OHIO 2026 ANNUAL PROGRESS AND SERVICES REPORT -

June 30, 2025

Department of Children & Youth

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I. Update to the Vision and Collaboration

Consultation and Collaboration Update

The Department of Children and Youth (DCY) leveraged existing and newly formed relationships with stakeholders, associations, and persons with lived experience in reviewing data when establishing the Goals, Objectives, Strategies and Benchmarks for Ohio's 2025 – 2029 Child and Family Services Plan. With the creation of DCY within the Governor's Cabinet, and in conjunction with the formation of the agency's Executive Leadership Team, internal and external work was planned through the CFSP and cross-system leadership and accountability structures facilitated CFSP implementation efforts. In addition, the newly created agency sought to engage a variety of individuals to identify service needs during listening sessions and stakeholder engagement meetings.

Based upon the success of Family Listening Sessions held in 2023, DCY continued to hold Family Listening Sessions across the state to solicit feedback from families who had various experiences with state and local programs and services. These sessions were held in the evening, and DCY partnered with the Child Care Resource and Referral Agencies (CCRR) to help recruit families.

In the Fall of 2024, DCY and Parent and Youth Ambassadors held DCY's third round of Family Listening Sessions. Focusing on DCY's goal to reduce infant mortality, this session addressed Infant Vitality. Sessions were held in five regions around the state and were designed to hear from parents with a child(ren) ages 0-3. Parents engaged in table discussions on what has contributed to their success as a parent and what had been their challenges or barriers. Each Listening Session kicked off with a resource fair with vendors from local service providers. Parents had the opportunity to visit resource tables, ask questions of the vendors, and gather resources. These Listening Sessions provided childcare, a meal, and a stipend. Parents in attendance expressed this was a valuable opportunity to connect with others in their community and support one another. Parents involved wanted to see more sessions made available in their communities. Family Listening Sessions returned to these five communities in the spring of 2025.

In collaboration with the BUILD Initiative, a state-level program aimed at promoting high-quality systems for children and families focusing on outcomes for young children from birth to age five, DCY and the Infant Mortality Task Force (IMTF) Implementation Team organized a series of community conversations from May through September 2024 in ten out of the eleven identified counties. The purpose of these conversations was to gather feedback and stories from community partners and families to help share the recommendations of the IMTF. Twenty-nine community partners were invited to host 60–75-minute conversations, and eight organizations participated. Five of these organizations had participated in previous rounds of conversations, while three were participating for the first time. In total, fifteen community conversations were held involving ninety families. These sessions allowed for ongoing feedback on the design and implementation of IMTF recommendations. Community partners recruited families to participate in the conversations, and both community partners and families were given a small honorarium for their participation.

DCY has established partnerships with the Public Children Services Association of Ohio, the Ohio Job and Family Services Directors' Association, and the Ohio Children's Alliance, all of whom continue to be

active partners and have shared innovations that have had significant positive impact on Ohio's constituency. DCY regularly attends association meetings, providing periodic updates to these organizations on CFSP implementation activities as well as the CFSR. In addition, the Ohio Children's Alliance, Public Children Services Association of Ohio, Ohio Job and Family Services Directors' Association, Ohio's County Commissioner Association, Ohio's Youth Advisory Board, and the Ohio Family Care Association participate on several different stakeholder leadership bodies alongside DCY. Ohio's former foster youth continue to serve on local and statewide Ohio Youth Advisory Boards. They are often contacted to participate in or provide feedback to various advocacy events, reviews, and stakeholder groups.

Collaboration with Children and Youth

DCY partnered with members of the Ohio Youth Advisory Board (OHIO YAB) to gather input from youth about their experiences in the foster care system and group residential settings. OHIO YAB is a statewide organization of young people, ages 14-24, who have experienced foster care. The Board exists to be the knowledgeable statewide voice that influences policies and practices that impact youth who have or will experience out of home care, including foster care, kinship care, adoption, group homes and residential facilities. The DCY team attends OYAB quarterly meetings to receive feedback and recommendations that have been incorporated into the development of Ohio's Chafee program.

OHIO OYAB members were involved with the Ohio Child Welfare Training Program (OCWTP) in the following:

- Assisting in development of the learner-driven Life Skills Pathway through the selection topics, designing patches earned, and evaluating and approval of courses.
- Increasing awareness of the Foster Youth Bill of Rights. A six-minute video was produced "starring" foster youth alumni speaking on rights that were important to them while in care.
- Working on producing a menu of brief alumni-led videos on topics identified by the OHIO YAB.

Foster care alumni serve on advisory groups for all course development/revision for resource family learning and there are 10 foster care alumni who are OCWTP trainers.

Videos and audios from those with lived experience are used whenever possible to enhance course material. For example, in *Supporting Pregnant and Parenting Youth*, an assessor course, a video produced by a young adult who was parenting while in care is featured.

Collaboration with Tribes

Ohio does not have any federally recognized Indian tribes.

Collaboration with the Court and Members of the Legal and Judicial Communities

DCY continues to partner with the Court and other system stakeholders through the Supreme Court of Ohio (SCO) Advisory Committee on Children, Families, and the Courts and its Subcommittee on Responding to Child Abuse, Neglect and Dependency (CAND). CAND also serves as the Task Force for both the Ohio's Children's Justice Act (CJA) and Court Improvement Program (CIP). DCY and the SCO partner on the implementation of activities under Ohio's CJA grant and Ohio's CIP. The purpose of the advisory committee is to provide guidance to the Court and its staff regarding the promotion of statewide rules and uniform standards concerning the establishment and operation of programs for

children and families in Ohio courts; the development and delivery of services to Ohio courts on matters involving children and families, including training programs for judges and court personnel; and, the consideration of any other issues the advisory committee deems necessary to assist the Court and its staff regarding children and families in Ohio courts. SCO and DCY have blended CJA and CIP funds to implement strategies to improve the quality of legal representation for children and families involved in the child welfare system. Strategies include Ohio specific child welfare legal training through the National Association of Counsel for Children, a multi-disciplinary pilot project that includes both pre- and post- petition legal services, and an evaluation of the Ohio Court Appointed Special Advocate program.

II.   Update to the Assessment of Current Performance in Improving Outcomes

Child and Family Outcomes

The Goals and Objectives established for the *2025-2029 Child and Family Services Plan* were based on an assessment of performance of the seven CFSR child and family outcomes and the seven CFSR systemic factors. Sources used to conduct the assessment of performance included:

- Ohio Statewide Automated Child Welfare Information System (Ohio SACWIS) data
- CFSR Data Profiles
- NCANDS data
- AFCARS data
- Child Protection Oversight and Evaluation (CPOE) data
- Stakeholder feedback/Persons with lived experience

Safety Outcomes

Maltreatment in Care

While the majority of children do not experience abuse or neglect when they are in care, a concerning number do. It is important to emphasize that countless caregivers provide loving, stable, and healthy homes for children in need. However, the instances of abuse or neglect that do occur highlight the ongoing need for vigilance, reform, and a commitment to ensuring that the foster care system is truly a place of safety and support for all children it serves.

Maltreatment in Care is a highly complex issue with multiple contributing factors, which are most easily understood as individual caregiver issues and systemic problems.

Individual caregiver issues include:

- Caregivers who do not always adequately recognize the complex needs of children in care. Therefore, sufficient and applied training in trauma-informed care, de-escalation techniques, and managing challenging behaviors is needed. Ongoing support for caregivers is also crucial and sometimes insufficient. This finding indicates a need for a continuous assessment by caseworkers of caregivers needing assistance.

- Being a caregiver is incredibly demanding, especially when caring for children who have experienced significant trauma. High stress levels, lack of respite care, and feelings of being overwhelmed can sometimes lead to inappropriate reactions or neglect.
- Studies have identified certain characteristics, although not definitive, which may be more prevalent among caregivers who abuse or neglect children. These individuals can be single, having fostered for a long time, or not having biological children of their own. However, it is crucial to note that these are risk factors, not definitive predictors, and many with these characteristics provide excellent care.

Systemic problems include:

- Caseworkers often manage a large number of cases, which can limit their ability to conduct thorough and frequent home visits, adequately monitor placements, and provide necessary support to both children and foster families.
- Insufficient funding can impact everything from caseworker salaries and training to the availability of support services for families and children.
- Policies and procedures of residential facilities and group homes (e.g., restraint procedures).
- A lack of available and appropriate placement settings, especially for children with specialized needs, teenagers, or sibling groups, can lead to less-than-ideal placements, including in group homes or residential treatment centers, where oversight and individualized care can sometimes be challenging.
- Children who experience multiple placements (moving from one substitute care setting to another) can be at higher risk. Each move can be traumatic and can make it harder for children to form stable attachments and for issues to be identified and addressed.
- Children entering care have invariably experienced trauma. If their trauma is not understood and addressed with appropriate therapeutic interventions, their behaviors can be challenging for caregivers, increasing stress and potential for negative interactions.
- Children in care may feel powerless or afraid to report abuse or neglect, especially if they fear not being believed or being moved again.

The figure below shows the rate of maltreatment per 100,000 days in care over the most recent three years. DCY has exceeded the national standard of 9.07%.

A Three Year History: What is the Rate of Maltreatment per 100,000 Days in Care?

	10/1/2019-9/30/2020	10/1/2020-9/30/2021	10/1/2021-9/30/2022
Observed	8.55	9.62	9.55
Risk Adjusted (Must be less than 9.07)	11.36	12.75	12.64

When the observed scores for this measure are examined on the county level, about one-third of the counties have a low rate of maltreatment in care, and another one-third that have rates surpassing the state observed rate of 9.55%.

The age of children experiencing maltreatment in care is consistent with the national literature, which shows that as age progresses children are less likely to experience repeated maltreatment.

The following table shows the relationship between high and low performing counties on maltreatment in care on four measures from the CDCs' Social Vulnerability Index. Families living below 150% poverty appear to be associated with high rates of maltreatment.

	Top 7 Counties with Highest Rates of Maltreatment in Care	Bottom 7 Counties with Lowest Rates of Entry	Statewide
Percent Single parent Head of Household	5.7%	5.5%	6.6%
Percent having no access to a Vehicle	6.3%	5.3%	7.4%
Percent of persons living below 150% poverty	21.3%	16.4%	20.6%
Percent Housing cost burden (>30% of income spent on housing)	17%	17%	22%
Measure (10/1/2023-9/30/2024)	40.05	0.42	9.55
Counties	Auglaize, Belmont, Coshocton, Gallia, Logan, Muskingum, Shelby	Carroll, Darke, Delaware, Erie, Fulton, Hancock, Harrison, Holmes, Huron, Madison, Meigs, Miami, Morgan, Morrow, Noble, Ottawa, Paulding, Pickaway, Pike, Putnam, Sandusky, Seneca, Van Wert, Williams, Wyandot	All 88

Recurrence of Maltreatment

Child maltreatment recurrence is a highly complex issue with multiple contributing factors. Often, these factors are intertwined making recurrence more likely to occur and more difficult to prevent. A peer-reviewed literature search revealed four large factors contributing to maltreatment recurrence. They are Parent/Caregiver factors; Child factors; Family System factors; and Child Welfare System factors.

Parent/Caregiver Factors: substance abuses, mental health issues, history of maltreatment or other traumas, poor parenting skills, inability to control impulses, young parental age, and criminal behaviors.

Child Factors: While the child is not to blame for maltreatment, there are child characteristics that increase the risk of maltreatment. These include the age of the child (younger), disabilities, and troubled behavior that is often a result of a chaotic household, escalating hostile parent-child interactions. It is critical to note that, while certain child characteristics may be associated with an increased risk of recurrence, the responsibility for maltreatment always lies with the adult caregiver. These factors often increase caregiver stress, which, when combined with parental vulnerabilities, can lead to maltreatment.

Family System Factors: domestic violence, family stressors (e.g., food insecurity, financial problems, housing instability, lack of adequate extended family support, and dysfunctional parent-child interaction).

Child Welfare System Factors: Inadequate or Ineffective services, premature case closing, lack of follow-up, high caseworker turnover, and the inability to engage with families.

The figure below shows the rate of maltreatment recurrence over the most recent three years. DCY has exceeded the national standard of 9.7%.

A Three Year History: What is the Percent of Children Who Have a Recurrence of Maltreatment
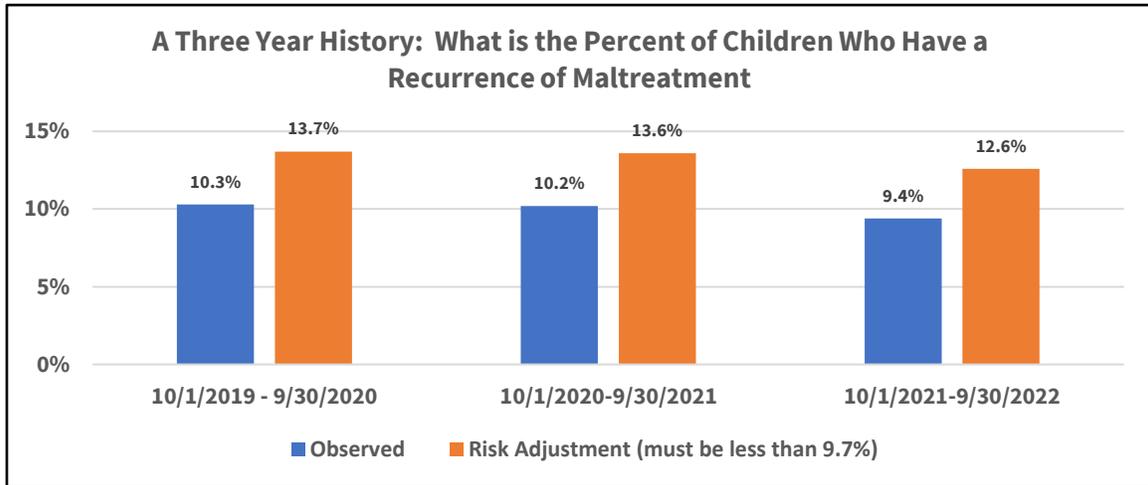
Ohio's observed performance for recurrence of maltreatment for the last observation period was 9.4%. When the observed scores for this measure are examined on the county level, about one-third of the counties have a low rate of maltreatment recurrence, and another one-third have rates surpassing the state observed rate.

Percent of Children Have a Recurrence of Maltreatment
10/1/2021 - 9/30/2022

The age of children experiencing maltreatment recurrence is consistent with the national literature, which shows that as age progresses children are less likely to experience repeated maltreatment.

Per Age Group, What is the Percent of Children Have a Recurrence of Maltreatment
10/1/2021 - 9/30/2022
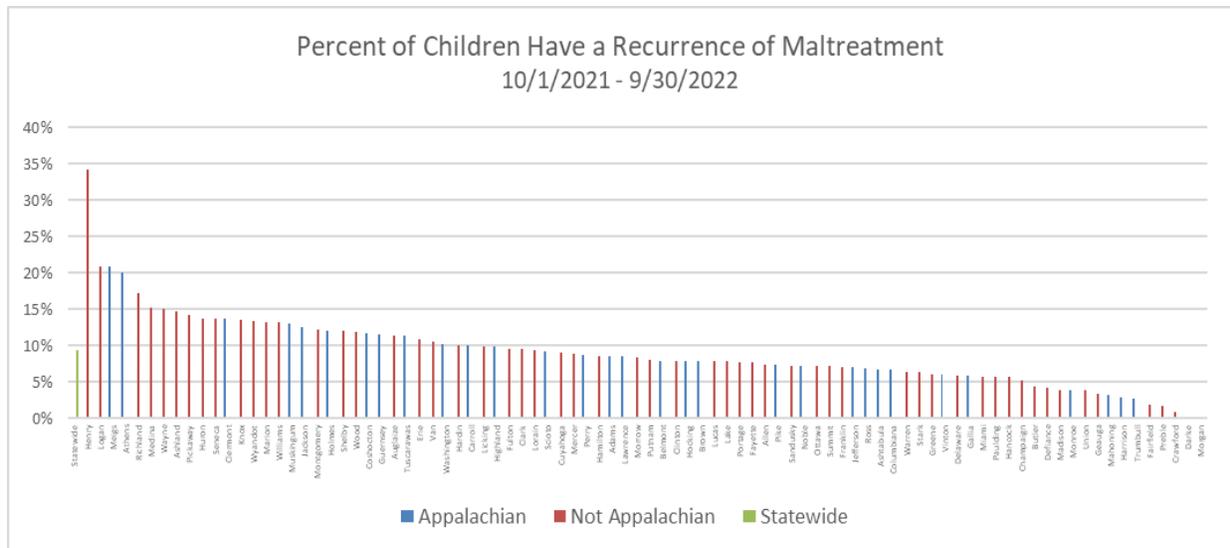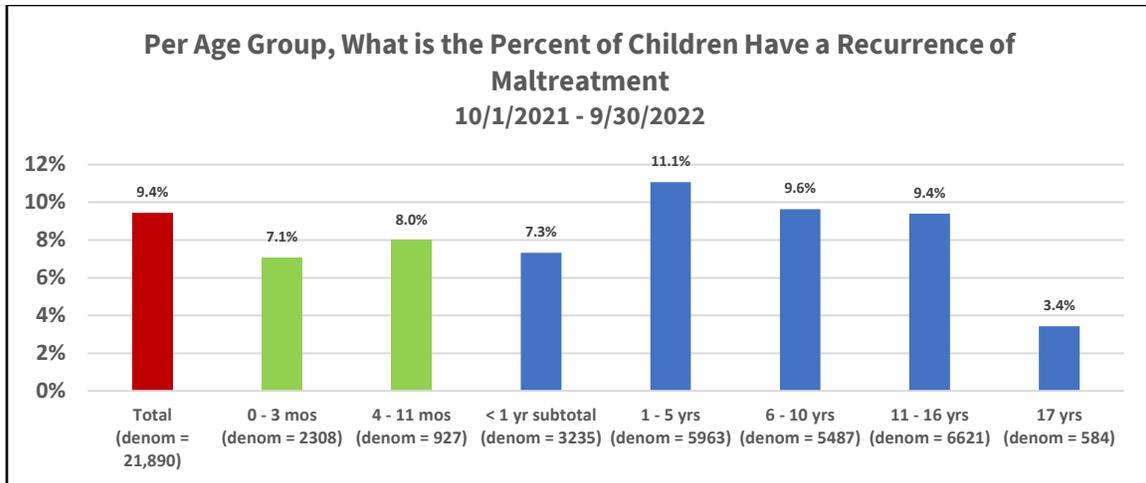
While the literature finds being single parent, poverty, housing concerns are contributing factors to maltreatment recurrence, this does not appear to be the case in Ohio as outlined in the table below. The analytic difference is that the table below was created using cross-sectional data, while the literature uses longitudinal logistic regression. Nonetheless, DCY plans to intensify its efforts outlined in the major contributing factors noted at the beginning of this section.

	Top 7 Counties with Highest Rates of Maltreatment Recurrence	Bottom 7 Counties with Lowest Rates of Maltreatment Recurrence	Statewide
Percent Single parent Head of Household	4.7%	5.8%	6.6%
Percent having no access to a Vehicle	6.3%	6.0%	7.4%
Percent persons living below 150% poverty	18.3%	21.8%	20.6%
Percent Housing cost burden (>30% of income spent on housing)	19%	20%	22%
Measure (10/1/2023-9/30/2024)	18.2%	1.8%	9.4%
Counties	Athens, Henry, Logan, Medina, Meigs, Richland, Wayne	Crawford, Darke, Fairfield, Harrison, Morgan, Preble, Trumbull	All 88

Permanency Outcomes

Entry Rates into Foster Care

The rate of children who enter foster care is a foundational indicator of the health of the child welfare system. High entry rates may signal a strained child welfare system that is struggling to cope with emerging family and community problems. These problems are often substance abuse, domestic violence, mental illness, or economic struggles. High rates can also indicate that the child welfare environment has an overwhelming need for a wide array of resources, like foster homes, caseworkers, prevention programs, and other robust supportive services. Low entry rates may suggest that

prevention programs and community support services are effective in helping families care for their children.

The figure below shows the rate of children per 1,000 who have entered foster care over the last five years.

A Five Year History Custody Entry Rates Per 1,000 Children

10/1/2019 - 9/30/2020	10/1/2020 - 9/30/2021	10/1/2021 - 9/30/2022	10/1/2022 - 9/30/2023	10/1/2023 - 9/30/2024
3.69	3.58	3.4	3.55	3.31
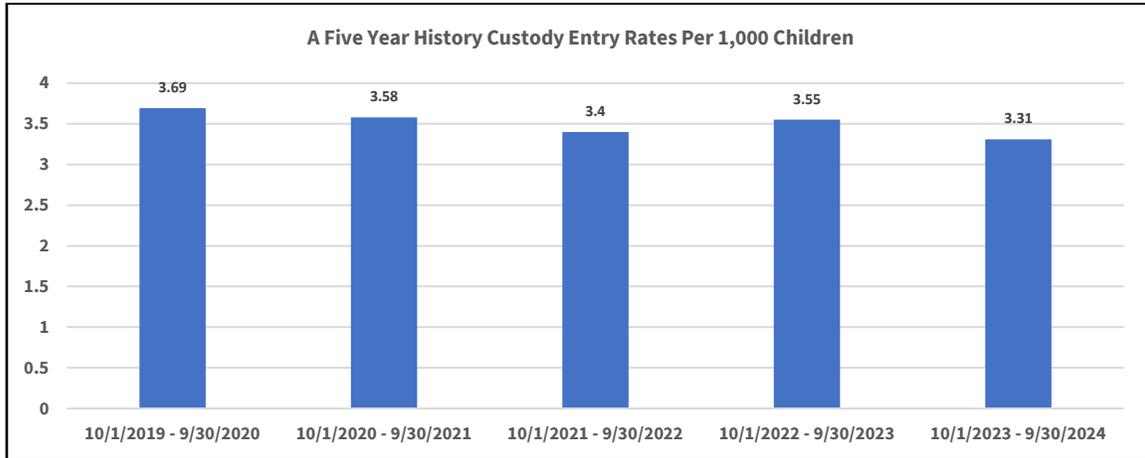
While there has been a slight overall decrease in the rate of children entering foster care over the last five years statewide, there is a large amount of country variation in the ages of children who enter care. The following figure shows the rate of entry by age group for the most recent year beginning October 1, 2023.

What is the Rate of Children Entering Foster Care for Every 1,000 Children in the State?
10/1/2023 - 9/30/2024

Statewide (Pop. = 2,578,254)	< 1 yr (Pop. = 128,059)	1 - 5 yrs (Pop. = 670,896)	6 - 10 yrs (Pop. = 721,958)	11 - 16 yrs (Pop. = 901,692)	17 yrs (Pop. = 155,649)
3.31	12.38	3.34	2.4	2.92	2.14
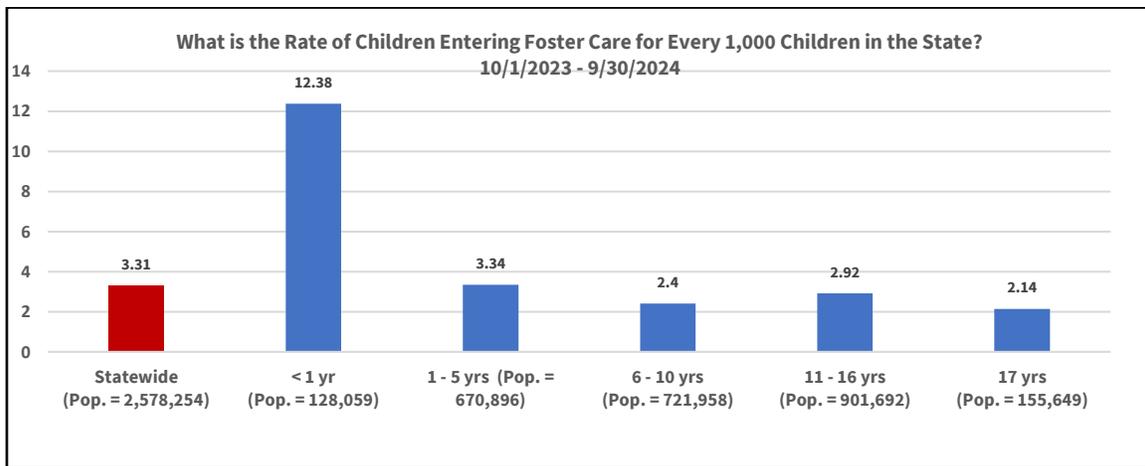
For every 1,000 children, 3.31 entered care in the most recent reporting year. Because of their vulnerability, children under the age of one year have the highest rate at 12.38 per 1,000 children, while children in older age groups are closer to 2 per 1,000 children. While those youth over 17 years are less likely to enter foster care, they frequently have the worst outcomes. This age distribution for the current year is very similar to previous years.

In addition to age variation, there is a variation in the entry rates on the county level. With the state rate being 3.31, county variation ranges from 12.43 to 0.35 children per 1,000. Seven counties had rates over 7 per 1,000, and all of these counties are in Appalachia. Nine counties had less than 1 per 1,000 children

entering care. Of the 32 Appalachian counties, 21 (66%) have higher rates than the expected state rate, and the top eight counties are Appalachian.

