over their lives. Participants' ability to advocate for themselves and regain agency after aging out of the system was identified as a source of strength and empowerment. These findings highlight the vital role that both relational and structural supports play in empowering youth to achieve better long-term outcomes after leaving care.

Young adults identified the important role that relationships play in their lives during emancipation. While some participants experienced support and stability from extended family members and a few dedicated caseworkers, many described strained family relationships, lack of genuine care from residential staff, and inconsistent support from caseworkers. Negative experiences, such as emotional abandonment, punitive treatment, and superficial or controlling casework relationships, often left young people feeling isolated and unsupported. However, positive examples of emotional support, practical assistance, and efforts to build coping skills underscore the significant impact that caring and responsive adults can have on the well-being and development of youth navigating the child welfare system.

In addition to their findings on barriers to meeting well-being needs, the panel revisited earlier discussions about how youth report concerns to child welfare workers while in out-of-home care. Many young people did not fully understand their rights while placed in congregate care settings and often failed to report troubling practices to caseworkers during visits. When the panel requested more information from DCY about the reporting process, they learned of new legislation in Ohio designed to improve how violations of

children's rights are reported and addressed. The panel commends this progress, especially considering the issues raised in this and previous reports.

The final point details important aspects of preparing for adulthood. The transition to adulthood emerged as a particularly challenging period. Participants frequently described a lack of consistent, thorough planning to support their transition out of care, with guidance on financial resources, housing, and education often incomplete or delayed. The focus on meeting basic needs during case closure planning failed to address emotional preparation or provide access to long-term support systems. Significant gaps in financial literacy and education assistance left participants feeling unprepared for independence, highlighting the need for better training in essential skills such as budgeting, saving, and financial planning. These deficiencies in transition planning underscore the importance of comprehensive support systems that address both practical needs and emotional well-being as young adults navigate the challenging journey from care to independence.

Recommendations

1. Expand the requirement for exit interviews to include youth exiting residential and group home facilities

Ohio only requires the completion of exit interviews when youth exit a foster family placement. The panel recommends that DCY utilize existing processes to fulfill this recommendation. Exit interviews following a residential or group home placement are an opportunity for youth to provide feedback to PCSAs and ultimately DCY about their experiences in these facilities.

2. DCY should develop a process for documenting and addressing rights violations that do not rise to the level of abuse or neglect.

DCY should develop a formal process for documenting and addressing violations of youth rights that do not meet the legal threshold for child abuse or neglect. Currently, there is a significant gap in recording these experiences and no clear, standardized procedure for youth or advocates to report concerns. Creating a system to track, review, and respond to rights violations would ensure greater accountability in residential settings and promote safer, more respectful environments for youth.

3. DCY should engage stakeholders, including youth and young adults, in the development of both the rights violation reporting system and the associated response procedures.

DCY should meaningfully engage a broad group of stakeholders including youth and young adults with lived experience in congregate care, their families, frontline caseworkers and supervisors, licensing specialists, and the Youth and Family Ombudsman in the design of the rights violation reporting system and its associated response protocols. Involving those directly impacted will ensure the system is youth-centered, accessible, and responsive to real-world challenges, while also strengthening trust, transparency, and accountability within residential and group home care settings.

4. Consider the addition of Financial Social Work curriculum into CORE training or a required specialist license for those workers serving as independent living coordinators.

Youth transitioning out of congregate care often report feeling unprepared for financial independence due to gaps in financial literacy education. Incorporating a Financial Social Work curriculum into CORE training or requiring a specialist certification for independent living coordinators would ensure that workers are better equipped to teach essential skills such as budgeting, saving, and financial planning. Strengthening this area of practice would directly address a major barrier to successful emancipation and support more stable, self-sufficient outcomes for young adults exiting the child welfare system.

MOVING FORWARD

All five Ohio CRPs met virtually via Zoom conference for their annual strategic planning session on Friday, May 30, 2025. During this meeting, members chose topics for the new work year and created a strategic plan to reach their goals for 2025–2026. They brainstormed the types of data they will need for their evaluation. The data request will be submitted to DCY by September 30, 2025, to allow the state time to gather the information. The annual meeting also served as a wrap up of the 2024–2025 work year. All panels had the opportunity to choose new topics for the 2025-2026 work year. The annual meeting provided the panels with the opportunity to discuss the successes and challenges from this year's evaluation with panel members from other parts of the state.

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