Rate of Children Entering Foster Care For Every 1,000 in the County
10/1/2023 - 9/30/3024
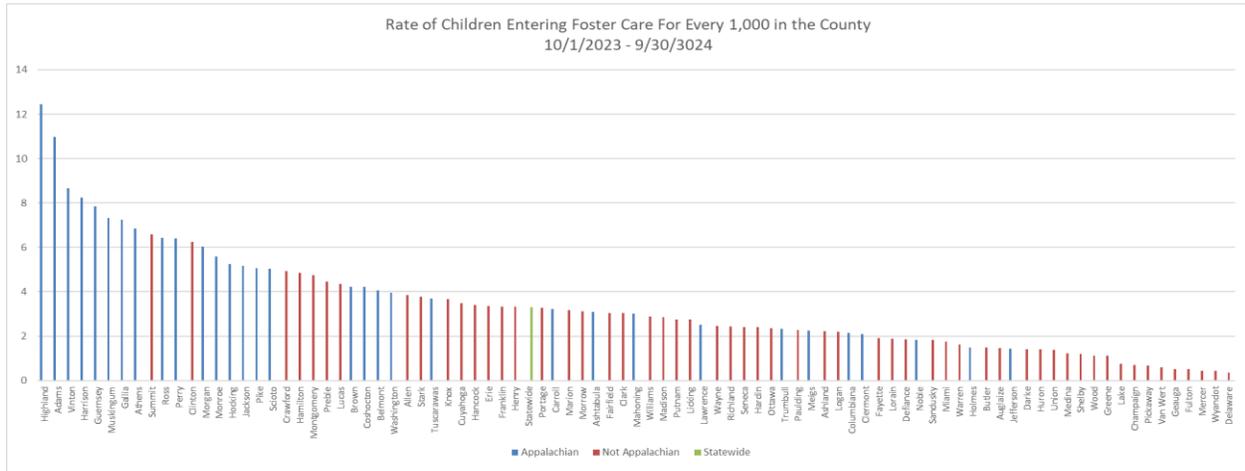
Comparing the Top Seven and Bottom Seven with the Rest of the State

The table below compares four social factors from the 2022 Center for Disease Control's Social Vulnerability Index. When these top seven counties are compared with the rest of the State on three social factors, we find these seven counties, compared to State, have *fewer* single parent head of households, nearly *equal* access to a vehicle, but significantly more people living below 150% poverty. These differences are magnified when compared to the seven counties having the lowest foster care entry rates.

	Top 7 Counties with Highest Rates of Entry	Bottom 7 Counties with Lowest Rates of Entry	Statewide
Percent Single parent Head of Household	5.9%	4.5%	6.6%
Percent having no access to a Vehicle	7.5%	4.3%	7.4%
Percent persons living below 150% poverty	25.8%	10.7%	20.6%
Percent Housing cost burden (>30% of income spent on housing)	20%	15%	22%
Rate of Entry into Foster Care (10/1/2023-9/30/2024)	8.85 per 1,000	0.49 per 1000	3.31 per 1,000
Counties	Adams, Harrison, Highland Gallia, Guernsey, Muskingum, Vinton	Delaware, Fulton, Geauga, Mercer, Paulding, Van Wert, Wyandot	All 88

Permanency in 12 months of children entering foster care

The performance standard for the federal measure **Permanency in 12 months of children entering foster care** is represented as a risk adjusted score. Risk adjusted scores allow fair comparisons to all other states and a balanced method of examining Ohio's performance over time.

The national risk adjusted score (national standard) for this measure is 35.2%. After Ohio's observed score is adjusted to align to a risk adjusted scale, Ohio's risk adjusted performance is compared to the national standard. It is expected that Ohio will meet or exceed the national standard.

As shown in the figure below, Ohio has a long history of exceeding this risk adjusted measure. However, the difference between Ohio's risk adjusted score and the national performance has narrowed in the last two years. The figure below shows a three-year history of the observed percentage of children obtaining permanency within 12 months of entry, and the associated risk adjusted scores. This figure confirms that the percentage of children achieving permanency after one year in care is diminishing.

A Three Year History: What Percent of Children Entering Foster Care Obtain Permanency Within Twelve Months of Entry?
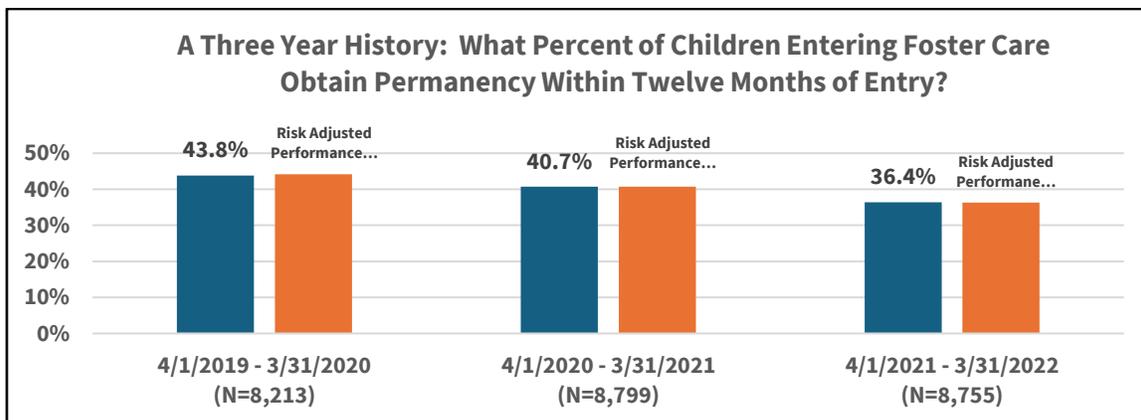
Between April 1, 2022, and March 31, 2023, Ohio had 8,755 children entering care. Within one year of entry, 36.4% obtained permanency within 12 months. When county results are examined, over 50% of children obtained permanency in one year in 27 counties. 19 counties have permanency of 25% or less

Percent of Children Obtaining Permanency Within 12 Months
4/1/2022-3/31/2023
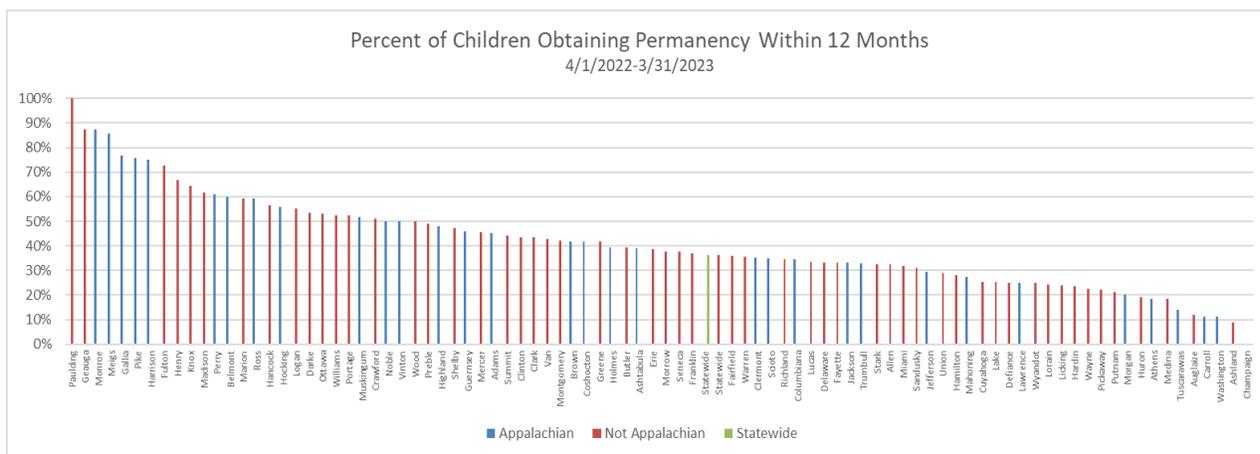
All age groups, with the exception of those who are 17 years old, the percentage obtaining permanency ranges between 34.6% and 43.1%. Those who are 17 years old have a more difficult time obtaining permanency, 23%.

Percent of Children Obtaining Permanency Within 12 Months
4/1/2022 - 3/31/2023

Statewide 36.40%	**0 - 3 mos** (denom. 1259) 30.5%	**4 - 11 mos** (denom = 440) 39.1%	**< 1 yr subtotal** (denom = 1699) 32.7%	**1 - 5 yrs** (denom = 2306) 38.1%	**6 - 10 yrs** (denom = 1803) 38.5%	**11 - 16 yrs** (denom = 2678) 37.0%	**17 yrs** (denom = 269) 23.4%

As shown in the table below, there are substantial differences between the top seven and bottom seven counties in this performance measure, there are marginal differences in the social indicators.

	Top 7 Counties with Highest Rates of Permanency	Bottom 7 Counties with Lowest Rates of Permanency	Statewide
Percent Single parent Head of Household	4.4%	4.6	6.6%
Percent having no access to a Vehicle	7.8%	5.1%	7.4%
Percent persons living below 150% poverty	20.9%	16.1%	20.6%
Percent Housing cost burden (>30% of income spent on housing)	16 %	18 %	22%
Measure (10/1/2023-9/30/2024)	81.1%	14.1%	36.4%
Counties	Gallia, Geauga, Harrison, Meigs, Monroe, Paulding, Pike	Ashland, Auglaize, Carroll, Champaign, Medina, Tuscarawas, Washington	All 88

Permanency in 12 Months for Children in Care 12 to 23 Months

The figure below shows the percentage of children who were in foster care between 12 and 23 months on October 1 of each year and obtained permanency by September 30 of the subsequent year.   On October 1, 2023, Ohio had 3,559 children who had been in care over 12 months. By September 30, 1625 (45.7%) obtained permanency. Four counties did not have any children discharged from care. Carroll, Defiance, Geauga, Williams. There were two counties (Monroe and Noble) that did not have any eligible children to potentially discharge from care. Statewide, of those children in care between 12 and 23 months, 45.7% of children obtained permanency by September 30.

A Three Year History: Of Children in Custody Between 12 and 23 Months on October 1, What Percent Obtained Permanecny by September 30?

	10/1/2022 - 9/30/2023 (N=3,417)	10/1/2023 - 9/30/2024 (N=3,507)	10/1/2024 - 9/30/2025 (N=3,559)
Observed	49.3%	45.0%	45.7%
Risk Adjusted (Must be higher than 43.8%	49.20%	45%	46.10%

As shown in the figure below, 45.7% of children statewide obtain permanency. There are notable differences in permanency rates by age group. Children who are less than 10 years of age exceed the state percent, and those over 10 years old are less likely to obtain timely permanency. Less than 15% of the 17-year-old youth obtain permanency by their 18th birthday.

Percent of Children in Care Between 12 and 23 Months Who Obtained Permanency by Age Group

Total (N=3,559)	1 - 5 yrs (N=1,527)	6 - 10 yrs (N=801)	11 - 16 yrs (1,036)	17 yrs (N=195)
45.7%	53.0%	49.2%	37.9%	14.9%

As with most measures, there is substantial variability among the counties (see the figure below). About 15% of the counties have permanency rates exceeding 70%, and another 15% are below 30% permanency. Smaller counties have a more difficult time providing permanency for child in care for long periods of time.

Permanency in 12 Months for Children in Foster Care 12 to 23 Months
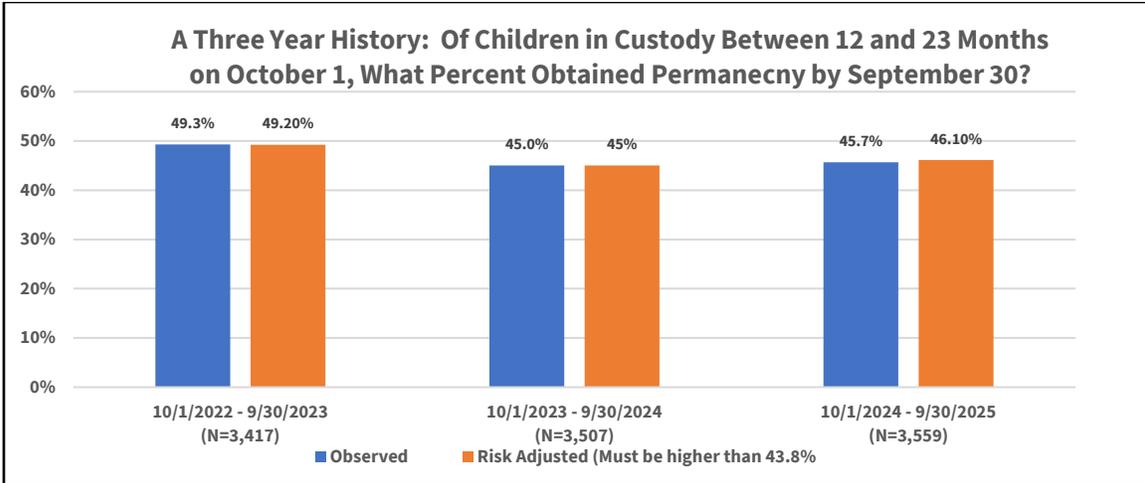4/1/2022 - 3/31/2023

As shown in the table below, there are substantial differences between the top seven and bottom seven counties in this performance measure, there are marginal differences in the social indicators.
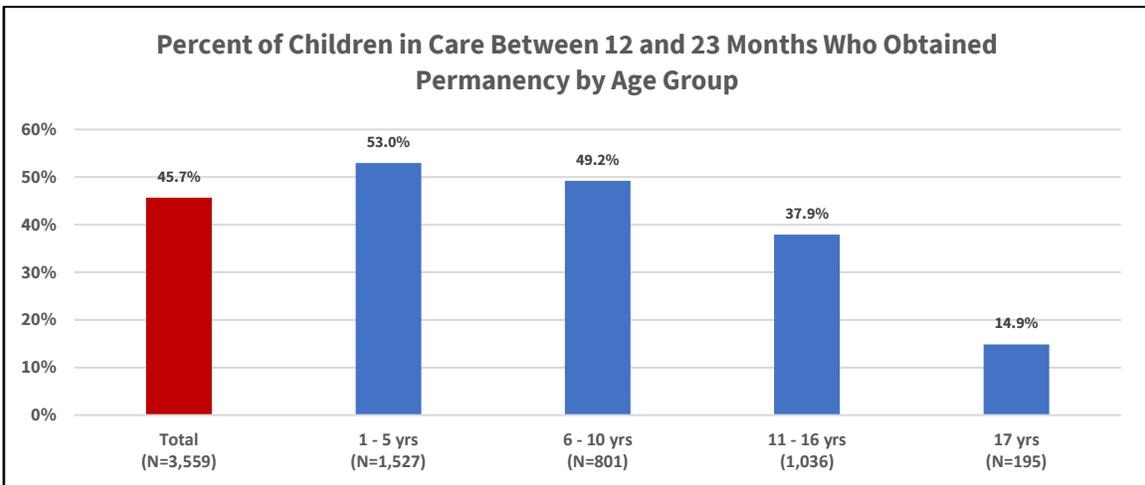
	Top 7 Counties with Highest Rates of Permanency	Bottom 7 Counties with Lowest Rates of Permanency	Statewide
Percent Single parent Head of Household	5%	4.2%	6.6%
Percent having no access to a Vehicle	4.5%	7.3%	7.4%
Percent persons living below 150% poverty	15.7%	16.4	20.6%
Percent Housing cost burden (>30% of income spent on housing)	15%	16%	22%
Measure (10/1/2023-9/30/2024)	83%	0%	47.7%
Counties	Gallia. Henry, Paulding, Putnam, Seneca, Union, Van Wert	Carroll, Defiance, Geauga, Monroe, Noble, Williams	All 88

Permanency in 12 months for children in Care 24+ Months

The following graph shows the percentage of children who achieved permanency after being in care for 24+ months. Over the past three years, slightly less than one-third of the children obtained permanency. This is a notable concern especially since Ohio's performance is less than the national standard of 37.3% or more.

When case reviews are done on these children, we find that many have experienced significant trauma, and they require specialized care. Many of these children have serious emotional, behavioral, or mental health challenges that require intensive, ongoing services. Finding appropriate placements and

treatments, especially when such interventions should be provided close to home, can be challenging. In addition, older children often face more significant barriers to permanency. They may have stronger attachments to their families, and reunification still may not be possible. Thus, the prospective pool of possible caregivers is diminished. Additionally, some of these children have complicated medical conditions or developmental disabilities and demand specialized foster care with families equipped to meet their intensive needs.

When county level data are examined, as seen below, about one-fifth of the counties exceed 50% and about a-quarter of the counties have less than 30% of the children obtaining permanency.

On October 1, 2023, there were 3,701 who were in custody for longer than 24 months. Slightly fewer than one-third obtained permanency within 12 months. The largest proportion of children (39%) in this group were between 11 and 16 years old, and only 18.6% of those obtained permanency in 12 months. While slightly fewer than one-third of children in care for over 24 months on October 1 obtained permanency in 12 months, children under five years old are most likely to achieve permanency. After youth over 17 years old who have been in care for two years, less than ten percent will obtain permanency by their eighteenth birthday.

As shown in the table below, there are slight differences between the top seven and bottom seven counties in this performance measure except for the percent of persons living below poverty. It is somewhat harder for counties with a large proportion of individuals living in poverty to obtain permanency in 24+ months.

	Top 7 Counties with Highest Rates of Permanency 24+	Bottom 10 Counties with Lowest Rates of Permanency 24+	Statewide
Percent Single parent Head of Household	5.2%	5.3%	6.6%
Percent having no access to a Vehicle	3.6	4.5%	7.4%
Percent persons living below 150% poverty	13%	18.7%	20.6%
Percent Housing cost burden (>30% of income spent on housing)	16%	18%	22%
Measure (10/1/2023-9/30/2024)	79.4%	0%	32.5%
Counties	Auglaize, Darke, Delaware, Harrison, Huron, Meigs, Putnam	Brown, Defiance, Fulton, Hardin, Henry, Madison, Sandusky, Shelby, Wood, Wyandot	All 88

Re-entry into Care

DCY has had some data quality issues on this measure since October 2023. The DCY data staff are diligently working to correct these issues and submit revised data files as soon as possible. Resolving this issue is a priority for the department.

Placement Stability

Placement stability refers to the consistency of a child's living arrangement while in out of home care. The fewer the moves, the better it is for children and families. This contributes to healthy development and overall well-being, especially for those who have experienced the trauma of abuse and neglect. There is substantial research evidence that shows that stable placements allow children to form secure attachments with their caregivers. Fewer moves facilitate a child developing trust, security, and the ability to form healthy relationships.   Stable placements also minimize trauma, and thwart the reactivate the feelings of loss, and uncertainty. Stable placements allow children to live in predictable environments and reduce their anxiety and advances healthy adaptation.

Ohio has a long history of achieving the national standard on this measure.

A Three Year History: What is the Number of Moves Per 1,000 Days in Care?

While many counties do well on this measure, struggling counties find that these children have also been in care for long periods of time. In this regard, the difficulties discussed in the 24+ months applies in this measure, too.

Placement Stability: What is the Number of Moves per 1,000 Days in Care?
10/1/2023 - 9/30/2024

There is a clear relationship between the age of the child and the number of placement moves: older children and adolescents tend to experience a higher number of placements compared to younger children. We find there are several interconnected factors that contribute to this phenomenon.

First is cumulative trauma. Older children have experienced prolonged exposure to trauma, abuse, or neglect, which leads to deeply ingrained emotional and behavioral difficulties. These can manifest as aggression, defiance, withdrawal, self-harm, or difficulty trusting adults and making stable placements difficult. It is also difficult, in some areas of the state, to find and maintain appropriate placements. It is difficult to find foster homes willing and specifically equipped to care for teenagers. Many foster parents prefer younger children. Those with multiple placements often have specialized needs and require caregivers with specialized and applied training in trauma-informed care, de-escalation

techniques, and adolescent development. These demands place a strain on caregivers, and they can easily burnout and be traumatized themselves.

Older youth may feel a lack of control over their lives and placements, and this feeling can act out behaviorally and reject placements. Previous negative placement experiences can also teach the youth that relationships are temporary and that adults cannot be trusted leading them to sabotage placements, either consciously or unconsciously.

Addressing the issue of high placement numbers for older youth requires a multi-faceted approach:

- Targeted recruitment and robust support for foster families who are willing to care for teens
- Increased access to mental and behavioral health services
- A strong focus on achieving legal and relational permanency for adolescents
- (4) Better preparation and support for youth transitioning to adulthood.
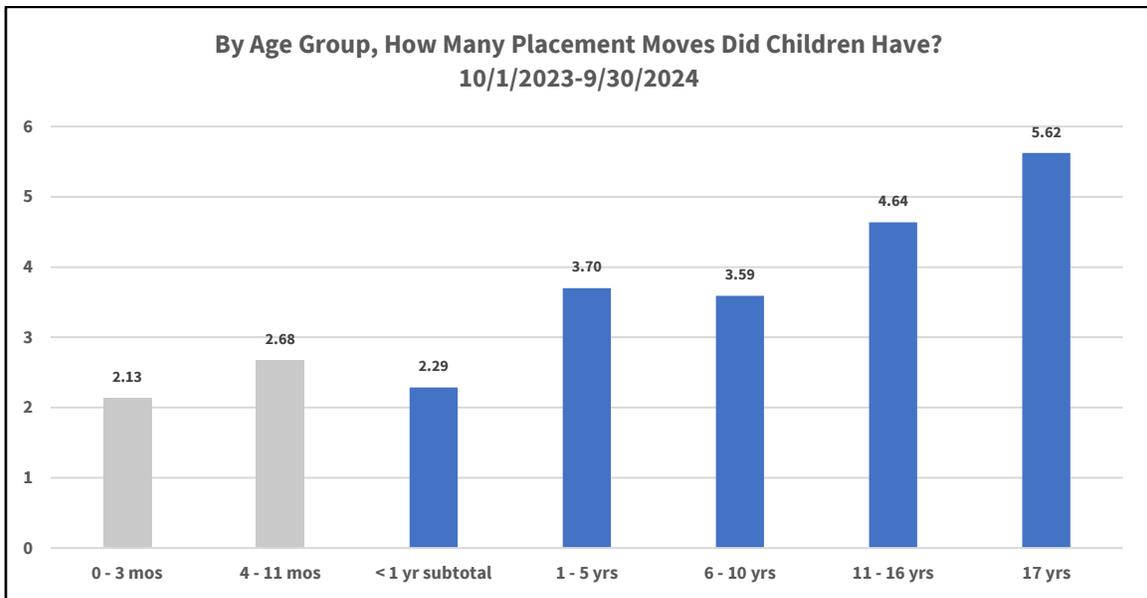
By Age Group, How Many Placement Moves Did Children Have?
10/1/2023-9/30/2024

Age Group	Value
0 - 3 mos	2.13
4 - 11 mos	2.68
< 1 yr subtotal	2.29
1 - 5 yrs	3.70
6 - 10 yrs	3.59
11 - 16 yrs	4.64
17 yrs	5.62

	Top 7 Counties with Highest Rates of Entry	Bottom 7 Counties with Lowest Rates of Entry	Statewide
Percent Single parent Head of Household	4.7	5.5%	6.6%
Percent having no access to a Vehicle	5.3%	6.1%	7.4%
Percent persons living below 150% poverty	21%	21.5%	20.6%
Percent Housing cost burden (>30% of income spent on housing)	19%	16%	22%
Measure (10/1/2023-9/30/2024)	7.27	1.36	3.76
Counties	Ashland, Athens, Carroll, Champaign, Fulton, Paulding, Sandusky	Crawford, Jefferson, Mercer, Monroe, Morrow, Vinton, Wyandot	All 88

Vulnerability Index

While the data profile measures are extremely helpful in providing performance insights and guidance in specific measures, they do not provide an overall assessment of each county. To achieve this, Ohio has augmented an analysis designed by the Center for Disease Control (CDC).

The CDC has used this technique to emphasize differences in social vulnerability on state and county levels. We have applied this procedure on the federal data profile measures, and we define this technique as a Vulnerability Index. This procedure involves taking each profile measure and creating a percent-rank across all the counties. The percent-ranks for each county are then summed, producing a grand sum. The final percent-rank is calculated on the grand sum. Lastly, the final percent-rank for each county is placed into one of ten bins. While ten levels of overall performance are determined, they are best initially interpretated in categories of six.

Overall Performance	Categorical Performance
9 &10	Exceptional
7 & 8	Very Good
5 & 6	Good
3 & 4	Stressed
1 & 2	Strained
0	Very Strained

Because this index represents a summary measure across the federal data profile measures, improved consultation between and among counties can occur. Using the table below, state QA staff will work with counties and assist them in understanding how their county performs relative to other counties.

Overall Performance	Categorical Performance	Counties
9&10	Exceptional	Crawford
		Darke
		Hancock
		Jefferson
		Meigs
		Mercer
		Miami
		Monroe
		Pike
		Portage
		Putnam
		Seneca
		Trumbull
7&8	Very Good	Belmont
		Delaware
		Fairfield
		Gallia
		Greene
		Highland
		Huron
		Madison
		Mahoning
		Morgan
		Ottawa
		Paulding
		Preble
		Stark
		Summit
		Tuscarawas
		Union
5&6	Good	Adams
		Ashtabula
		Butler
		Clark
		Clinton
		Columbiana
		Erie
		Fayette
		Geauga
		Holmes
		Lawrence
		Lucas
		Morrow
		Perry

Overall Performance	Categorical Performance	Counties
		Vinton
		Warren
		Wyandot
3&4	Stressed	Allen
		Brown
		Clermont
		Franklin
		Fulton
		Guernsey
		Hamilton
		Henry
		Hocking
		Lake
		Licking
		Marion
		Muskingum
		Richland
		Ross
		Van Wert
		Washington
		Williams
1&2	Strained	Ashland
		Carroll
		Coshocton
		Cuyahoga
		Defiance
		Jackson
		Knox
		Logan
		Lorain
		Medina
		Montgomery
		Noble
		Pickaway
		Sandusky
		Scioto
		Shelby
		Wood
0	Very Strained	Athens
		Auglaize
		Champaign
		Hardin
		Wayne

If the county is concerned with their performance, state staff will provide more detailed information on the federal data profiles, using the table below.

County Name	Entry Rate per 1000	Permanency in 12 Months (Entry)	Permanency in 12 Months for those in Care 12-23 Months	Permanency in 12 Months for those in Care 24+ Months	Recurrence of Maltreatment	Stability in Care	Maltreatment In Care
Adams County	10.97	45%	42%	24%	9%	2.2	13.6
Allen County	3.86	32%	13%	32%	7%	3.2	10.2
Ashland County	2.23	9%	59%	36%	15%	7.5	5.0
Ashtabula County	3.09	39%	56%	19%	7%	3.3	11.5
Athens County	6.86	18%	21%	47%	20%	6.5	14.7
Auglaize County	1.47	12%	33%	100%	11%	5.8	54.3
Belmont County	4.06	60%	71%	57%	8%	5.7	42.7
Brown County	4.23	42%	64%	0%	8%	3.5	15.7
Butler County	1.49	39%	34%	38%	4%	4.9	9.1
Carroll County	3.24	11%	0%	40%	10%	6.7	0.0
Champaign County	0.71	0%	25%	17%	5%	6.6	16.8
Clark County	3.04	43%	33%	42%	10%	2.8	4.2
Clermont County	2.10	35%	32%	56%	14%	4.6	3.2
Clinton County	6.26	44%	33%	67%	8%	3.5	16.1
Columbiana County	2.14	35%	64%	32%	7%	3.7	12.7
Coshocton County	4.21	42%	60%	22%	12%	5.1	28.8
Crawford County	4.94	51%	35%	36%	1%	1.6	13.0
Cuyahoga County	3.47	25%	39%	24%	9%	2.7	11.0
Darke County	1.41	53%	50%	71%	0%	2.5	0.0
Defiance County	1.86	25%	0%	0%	4%	2.3	13.0
Delaware County	0.35	33%	50%	73%	6%	5.0	0.0
Erie County	3.35	39%	59%	23%	11%	3.5	0.0
Fairfield County	3.05	36%	56%	33%	2%	4.2	7.9
Fayette County	1.92	33%	55%	50%	8%	4.1	9.4
Franklin County	3.34	37%	45%	38%	7%	5.2	7.7
Fulton County	0.52	73%	50%	0%	10%	11.5	0.0
Gallia County	7.25	77%	86%	50%	6%	5.6	81.1
Geauga County	0.52	88%	0%	40%	3%	4.6	10.7
Greene County	1.13	42%	60%	18%	6%	3.5	2.9
Guernsey County	7.84	46%	26%	28%	12%	2.1	9.3
Hamilton County	4.86	28%	40%	33%	9%	3.1	7.9
Hancock County	3.41	57%	37%	36%	6%	3.4	0.0
Hardin County	2.40	24%	30%	0%	10%	3.9	21.4
Harrison County	8.24	75%	71%	75%	3%	3.8	0.0
Henry County	3.32	67%	80%	0%	34%	4.1	10.3
Highland County	12.43	48%	77%	48%	10%	4.1	13.0
Hocking County	5.25	56%	14%	8%	8%	2.5	21.3
Holmes County	1.50	39%	17%	50%	12%	3.1	0.0
Huron County	1.40	19%	54%	100%	14%	2.7	0.0
Jackson County	5.17	33%	48%	17%	13%	4.1	13.5
Jefferson County	1.44	29%	58%	44%	7%	0.8	9.0
Knox County	3.68	65%	29%	13%	14%	3.8	14.0
Lake County	0.75	25%	35%	29%	8%	3.6	7.6
Lawrence County	2.50	25%	55%	27%	9%	2.1	10.1
Licking County	2.75	24%	37%	26%	10%	2.3	2.6
Logan County	2.20	55%	54%	39%	21%	5.2	63.9
Lorain County	1.89	24%	55%	36%	9%	4.0	16.7
Lucas County	4.35	34%	50%	31%	8%	3.2	9.1
Madison County	2.85	62%	60%	0%	4%	5.0	0.0
Mahoning County	3.00	27%	61%	44%	3%	5.9	3.6
Marion County	3.16	59%	31%	39%	13%	2.7	20.2
Medina County	1.24	18%	52%	41%	15%	3.2	10.7
Meigs County	2.24	86%	50%	100%	21%	3.8	0.0
Mercer County	0.45	45%	45%	50%	9%	0.0	9.5
Miami County	1.74	32%	73%	22%	6%	2.5	0.0
Monroe County	5.59	88%		20%	4%	0.0	0.0
Montgomery County	4.76	42%	41%	29%	12%	4.7	10.0
Morgan County	6.03	20%		50%	0%	2.9	0.0
Morrow County	3.12	38%	25%	43%	8%	1.2	9.4
Muskingum County	7.33	52%	47%	20%	13%	3.0	24.6
Noble County	1.82	50%			7%	5.5	0.0
Ottawa County	2.34	53%	25%	60%	7%	5.1	0.0
Paulding County	2.26	100%	100%		6%	7.8	0.0
Perry County	6.39	61%	57%	22%	9%	5.1	8.9
Pickaway County	0.69	22%	27%	29%	14%	2.2	0.0
Pike County	5.06	76%	50%	44%	7%	4.9	0.0
Portage County	3.28	52%	50%	41%	8%	2.9	7.5
Preble County	4.46	49%	52%	38%	2%	5.9	3.4
Putnam County	2.76	21%	78%	100%	8%	3.3	0.0
Richland County	2.43	35%	44%	39%	17%	2.9	10.7
Ross County	6.42	59%	26%	32%	7%	5.6	8.0
Sandusky County	1.82	31%	20%	0%	7%	8.8	0.0
Scioto County	5.03	35%	41%	21%	9%	3.1	13.0
Seneca County	2.42	38%	83%	56%	14%	2.9	0.0
Shelby County	1.20	47%	45%	0%	12%	3.9	69.1
Stark County	3.78	33%	66%	52%	6%	4.3	6.0
Summit County	6.57	44%	50%	36%	7%	3.2	6.9
Trumbull County	2.33	33%	47%	47%	3%	3.3	2.3
Tuscarawas County	3.69	14%	75%	59%	11%	3.3	2.4
Union County	1.39	29%	86%	27%	4%	4.6	6.9
Van Wert County	0.61	43%	80%		11%	5.8	0.0
Vinton County	8.65	50%	40%	20%	6%	2.0	14.5
Warren County	1.63	36%	44%	33%	6%	4.1	6.4
Washington County	3.95	11%	35%	41%	10%	2.1	2.9
Wayne County	2.45	23%	43%	35%	15%	6.0	17.8
Williams County	2.88	52%	0%		13%	2.0	0.0
Wood County	1.13	50%	29%	0%	12%	3.6	12.6
Wyandot County	0.43	25%	67%	0%	13%	0.0	0.0

Additional resources demonstrating how each measure is calculated will be provided, along with a list of recommended actions to either explore the problem issue in greater length or take action to improve performance.

Systematic Factors

Statewide Information System

Item 19: Statewide Information System

Overview of Ohio's Comprehensive Child Welfare Information System (CCWIS)

Ohio's children services system has undergone significant transformation. Ohio is committed to creating and enhancing innovative solutions for children services agencies and is continuously enhancing its CCWIS automated functions to support over 300 agencies who serve children (88 Public Children Services Agencies (PCSA), over 200 Private Non-Custodial Agencies (PNA) and Private Child Placing Agencies (PCPA), five Bridges agencies, and 19 Title IV-E Juvenile Courts).

Ohio is a transitional state in efforts to become CCWIS compliant. CCWIS in Ohio supports several automated functions across multiple applications. The current landscape of Children Services applications is as follows:
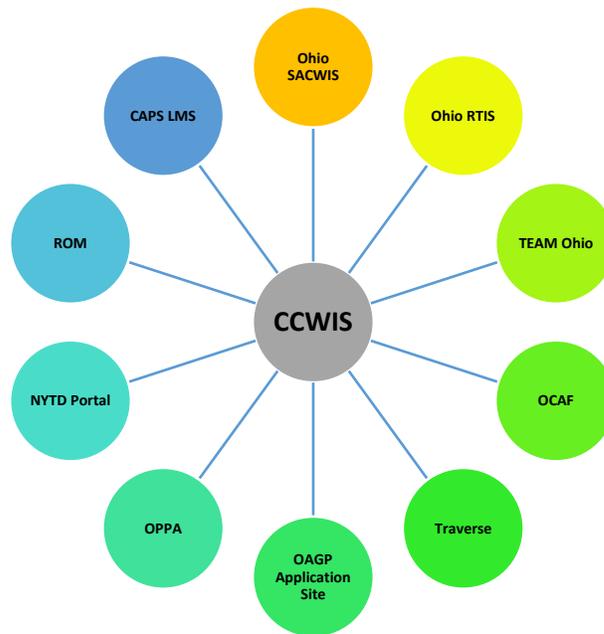
Ohio Statewide Automated Child Welfare Information System (SACWIS)

> **Supported Automated Functions**
>
> - **Intake**
> - **Assessment/Investigation Case Management**
> - **Ongoing Case Management**
> - **Adoption Case Management**
> - **Young Adult Case Management**
> - **Provider Management**
> - **Financial Management**
> - **Administration**
> - **Certification Management**

Ohio SACWIS supports most of the case and financial management activities for PCSAs and the extended foster care (Bridges) agencies throughout the state. It continues to be the main application used for children services activities. Along with Title IV-E activities, Ohio SACWIS also supports numerous programs that serve the children services population:

- Kinship and Adoption Navigator (OhioKAN)
- Youth Navigator Network (YNN)
- Kinship Support Program (KSP)
- Kinship Permanency Incentive Program (KPIP)
- Kinship Guardianship Assistance Program (KGAP)
- State Adoption Maintenance Subsidy (SAMS)
- Post Adoption Special Service Subsidy (PASSS)
- Prevention Services

Ohio SACWIS continues to be the source of information for federal National Child Abuse and Neglect Data System (NCANDS) and Adoption and Foster Care Analysis and Reporting System (AFCARS) data, as well as state child welfare data reporting purposes.

Ohio Residential Treatment Information System (RTIS)

> **Supported Automated Functions**
>
> - **Residential Case Management**

Ohio RTIS was created to support the Qualified Residential Treatment Program (QRTP) requirements. Ohio RTIS allows congregate care staff access to capture discharge planning and aftercare services and supports while not placing other children services information at risk. Ohio RTIS ensures that information from the youth's prior residential QRTP placements is available to the next placement, which prevents youth from repeating their stories and ensures continuity of care. Ohio RTIS resides in the Ohio SACWIS database which allows for information to flow easily between the two automated functions.

Ohio Certification for Agencies and Families (OCAF)

> **Supported Automated Functions**
>
> • **Certification Management**

OCAF was designed to make it easy for any citizen to learn about the certification process, inquire, and complete the certification process with an agency. The automated function was built on a Salesforce platform to ensure modularity by separating private agency activities from the investigative and case management functions performed by Title IV-E agencies. OCAF has a community portal where prospective foster and adoptive parents can submit inquiries to agencies or a central resources hub. All monitoring activities will also be captured in OCAF making it a statewide function for all certification activities. OCAF has a bi-directional integration with Ohio SACWIS to reduce data entry and ensure child welfare data is easily accessible. OCAF currently has the foster and adoptive caregiver application portal and all agency certification functionality.

Taking Early Action Matters (TEAM) Ohio

> **Supported Automated Functions**
>
> • **Community Reporting and Notification**
> • **Intake**

TEAM Ohio is a "self-service" reporting portal for mandated reporters to submit child maltreatment referrals directly to a PCSA, along with uploading supporting documentation. The portal will automatically generate Intake records in Ohio SACWIS through real-time integration. This will assist the state in streamlining and standardizing the referral process, reduce time and resources spent on hotline calls and data entry of referrals into Ohio SACWIS, and promote real-time reporting of child maltreatment. The portal is built on a Salesforce platform. The Reporting and Notification function began with a pilot in Spring 2023 and was integrated with Ohio SACWIS in SFY25. TEAM Ohio also has all intake functions.

During a future phase, DCY plans to include a notification function for the Community Reporting and Notification requirements set forth by the Comprehensive Addiction and Recovery Act (CARA) and the Plan of Safe Care.

Child and Adult Protective Services (CAPS) Learning Management System (LMS)

> **Supported Automated Functions**
>
> • **Training Management**

Ohio implemented a new Child and Adult Protective Services (CAPS) Learning Management System (LMS) which supports the delivery of training curricula based on a competency and performance management system for specified learner populations' learning and development. The function will contain all training materials for all of Ohio's CCWIS automated functions in one location and without

duplication. CAPS LMS is integrated with Ohio SACWIS and will be integrated with the Certification Management automated function to exchange:

- Employee, agency, and unit data
- Foster and adoptive caregiver information
- Foster parent training sessions

By exchanging the above data, data entry by public and private agencies will be reduced, processes will be streamlined, and all training content will be in one consistent place.

Supporting Operational Applications

Traverse

Supported Automated Functions
• **Intake** • **Assessment/Investigation Case Management** • **Ongoing Case Management** • **Adoption Case Management** • **Young Adult Case Management** • **Provider Management** • **Financial Management**

Traverse supports the document management activities and forms for agencies and provides a mobile solution that allows PCSA staff access to limited case data while in the field and outside of a network connection. Traverse is bi-directionally integrated with Ohio SACWIS to retrieve basic case and provider information and send draft activity logs. Traverse allows agencies to data mine across documents for specific information and link documents to both person and case records for easy accessibility. Traverse is a statewide document management system that allows agencies to access current and historical information for family cases outside of their own agency.

Results Oriented Management (ROM)

Supported Automated Functions
• **Intake** • **Assessment/Investigation Case Management** • **Ongoing Case Management** • **Adoption Case Management**

ROM reports, provided by Kansas University, are used by private and county level agency administrators and managers to monitor outcomes. The ROM reports are widely used in the Child and Family Services Reviews (CFSR) and Ohio's Child and Protection Oversight and Evaluation (CPOE). State level leaders use ROM to understand and evaluate Ohio's children service programs and provide meaningful data to external stakeholders.

National Youth in Transition Database (NYTD) Portal

Supported Automated Functions

- **Ongoing Case Management**
- **Adoption Case Management**
- **Young Adult Case Management**

The NYTD Portal is accessible to youth who have a completed Ohio SACWIS Independent Living Plan and a NYTD account is generated by the caseworker within Ohio SACWIS. Once a youth logs into the NYTD Portal using secure credentials, the NYTD Portal presents questions to the youth where the youth's answers provide an understanding of the youth's transition to living independently. The questions presented are defined in 45 CFR 1356.80-86. Data entered in the survey are stored in the CCWIS database.

Ohio PASSS Portal Application (OPPA)

Supported Automated Functions

- **Financial Management**

OPPA was created as a mechanism for adoptive parents to apply for Post Adoption Special Services Subsidy (PASSS) and upload supporting documentation. Once applications are submitted through the OPPA, subsidy records are created within Ohio SACWIS for eligibility determinations and issuance of payments by DCY.

Ohio Adoption Grant Program (OAGP) Application Site

Supported Automated Functions

- **Financial Management**

The OAGP Application site was created as a mechanism for adoptive parents to apply for OAGP and upload supporting documentation. Applications are submitted through the OAGP Application site where eligibility is determined, and payments are issued through Ohio SACWIS. OAGP has a bi-directional interface with the Child Support Enforcement Agency (CSEA) to allow for needed information from approved applications to be transmitted to CSEA for review of potential arrearages owed. Once reviewed, CSEA will enter applicable information, which will be automatically transmitted back to OAGP and feed into Ohio SACWIS for the payments to be generated and issued.

Processes for Entering and Updating Children's Information

Children Services information is primarily entered into Ohio SACWIS, which collects a wide range of data, from personal characteristics to special education details. However, educational, medical, and behavioral health information is often outdated due to manual entry by PCSA staff, caseworker turnover, and high workloads. Ohio plans to expand interfaces to automate data entry for children in care.

Data Entry and Management

Ohio SACWIS includes alerts and action items to help PCSAs in entering information for children. Policies require agencies to review the medical and educational information for children in care every six months. The report that displays this information is pulled from the child's person profile information and is to be included in the Semi-Annual Case Review that must be conducted every six months.

All person information is stored in the person module accessible from various processes within Ohio SACWIS. Analysts within the PCSA can extract data to identify patterns and trends, report on processes and outcomes, and target areas for improvement. The AFCARS 2020 Exception Report available in Ohio SACWIS highlights missing key data points, ensuring demographic information is recorded before intake disposition. DCY staff also utilize the AFCARS frequency and data quality reports available in the National Child Welfare Data Management System to identify potential areas where improvement is needed or where data is missing.

Timely and Accurate Data

Ohio has updated the CCWIS Automated Functions to be efficient, effective, and economical, ensuring flexibility to meet policy and practice needs. System validations ensure data completeness and accuracy, with more interfaces to being implemented to extract data directly from the sources. Reporting mechanisms for agencies include workload reports, aggregate reporting, CFSR Performance Measurements, and more that assist agencies and DCY to identify data issues and ensure timely entry.

Updates are made to the data and the automated functions when there are findings in AFCARS, NCANDS, NYTD, or other reporting. Informatica scorecards have been created to assist in monitoring the data in critical areas of Ohio SACWIS to identify data issues and alerts DCY to these issues for resolution. Policy requirements through the Ohio Administrative Code (OAC) such as recording placement information by the next business day, reinforce timely data entry.

Data Validation

Data validation within Ohio SACWIS is a critical and continuous process essential for ensuring the safety and well-being of children, supporting caseworker decision-making, and meeting federal reporting requirements. This validation occurs by using a multi-layered approach, which combine automated system checks, manual review by caseworkers and supervisors, and broader data quality monitoring, and federal oversight. The continuous process involves:

1. **System-Enforced Validation Rules:** The Ohio SACWIS platform is built with internal logic that prevents incorrect data entry. This includes the following checks: (a) Data Type and Format Enforcement: Ensuring that dates are entered as dates, numbers as numbers, and that specific formats for identifiers are followed; (b) Mandatory Fields: Preventing the user from proceeding without entering critical information, such as a child's date of birth or the date an investigation was initiated; (c) Logical Consistency Checks which look to flag inconsistencies, such as a placement date that occurs before a child's removal date. (d) Dropdown Menus provide standardized options, like a defined list of placement types or custody statuses; (e) Flags denoting Caseworker Responsibility, who have the primary responsibility for accurate data

entry. Caseworkers are responsible for entering data timely, accurately, and correcting errors they identify.

2. **Supervisory Review:** Ohio's supervisory review framework requires supervisors to review caseworker entries at key milestones and approve their work. This ensures there is clinical and practical oversight, quality assurance, and approval and authorization before cases can move forward.

3. **Quality Review Specialists:** Counties employ quality review specialists who examine case data quality to ensure practice conforms to state and local guidelines and accurately reflects case activity. These staff run regular data quality reports from ROM, which incorporates sophisticated automated checks that run in the background to identify potential data quality issues that may not be caught at the point of entry. These resources identify trends in errors, missing data, and inconsistencies across the system.

4. **Customized Reports:** Counties can design their own customized reports by using ad hoc data tables in Ohio SACWIS. These activities help them analyze the causes of data quality issues, identify and develop training needs, repairing confusing system workflows, or altering policy areas that may contribute to incorrect data entry.

5. **Federal Data Profiles:** Data quality reports issued in the Federal Data Profiles are helpful in identifying inconsistencies between and within the AFCARS and NCANDS data files over time.

Training

Ohio designed functionality to incorporate policy and practice guidance, assisting with high turnover and training needs of caseworkers. During functionality and initiative training, the teams incorporate the data that should be entered assisting in accurate data entry.

Knowledge Base Articles and User Guides are available for all system functionalities. Throughout these articles, they describe how to use the functionality and provides information on how to ensure timely and accurate data.

Accessibility

CCWIS Automated Functions are web-based applications that are accessible 24/7 with the only outages being for maintenance or system deployments of new functionality. When these outages occur, notifications are sent to agency points of contact as well as posted in a message within the system if it is a planned outage.

Data Exchanges

Ohio's CCWIS has interfaces with various systems, including:

- Title IV-A system: Bi-directional interface with Ohio Benefits (OB) for demographic, employment, income, and resources for youth in custody, parent/guardians, and other household members. Through the interface, Ohio SACWIS supplies OB with custody notifications and details. The OB system has connections with other entities such as the Social Security Administration to verify the accuracy of the data. Currently, Ohio is enhancing the data

exchange to obtain more detailed information from the OB system to assist the caseworkers with data accuracy. The project is expected to be implemented in July 2025.

- Medicaid Eligibility: Interface with OB for Medicaid eligibility and Managed Care Organization (MCO) information. Ohio SACWIS sends the information necessary for determining eligibility of the child welfare population and sends the information to the OB. OB determines the Medicaid type and sends back confirmation of both the Medicaid eligibility, dates, and MCO selected for the child.
- Support Enforcement Technology System (SETS): Bi-directional interface where Ohio SACWIS sends custody information, Title IV-E eligibility, monthly placement costs, youth and parental demographics, relationships, employment, and income. Ohio SACWIS receives paternity, child and parental demographics, income and employment, and monthly support collected for IV-E eligible youth from SETS. In April 2023, a second interface was created between the SETS system and the Ohio Adoption Grant Program (OAGP) to ensure that garnishment could be made if an adoptive parent approved for the grant owes child support.
- Ohio Department of Education and Workforce's (DEW) Statewide Student Identifier (SSID): The SSID system assigns unique codes to students in Ohio's public schools. Ohio SACWIS sends data for children under 21 to the SSID system, which matches and returns results securely. By July 1, 2025, Ohio CCWIS will have a bi-directional exchange with (DEW) to obtain education data based off current SSID matching.
- Child and Adolescent Needs and Strengths (CANS) Information Technology (IT) System: Implemented in September 2024, the CANS IT system interfaces with Ohio SACWIS in real-time integration allowing Title IV-E agencies to request any available assessments. By July 1, 2024, Ohio will complete an interface, so CANS Data integrated into Ohio SACWIS is available for caseworker consumption.

Stakeholder Input

The children services automated systems have many partners from PCSAs, Private Child Placing Agencies (PCPAs), IV-E Courts, Foster Care Advocates (including former foster youth), and a cross-section of DCY users across all bureaus. Feedback from these partners is obtained in many ways:

- **Webinars:** The CCWIS team routinely provides webinar overviews on project priorities and system functionality.
- **PCSAO Executive Membership Meetings:** Agency directors provide feedback on the CCWIS automated functions and user needs.
- **Automated Systems Review Committee:** A group created to provide feedback on needed enhancements to the CCWIS automated functions as well as to review proposed enhancements. The members also have an opportunity to weigh in on priorities and have participated in surveys to help provide necessary feedback. Membership consists of private and public agency users, a person with lived experience, and is tri-chaired by the main public and private agency associations, Public Children Services Association of Ohio, and Ohio Children's Alliance.
- **Statewide Data Quality Group**: The Statewide Data Quality group meetings bi-monthly to discuss data quality related issues in Ohio SACWIS and strategies to improve data quality.

Readily Identify Children in Care

The tables on the following pages for the period of April 1, 2024, through March 31, 2025, demonstrate that Ohio's Statewide Information system can identify the status, demographics, location and goals for the placement of children in foster care.

Demographic Characteristics

Age (Years)	Number of Distinct Children	Percent of Distinct Children	Cumulative Percent of Distinct Children in Each Age
0	1,282	5.5%	5.5%
1	1,671	7.2%	12.7%
2	1,637	7.0%	19.7%
3	1,327	5.7%	25.4%
4	1,256	5.4%	30.8%
5	1,229	5.3%	36.1%
6	1,049	4.5%	40.6%
7	1,031	4.4%	45.1%
8	948	4.1%	49.1%
9	986	4.2%	53.4%
10	948	4.1%	57.5%
11	929	4.0%	61.5%
12	916	3.9%	65.4%
13	1,020	4.4%	69.8%
14	1,173	5.0%	74.8%
15	1,316	5.7%	80.5%
16	1,380	5.9%	86.4%
17	1,385	6.0%	92.4%
18	1,245	5.4%	97.7%
19	357	1.5%	99.3%
20	102	0.4%	99.7%
21	68	0.3%	100.0%
22	1	0.0%	100.0%
Total	23,256	100.0%	100.0%

Gender	Number of Distinct Children	Percent of Distinct Children in Each Gender
Female	11,307	48.60%
Male	11,948	51.40%
Unknown	1	0%
Total	23,256	100%

Race	Number of Distinct Children in Each Race	Percent of Distinct Children in Each Race
Caucasian	11,359	48.80%
African American	7,141	30.70%
Multi-Racial	3,136	13.50%
Asian	76	0.30%
Unknown	17	0.10%
American Indian	15	0.10%
Native Hawaiian/Other Pacific Islander	3	0.00%
Hispanic	1,509	6.50%
Total	23,256	100.00%

Placement Location

Ohio can identify a child's location in the system. As placement information is directly linked to payment information, it is timely and accurate. Several years ago, it was identified that Ohio was showing gaps in placements. Upon researching and contacting agencies, it was identified that the system lacked the options necessary to reflect accurately where children were when they were in non-traditional placements (e.g., the agency, hotels). As a result, new functionality was added to Ohio SACWIS to allow agencies to record placements and child location records.

Placements are entered for paid placements or those approved/licensed, whereas child location records document the non-traditional settings, hospitals, lobbies, hotels, or when a child runs away. DCY has reviewed the data collected with these functionality changes, and through stakeholder feedback has been able to identify minor enhancements to further improve the functionality. Ohio SACWIS has indicators on the Child's Location list screen that shows when there are gaps in between records. There are also alerts and action items when data needs to be updated. Ohio utilizes the ROM reporting system to monitor the counts of children in custody and placement, as well as counts by placement type.

As of March 31, 2025, there were 14,248 children in placement. As evidenced below, a report can be generated that identifies the following placement location by placement type of children.

Placement Type	Number of Distinct Children	Percent of Children in Each Placement Type
Family Foster Care	7,876	55.30%
Approved Adoptive Home	434	3.00%
Pre-Adoptive Infant Home	0	0.00%
Emergency Foster Care	1	0.00%
Family Foster Home	4,578	32.10%
Medically Fragile Foster Home	28	0.20%
Treatment Foster Home Exceptional Needs	1,542	10.80%
Treatment Foster Home Special Needs	1,293	9.10%
Kinship Care	3,666	25.70%
Kinship Care -- Non-Relative Home	754	5.30%
Kinship Care -- Parent (ICPC)	1	0.00%
Kinship Care -- Relative Home	2,911	20.40%
Congregate Care	2,093	14.70%
Children's Residential Center	1,002	7.00%
Detention Facility	87	0.60%
Emergency Shelter Care Facility	8	0.10%
Group Home	936	6.60%
Hospital Admission	40	0.30%
Nursing Home	12	0.10%
Residential Parenting Home	8	0.10%
Trial Home Visit	190	1.30%
Independent Living	213	1.50%
Other	210	1.50%
Emergency Care	1	0.00%
Non-Reimbursable Service	19	0.10%
Runaway/AWOL	92	0.60%
Unknown	98	0.70%
Total Children in Care	**14,248**	**100.00%**

Permanency Goals

A child's permanency goal is entered in the Family Case Plan in Ohio SACWIS. The permanency goal is reviewed during Semiannual Reviews, every six months, and if the agency identifies that the permanency goal needs updated, the system will create a draft updated Family Case Plan and an action item to complete the Family Case Plan. Ohio SACWIS also has reports that display the permanency goal and show when Family Case Plans need to be updated.

The following report identified the Permanency Goals for the 23,256 children in care.

Permanency Goal	Number of Distinct Children	Percent of Children in Each Permanency Goal
ADOPTION	5,401	23.22%
INDEPENDENTLIVING/EMANCIPATION	1,225	5.27%
MAINTAIN IN OWN HOME	676	2.91%
PERM PLACE REL	1,220	5.25%
PLACEMENT OF CHILDREN PLANNED ARRANGEMENT	173	0.74%
RETURN CHILDREN TO PARENT	13,829	59.46%
UNKNOWN	732	3.15%
TOTAL	23,256	100.00%

Assessment of Performance

Review of current data indicated that Ohio's CCWIS captures the legal status, demographic characteristics, location, and goals for the placement of every child who is or has been, within the immediately preceding 12 months, in foster care. Ohio continues to enhance its automated functions to improve the quality and timeliness of data being entered. Ohio's CCWIS offers a variety of reports for staff to utilize to ensure that quality data is entered into the system. The CCWIS team, in collaboration with stakeholders, continues to work to enhance the system to ensure that quality data is entered, in the most user-friendly ways possible. While it is a strength, Ohio continues to work to make enhancements and improvements to the CCWIS.

Ohio's technical assistance specialists (TAS) utilize multiple reports in ROM and Ohio SACWIS in their work with agency staff. Data quality issues are then addressed with agencies and data is used to guide practice improvement. TAS staff also ensure that data is accurate during monitoring reviews. Agency staff can also utilize AFCARS 2020 exception reports to identify AFCARS related errors or missing data and then make corrections in Ohio SACWIS.

Ohio has received guidance from the federal AFCARS team on anomalies in the AFCARS 2020 files. Ohio continues to work to correct issues that have been identified. Ohio's 2025A AFCARS file was submitted after numerous code corrections were made. Additionally, Ohio resubmitted the three prior files. Ohio utilizes the AFCARS frequency and data quality files available on the National Child Welfare Data System to identify additional issues that need corrected.

Case Review System

Item 20: Written Case Plan

Ohio continues to demonstrate strong performance in ensuring that every child has a written case plan developed jointly with their parent(s) and that the plan includes all required provisions. The state's multi-layered approach—rooted in Ohio Administrative Code (OAC) rules, Ohio SACWIS automation, Technical Assistance, and ongoing quality assurance monitoring—supports effective statewide case planning.

OAC rules establish clear guidelines for varied case types, including voluntary, court-ordered, and specialized placements. The following is a synopsis of each of the rules:

- OAC 5180:2-38-05 (*PCSA case plan for children in custody or under protective supervision*) sets forth the requirements that apply to the case plan for children in custody or under court-ordered protective supervision. The case plan is a written working agreement between the family and the PCSA that identifies the strengths of the family, concerns to be resolved and supportive services to be provided. The plan documents what each party agrees is required to address to ensure the safety, permanency and well-being of the child.
- OAC 5180:2-38-05.1 (PCSA requirements for completing a family case plan and review when a child is placed in a qualified residential treatment program (QRTP)) sets forth requirements to develop a family case plan when placing a child in a Qualified Residential Treatment Program (QRTP). The plan must involve a family and permanency team consisting of relatives, kin, and professionals, including individuals chosen by the child if they are 14 or older. It ensures active family engagement, well-documented placement decisions, and prioritization of sibling connections. The plan must also justify non-foster home placements, incorporate parental input if reunification is the goal, and provide evidence supporting QRTP placement based on assessments.
- OAC 5180:2-38-05.02 (*PCSA family case plan requirements for kinship guardianship assistance program (KGAP)*) sets forth requirements for developing a family case plan for children eligible for the Kinship Guardianship Assistance Program (KGAP). The rule mandates that PCSAs support the application and eligibility process for KGAP when a child has a case plan goal or concurrent plan of custody with a fit and willing kinship caregiver. It also requires documentation of efforts to explore adoption as an alternative, justification for kinship guardianship as the best option, and consultation with youth aged 14 and older regarding their placement. Additionally, PCSAs must assess sibling placement decisions and engage parents in discussions about guardianship arrangements when appropriate.
- OAC 5180:2-38-06 (*Required contents of a PCPA case plan document*) sets forth the content requirements for private child placing agency (PCPA) case plans. The case plan shall include identifying information of the family and all children; any tribal affiliation; strengths of the family; concerns/expected changes/services; case plan goals; visitation plan; health and education; circumstances regarding removal of the child; appropriateness of placement; documentation of exceptions to filing a motion for permanent custody; documents efforts for permanency; signature of parent/guardian/custodian, other parties and agency representatives; a statement of how the parent/guardian/custodian participated in the

development of the case plan, and if the parent/guardian/custodian did not participate in case planning an explanation of why they did not participate and how the agency solicited the family's participation in case planning.

- OAC 5180:2-38-07 (*PCPA case plan for children in custody or under court-ordered protective supervision*) sets forth the requirements that apply to PCPA case plans for children in custody or under court-ordered protective supervision. The case plan is a written working agreement between the family and the PCPA which identifies the strengths of the family, concerns to be resolved and supportive services to be provided. The plan documents what each party agrees is required to address the family's and child's service needs and to continue to provide for safety, health, and well-being of the child. The case plan provides overall structure to the casework process and provides an instrument to evaluate case progress and accountability of participants.

Data Sources and Analysis Methodology

Ohio employs a comprehensive mix of quantitative and qualitative data sources to monitor case plan effectiveness. **Ohio Comprehensive Child Welfare Information System (CCWIS)** ensures system-wide tracking and timely completion of case plans.

Ohio SACWIS provides the state with the ability to assess and ensure the Family Case Plan requirements are met. Data can be pulled to see what percentage of cases have completed case plans. Data pulled from the SACWIS system for youth in agency custody for at least six months as of April 1, 2025, is explained below:

Parameters: Children covered by the state's Title IV-E plan who are in care during a specific period and who have been in care for at least 60 days and have a written case plan.

Measurement approach: Quantitative

Numerator: Number of children from the denominator who have been in care for at least 60 days and who have a written case plan.

Denominator: Number of children entering care during a specified period, or who were in care at a given point in time and who had been in care for at least 60 days.

Results: There were 13,573 children in custody and placement of an PCSA or a Title IV-E court who had been in custody at least 60 days as of April 1, 2025. Of those children 98% (13,302 children) had a written case plan.

Child Protection Oversight Evaluation (CPOE) assesses timely and appropriate permanency goals through standardized statewide reviews.

CPOE reviews are conducted in all 88 counties of Ohio, and the data reporting is pulled from all counties from the Ohio SACWIS system. The data compiled from CPOE reviews follow a consistent tool and framework, ensuring data to be both accurate and reliable from a statewide perspective.

- Ohio's CPOE utilizes the CFSR Case Review Instrument as the quality assurance review instrument. In phase one of CPOE Stage 12, the CFSR Round 3 tool was utilized and in phase two the CFSR Round 4 tool was utilized.

- Item 5 of the tools examined the timely establishment and appropriateness of the child/youth's permanency goal. Ohio's practice dictates that the permanency goal is established in a completed case plan, and thus item 5 is an excellent method for examining case plan practices statewide.
- In CPOE 12 Phase 1, item 5 was applicable in 326 cases. Case plans where the permanency goals are documented in Ohio SACWIS were found to be established timely in 307 cases, which is 94.17% strength ratings. Case plans were found to have appropriate permanency goals in 313, or 96.01%, of the cases.
- CPOE 12 Phase 2 data for item 5 showed similar results to Phase 1. In an examination of 706 applicable cases, 649 or 91.93% were identified as strengths. Case plans were found to have appropriate permanency goals in 695 or 98.44% of the cases.
- CPOE Stage 12 results for Item 13 – Case Planning was at 90.72% with 1,056 cases rated as a Strength out of 1,164 cases reviewed.
- Item 13 of the tools examine the child and family's involvement in case planning. Ohio's performance improved between the phases of CPOE 12, with increased family participation. The data suggests that technical assistance on including fathers has shown positive results and will continue.

These tables show the involvement of children, mothers, and fathers in case planning processes during both phases of CPOE 12.

Phase 1 of CPOE 12

Participant	Foster Care	All Cases
Child	93.07% of 202 (188)	88.96% of 326 (290)
Mother	93.36% of 271 (253)	91.57% of 510 (467)
Father	79.12% of 182 (144)	81.36% of 354 (288)

Phase 2 of CPOE 12

Participant	Foster Care	All Cases
Child	97.62% of 420 (410)	94.29% of 718(677)
Mother	93.98% of 515 (484)	93.05% of 1022 (951)
Father	89.94% of 308 (277)	89.5% of 679 (608)

Technical Assistance Specialists (TAS) data tracking: Indicates ongoing county-level support, with case planning identified as the leading TAS assistance topic in 2024.

Family Team Meetings (FTMs) and county engagement strategies: Evaluates parent involvement and caseworker collaboration in developing case plans.

FTMs are an intervention strategy used by many of Ohio's Counties and have proven through case reviews to have a strong level of family engagement. Ohio's Technical Assistance team has worked diligently to spread the best practices and lessons learned from FTMs. While not all 88 counties have the resources to implement a formal FTM process, many agencies have implemented practices and policies to enhance engagement of family members and particularly target engagement of fathers.

In the CPOE 12 self-assessment process, agencies were asked to include information regarding their family engagement strategies. The chart below demonstrates the growing use of FTMs and the number of counties that have additional engagement strategies intentionally implemented.
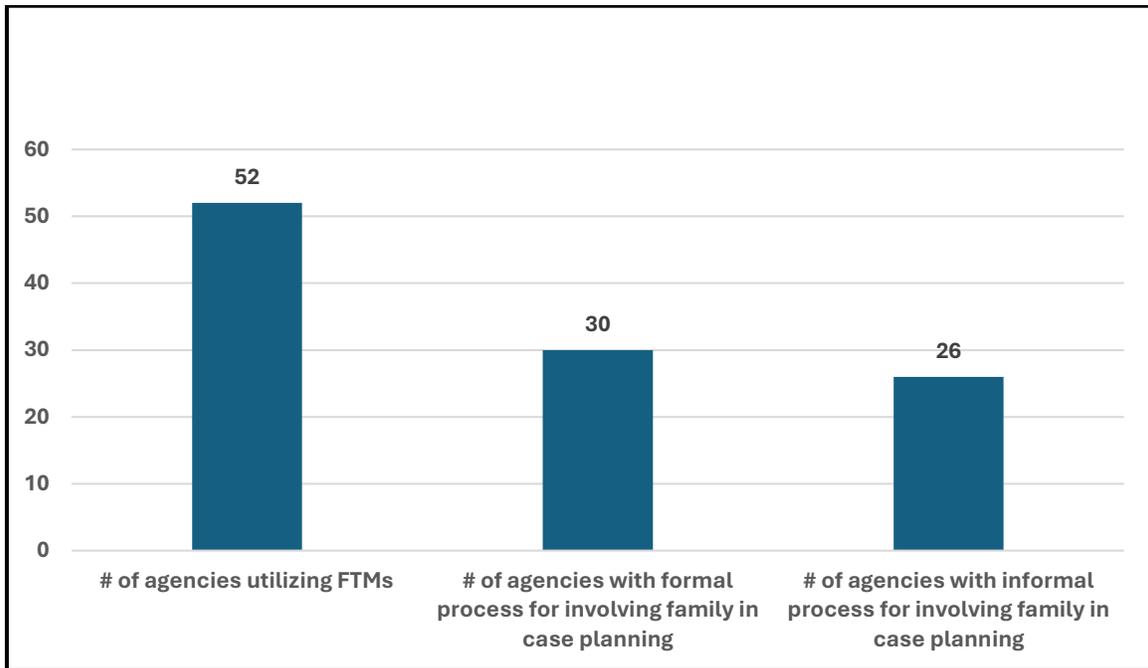
- o 67% utilize FTMs
- o 38% have formal process for family involvement in case planning
- o 33% have informal process
- o Notable practices for engaging fathers include:
  - Agency policy to make 3 attempts to engage father or non-custodial parent at time of case planning and then a requirement to complete additional searches at least every 30 days.
  - Assisting fathers with how to establish paternity and get visitation through the court system.
  - Agency policy to utilize various system to locate the father and his whereabouts (Accurint, Justice Web, social media, etc.).
  - Creation of an absent parent checklist to assist caseworkers in locating fathers.
- Ohio Youth and Family Ombudsman recommendations: Guides continuous improvement efforts related to transparency, parent engagement, and case plan oversight.

- o In the Ohio Youth and Family Ombudsman 2023 Annual Report, the following recommendations were made:

Case Plan Development
PCSA supervisors should regularly and carefully examine case plans, especially those requiring an extended period of family separation, to ensure that parents/legal guardians are properly consulted and engaged in case plan development. A child safety concern identified at the time of removal may not warrant identical government scrutiny 12 months later. Similarly, the needs of children and caregivers

alike might naturally evolve over time. Accordingly, the Family Ombudsman recommends that assigned PCSA staff take proactive steps, as often as needed, to ensure that all approved case plan participants understand (1) the purpose of a required (court-approved) case plan, and (2) the agency's expectations surrounding all recommended services, including participation beyond mere attendance at appointments and modified behavior that demonstrates an adult's commitment to change.

Case Plan Transparency

Offering candid feedback to any party about any perceived case plan regression (or potential violation of law) is no easy endeavor; however, providing polite and honest guidance to alert involved parties to case plan difficulties or delays *at each home visit* will facilitate need-based case plan development. Furthermore, regular contact with service providers will help case decision-makers gain and maintain proper insight regarding progress or unrealistic case plan goals.

Any future efforts to improve case plan engagement through increased transparency between agencies and parties should include ongoing training to teach inexperienced PCSA staff how to have difficult conversations with parents about case outcomes they may not want. All resource families, including and especially temporary caregivers, should be empowered and openly invited to provide information related to any unmet needs. Case plan transparency may also require PCSA staff to frequently remind temporary caregivers – including foster parents hoping to expand their own families and relatives concerned about longer-term household needs – that PCSA case parties with parental rights still intact must be apprised of a child's health and routines during reunification efforts.

Families' Experience with the Case Planning Process

Ohio's case planning system prioritizes family involvement, FTMs, and TAS-led outreach have strengthened parent participation, especially for mothers. Efforts to improve case plan transparency—including direct parent feedback, clear service expectations, and guidance from caseworkers—are ongoing.

Evidence Limitations

While Ohio's case review system remains strong, some potential limitations include:

- Variability in county-level implementation: Not all counties have formal FFTM processes affecting engagement consistency.
- Delays in documentation: Occasional case-specific challenges in meeting the required 30-day timeframe for completing updates.
- Challenges in father involvement: Despite targeted technical assistance, father engagement continues to be an area for ongoing improvement.

Areas for Improvement

Ohio recognizes key areas that require continuous enhancements:

- Further Increasing Family Engagement: While mother and child participation rates remain high, additional focus is needed to sustain improvements in father engagement.
- Expanding FTM Resources Across Counties: Encouraging broader implementation of formal Family Team Meeting practices statewide.

- Enhancing Case Plan Transparency: Implementing Ombudsman recommendations to ensure parents understand their responsibilities and expectations.
- Strengthening Feedback Mechanisms: Providing clearer communication around case plan progress and service participation expectations.

Item 21: Periodic Reviews

Ohio's Semi-Annual Administrative Review Process

Ohio's six-month SAR schedule fully satisfies the federal "first periodic review within six months of entry into care" rule—often earlier than required because the state starts the clock at complaint-filing or actual removal, not 60 days after removal. Because Ohio's triggers and frequency are at least as stringent as federal law, agencies that complete SARs on time are also in federal compliance. OAC 5180:2-38-10 outlines this process and is summarized below:

- SAR Requirement: PCSAs must complete a SAR every 180 days for children with a Family Case Plan under specified rules.
- Review Timeline: The first SAR must occur within 180 days of key events like court filing, placement, and subsequent reviews must follow the same schedule.
- Notification & Participation: PCSAs must provide at least seven days' notice to relevant parties before the SAR meeting. Some individuals may be excluded if they cannot be located, decline participation, or fail to attend.
- Review Panel Composition: Protective supervision/substitute care cases: At least three members (caseworker, independent reviewer, and supervisor).
- Court Hearings as SAR Substitute: A court hearing can replace an SAR if specific conditions are met, including addressing key review issues and notifying involved parties.
- Documentation & Reporting: PCSAs must provide SAR copies to parties involved within seven days after completion. Protective supervision and substitute care cases require SAR filings with the court. Stakeholders have seven days to object to proposed Family Case Plan changes after receiving SAR results.
- Concurrent Planning: If a child has an active concurrent plan, updates must be incorporated into SARs.
- Record-Keeping: PCSAs must maintain SAR records and associated Family Case Plan updates in SACWIS (Statewide Automated Child Welfare Information System).

Components of Ohio's Semi-Annual Administrative Review

- **Members in the Review** This includes the family case plan information, semiannual administrative review details, children in the semiannual administrative review, and adults in the semiannual administrative review.
- **Custody** This allows the user to document why the agency services must continue or be terminated and how the child's current location meets the child's needs.
- **Case Progress Review** There are three sub-sections that include the Concerns Review, Case Analysis, and Candidate for Foster Care.
  - The Concern Review allows the user to discuss the progress towards addressing the safety and permanency and/or well-being issues.

- o The Case Analysis is generated from the most current Case Review.
  - o The Candidate for Foster Care section allows the user to indicate why the child is at serious risk of removal and services in the case plan intended to mitigate the child's risk of removal.
- **Permanency Planning** This section allows the user to document the following areas:
  - o Agency's recommendation regarding the child's custody arrangement for the next one hundred eighty days.
  - o A summary of the intensive ongoing effort to secure the placement with a fit and willing relative or kin.
  - o If the agency has filed for permanent custody.
  - o If a concurrent plan is needed for the child.
  - o Agency's progress toward implementing the child's concurrent plan.
  - o Efforts the agency has taken to ensure the child's caregiver follows the Reasonable and Prudent Parent Standard and effort to ensure the child has ongoing opportunities to engage in appropriate activities.
  - o Identify the activities the child has /is participating in during the last six months as well as any planned.
  - o Agency recommendation regarding the child's PPLA status.
- **Permanency Goal**
  - o This section includes if the child's medical and education information has been updated and provided to the substitute caregiver.
  - o The section also includes the child permanency goal, if needs updated and estimated date to achieve the permanency goal.
- **Independent Living Information**
  - o Provides narrative for the Readiness Review, documents when credit reports were obtained from credit report agencies, and youth contacts.
- **Signatures**
  - o This section allows the user to document signatures of individuals who participated in the SAR.

Supporting Periodic Reviews

Ohio SACWIS also provides *Action Items*, which are alerts to workers and supervisors for when work items are coming due. An *action item* is generated whenever one of the following occurs:

- Case Plan Approval
- Recording of a placement record
- Recording of the filing of the original complaint, court order, or legal status
- 30 days from the date of a disposition
- Completion of the Family Assessment

The *SAR/Case Review Due Date Report* is available to county caseworkers and supervisors through the SACWIS system. TAS staff assigned to each county from Ohio DCY routinely provide technical assistance regarding timeliness and rule requirements.

Quality Assurance of Periodic Reviews

Child Protection Oversight Evaluation

While the CFSR tools do not include a measure explicitly recording formal periodic reviews, there are several measures that identify whether ongoing reviews are taking place in cases. When considered alongside Ohio SACWIS data, these measures provide further evidence that Ohio is conducting periodic reviews of our cases. Below are the measures examined, and the total number of cases reviewed.

- Item 3, sub-item: The agency conducted ongoing assessments that accurately assessed all risk and safety concerns.
  - Phase 1 cases: 568
  - Phase 2 cases: 1227
- Item 12A, sub-item: The agency conducted formal or information initial and/or ongoing comprehensive assessments that accurately assessed the child's needs.
  - Phase 1 cases: 580
  - Phase 2 cases: 1233
- Item 12B, sub-item: The agency conducted formal or information initial and/or ongoing comprehensive assessments that accurately assessed the mother's needs.
  - Phase 1 cases: 506
  - Phase 2 cases:1036
- Item 12B, sub-item: The agency conducted formal or information initial and/or ongoing comprehensive assessments that accurately assessed the father's needs.
  - Phase 1 cases: 376
  - Phase 2 cases: 709
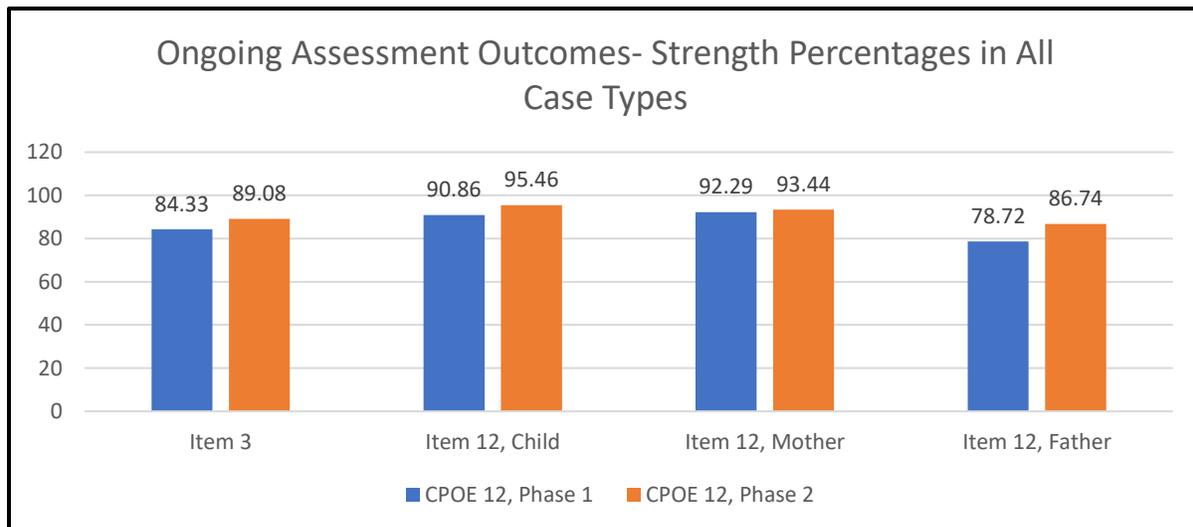
Item 22: Permanency Hearings

Permanency Hearings in Ohio

Per ORC 2151.417(C), juvenile courts are required to hold a permanency hearing no later than 12 months after the earlier of: the complaint filing date; or the date the child was first placed in shelter care. Ohio's

SAR schedule matches this timeline. Together, both are aligned with the federal requirement for permanency hearings.

Regular and timely hearings are a critical piece of achieving permanency for children. Thus, tracking custody timeframes and identifying when hearings should be requested is critical for service teams. In order to support this task, Ohio's SACWIS system make the following reports and technical assistance on how to utilize them available to service teams throughout Ohio.

Children in Placement

Agencies must enter a custody begin and end date on the parameter page so for agencies to use it for tracking purposes. They enter an older begin date with a future end date and then are able to filter out all custody episode end dates to only display the youth currently in custody. This report identifies the Custody Status (TC, PC), the Legal Status Begin Date, the Number of Months/Days from the beginning of the custody episode.

SAR/Case Review Due Date Report

This report provides the current case status (custody, COPS/VPS), last SAR/case review date, next SAR/case review due date, and the initial date of the trigger activity (meaning the date of the original court complaint or date of the case plan signature, etc.) This report requires a begin date and end date.

Item 23: Termination of Parental Rights

Overview of System Functioning

Clear statutory guidance, systematic tracking, and strong quality assurance mechanisms help ensure that filings for TPR are conducted timely and appropriately across the state.

OAC rule 5180:2-42-95 *Obtaining Permanent Custody: Termination of Parental Rights* outlines the mandates for filing for termination of parental rights. It also lists the circumstances when the agency is not required to file a motion for permanent custody of a child:

- The PCSA or PCPA has documented in the case plan there is a compelling reason for determining that the filing of a motion to seek permanent custody of the child and terminate parental rights is not in the best interest of the child.
- The PCSA or PCPA has documented in the case plan that the agency has not provided the child's parent, guardian, or custodian with services outlined in the case plan which were deemed necessary for the safe return of the child to the child's home.

Data Sources and Analysis Methodology

Ohio evaluates the effectiveness of TPR filings using multiple quantitative and qualitative data sources, including:

- **Ohio Administrative Code (OAC) 5180:2-42-95** Defines key conditions for filing for permanent custody, exceptions, and process requirements.
- **Statewide Automated Child Welfare Information System (SACWIS)** Tracks custody timelines, case plan status, and agency filings.
- **Children Needing Permanency report** This report provides a list of all children in agency custody and includes the initial custody date, number of days in custody, current custody status,

and case plan goal. This report provides information on all kids in custody for the agency selected.

- **Children in Placement** Agencies must enter a custody begin and end date on the parameter page so for agencies to use it for tracking purposes. They enter an older begin date with a future end date and then are able to filter out all custody episode end dates to only display the youth currently in custody. This report identifies the Custody Status (TC, PC), the Legal Status Begin Date, the Number of Months/Days from the beginning of the custody episode.
- **SAR/Case Review Due Date Report** This report provides the current case status (custody, COPS/VPS), last SAR/case review date, next SAR/case review due date, and the initial date of the trigger activity (meaning the date of the original court complaint or date of the case plan signature, etc.) This report requires a begin date and end date.
- **Technical Assistance & Training** Includes QA reviews, SACWIS training, and support services for tracking permanency timelines.
- **Child Protection Oversight Evaluation (CPOE) Reviews** Utilizes CFSR Round 3 and 4 tools to assess compliance and effectiveness.
    - o For substitute care cases reviewed, a determination is made if the child had been in foster care for at least 12 of the most recent 22 months whether: (1) the agency had filed a petition with the court to terminate parental rights; or (2) the agency had documented compelling reasons for not filing for termination of parental rights. These cases are evaluated utilizing the CFSR Review tools for round 3 and 4.
    - o Item 5, sub-items: Question 5F and 5G) The agency filed or joined a TPR petition before the period under review (PUR) or in a timely manner during the PUR or an exception applied. In CPOE 12 Phase 1, item 5 was applicable to 326 cases and the TPR sub-items were applicable to 76 cases. Of these 76 cases, 65, or 85.53% were rated a strength. In CPOE 12 Phase 2, item 5 was applicable to 706 cases and the TPR sub-items were applicable to 278 cases. Of the 278 cases, 261, or 93.88% of cases were rated as strong.
    - o The larger number of cases reviewed in Phase 2 provide greater confidence in the outcomes data. While practice improved in several different items between Phase 1 and Phase 2, the low sample size in Phase 1 makes it difficult to know if performance improved. Still, the actual measured performance in both phases out-performs self-assessment data.
- **County Self-Assessments** Provides local insights into agency practices surrounding TPR filings. Achieving permanency timely is an area of focus for Ohio's training and technical assistance. County self-assessments indicate that 83% of counties believe that they file for TPR when children are in the temporary custody of their agency for 12 of 22 months. Statewide CPOE data aligns with the county self-assessment data.
    - o The analysis methodology integrates data tracking, caseworker assessments, and formalized court review processes to ensure timely and justified TPR filings.

Percentage of Strength Ratings: Item 5, TPR Sub-Items
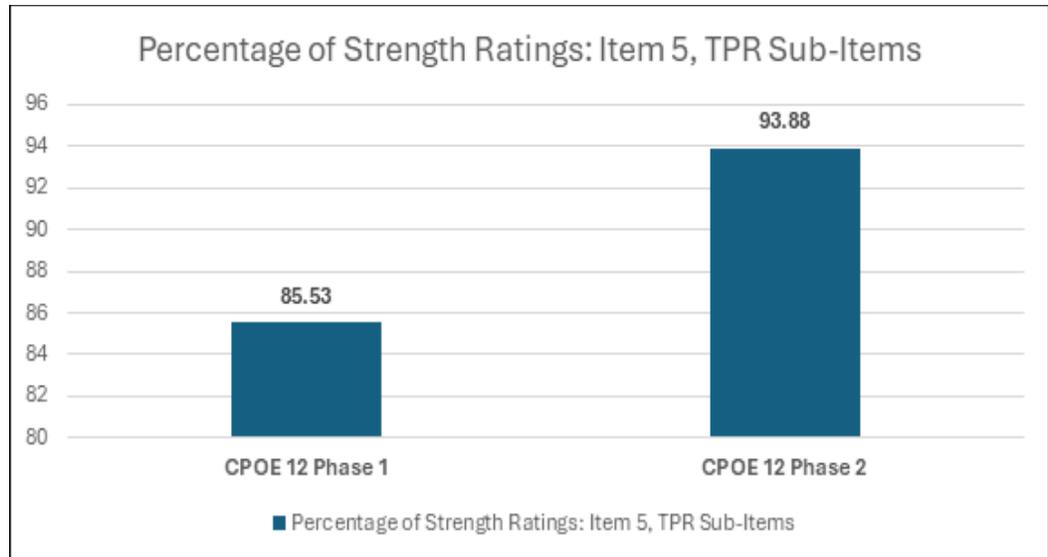
Evidence Limitations

While Ohio exhibits strong compliance, there are some limitations:

- Variability in county-level implementation: Differences in caseworker documentation practices could impact local trends.
- Limitations in self-assessment data: County-reported confidence levels in timely filings (83%) may not fully reflect actual compliance trends.
- Timeliness Variations: Supreme Court data shows fluctuations in case backlog, with TPR motions exceeding the standard nine-month disposition timeframe in 11-12% of cases.

Strengths Identified in System Functioning

Ohio's case review system excels in managing TPR filings and permanency planning with notable Strengths:

- Timely and Appropriate Filings: SACWIS tracking ensures cases meet statutory requirements, preventing unnecessary delays.
- Comprehensive QA Monitoring: CPOE Phase 2 shows strong agency compliance (93.88% of cases rated a strength).
- Clear Legal Framework: OAC regulations define conditions for TPR filings, ensuring uniform decision-making across agencies.
- Effective Permanency Tracking: Reports such as Children Needing Permanency and SAR/Case Review Due Date Report aid caseworkers in monitoring filing deadlines.
- Judicial Oversight: Supreme Court permanency dashboard provides visibility into court timeliness, strengthening state-level monitoring efforts.

Areas for Improvement

- Despite strong system functioning, Ohio has identified areas for continued enhancement:

- Reducing Court Processing Delays: Supreme Court data indicates that a small percentage of cases (11-12%) exceed the standard time frame, suggesting room for improvement.
- Enhancing Local Implementation Consistency: Ensuring uniform adherence across all counties to reduce variations in case documentation and filing procedures.
- Strengthening Data Confidence: Expanding QA reviews and refining county self-assessment measures could further improve tracking accuracy.

Stakeholders' Experience with the TPR Process

Stakeholder feedback indicates Ohio's commitment to timely filings, with strong adherence to statutory guidelines. Agencies prioritize permanency planning, ensuring that TPR motions align with the child's best interest. The QA monitoring process provides additional safeguards, helping caseworkers and courts make informed permanency decisions.

Item 24: Notice of Hearings and Reviews to Caregivers

While statutory guidelines under Ohio Revised Code 2151.424 establish the expectation that caregivers receive timely notification of hearings and reviews, implementation across counties has shown inconsistencies. The right of caregivers to be heard during proceedings is legally upheld, but additional monitoring and procedural enhancements are needed to ensure this right is exercised effectively.

Data Sources and Analysis Methodology
Ohio's assessment of Item 24 draws from multiple data sources and qualitative insights, including:

- Ohio Revised Code 2151.424: Establishes legal mandates for caregiver notification and right to be heard.
- Ohio Child Welfare Training Program (OCWTP): Provides preservice and ongoing training for caregivers on their role in court proceedings.
- Ohio Supreme Court's Caregiver Notice & Right to Be Heard Toolkit (2019): Offers guidance to juvenile courts for improving notification consistency.
- Ohio Youth and Family Ombudsman's 2023 Annual Report: Highlights caregiver concerns regarding inconsistent and delayed hearing notifications.
- County-Level Court Practices: Individual courts vary in documentation and notification procedures, affecting statewide consistency.

Ohio's analysis and methodology includes reviewing qualitative feedback from caregivers, assessing legal compliance trends, and measuring training effectiveness regarding caregiver rights.

Evidence Limitations
The primary limitations in assessing Item 24 include:

- Lack of uniform implementation: Notification procedures vary between courts, leading to inconsistencies in caregiver participation.
- Absence of statewide tracking data: No centralized system exists to measure timeliness or accuracy of caregiver notifications.
- Limited caregiver awareness: Some caregivers remain uncertain of their right to be heard, indicating a need for further training and outreach.

Strengths Identified in System Functioning

Despite identified challenges, Ohio has several strengths in supporting caregiver participation in hearings and reviews:

- Legal Framework Established: Ohio law explicitly mandates notification of hearings and the right to be heard for foster caregivers, kinship caregivers, and prospective adoptive parents.
- Caregiver Training Programs: OCWTP offers multiple standardized courses to ensure caregivers understand their legal rights and responsibilities.
- Judicial Resources Available: The Caregiver Notice & Right to Be Heard Toolkit provides structured guidance to courts.
- Ongoing Ombudsman Advocacy: The Ohio Youth and Family Ombudsman has prioritized transparency and accountability in caregiver notification practices.

Areas for Improvement

Ohio recognizes that additional efforts are needed to strengthen caregiver notification and participation in hearings. Key areas for improvement include:

- Standardizing Notification Procedures: Ensuring consistent and timely written notice across all counties to improve caregiver participation.
- Enhancing Documentation Requirements: Expanding SACWIS or court-based tracking to verify notification timeliness and accuracy.
- Increasing Caregiver Awareness: Strengthening training outreach to ensure caregivers fully understand their right to be heard.
- Improving Collaboration Between Agencies and Courts: Enhancing communication pathways between caseworkers, legal teams, and caregivers for better engagement.

Caregivers' Experience with Hearing and Review Notification Process

Caregivers have expressed concerns regarding inconsistencies in notification timing, with some receiving late or unclear notices for court proceedings. Ombudsman's recommendation underscores the need for agencies to document and improve the timeliness of hearing notifications. Additionally, caregivers require clearer guidance on how to effectively present information in court.

Quality Assurance System

Item 25: Quality Assurance System

Child Protection Oversight and Evaluation Process

The Child Protection Oversight and Evaluation (CPOE) quality improvement reviews were established under the authority set forth in Ohio Administrative Code (OAC) on July 1, 1997. CPOE is the process through which Ohio evaluates PCSA practice in its 88 counties and provides technical assistance and quality assurance which is designed to continuously improve practice. CPOE is also used to evaluate practice in the Title IV-E courts.

Based upon the findings of a CPOE review, PCSAs/IV-E courts work with Ohio Department of Children and Youth (DCY) staff to develop a Plan for Practice Advancement (PPA) which outlines strategies to improve casework practice and/or address systemic issues. PCSA/IV-E court staff are active participants

in monitoring implementation of their PPA to determine achievement of identified outcomes. During implementation of the PPA the PCSA/IV-Court can modify its PPA when it determines their strategies are not working and they need to implement a different strategy.

Every department is required by law to conduct a review of its Administrative Code rules every 5 years. This requirement provides DCY with the opportunity to obtain ongoing stakeholder input on the CPOE process. Technical Assistance Specialists facilitated six listening sessions to obtain input from counties throughout Ohio on recommendations for improvements. Meetings continue to be held with the Public Children Services Association of Ohio (PCSAO) who formed a sub-group to provide direct input on the CPOE process and OAC rule revisions. The end goal of soliciting stakeholder feedback was to have a robust system that will provide useful and practical improvements to the children services system across all 88 counties in Ohio.

Overview of CPOE Quality Improvement Reviews

Standards to Evaluate the Quality of Services

The latest review, CPOE Stage 12 covered the period of October 2020 through September 2024. For this CPOE cycle, Ohio used the CFSR Round 4 On-site Review Instrument. In an effort to maintain fidelity to the federal review tool, counties' outcome ratings were not affected by OAC rule citations relating to specific review items, although their PPA may have been required for OAC non-compliance which was identified during the review.

PCSA staff participated in reviewing case records alongside DCY staff. The review included interviews with caseworkers and supervisors and placed emphasis on the federal outcome indicators by providing a method to check the integrity of the Ohio SACWIS data entered by PCSA staff.

In addition to transitioning to the use of the federal CFSR Round 4 case review tool, there were other important changes made for CPOE Stage 12. These included the following:

- This stage was divided into two distinct phases, spanning 24 months each, both comprised of performance evaluation and improvement efforts.
- Areas needing performance improvement were identified prior to casework evaluation in Phase 1, with the intent of providing PCSAs and DCY with the opportunity to collaborate in the training and development of PCSA staff with case reviews occurring in both phases of the CPOE cycle.
- Phase 1 focused on performance improvement and consisted of a series of onsite and virtual visits, including case reviews.
- Phase 2 focused on a comprehensive evaluation of casework practice.

CPOE 12 Phase 1 required four cases to be reviewed at the ninth and eighteenth month of the Phase. Each review included two In-home cases and two Substitute Care cases. The timing of the case reviews aligned with Phase 1 timeframes to review the PCSA's/Title IV-E Court's PPA, to provide supplemental information in efforts to support practice advancement needs.

CPOE 12 Phase 2 required case reviews to be conducted before the joint development of a PPA. Additionally, case stratification requirements were implemented in this Phase to ensure reviews included varying case types. The stratification requirements are outlined below:

In-Home Case Stratification Criteria

- Active safety plan in effect during the PUR, if applicable (If possible, select a case with an active safety plan in effect for at least eight days during the PUR.)
- At least four cases with a maltreatment report screened in during the PUR, if applicable.
- At least one AR case, if applicable
- At least one Preventative Services case (Case Category), if applicable.

Foster Care Case Stratification Criteria

- Permanent custody legal status, as identified by the file stamp date on the journal entry
- Target child in custody age 16 or older, can be a PPLA case, if available.
- Target child in custody age 3three or younger
- Target child has been in temporary custody for 12 months, or more. Does not include permanent custody or PPLA

The number of case reviews required for each PCSA in Phase 2 was determined by county size and is displayed in the chart below:

County Size	Total PCSA Cases to be Reviewed	In-Home Cases	Foster Care Cases	JFS 01688's, if applicable	IV-E Juvenile Court Cases
Small	9	4	5	1	1
Small/Medium	9	4	5	1	1
Medium	13	6	7	1	3
Large	15	7	8	2	3
Metro	15	7	8	2	5
Major Metro	17	8	9	3	7

CPOE not only provided an opportunity for in-depth case review with counties and Title IV-E courts but also served as a forum to discuss statewide and county-specific performance on the CFSR National Standards and other critical data measures. For CPOE Stage 12, CPOE conferences included a discussion of the following four categories of data elements and/or data management tools, with a focus on data that related to measures the CFSR Round 4 case review tool:

1. Screening
   a. Statistics & Details Report (Ohio SACWIS)
   b. Child Protection Reports (ROM)
2. Safety
   a. Initiation Contact Timely (ROM – related to OSRI Item 1)
   b. Investigations Completed Within Required Time (ROM – related to OSRI Item 3)
   c. Pending CPS Reports (ROM – related to OSRI Item 3)
   d. Family Assessment Risk Contributor Report (Ohio SACWIS)
   e. Safe from Maltreatment Recurrence for 6 Months (ROM)
   f. (Federal) Recurrence of Maltreatment (ROM – related to OSRI Item 3)

g. (Federal) Maltreatment in Foster Care (ROM – related to OSRI Item 3)
h. Comprehensive Addiction and Recovery Act (CARA) Report (Ohio SACWIS)
3. Permanency
a. Placement Stability (ROM – related to OSRI Item 4)
b. Placement Type (ROM)
c. Initial Placement with Relatives (ROM – related to OSRI Item 10)
d. Siblings Placed Together (ROM – related to OSRI Item 7)
e. (Federal) Permanency in 12 Months (ROM – related to OSRI Item 6)
f. (Federal) Permanency in 12 Months for Children in Foster Care 12 to 23 Months (ROM – related to OSRI Item 6)
g. (Federal) Permanency in 12 Months for Children in Foster Care 24 Months or More (ROM – related to OSRI Item 6)
h. (Federal) Re-entry to Foster Care (ROM)
4. Well-being
a. Identified Fathers Report (Ohio SACWIS – related to OSRI Sub-Item 12B)
b. Comprehensive Visitation Report - Intake (Ohio SACWIS – related to OSRI Items 14 & 15)
c. Comprehensive Visitation Report - Ongoing (Ohio SACWIS – related to OSRI Items 14 & 15)
d. Case Draft Activity Log Report (Ohio SACWIS)
e. Agency Independent Living Report (Ohio SACWIS related to OSRI Sub-Item 12A)

Technical Assistance Specialists who conduct CPOE reviews also facilitate discussions with county administrators and supervisory staff on various management tools and reports that may be helpful in tracking areas in need of improvement. For larger agencies where data may already be utilized extensively by QA staff, technical assistance may focus on effective strategies for sharing data and/or management reports with front line workers and supervisors. The table below outlines the full CPOE Stage 12 review process.

Phase 1

PREPARATION AND REVIEW ACTIVITIES	ON-SITE ACTIVITIES
➢ Agencies to complete a Self-Assessment ➢ Evaluation of Data completed by Technical Assistance Specialist (TAS)	**Entrance Conference** ➢ Present and discuss agency specific data reports
Prepare for initial PPA development ➢ Analyze agency data, self-assessment, prior PPA activities, and self-identified agency needs	**PPA Development & Submission** ➢ The plan is developed by the county agency in collaboration with TAS and submitted for approval within 45 days of Entrance Conference
Prepare for three-month PPA meeting ➢ Review relevant data, goals, and strategies on the approved PPA	**Three-month PPA Review** ➢ Discuss/review progress on PPA ➢ Adjust or update the plan as needed
Prepare for six-month PPA meeting ➢ Re-evaluation of all data reports reviewed at Entrance Conference and goals on the approved PPA	**Six-month PPA Review** ➢ Discuss/review updated data reports ➢ Discuss/review progress on PPA ➢ Adjust or update the plan as needed

PREPARATION AND REVIEW ACTIVITIES	ON-SITE ACTIVITIES
Prepare for nine-month PPA meeting ➢ Prepare four (4) cases for review using the CFSR Case Review Tool	**Case Reviews with agency staff** **Nine-month PPA Review** ➢ Discuss case review outcomes ➢ Discuss/review progress on PPA ➢ Adjust or update the plan as needed
Prepare for twelve-month PPA meeting ➢ Review relevant data, goals, and strategies on the approved PPA	**Twelve-month PPA Review** ➢ Discuss/review progress on PPA ➢ Adjust or update the plan as needed
Prepare for fifteen-month PPA ➢ Re-evaluation of all data reports reviewed at Entrance Conference and goals on the approved PPA	**Fifteen-month PPA Review** ➢ Discuss/review updated data reports ➢ Discuss/review progress on PPA ➢ Adjust or update the plan as needed
Prepare for eighteen-month PPA meeting ➢ Prepare four (4) cases for review using the CFSR Case Review Tool	**Case Reviews with agency staff** **Eighteen-month PPA Review** ➢ Discuss case review outcomes ➢ Discuss/review completion of PPA activities **Phase 1 Conclusion Activities** ➢ Review and analyze results of Phase 1 ➢ Continue working on identified needs and provide ongoing TA

Phase 2

PREPARATION AND REVIEW ACTIVITIES	ON-SITE ACTIVITIES
➢ Agencies to complete a Self-Assessment ➢ Evaluation of Data completed by Technical Assistance Specialist (TAS)	**Entrance Conference** ➢ Present and discuss agency specific data reports
Prepare for Case Reviews ➢ Select cases to be reviewed based on stratification criteria ➢ Complete preliminary case record review of the selected cases	**Case Reviews with agency staff** ➢ Complete case reviews using the CFSR Round 4 On-Site Review Instrument ➢ Provide Technical Assistance
Prepare for Exit Conference ➢ Complete draft report addressing the findings of the review ➢ Generate the State Rating Summar from the Federal Online Monitoring System (OMS) ➢ Generate data reports which support or negate the item and outcome ratings ➢ Prepare the draft template of the PPA	**Exit Conference** ➢ Discuss findings of the review with agency staff ➢ Review the PPA process

PREPARATION AND REVIEW ACTIVITIES	ON-SITE ACTIVITIES
Final Report & PPA Prep ➤ Review Report and findings finalized and issued ➤ Prepare of PPA Development Meeting within 30 days of Final Report issuance	**PPA Development** ➤ Collaboration and joint development of the PPA ➤ PPA to be submitted for approval within 45 days of Final Report issuance
Prepare for six-month PPA meeting ➤ Re-evaluation of all data reports reviewed at Entrance Conference and goals on the approved PPA	**Six-month PPA Review** ➤ Discuss/review updated data reports ➤ Discuss/review progress on PPA ➤ Adjust or update the plan as needed
Prepare for twelve-month PPA meeting ➤ Prepare four (4) cases for review using the CFSR Case Review Tool	**Case Reviews with agency staff** **Twelve-month PPA Review** ➤ Discuss case review outcomes ➤ Discuss/review completion of PPA activities **Phase 2 Conclusion Activities** ➤ Review and analysis of results of Phase 2 ➤ Continue working on identified needs and provide ongoing TA

CPOE Stage 12 Results & Plans for Practice Advancement (PPA): Identifying Strengths and Needs of the Service Delivery System

PPA reviews are a systemic process for ensuring progress on improvement goals and provide an opportunity to examine the effectiveness of identified strategies. These reviews are critical feedback loops in the statewide CQI process. Each PPA was reviewed routinely after implementation. These plans served as a roadmap for improvement in each county's CPOE cycle.

Based on results of the CPOE Stage 12 review, PPAs were developed and approved to address Areas Needing Improvement for PCSAs and Title IV-E Courts. The approved PPAs contain 5 key components:

1. Identification of the related CFSR Round 4 On-Site Review Instrument Outcome and Item Number that has been identified as an Area Needing Improvement.
2. A summary of the specific agency needs(s) related to the identified Outcome and Item.
3. Specific and timely strategies that will be implemented to improve the identified need.
4. Identification of how progress will be measured.
5. How DCY and/or the Regional Training Center can partner with the agency to achieve the desired outcome.

Communication of CPOE Results & Integration with Statewide CQI Efforts

Throughout this four-year cycle, CPOE results were regularly shared and discussed with DCY staff as well as other stakeholders. Reports included statewide trends related to: (1) practice strengths and (2) areas identified as areas in need of improvement. This information was used to guide strategic areas of focus for statewide CQI efforts. An example of one of these CQI efforts was the establishment of DCY's program known as *Best Practice Incentives.*

The goal of the program was to incentivize agencies to make marked improvements in achieving compliance with visitation and timely assessment/investigation measures. Advancements in these areas are critical to the state's success in making transformative changes for families served by the child protection system.
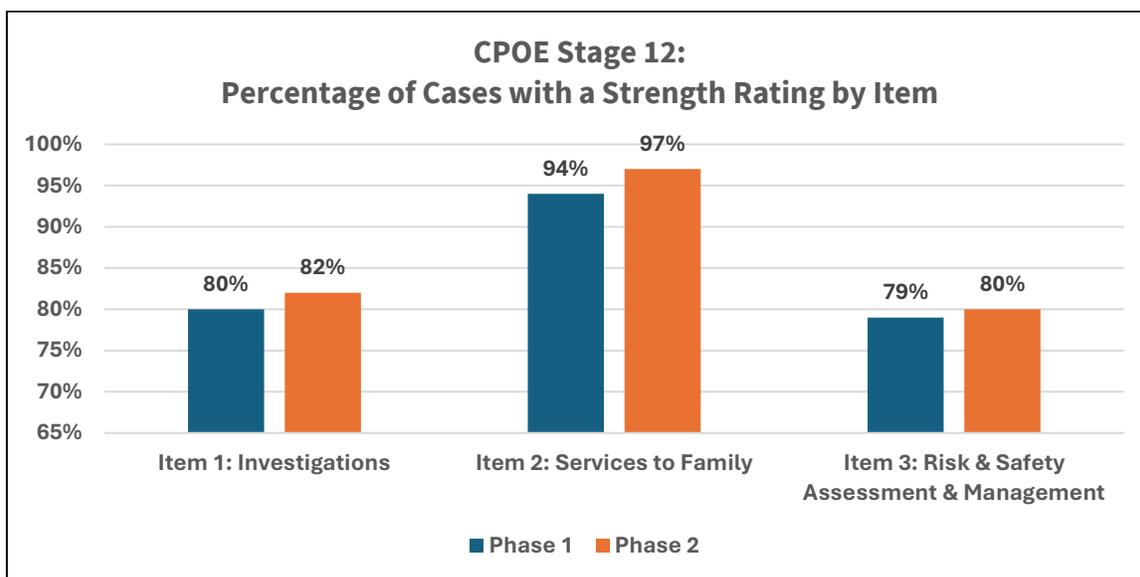
DCY disseminates a monthly report to PCSAs that identifies every agency's performance for both measures. PCSAs can achieve incentives for the Most Improved and for Achieving 95% Compliance. A Bonus Incentive is awarded at the end of the final cycle. This bonus funding is awarded to counties achieving 95% compliance in both Timely Assessments/ Investigations and Composite Visitation Score throughout all three evaluation periods.

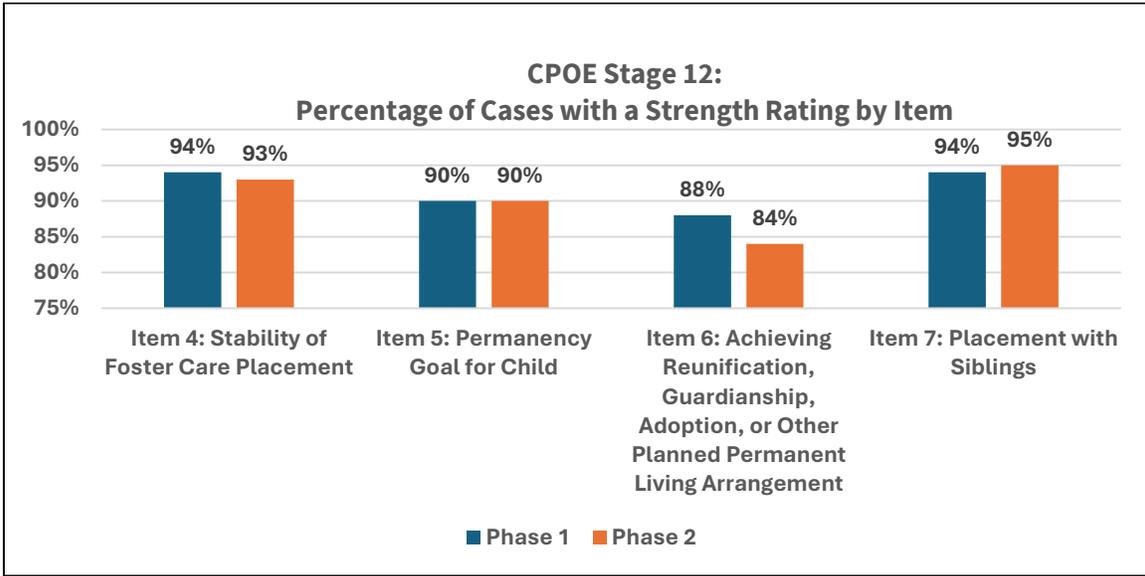**Measuring the Effectiveness of Ohio's QA System: Evaluating Implemented Program Improvement Measures**

As part of Ohio's overall CQI strategy, changes in performance are tracked throughout CPOE cycles and phases. Such performance changes are an indicator of progress made through the CPOE review process and resulting PPAs. In addition, tracking this data provides an opportunity to examine the effectiveness of PPA strategies.

DCY examined all review item ratings for CPOE Stage 12. As an indicator of progress, DCY tracked the state's Strength ratings for each item on the CFSR Round 4 On-Site Review Instrument during Phase 1 and Phase 2 of CPOE Stage 12. 564 cases were reviewed across the state during Phase 1, and 1,237 cases were reviewed during Phase 2. The following graphs present information on percentage of those cases that received a performance rating of a "Strength" in that item.

Safety Outcomes

CPOE Stage 12:
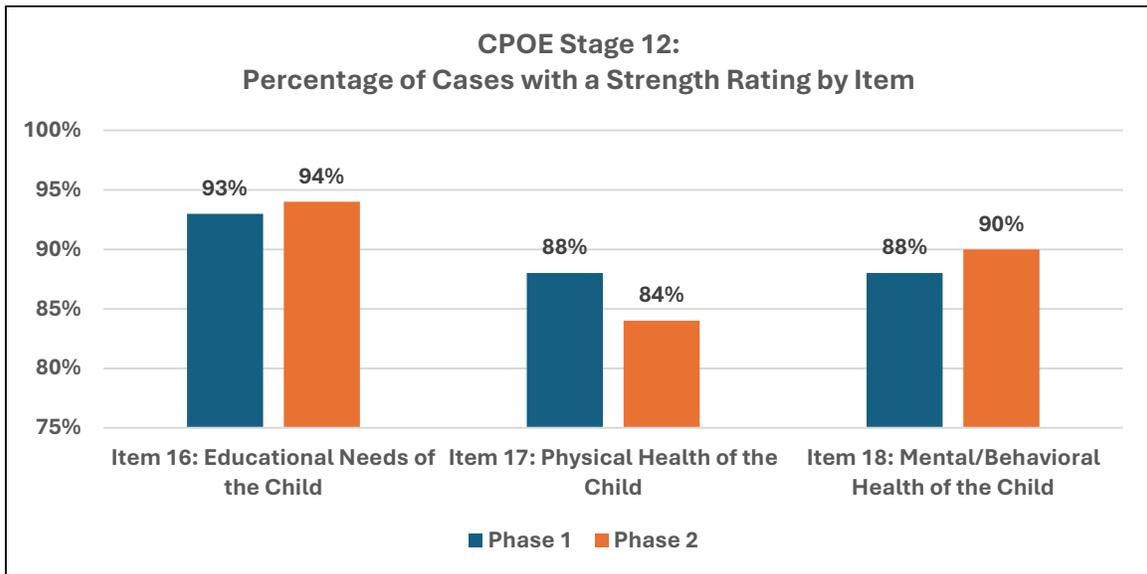**Percentage of Cases with a Strength Rating by Item**

Item	Phase 1	Phase 2
Item 1: Investigations	80%	82%
Item 2: Services to Family	94%	97%
Item 3: Risk & Safety Assessment & Management	79%	80%

Permanency Outcomes

CPOE Stage 12:
Percentage of Cases with a Strength Rating by Item

Phase 1 / Phase 2

- Item 4: Stability of Foster Care Placement — Phase 1: 94%, Phase 2: 93%
- Item 5: Permanency Goal for Child — Phase 1: 90%, Phase 2: 90%
- Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement — Phase 1: 88%, Phase 2: 84%
- Item 7: Placement with Siblings — Phase 1: 94%, Phase 2: 95%

Permanency Outcomes Continued

CPOE Stage 12:
Percentage of Cases with a Strength Rating by Item

Phase 1 / Phase 2

- Item 8: Visiting with Parents & Siblings in Foster Care — Phase 1: 87%, Phase 2: 91%
- Item 9: Preserving Connections — Phase 1: 93%, Phase 2: 98%
- Item 10: Relative Placement — Phase 1: 90%, Phase 2: 94%
- Item 11: Relationship of Child in Care with Parents — Phase 1: 87%, Phase 2: 91%

Well-Being Outcomes

CPOE Stage 12:
Percentage of Cases with a Strength Rating by Item
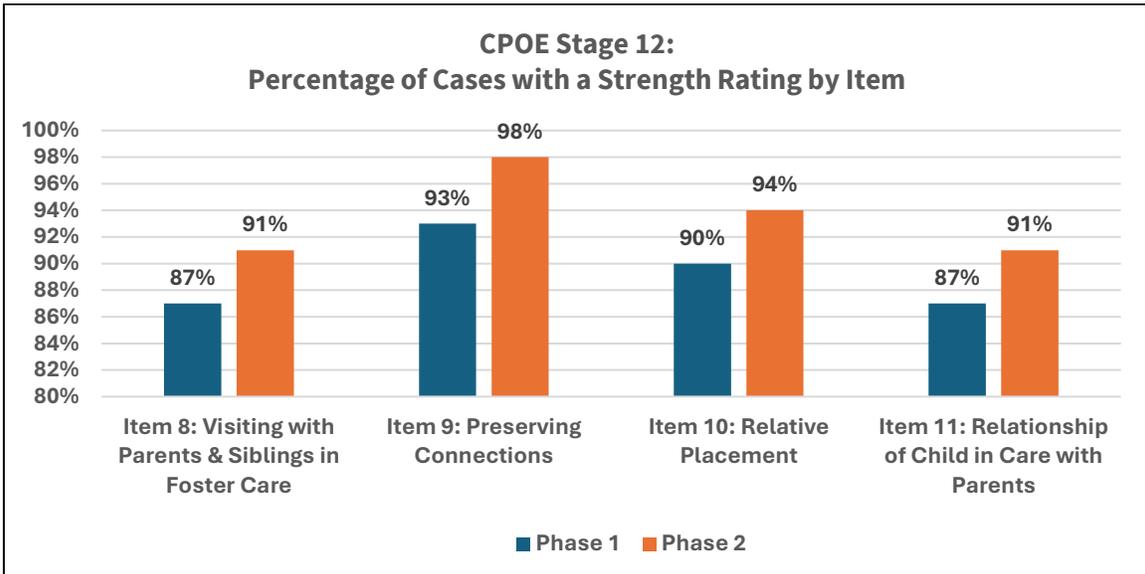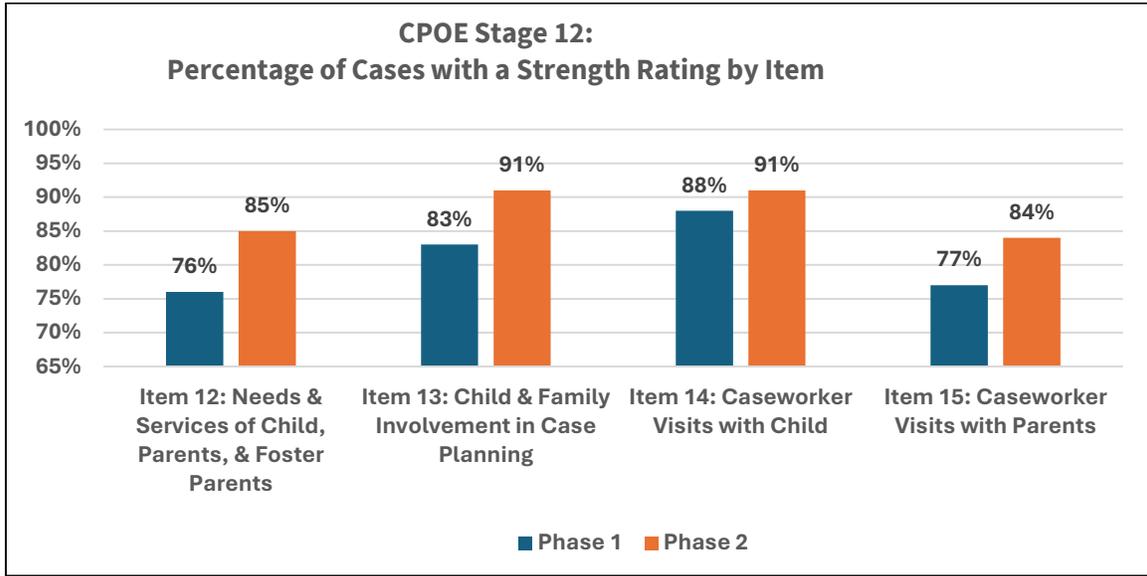
Well-Being Outcomes Continued

CPOE Stage 12:
Percentage of Cases with a Strength Rating by Item

Feedback Loops

Agency Self Assessments remained a critical component of the CPOE Quality Review–process. Triangulating the need for improvement planning utilizing data, case reviews, and a county's own assessment of practice is a solid foundation for the CQI cycle. The Self-Assessment identified agency priorities and provided local insights to make improvement efforts more effective. Data contained in Agency Self-Assessments is compiled and shared with other parts of DCY to inform, for example, gaps in services or court practices identified.

Sustainability & Continuous Quality Improvement of Ohio's QA System

Ohio continues to utilize the Federal On-Site Review Instrument (OSRI) for CPOE reviews. DCY continued implementation of the "CAPMIS Infusion" training strategy initially applied to the CFSR Round 3 case reviews to the CFSR PIP reviews, which we attribute playing a major role in achieving performance gains. Having consistent case reviews and ongoing performance data is critical to testing Ohio's theories of change and implementation efforts. DCY will continue to use the OSRI through future rounds of CPOE, as the ability to compare data over cycles and years is invaluable to assessing areas of practice needing improvement.

To continuously improve our process, Ohio has been seeking input from county agencies and stakeholders. In April of 2024, DCY held a series of listening sessions available to all 88 county agencies and the Title IV-E Courts to provide input on how to improve the system and how the system is helpful to county agencies. DCY met with PCSAO and a small group of county representatives to gain further input through 2024. In April of 2025, DCY established a group of county agency directors and CQI experts to get nuanced input into the major components of Ohio's CQI and QA processes. It is anticipated this group will reconvene routinely as the state implements and evaluates changes to the process, examine change data, and engage Ohio's Children Services system in ongoing improvement.

Additional CQI Practices

Ohio Accelerated Safety Analysis Protocol

Ohio's Accelerated Safety Analysis Protocol (ASAP) has transitioned to a completely county administered model, which allows all 88 counties to access risk data and to implement the ASAP protocol at the local level. The Mindshare ICARE Decision Support Portal (Mindshare) is utilized by the Ohio Accelerated Safety Analysis Protocol Program. Mindshare connects to the Ohio SACWIS database tables and utilizes Ohio SACWIS data to flag children who meet the following criteria:

1. Children under three who are the alleged child victim (ACV) or child subject of report (CSR) of a new report who have been the ACV or CSR on two or more prior reports, regardless of screening decision.
2. Children ages three to five who are the ACV or CSR of a new report who have been the ACV or CSR on three or more prior reports, regardless of screening decision.
3. Infants under 12 months who were the ACV or CSR on a substance abuse related intake received in the first 30 days of life and then the ACV or CSR on a subsequent intake received in the first 12 months of life.
4. Children who are the ACV or CSR on a new report who are siblings of a child who was the substantiated or indicated victim on a child fatality or near fatality intake.
5. Children who are the ACV or CSR on a present pending near fatality intake or a past substantiated or indicated near fatality intake.

PCSAs that are not participating in the Ohio ASAP program are still able to access the Mindshare application to easily identify cases that meet the identified high-risk criteria. Those PCSAs will then be able to utilize the information to provide additional oversight, attention, and guidance on the cases to ensure safety issues are fully addressed.

Staff and Provider Training

Item 26: Initial Staff Training

Overview

The Ohio Child Welfare Training Program (OCWTP) is a partnership of four organizations: the Ohio Department of Children and Youth (DCY), a network of eight regional training centers (RTCs), the Public Children's Services Association of Ohio (PCSAO), and Ohio's University Consortium for Child and Adult Services (OUCCAS).

- DCY has executive authority over OCWTP and co-chairs the Statewide Steering Committee. The department monitors and evaluates OCWTP to ensure that the program satisfies all the requirements established by law enacted by the General Assembly.
- Eight RTCs, operated by county public children services agencies (PCSAs), address the staff and caregiver training needs of their region's constituent counties by handling the scheduling, registration, and administration of child protection-related training within their regions. Additional information regarding each RTC is found below in Ongoing Training.
- PCSAO is a membership-driven organization of Ohio's children services agencies. It represents the interests of those agencies via legislative advocacy in addition to being a founding partner of OCWTP. PCSAO also coordinates Ohio START (Sobriety, Treatment and Reducing Trauma), an evidence-informed children services-led intervention model that helps PCSAs bring together caseworkers, behavioral health providers, and family peer mentors into teams dedicated to helping families struggling with co-occurring child maltreatment and substance use disorder.
- OUCCAS was selected as the Statewide Training Coordinator vendor through the RFP on December 4, 2019. OUCCAS is a team of professionals from three Ohio public universities: the School of Social Work and the Department of Psychology at the University of Cincinnati, the Department of Social Work at Ohio University, and the School of Social Work at the University of Akron. Kellana Hindert and Associates, LLC has an OUCCAS sub-award for evaluation research.

Initial Training Mandates

The State of Ohio mandates initial training for the following staff:

Population	Requirements	OCWTP Offering
PCSA Caseworkers	Complete in-service training during the first year of continuous employment. ORC 5153.122 OAC 5180:2-33-55	Caseworker Core
New University Partnership Program (UPP) PCSA Caseworkers	The PCSA director or designee may waive any caseworker core course requirements by completing and signing a waiver form. **Note:** To graduate, students must have completed two child welfare courses that include all of Casework Core 2.0.	Caseworker Core

Population	Requirements	OCWTP Offering
	ORC 5153.122	
PCSA Caseworker Supervisors	Complete in-service training during the first year of continuous employment. ORC 5153.123 OAC 5180:2-33-56	Supervisory Core

Please note, one PCSA in Ohio, Franklin County Children Services (FCCS), contracts caseworker and supervisor services with Managed Care Entities (MCEs). These staff members are considered part of the agency and must complete the same initial (Caseworker Core) and ongoing training as PCSA staff, provided by OCWTP. The MCE must supply FCCS with new caseworker names for CAPS LMS entry and maintain individual training records. As of April 1, 2025, FCCS employed 143 contracted caseworkers and 45 contracted supervisors.

Addressing the Basic Skills and Knowledge Needs of New Caseworkers

Ohio is committed to ensuring that all new child protection caseworkers have the foundational knowledge and skills necessary to serve children and families effectively from the outset of their careers. OCWTP delivers this training through its Caseworker Core 2.0 Series, a standardized, competency-based curriculum that establishes a consistent and reliable standard of practice across the state. These core competencies are required for all new caseworkers, regardless of their specific job responsibilities or agency assignment. This approach has been a cornerstone of Ohio's workforce development strategy for nearly 40 years.

Ohio's Caseworker Core 2.0

OCWTP is an agile and responsive training system, continuously adapting to meet the evolving needs of the workforce. Caseworker Core 2.0, launched in September 2023, represents a comprehensive redesign of Ohio's initial staff training series, developed under the direction of DCY and led by OUCCAS. The revised series reflects significant enhancements in content and delivery. All courses that covered content from Caseworker Core 1.0 were fully updated to align with the latest research, Ohio Administrative Code (OAC), Ohio Revised Code (ORC), and best practices.

Caseworker Core 1.0 vs. 2.0

- 1.0: Eight full-day, in-person workshops with optional skill labs, offering limited flexibility.
- 2.0: Modular format with shorter, focused courses, improving accessibility and allowing immediate training start. It includes 38 self-directed courses (SDCs) and 13 instructor-led courses (ILTs), available virtually and in person.

Learner Centered Approach: Caseworker Core 2.0 combines SDCs and ILTs to support adult learners and promote engagement. Its flexible structure enables new caseworkers to access content in formats that best support knowledge retention and transfer to practice.

Competency Based Design: Caseworker Core 2.0 is designed to strengthen caseworkers' capacity to promote child safety, permanency, and well-being. It addresses competencies critical to achieving CFSR

outcomes, including assessing child safety and risk accurately, engaging families effectively, collaborating with courts, and tailoring practice to the unique needs of families. The program equips new caseworkers with essential technical skills such as documentation, assessment, and policy application, as well as competencies in critical thinking, trauma-informed practice, child and family engagement, and cultural humility. These skills are crucial for supporting vulnerable families and upholding child safety, permanency, and well-being.

Structured Development Process: OUCCAS employs a structured, evidence-informed process to design, maintain, and update its curricula, ensuring that standardized training aligns with statewide job expectations, current policy, and best practices. This process reflects Ohio's commitment to delivering high-quality, competency-based training that prepares caseworkers to meet the demands of the field.

Alignment with Outcomes: The course objectives and content are directly aligned with the outcomes of Ohio's 2025-2029 CFSP and the CFSR, ensuring that the training supports both case-level performance and systemic improvement.

Content Blocks: The content of Caseworker Core 2.0 is structured into five blocks, each focusing on specific knowledge and skill-building areas:

1. **Foundation:** Introduction to child protection, ethical practice, legislation, effects of maltreatment, engagement strategies, documentation, collaboration, home visits, and critical thinking.

2. **Promoting Behavior Change:** Assessment of risk, service planning, delivery, and monitoring to prevent future maltreatment.

3. **Assuring Child Safety:** Identifying maltreatment, screening, safety assessment, planning, delivery, and monitoring.

4. **Promoting Permanency and Well-Being:** Information on permanency, separation, concurrent planning, independent living, transitional youth, and case closure.

5. **Courtroom Preparation and Testimony:** Courtroom basics, preparing for court, and testimony.

New and Expanded Topics: Caseworker Core 2.0 addresses significant content gaps identified during the redesign process, with new and expanded topics such as Intimate Partner Violence, Mental Health, Substance Use, Interviewing Children, Documentation Basics, Adoption Process and Tasks, Independent Living and Youth Transitioning Out of Care, Working Toward Successful Reunification, Preparing for and Completing Case Closure, Principles of Concurrent Planning, Caseworker Responsibilities When Preparing for Court, Determining if Abuse and Neglect Occurred, Parental Rights and Caseworker Responsibilities, Skillful Use of Protective Authority, Effective Courtroom Testimony, Collaboration and Teaming, and Managing Effects of Separation.

These additions ensure training applies to all caseworker roles, providing deeper, role-specific preparation by removing redundancy and creating dedicated space for each topic.

Competency-Based and Aligned to Job Descriptions: All OCWTP training is developed around clearly defined competencies mapped to job descriptions. For Caseworker Core 2.0 courses, these competencies reflect core approaches, duties, and responsibilities, ensuring all caseworkers develop the foundational knowledge and skills necessary for their roles. A comprehensive list of learning

[objectives was developed for Caseworker Core 2.0.](#) These objectives were mapped and grouped to form the **38 self-directed** and **13 instructor-led courses** that comprise the Caseworker Core 2.0 series.

Learning objectives were developed using a structured process that started with an environmental scan. This scan included gathering and analyzing needs assessment data from a range of sources, including post-course evaluations, feedback from trainers and RTC staff, [caseworker](#) and [supervisor](#) focus groups, the Comprehensive Assessment and Planning Model - Interim System (CAPMIS) evaluation findings, statewide priorities identified through CFSR Round 3, the 2020-2024 CFSP, other state and federal reports, and literature reviews from various journals.

Data from individual training needs assessments and trainer observations further inform the identification of new caseworkers' skill gaps and learning needs. Stakeholders, including agency leadership, frontline staff, and subject matter experts (SMEs), helped define the practical behaviors and goals that form the basis of each course. Instructional designers then translated these into measurable, behavior-based learning objectives which are documented in CAPS LMS, ensuring transparency and consistency across all training events.

Emphasis on Skills and Application: One of the key advancements in Caseworker Core 2.0 is its focus on skills development and application. By integrating more time for skill practice into every course and discontinuing optional learning labs, the program ensures increased opportunities for peer interaction, discussion, and real-time feedback. This approach promotes deeper learning, consistency in statewide training experiences, and immediate reinforcement of new knowledge.

Each course is supported by a Learner Guide, which includes:

- Key takeaways
- Reflection prompts and space for notetaking
- Resources used during the course and supplemental resources for continued learning
- Activities to reinforce application and skill practice

Supervisors are encouraged to review these guides with learners before and after courses to support the transfer of learning (TOL) and ensure consistency in messaging and expectations. The Caseworker Core 2.0 Overview Learner Guide also includes a "passport" to help learners track course completion.

Caseworker Core 2.0 Delivery: Ohio uses a fully standardized, statewide curriculum for its initial staff training, Caseworker Core 2.0. OCWTP's eight RTCs are responsible for delivery logistics, including instructor-led scheduling, registration management, and providing technical support for virtual sessions. All self-directed and instructor-led courses are hosted in the CAPS LMS, ensuring equal access for caseworkers regardless of geography or agency.

Ohio is committed to ensuring equitable access to Caseworker Core 2.0 across all regions. All ILTs can be offered virtually and in person to address rural and urban differences. RTCs track enrollment trends to identify and address regional participation gaps.

OUCCAS centrally manages the recruitment, approval, and ongoing monitoring of all trainers, coaches, and producers. Trainers are only approved to teach courses they have been qualified for, which are assessed via a Verification of Trainer Qualification (VTQ) form submission. VTQs outline the minimum

and preferred qualifications to train each course and include several knowledge and skill assessment questions.

The data below shows the progression of the number of individuals who submitted a VTQ to the number who were ultimately approved to train each course, as of April 21, 2025.

Course	VTQs Submitted	VTQs Approved	Trainers Attended Training on Content	Trainers Pending Observation	Trainers Observed & Approved
Collaboration and Teaming	16	16	15	4	11
Engagement and Interviewing	18	11	11	2	8
Interviewing Children	17	13	12	2	10
Determining if Abuse…	21	10	10	4	5
Quality Assessments…	23	10	9	3	6
Fact Gathering Skills Practice	16	12	9	1	8
Assuring Child Safety within…	12	9	9	3	6
Working Towards Successful…	16	14	13	3	8
Managing the Effects of…	15	14	14	3	7
Preparing For and Completing…	17	9	9	2	7
Courtroom Testimony Skills Practice	19	16	13	6	6

The two ILTs in the Promoting Behavior Change to Prevent Future Maltreatment Block are not listed above due to pending revision of course content.

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OUCCAS also ensures that all trainers deliver the most current version of each course. This is managed through a structured communication process, which includes regular Training on Content (TOC) meetings, email updates, and direct communication between curriculum managers and trainers.

Trainers are continuously observed and evaluated to ensure fidelity to curriculum and facilitation standards. Each ILT has a detailed facilitator guide, clearly defined learning objectives, and standardized materials, which all trainers must follow. These expectations ensure that every caseworker receives the same training experience aligned with statewide standards and federal child protection goals.

This statewide consistency in content development, delivery, and oversight supports a unified child protection workforce and meets the federal expectation for a functioning, equitable training system.

Ongoing Monitoring and Maintenance: OCWTP ensures consistency, quality, and alignment with statewide practice standards through standardized course design, embedded quality controls, and a continuous feedback loop. This process keeps Caseworker Core 2.0 relevant and responsive, reflecting Ohio's commitment to preparing new caseworkers and supporting long-term workforce excellence.

Caseworker Core 2.0 Compliance

Employee Classification: All employees with a compliance deadline for core were classified as follows:
- **Compliant:** Completed Core or the equivalent by their one-year anniversary.
- **Delinquent:** Did not complete Core by their one-year anniversary.
- **Pending:** Core not yet complete, but the one-year anniversary is in the future.
- **Late Completion:** Completed Core after one-year anniversary.
- **Anomalous:** Rare cases coded as Compliant, despite the deadline being before the training compliance date, possibly due to position changes without a change in Core requirements.

Notes on Table 1:

- Employees are grouped into three-month blocks based on when they assumed a position requiring Core completion (e.g., SFY 22 Q1: 7/1/2021 - 9/30/2021).
- Compliance rates ranged from SFY 22 Q1 to SFY 23 Q4 from 53.2% to 70.9%.
- Employees hired before April 2024 had 12 months to complete Core. Combining completers with late completers yields total completion rates of 70.6% to 82.0%.
- Compliance dropped sharply in SFY 24 Q1 due to the transition from Core 1.0 to Core 2.0 on September 1, 2023. Some counties delayed training to ensure staff received the updated curriculum.
- Compliance in the last quarter of SFY 24 and the first two quarters of SFY 25 is low due to many employees being in Pending status, with potential for higher completion levels.
- Excluding the three quarters affected by Core 2.0, the compliance rate is 50.2%, with an overall compliant/pending/late percentage of 84.8%.

Time-to-Event Data Peculiarities:

Some of the peculiarities of time-to-event data that are apparent from Table 1 are as follows:
- Caseworker totals rising from 47 in SFY 22 Q1 to 172 in SFY 25 Q1 indicate high turnover, as the current system does not account for inactive employees.

- Future analyses should better address "censored observations" (employees with future due dates), characterizing them as on track or behind in compliance.

Table 1: Caseworker Initial Compliance

Cohort (Start Date)	Anomalous	Compliant	Delinquent	Pending	Late Completion	Total	% Compliant	% Compliant or Pending	% Compliant or Pending or Complete
SFY 22 Q1	7	25	5	0	10	47	53.2%	53.2%	74.5%
SFY 22 Q2	2	33	7	0	8	50	66.0%	66.0%	82.0%
SFY 22 Q3	8	32	4	0	4	48	66.7%	66.7%	75.0%
SFY 22 Q4	3	61	11	0	11	86	70.9%	70.9%	83.7%
SFY 23 Q1	5	58	15	0	14	92	63.0%	63.0%	78.3%
SFY 23 Q2	4	46	9	0	7	66	69.7%	69.7%	80.3%
SFY 23 Q3	8	52	17	0	8	85	61.2%	61.2%	70.6%
SFY 23 Q4	8	66	22	0	22	118	55.9%	55.9%	74.6%
SFY 24 Q1	6	34	60	0	18	118	28.8%	28.8%	44.1%
SFY 24 Q2	9	40	43	0	16	108	37.0%	37.0%	51.9%
SFY 24 Q3	9	71	42	0	12	134	53.0%	53.0%	61.9%
SFY 24 Q4	5	76	3	70	0	154	49.4%	94.8%	94.8%
SFY 25 Q1	12	64	0	96	0	172	37.2%	93.0%	93.0%
SFY 25 Q2	4	13	0	112	0	129	10.1%	96.9%	96.9%
Totals	90	671	238	278	130	1,407	47.7%	67.4%	76.7%
Totals w/o 1st 3 Qtrs. of SFY 2024	66	526	93	278	84	1047	50.2%	76.8%	84.8%

Accountability Processes:

- No direct consequences for noncompliance, but several processes support local agency accountability and system-level oversight.
- Non-compliant staff may face scrutiny during state-led CPOE reviews.
- RTCs work with counties to remind them of training requirements through site visits, tutorials, technical assistance, track sheets, and notifications

Case Assignment During Caseworker Core 2.0 Training

Ohio is a state-supervised, county-administered children services system, with no mandate on when cases can be assigned to new caseworkers. Most counties assign a limited number of cases before new caseworkers complete Caseworker Core 2.0. A survey of county policies indicates:

- Several counties do not assign cases during Core 2.0 training.

- Many counties wait 90 days after hiring to assign cases, allowing for mentoring and shadowing from experienced caseworkers.
- When cases are assigned, they are often limited until Core 2.0 is completed or after a set period.
- Counties assigning cases during Core 2.0 do so for training purposes, based on milestones and the new caseworker's progress.
- High staff turnover and hiring challenges lead some counties to assign a limited number of cases before Core 2.0 training completion.

Future Evaluation Considerations for Caseworker Core 2.0

Given the recent implementation of Caseworker Core 2.0, Ohio initiated a pilot project in FY25 to evaluate the transfer of learning post-training. Following Children's Bureau recommendations, the evaluation employs both quantitative and qualitative data from caseworkers, their supervisors, and other relevant agency staff through surveys, focus groups, and key informant interviews.

Key Evaluation Components:

- **Quantitative Assessment:** Measures changes in caseworkers' skills and competencies post-training.
- **Qualitative Feedback:** Gathers insights on the training experience and effectiveness.
- **Factors Impacting Learning Transfer:** Investigates support, internal motivation, and other influences.
- **On-the-Job Behaviors:** Ensures data reflects true learning transfer, not just knowledge acquisition.

Data will be collected at three points: immediately before, immediately after, and three months after completing Core 2.0 courses, to track changes over time and the impact of post-training factors. The evaluation will also consider non-training factors like agency and supervisor support.

Course-Specific Evaluations: As Core 2.0 courses are updated, evaluations will assess learning objectives, prompt transfer of learning, and identify the effectiveness of products, trainers, and methods.

Other Initial Training for Caseworkers

OCWTP offers two additional training initiatives for potential new caseworkers and court personnel.

The University Partnership Program: Ohio's University Partnership Program (UPP recruits BSW and MSW students for internships at PCSAs, where they complete the mandated Caseworker Core 2.0 training. Between 2004 and 2024, UPP internships were hosted in 73 of Ohio's 88 counties (83.0%), and UPP graduates obtained employment in 68 counties (77.3%). This broad impact means UPP evaluation data likely represents the entire state.

Data from several years of UPP evaluations show that Ohio's initial training for caseworkers effectively addresses the basic skills and knowledge needed for their duties. Supervisors rated the competence of the most recently hired UPP graduates and non-UPP employees who had not completed Caseworker Core 2.0 on a five-point scale (5 = very competent, 1 = not competent). UPP graduates, who had

completed core training before being hired, were rated more than a whole point (1.06) higher on average across nine critical skills compared to their non-UPP counterparts.

Title IV-E Juvenile Court Staff: OCWTP developed specific learning tools to support Title IV-E Juvenile Court staff and address identified gaps.

Nineteen counties in Ohio have Title IV-E courts, which collaborate with the Department of Children and Youth (DCY) to facilitate child placements. These courts assume full responsibility for the placement and care of adjudicated unruly and delinquent children under a sub-grant agreement with DCY, the Ohio Department of Medicaid (ODM), and the Board of County Commissioners. This agreement allows the courts to receive Title IV-E reimbursement for allowable foster care maintenance, administration, and training costs. However, courts must not adjudicate a child unruly or delinquent solely to receive Federal Financial Participation (FFP) under the Subgrant Agreement.

Training Requirements: Although Title IV-E juvenile court staff do not have mandated training requirements, they must adhere to the Ohio Administrative Code (OAC) and Ohio Revised Code (ORC) regarding casework responsibilities. To comply with these rules, staff need to understand fundamental child protection principles and have skills in using CAPM and Ohio SACWIS. Title IV-E juvenile court staff have access to OCWTP's Caseworker Core 2.0 to gain the necessary knowledge and skills, but they often struggle to connect child protection terms and examples to their work in juvenile justice.

Developed Learning Activities: To address these gaps, OCWTP gathered information from literature reviews, surveys of Title IV-E staff, attendance at Title IV-E round tables, and representation of court staff on advisory groups for content development. This led to the creation of the following learning activities:

- **Connecting with the Title IV-E Juvenile Court Staff in Your Classroom:** An online resource for trainers to support Title IV-E juvenile court staff attending workshops. It includes:
    - An overview of juvenile court
    - Tasks performed by Title IV-E juvenile court staff
    - Common juvenile justice terminology and vocabulary
    - Tips for relating content to their role
    - Strategies for engaging Title IV-E juvenile court staff
- **Curated Ohio SACWIS Resources for Title IV-E Juvenile Court Staff:** A tool that includes:
    - Just-In-Time Videos and PDFs specific to Title IV-E staff functions
    - Tips and resources for using Ohio SACWIS
- **Title IV-E Juvenile Court Staff Pre-Caseworker Core 2.0 Resource:** An online resource to help Title IV-E staff maximize their learning by providing:
    - An overview of OCWTP and child protective services
    - Comparison of child protective services and juvenile justice processes and vocabulary
    - Recommendations of key Caseworker Core 2.0 courses relevant to their role
   - Guidance on preparing for training and applying learning to day-to-day work

- **Curriculum in CAPS LMS:** A curriculum with recommended Caseworker Core 2.0 courses most relevant to Title IV-E juvenile court staff roles.
- **Title IV-E Juvenile Court Staff Personal Learning and Application Guide:** A guide to help Title IV-E staff connect Caseworker Core 2.0 to their roles and responsibilities. It assists in preparing for training, taking notes during sessions, and facilitating the transfer of learning afterward.

Initial Staff Training Evaluation

To assess effectiveness of initial training for new caseworkers, OCWTP reviews data from three sources. Evaluation results provide insight into the alignment between training content and the competencies required for child protection practice. The information below represents feedback from the 288 caseworkers who completed the Caseworker Core 2.0 series during FY2024–2025.

1. **Aggregate Evaluation Findings:** Learners rated the relevance and applicability of the training content on a 5-point scale (1 = strongly disagree, 5 = strongly agree). The bar chart below summarizes responses to two key evaluation questions across all courses within each block:
   - *"The content was relevant to my role."*
   - *"I think I will be able to apply what I learned."*

   The courses in all five blocks received high average scores (all means ≥ 4.49), indicating that learners consistently perceived the content as relevant and applicable. This suggests that the initial training meets foundational expectations for CFSR Item 26 regarding equipping staff with necessary knowledge and skills. The score uniformity, differing by no more than 0.08 points, demonstrates consistency across the series, reflecting effective instructional design and facilitation practices.
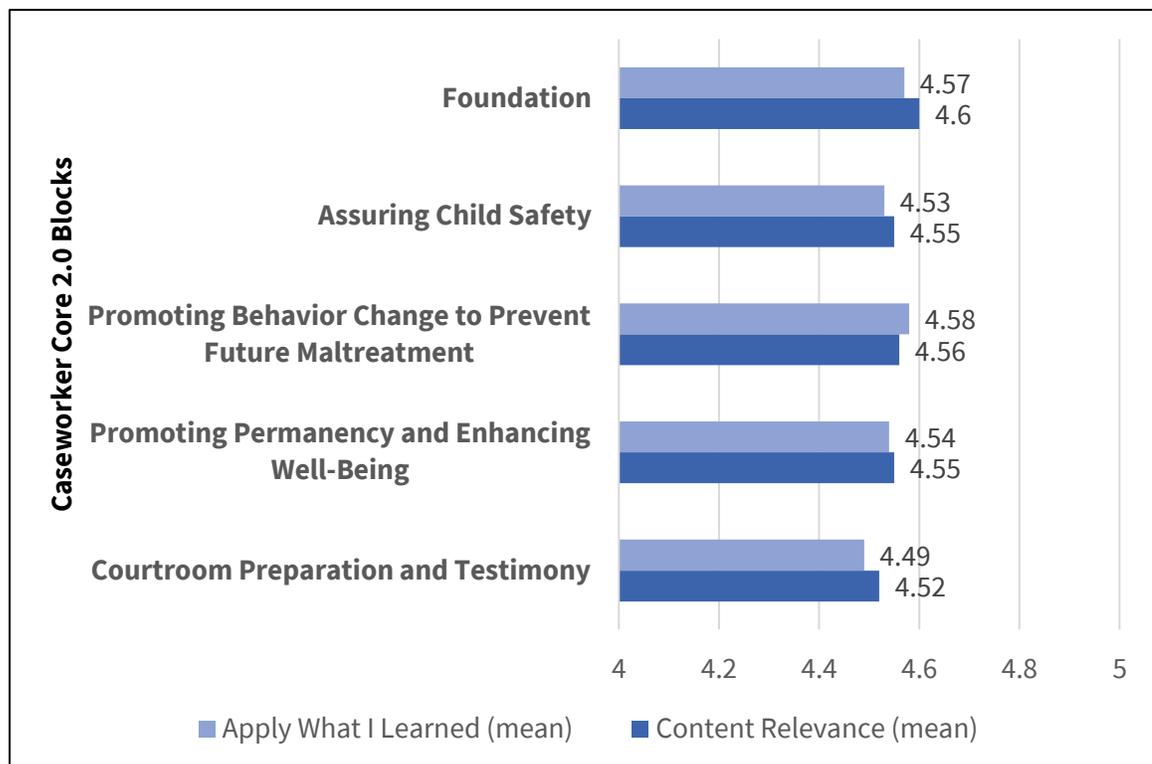
[Select this link to view each course's average evaluation ratings for content relevance and application, as well as the number of learners who completed the evaluation.](#)

2. **Course-Specific Thematic Analyses:** Monthly course-specific thematic analyses are conducted and shared with OCWTP partners to complement the quantitative data. These analyses synthesize learner feedback and highlight trends in content delivery, trainer effectiveness, and perceived learning transfer. Based on these findings, OUCCAS implements responsive actions such as refining training content, adjusting instructional strategies, and providing trainer support, demonstrating an iterative, data-informed approach to improving the quality of initial staff training. Sample topics include:
   - [Child Protective Services' Goals: Safety, Permanency, and Well-Being](#)
   - [Key Practice Area: Mental Health](#)
   - [Conducting Home Visits](#)
   - [Skillful Use of Protective Authority](#)
   - [Quality Assessments of Safety: Is Immediate Intervention Necessary to Assure Child Safety?](#)
   - [Fact Gathering Skills Practice](#)
   - [Principles of Concurrent Planning](#)
   - [Impact of Separation on the Child and Family](#)
   - [Courtroom Testimony Skills Practice](#)

3. **Assessment of Learning Objectives:** Ohio uses Poll Everywhere assessments, which are embedded in ILTs and delivered throughout the training sessions, to gauge learners' understanding of key concepts in real time and the extent to which learners accurately demonstrate knowledge related to specific learning objectives. These results reinforce the alignment between instructional goals and the foundational knowledge and skills required for effective casework.

   In-class [Poll Everywhere](#) assessment results indicated strong learner performance on foundational skills, with some challenges in applying more complex and analytical concepts. Most learners demonstrated readiness to implement core child protection practices, while a smaller portion showed the need for additional support in collaborative and courtroom-related competencies.

   - **High Proficiency Areas:** Over 80% of learners answered all questions correctly in areas such as recognizing abuse indicators, differentiating accidental vs. inflicted injuries, establishing permanency goals, case closure considerations, visitation response and caretaker involvement, and supportive behaviors and strengths-based approaches. These results suggest learners are well-prepared in procedural knowledge and core fieldwork expectations.

   - **Moderate Proficiency Areas:** Objectives with mixed performance (some learners fully correct, others partially correct) included collaboration outcomes, teaming benefits and decision-making, and strategies for collaboration. The results reflect variability in learners' prior exposure to teaming frameworks and collaborative practice models.

   - **Challenging Areas:** Two objectives stood out for lower performance: aspects of credibility (~70% of learners were able to perform the objective) and timing of closure Points (~50% answered only partially correctly).

Transition to the New LMS and Compliance Tracking
Following the transition from the legacy LMS to the current system in November 2022, DCY faced temporary challenges in conducting compliance analyses. Significant progress has been made in recent months to restore this capability, though the work is ongoing. Key accomplishments include:

- **Addition of Training Compliance Date Field:** Prior to October 2024, the CAPS LMS lacked a field for training compliance dates, which correspond to an employee's hire date into a role with a training mandate. This omission prevented systematic tracking of compliance with initial and ongoing training requirements. After adding this field, DCY and the RTCs began working with PCSAs to populate this information for all caseworkers and supervisors subject to training mandates.
- **Standardizing Job Titles:** Counties have autonomy in naming conventions within Ohio SACWIS, which creates CAPS LMS profiles. Due to varying job titles across counties, additional efforts were needed to accurately identify and classify staff required to take Core training. Titles such as "investigator" or "foster care worker" were often used for those performing case management functions. Once identified, counties and RTCs added the data in the Training Compliance Date field to pull the correct learners into Core modules.
- **Assigning Training Completion Dates:** Starting in October 2024, DCY worked closely with counties to assign core training completion dates to active caseworkers and supervisors in CAPS LMS. Deadlines could be in the past (for long-time employees) or the future (for new hires). Ongoing data validation and cleanup aim to align position titles with training requirements across counties.
- **Inconsistent Due Dates:** No consistent due dates are assigned to Core training for learners across the state. Some agencies assign due dates, but it is not uniform. DCY has built calculated fields into reporting 2.0 to determine compliance statuses.
- **Data Reliability Issues:** The Original Hire date and Last Hired date fields are fed to CAPS LMS through nightly loads from Ohio SACWIS. However, counties do not use these fields consistently, making the dates unreliable for career trajectory tracking. With the implementation of CAPS LMS and consistent learner profiles, tracking data, including retention, is expected to improve.
- **Potential Survivorship Bias:** Coding was done for active caseworkers and supervisors only, which may introduce survivorship bias. Those who left their positions before the coding blitz might have different compliance rates than those who stayed, potentially skewing results.
- **Communication and Training:** DCY has communicated the importance of accurate data entry in CAPS LMS to RTCs, county training liaisons, and PCSAs. Webinars were held to explain how correct data entry ensures accurate compliance tracking. These webinars were also uploaded to CAPS LMS for stakeholders who could not attend live events, aiming to eliminate potential survivorship bias in future analyses.
- **Mitigating Human Error:** As the new coding system relies on manual operations, human error can occur. To mitigate this, when learner profiles lack Core completion dates or data was not correctly downloaded from the legacy LMS, historical data is referenced to determine the core completion date or the last date the final course was taken. This information is then shared with DCY for bulk upload into CAPS LMS, ensuring learners receive Core 2.0 equivalency for the CW and SU Core Compliance Dashboards.

Mechanisms for Collecting Feedback

OCWTP continuously collects and reviews feedback and performance data to inform ongoing maintenance and improvements. This process includes:

- **Course Evaluations:** Each course includes a learner evaluation administered through the CAPS LMS. Evaluation data is reviewed daily to address immediate concerns, monthly by RTC staff to monitor training outcomes, and quarterly to assess trends, identify areas for improvement, and guide course revisions.

- **Trainer and Producer Debriefs:** Informal reporting and discussions to gather insights.

- **Needs Assessment Discussions:** Regular discussions with RTCs to identify training needs.

- **Stakeholder Meetings:** Engagement with PCSA administrators, DCY staff, and individuals with lived experience to gather diverse perspectives.

- **Classroom and Virtual Observations:** OUCCAS staff observe trainers during their initial delivery of courses and continue as needed to ensure content fidelity and instructional quality. Feedback includes recommendations for trainer development and potential course enhancements. Observations are guided by a standardized tool, and data is entered into Qualtrics for analysis.

Despite some limitations, such as low response rates on learner evaluations, using multiple data sources provides a comprehensive understanding of course effectiveness and emerging needs.

Structured Review Cycle and Maintenance Process

Caseworker Core 2.0 courses are continuously monitored and updated to reflect changes in:

- ORC and OAC

- Federal and state mandates

- Emerging research

- Effective course design

OUCCAS developed formal guidance for course maintenance, including a decision tree to determine review frequency based on course complexity, delivery method, and priority level. Updates are applied consistently across all delivery formats (in-person, virtual, and self-directed) and tracked in a centralized archive. Updated courses are uploaded to CAPS LMS monthly, ensuring all trainers and learners access the most current version. Monthly reports to DCY and RTCs detail course updates and provide in-depth analysis of specific course evaluations.

Since the rollout of Caseworker Core 2.0 in September 2023, 17 of the 51 courses have been revised to align with policy changes and improve the learner experience. This structure supports transparency and fidelity to the training model, and ensures consistent, high-quality training statewide.

Products And Programs to Support the Transfer of Learning of Initial Staff Training

Caseworker Core 2.0 is crucial for preparing caseworkers, but it is only one part of the preparation process. Effective child protective services require caseworker readiness, onboarding, on-the-job training, supervision, system support, access to necessary tools, and manageable workloads. OCWTP collaborates with stakeholders to address these factors and support excellent practice.

Current Products and Programs

- **DCY Onboarding Modules:** These modules introduce key concepts, language, and expectations early, aligning with Caseworker Core 2.0. They help build a foundation for classroom learning and provide a shared framework for supervisors during coaching and supervision.
- **DCY PCSA Staff Roundtable**: A quarterly meeting fostering cross-system collaboration and information sharing related to caseworker onboarding and training. Attendees discuss strategies, share updates, identify system needs, and explore opportunities for continuous improvement.
- **Assessment of Safety Micro-Videos:** Short, focused videos that help caseworkers revisit safety assessment concepts, such as identifying active safety threats and distinguishing between safety and risk. Between July 2024 and March 2025, the 22 Assessing Safety Micro-videos were viewed 1,648 times.
- **TOL Support:** OUCCAS employs a dedicated Transfer of Learning (TOL) Specialist who works with PCSAs to enhance field-based coaching and the application of training content. TOL support is offered to all caseworkers, supervisors, and agency leadership, initiated by direct request or through coordinated efforts with OCWTP. The TOL Specialist has worked closely with seven PCSAs, receiving positive feedback. Plans include a statewide communication and marketing strategy to increase awareness of TOL support.

Future Products and Programs

OCWTP aims to cultivate a knowledgeable, skilled, and resilient child protection workforce through innovative learning activities and supports. Following the successful launch of Caseworker Core 2.0, OCWTP plans to deepen the expertise of caseworkers and supervisors with various strategies:

- **OCWTP Coaching Program:** Strengthen the existing coaching program by recruiting more coaches, evaluating coaches' knowledge and skills, marketing the program, and enhancing infrastructure to support coaching requests.
- **Enhance In-The-Field Application of Skills:** Develop a program via the Statewide Training Coordinator to provide practical, on-the-ground coaching to caseworkers and supervisors, supporting the transfer of learning through real-time observation and feedback.
- **Micro-Videos and Micro-Learnings:** Create concise, focused products and performance supports addressing specific knowledge and skill gaps.
- **TOL Tools:** Curate and develop a suite of TOL tools, including videos, checklists, prompt cards, and expert discussions, to facilitate the application of classroom knowledge to the field.

The strategic training initiatives reflect a deep commitment to enhancing the workforce's capabilities. By focusing on advanced, responsive, and inclusive training models, OCWTP aims to transform the system, yielding better outcomes for children and families aligning with federal objectives and state-specific needs.

Addressing the Basic Skills and Knowledge Needs of New Supervisors
Ohio's Supervisor Core 2.0
Launched in September 2023, Supervisor Core 2.0 is Ohio's redesigned training series for new direct service supervisors. Developed by DCY and OUCCAS, it mirrors the modular, learner-centered structure of Caseworker Core 2.0, equipping supervisors to lead and support child protection practices effectively.

Enhanced Content: Building on Supervisor Core 1.0, the revised series offers deeper insights into child protection practice, supervisory decision-making, and applied coaching strategies. Courses are organized into two blocks:

- **Foundation Block:** Covers fundamental skills for effective supervision and leadership, including administrative, educational, and supportive supervision, leading diverse teams, and practicing with a trauma-informed lens.
- **Child Protection Block:** Applies a supervisory perspective to the knowledge and skills taught in Caseworker Core 2.0.

Course Structure: Supervisor Core 2.0 includes self-directed courses (SDCs) and instructor-led courses (ILTs), available virtually and in person. The modular format allows new supervisors to start learning immediately and revisit key topics over time. ILTs incorporate practice activities and structured feedback to ensure applied learning.

Focus Areas: The series supports supervision in critical practice areas, such as:

- Supervising Thorough Assessments of Safety
- Supervising Separation and Placement Decisions
- Examining the Supervisor's Role in Screening within the Agency

These courses guide supervisors in overseeing critical case decisions and coaching staff towards consistent, safety-focused practice, reflecting updated expectations for supervisory leadership in Ohio.

Competency-Based and Aligned with Standards: Supervisor Core 2.0 promotes equitable, trauma-informed, and data-informed supervision. It is competency-based, grounded in job expectations, and aligned with the 2025–2029 CFSP and CFSR systemic factor expectations.

Development Process: Developed using the same rigorous, stakeholder-informed process as Caseworker Core 2.0, course objectives were derived from needs assessment data, supervisory focus groups, CAPM evaluation findings, state and federal reports, evaluation feedback, and field input.

Support Materials: All courses are competency-aligned and supported by Learner Journals, which include reflection prompts, job aids, and post-course application activities to promote the transfer of learning (TOL). The series comprises 24 SDCs and 14 ILTs.

Delivery of Supervisor Core 2.0

Supervisor Core 2.0 is delivered uniformly across Ohio via a standardized curriculum, ensuring no variation by county or agency. Training logistics are managed through the RTCs, and course access is centralized in the CAPS LMS, ensuring equitable availability regardless of location or agency structure.

Quality Assurance: Trainer qualifications, course delivery, and quality assurance processes are identical to those of Caseworker Core 2.0. OUCCAS oversees trainer recruitment, approval, and monitoring; maintains version control; and ensures consistent, high-fidelity delivery through standardized facilitator guides, required learning objectives, course materials, and regular oversight. This ensures all new supervisors receive high-quality training aligned with Ohio's statewide practice model.

Course	VTQs Submitted	VTQs Approved	Trainers Attended TOC	Trainers Pending Observation	Trainers Observed & Approved
Managing for Outcomes	12	8	7	4	3
Case Consultation & Critical…	11	8	7	3	4
Supervising Separation and…	7	7	6	2	4
…Thorough Assessments of Safety	8	6	6	1	5
Assuring Effective Court Testimony	16	14	12	8	4
Trauma-Informed Supervision	10	10	7	2	5
Supervisor Self-Care	10	10	7	2	5
Supporting Opportunity, Belonging…	19	12	9	2	7
…Leading Change	11	11	10	4	6
…Screening within the Agency	14	10	9	4	5
…Managing Conflict	14	14	14	9	5
Assessing & Evaluating…	14	13	11	4	7
Staff Development…	14	14	14	7	7
Supervising Work with Kin	9	8	8	3	5

This statewide consistency in content development, delivery, and oversight supports a unified child protection workforce and meets the federal expectation for a functioning, equitable training system.

Supervisor Core 2.0 Evaluation and Compliance

Supervisors consistently rated the Foundation Block courses highly, with content relevance and application scores averaging around 4.65 out of 5. Examples include:

- **Supervision Strategies for Managing Conflict:** Scored 4.94 for content relevance and 4.88 for application. One learner noted, "This training gave me language and a framework for handling difficult team dynamics. I used it the same week in a staff meeting."

- **Supervisor Self-Care:** Scored 4.61 for content relevance and 4.32 for application. A learner stated, "It reminded me that if I'm not taking care of myself, I can't support my team. That mindset shift was empowering."

- **Staff Development: The Coaching Mindset in Action:** Scored 4.75 for content relevance and 4.71 for application. A supervisor reflected, "Coaching isn't just a performance tool, it's a mindset I can use daily to support growth and accountability."

- **Power and Influence:** Scored 4.69 for content relevance and 4.62 for application. One learner said, "This helped me understand how I show up as a leader. Influence isn't about authority. It's about relationships."

Learners emphasized that their learning was actionable. For example, in Understanding Conflict and Supervision Strategies for Managing Conflict, supervisors noted:

- "This helped me see that avoiding conflict only delays it. I'm more confident now in addressing tension directly and constructively."

- "I plan to use the steps we practiced in our next team meeting. It gave me a structure for managing tough conversations."

These quotes and scores demonstrate that the Foundation Block strengthens identity and confidence in supervisory roles.

The Child Protection Block deepens supervisory capacity in critical protection functions, such as assessing safety, kinship, permanency planning, and case consultation. Examples include:

- **Supervising Work with Kin:** Scored 4.53 for content relevance and 4.82 for application. A learner noted, "This helped me guide caseworkers in navigating kin placements in a way that keeps the child's relationships at the center."

- **Supervision Strategies to Promote Thorough Assessments of Safety:** Scored 4.55 for content relevance and 4.30 for application. A learner valued its practical guidance, stating, "It showed me what thorough supervision of safety assessments should look like—and how to coach workers through blind spots."

- **Managing for Outcomes: Using SACWIS Data to Improve Performance:** Scored 4.42 for content relevance and 4.46 for application. A learner said, "Before this training, I rarely used SACWIS data beyond compliance. Now I'm asking better questions and helping workers see what the data shows."

- **The Seven Steps of Critical Thinking:** Scored 4.75 for content relevance and 4.63 for application. A learner noted, "This helped me coach workers to slow down and really think through decisions, especially in emergencies or complex cases."

Assessment of Learning Objectives

Ohio uses Poll Everywhere assessments embedded in ILTs to gauge learners' understanding of key concepts in real time. Charts summarizing Poll Everywhere results show the extent to which learners accurately demonstrated knowledge related to specific learning objectives. These results reinforce the alignment between instructional goals and the foundational knowledge and skills required for effective supervision.

Strong Performance Areas:

- **Active Listening:** 90% of learners answered all or partially correct.
- **Effective Coaching Questions:** 89% accuracy.
- **Assessment of Safety and Safety Planning:** 93% correct or partially correct.
- **Identify Stressors & Impact:** 92% correct or partially correct.
- **Identify Warning Signs of Secondary Traumatic Stress:** 88% correct or partially correct.

Lower or Varied Performance Areas:

- **Conflict Management Scenarios:** Accuracy ranged from 60–75%, with variability across scenarios.
- **Screening Decisions:** Accuracy ranged from 40–60%, with inconsistent performance due to complex judgment demands.

The data suggests a need for reinforcement in areas involving complex decision-making. Learners showed less consistency in nuanced tasks such as making appropriate screening judgments or managing conflict, which often require critical thinking and adaptability.

Compliance and Completion Trends

OUCCAS tracks pre-requisite compliance and completion trends. Monthly reports to RTCs and DCY show key metrics about learner behavior as they complete Supervisor Core 2.0. Compliance with pre-requisites has been steady since the launch of Supervisor Core 2.0.

Pre-Requisite Completion Rates:

Pre-Requisite Completion for those who Completed Supervisor Core 2.0						
	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025
Learners Who Completed Pre-reqs / Total Percentage	18/24 75%	20/27 74.07%	25/36 73.53%	27/38 71.05%	31/42 73.81%	33/44 75%

The number of supervisors participating in Supervisor Core 2.0 is relatively small compared to new caseworkers, so trends may take longer to emerge. As supervisors become more familiar with the revised training series, adherence to pre-requisite expectations is expected to improve.

Retention and Completion Trends:

As of March 31, 2025, the average number of days between a supervisor's training compliance date (TCD) and Core 2.0 completion was 405.22 days for active supervisors. All supervisors who completed Supervisor Core 2.0 remain active in the system, indicating the training prepares them well for their roles.

Effective January 15, 2024, OAC 5180:2-33-56 was amended to align with ORC 5153.123, requiring PCSA supervisors to complete Supervisory Core training within one year. Although the actual time to completion may exceed this timeframe, OCWTP will monitor this metric to see if the time to completion shortens as counties adapt to the new standard.

As of March 31, 2025, all supervisors who have completed Supervisor Core 2.0 maintain an active record in the system, indicating they have not left child protective work. This is a positive sign that Supervisor Core 2.0 effectively prepares new supervisors for their roles.

The shift to a one-year completion timeframe represents a significant change in expectations, and PCSAs are still adjusting their internal processes to meet this new standard. OCWTP will continue to monitor this metric to determine if the time for completion shortens as counties adapt.

Table 2 addresses supervisor compliance with Supervisor Core 2.0. It is important to note that the legacy Supervisor Core mandate allowed supervisors two years to complete the final Core training component, whereas the current mandate requires completion within one year.

Table 2: Supervisor Core 2.0 Compliance

Cohort (Start Date)	Anomalous	Compliant	Delinquent	Pending	Late Completion	Total	% Compliant	% Compliant or Pending	% Compliant or Pending or Complete
SFY 22 Q1	1	8	4	0	10	23	34.8%	34.8%	78.3%
SFY 22 Q2	1	8	3	0	8	20	40.0%	40.0%	80.0%
SFY 22 Q3	2	3	3	0	7	15	20.0%	20.0%	66.7%
SFY 22 Q4	3	5	5	0	8	21	23.8%	23.8%	61.9%
SFY 23 Q1	1	8	4	0	11	24	33.3%	33.3%	79.2%
SFY 23 Q2	0	7	0	0	6	13	53.8%	53.8%	100.0%
SFY 23 Q3	0	6	5	0	2	13	46.2%	46.2%	61.5%
SFY 23 Q4	1	6	6	0	11	24	25.0%	25.0%	70.8%
SFY 24 Q1	1	3	7	0	7	18	16.7%	16.7%	55.6%
SFY 24 Q2	0	6	12	0	6	24	25.0%	25.0%	50.0%
SFY 24 Q3	1	6	9	0	2	18	33.3%	33.3%	44.4%
SFY 24 Q4	0	1	0	10	0	11	9.1%	100.0%	100.0%
SFY 25 Q1	0	0	0	21	0	21	0.0%	100.0%	100.0%
SFY 25 Q2	1	0	0	17	0	18	0.0%	94.4%	94.4%

Cohort (Start Date)	Anomalous	Compliant	Delinquent	Pending	Late Completion	Total	% Compliant	% Compliant or Pending	% Compliant or Pending or Complete
Total	12	67	58	48	78	263	25.5%	43.7%	73.4%
Totals w/o 1st 3 Qtrs. of SFY 2024	10	52	33	48	54	197	26.4%	50.8%	78.2%

Factors impacting compliance:

- **Supervisor Core 2.0 Implementation is Under Development:** OCWTP is refining Supervisor Core 2.0 delivery to align with PCSA hiring timelines and onboarding workflows. The training system partners continue to adjust scheduling and curriculum delivery to support statewide implementation.
- **Turnover Has Increased Demand for Caseworker Onboarding:** PCSAs have experienced elevated rates of caseworker turnover in recent years, which has led to a sustained focus on onboarding new staff. This includes allocating time and resources to ensure caseworkers can meet immediate service delivery needs. As a result, at a local level, caseworker and supervisor training timelines are often adjusted based on workforce demands.
- **Supervisors Frequently Carry Dual Roles:** Supervisors in many agencies are assigned active caseloads while simultaneously managing supervisory responsibilities. This dual role limits availability for training, especially when training requires scheduled time away from other critical job duties.
- **Ongoing Training Compliance Participation is Higher Among Experienced Staff:** Supervisors with longer tenure are more likely to meet training mandates. These supervisors may be more comfortable balancing the demands of their workload to attend training. In contrast, newly promoted supervisors are more likely to defer training to focus on other job responsibilities.

Statewide Analysis of Supervisor Core 2.0

Supervisor Core 2.0 content is closely aligned with supervisory priorities identified in the 2024 Supervisor Survey Report. Respondents prioritized coaching, performance evaluation, conflict management, team building, and Ohio SACWIS/data literacy, which are directly addressed by high-rated Supervisor Core 2.0 courses. Qualitative comments gathered during evaluations reflect many of the same themes cited in survey data, such as setting clear expectations and supporting new supervisors with applied, role-specific training.

Ohio's ongoing training for supervisors demonstrates statewide functioning. The Supervisor Core 2.0 curriculum is well-calibrated to address real supervisory demands, blending high-quality content with learner-centered delivery. Evaluation data consistently show that supervisors find the content relevant and immediately applicable, and their voices, reflected in rich qualitative feedback, affirm that the training is building confidence, capacity, and clarity. One learner in *Adopting a Coaching Mindset* summarized: *"This wasn't just about skills—it helped me rethink how I support staff and foster a learning culture."*

Supervisor Core 2.0 implementation is showing promising early results:

- Pre-requisite compliance is stable, indicating appropriate use of foundational training pathways.
- Completion rates are rising, demonstrating increasing engagement and throughput.
- Supervisors who complete the series remain in their roles, suggesting a stabilizing effect on workforce turnover.

These indicators provide a strong foundation for continued implementation and underscore the program's contribution to retention and workforce development. Continued tracking of these metrics will support quality assurance and help identify areas for ongoing improvement as the series becomes more deeply embedded in supervisory practice.

Ongoing Monitoring and Maintenance of Supervisor Core 2.0 Courses

Ohio's Supervisor Core 2.0 is maintained through standardized processes, rigorous quality assurance practices, and collaborative oversight to ensure the training remains relevant, effective, and aligned with policy and practice standards. This structured approach ensures new and seasoned supervisors receive timely, accurate, and practical learning experiences across delivery formats.

Course Review and Revision Structured

Supervisor Core 2.0 courses undergo systematic reviews using a frequency matrix developed by OUCCAS. Courses are prioritized for review based on criteria such as complexity, relevance, and recent policy updates. When revisions are made:

- Updates are consistently applied across all delivery methods.
- Version control and archiving are managed centrally to ensure consistency and accessibility.
- Monthly update reports are shared with DCY and RTCs to maintain transparency and alignment across the system.

From September 2023 through April 2025, 11 Supervisor Core 2.0 courses have been revised to integrate updated policies and instructional strategies.

Item 27: Ongoing Staff Training

Training Requirements

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

Population	Requirements	OCWTP Offerings
PCSA Caseworkers	Complete 36 hours of training annually. Complete an approved domestic violence training and an approved human trafficking course within the first two years of continuous employment. ORC 5153.122	Specialized and Related

Population	Requirements	OCWTP Offerings
	OAC 5180:2-33-55	
PCSA Caseworker Supervisors	Complete 30 hours of training annually. Complete an approved domestic violence training and an approved human trafficking course, if not completed already as a caseworker. ORC 5153.123 OAC 5180:2-33-56	Specialized and Related
Foster Care and Adoption Assessors	New assessors (specialized caseworkers) must complete the Foster Care and Adoption Assessor Series Training within two years from taking the first assessor training course. Thereafter, they must attend six hours of foster care or adoption-related training every two years.	Assessor Series Foster Care and Adoption-Related Assessor Refresher

Caseworkers, including assessors and supervisors, can meet ongoing training requirements through relevant training provided by OCWTP, DCY, accredited colleges or universities, seminars, or conferences. Regardless of the training provider, any training that counts toward ongoing training requirements is recorded in the CAPS LMS.

Addressing The Ongoing Knowledge & Skill Needs of Staff

The sections below outline the steps OCWTP takes to ensure that ongoing training addresses the basic skills and knowledge needed by staff to carry out their duties through:

- Systematically assessing ongoing training needs
- Maintaining a robust learning catalog
- Using a curriculum development process for standardized curricula to ensure content addresses essential knowledge and skills (described in Item 26)
- Implementing continuous quality improvement through evaluation components
- Managing OCWTP's pool of trainers and coaches from recruitment to assessment and development and support
- Developing TOL tools and prompts
- Piloting evaluation measures to capture pre- and post-assessment data and to assess TOL measures that make an impact

The following map shows the number of caseworkers and supervisors served by each RTC.

Number of caseworkers and supervisors in each region (% of State)
(June 2024, census data collected annually)

NCORTC
328 Caseworkers (10.7%)
77 Supervisors (10.7%)

NEORTC
711 Caseworkers (23.3%)
152 Supervisors (21.1%)

NWORTC
335 Caseworkers (10%)
74 Supervisors (10.3%)

CORTC
677 Caseworkers (22.2%)
174 Supervisors (24.2%)

WORTC
321 Caseworkers (10.5%)
83 Supervisors (11.5%)

ECORTC
132 Caseworkers (4.3%)
31 Supervisors (4.3%)

SWORTC
364 Caseworkers (11.9%)
127 Supervisors (13.3%)

SEORTC
188 Caseworkers (6.2%)
33 Supervisors (4.6%)

The table below summarizes key caseworker and supervisor training and coaching activities by RTC in FY24. Note: In addition, ILT's that are offered are open to learners from every region.

RTC	Sessions Held	Total ILT Participants	Total Coaching Hours	Total Completed SDCs
CORTC	343	4387	48	6573
ECORTC	98	1019	154	769
NCORTC	309	3472	16	2492
NEORTC	325	4586	48	4096
NWORTC	198	2292	161	1925
SEORTC	94	905	336	1650
SWORTC	192	2560	306	2912
WORTC	148	1979	84	3124

Identification And Analysis of Training Needs

OCWTP provides ongoing professional development for caseworkers and supervisors across eight RTCs, and uses multiple, ongoing strategies to assess and respond to ongoing workforce development needs.

The training program uses a combination of qualitative and quantitative sources to identify the ongoing training needs of its workforce. Common sources include:

- **Federal and State Reports:** OCWTP identifies needs that arise from Federal and State reviews. When invited, RTC staff participate in Child Protection Oversight and Evaluation (CPOE) entrance and exit conferences or receive data from DCY TAS staff if not in attendance.
- **ITNA/IDP Data:** All RTCs use Individual Training Needs Assessments (ITNAs) and Individual Development Plans (IDPs) to determine training needs. The frequency of review varies from weekly to quarterly. ITNA data is reviewed quarterly on a statewide level. Note: A new ITNA/IDP tool was launched in CAPS LMS in January 2024.
- **County-Specific Requests and Liaison Input:** Each RTC communicates consistently with county agencies through liaisons, site visits, quarterly meetings, and direct requests. These engagements ensure that locally identified priorities are reflected in training schedules.
- **Onsite Visits and Leadership Feedback:** Site visits, agency leadership meetings, and regional summits allow RTCs to receive feedback directly from PCSA leadership. These efforts help ensure that county performance monitoring efforts inform planning.
- **Course and Coaching Evaluations:** OCWTP utilizes SDC and ILT evaluation data, coaching feedback, and interest tracking reports to monitor needs.
- **External Consultation:** OCWTP staff maintain relationships with the DCY training team and TASs and participate in work teams and state-level learning communities. These touchpoints allow for integrating statewide initiatives and legislative changes into regional training strategies.
- **Changes in Law or Rule:** Whenever there is a modification to a rule that leads to a change of practice, OCWTP considers how best to inform and/or train staff on the update.
- **Curriculum Advisory Groups (CAGs) and Individuals with Lived Experience:** CAGs, which include trainers, PCSA staff, subject matter experts (SMEs), OCWTP staff, and individuals with lived experience, provide information on emerging practice issues. These groups offer valuable input on practice alignment, skill application, and system priorities. Additionally, OCWTP actively seeks guidance from individuals with lived experience outside of CAGs, including former foster youth, birth parents, and resource families, who share their perspectives during focus groups, course development meetings, and storytelling sessions.
- **OCWTP Led Surveys and Focus Groups:** When field trends or system feedback indicate the need for further exploration, OCWTP may engage a subcontracted evaluator to support targeted data collection efforts.
  - This approach was used during the needs analysis phase to develop Caseworker and Supervisor Core 2.0.
  - It was also used in response to feedback from youth with lived experience, who highlighted a need for additional training for Independent Living (IL) workers. In July 2024, the OCWTP conducted a statewide survey of IL workers to assess their skill development needs.

One of OCWTP's strengths is a multi-layered, shared responsibility to identify and assess learning needs. RTCs do this on a county and regional level; OUCCAS is responsible for sensing and tracking statewide needs and patterns.

Individual Training Needs Assessments and Individual Development Plans

One standardized way Ohio ensures staff receive training that addresses the knowledge and skills needed to carry out their duties is to mandate that, once every two years, each caseworker and supervisor complete an individual needs assessment within the CAPS LMS in conjunction with their supervisors.

In 2024, OCWTP piloted its new ITNA and IDP processes for caseworkers and supervisors. The previous ITNA process was conducted outside OCWTP's prior learning management system, E-Track. The resulting high-priority needs were then manually transferred by RTC staff into IDPs in E-Track.

The new CAPS LMS-integrated ITNA/IDP process was rolled out to caseworkers and supervisors statewide in January 2024, with a requirement to complete the ITNA by December 31, 2024.

Assessment involves rating knowledge and skill level on ten competencies universal to all populations, each containing 5-10 behavioral indicators specific to each training population. These behavioral indicators are observable and measurable practices individuals employ when demonstrating a specific competency. They help the individual and supervisor more accurately assess the individual's development needs within a competency. The average of an individual's ratings and those of the supervisor determines the overall score for that competency.

In addition to ranking competencies and behavioral indicators, ITNA respondents review a list of key practice areas and decide whether they need significant development in each practice area. They are encouraged to provide supporting narrative details for any they select as development needs, to assist their RTC in understanding the context of their specific needs.

The ITNA also includes answering open-ended questions about development needs in key practice areas. Upon completion, they review recommended development actions (instructor-led training, self-directed courses, videos, materials, coaching) tailored to their assessment results and select those they wish to add to their development plan in CAPS LMS. Throughout the year, as staff complete learning interventions in CAPS LMS, that progress is automatically captured in their development plan.

Caseworker ITNA Completion, as of 12/30/24
- Not Started 17%
- In Progress 15%
- Completed 68%

Supervisor ITNA Completion, as of 12/30/24
- Not Started 30%
- In Progress 16%
- Completed 54%
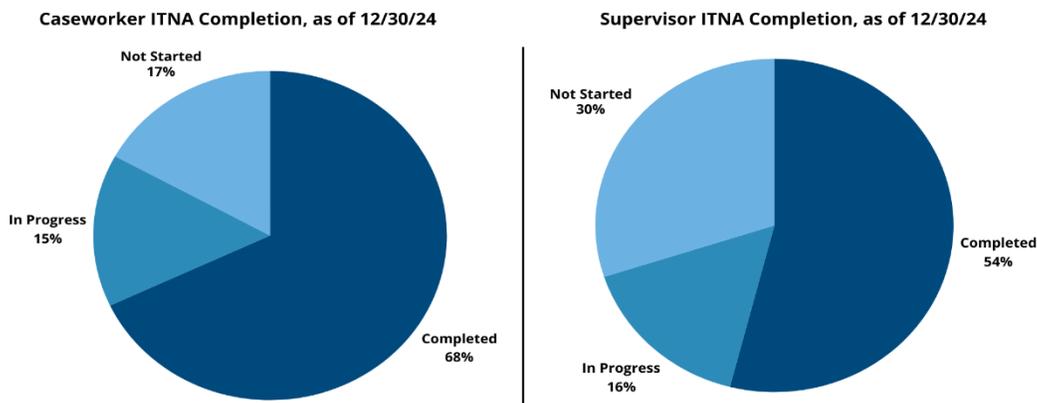
A few configuration and logistical considerations impacted completion numbers during the initial pilot. For example, because counties can use the available job titles as they see fit, some assigned roles in Ohio SACWIS (which creates CPS LMS user profiles) are assigned according to their agency-specific policy. This resulted in OCWTP having to work with counties to determine which role titles actually had a training mandate and were applicable to receive the CORE curricula and the resulting ITNA/IDP process. Adjustments were also needed due to staff attrition, promotions, and supervisory changes. Individuals impacted were granted one-time extensions to complete their assigned ITNAs.

In January and February 2025, feedback on the pilot rollout was reviewed, and resulting adjustments were made to the configuration process for subsequent rollouts. In March 2025, ITNA/IDP assignments were released to PCSA caseworkers and supervisors **entering a position or being promoted into a position with a training mandate** in the 2024 calendar year, with an ITNA due date of December 31, 2026.

Summary of Statewide Caseworker and Supervisor ITNA and Development Plan Findings

OUCCAS staff triangulate data from the top competencies identified, top behavioral objectives within those competencies selected, key practice areas, and training specified in the learners' development plan to assist OCWTP in identifying and scheduling needed learning.

View full tables listing the top competencies and behavioral indicators here.

Caseworker Development Plan Findings

Below are the ten development actions most frequently added to caseworkers' development plans:

Development Action (Learning Object)	Type	Frequency
Individual Skill-Based Coaching	Coaching	372
Managing Difficult Conversations in the Homestudy	ILT	343
Psychotropic Medications: Questions to Ask about Kids on Meds	ILT	194
Addressing Reoccurring Mental Health Issues in Families	ILT	162
Casework Interviewing, Problem-Solving, and Crisis Intervention	ILT	156
Managing Effects of Separation	ILT	155
Resilience as a Leader: Building Confidence and Skills	ILT	148
Sexual Abuse Intervention Series	Blended Curriculum	125
Courtroom Testimony Skills Practice	ILT	118
Take My Advice: Guidelines for Assessing and Advising Parents	ILT	117
GAP: Safety Planning	GAP Session	115

Supervisor Development Plan Findings

Below are the ten development actions most frequently added to supervisors' development plans:

Development Action (Learning Object)	Type	Frequency
Understanding Conflict	SDC	191
Supervision Strategies for Managing Conflict	ILT	108
Individual Skill-Based Coaching	Coaching	104
Staff Development: The Coaching Mindset in Action	ILT	100
Assessing and Evaluating Staff Performance	ILT	99
Introduction to Sextortion	SDC	98
Supporting the Adoptee	SDC	89
Developing the Next Leader: A Planning Guide for Supervisors	ILT	75
The Adoption Finalization Process	SDC	74
Resilience as a Leader: Building Confidence and Skills	ILT	73

Known Limitations

Despite these strengths, OCWTP acknowledges important limitations that impact the accuracy and reliability of needs assessment data:

- **Turnover and high caseloads**: High turnover among caseworkers can affect the reliability of the data, which changes frequently and can be difficult to validate across reporting periods.

- **Self-reported bias**: Self-assessment introduces inherent bias, and staff may not always accurately identify their developmental needs.
- **Uneven feedback quality from surveys**: Post-training surveys may be submitted without comments or skipped entirely, reducing the richness of data available for decision-making.
- **Limited access to performance data**: CPOE findings are not consistently shared with RTCs unless tied to a specific training requirement in a county's Plan for Practice Advancement (PPA), limiting how performance outcomes directly inform regional planning.
- **Assessor specific limitations**: Assessors are the only mandated OCWTP population that work in both the public and private agencies and the courts. This can make it difficult to pull accurate training needs data from CAPS LMS. In addition, some agencies require all caseworkers to complete the Assessor Series, so learner data includes more than just mandated learners. Assessors can take any course that addresses foster care or adoption to meet their ongoing training needs. With this wide range of options, it is difficult to isolate which courses best meet the assessor's needs through CAPS LMS data.

Statewide Chain of Evidence: Addressing the Skill and Knowledge Needs of Caseworkers, Supervisors, and Assessors

To meet the ongoing training needs of staff, OCWTP operates through a coordinated, multi-level process designed to ensure that training offerings are responsive to evolving field needs. Each OCWTP partner has a role in building the chain of evidence used to identify training priorities, design offerings to meet those needs, and evaluate how well those offerings support skill development and knowledge transfer.

Based on needs identified in the *2025-2029 CFSP*, sources noted in the previous section from FY24 and FY25 (including ITNA/IDP data), the following topics have been identified as high-priority training needs.

Additionally, the documents linked in the "How OCWTP Addressed Need & Impact" final column in the chart below describe the learning interventions provided to address the high-priority need and explain their impact (data: June 1, 2023 – April 1, 2025).

Caseworkers

Key Practice Area	# of Times Selected in an ITNA	2025-2029 Ohio CFSP Priority	# of RTCs Who Identified Topic as a Need via Another Source	How OCWTP Addressed Need & Impact
Human Trafficking	1859	Yes	8/8	Link
Working with Older Youth Transitioning Out of Care	1776	Yes	6/8	Link
Crisis Intervention	1743	Yes	8/8	Link
Secondary Trauma	1723	Yes	3/8	Link
Mental Health	1687		4/8	Link
Trauma-Informed Practice	1649	Yes	8/8	Link
Substance Use	1534	Yes	8/8	Link
Sexual Abuse	1459		4/8	Link
Workload Management	1435		3/8	Link
Domestic Violence	1384		8/8	Link

Additionally, results from the 2024 Independent Living (IL) caseworker needs assessment survey (mentioned earlier) indicated the following top three learning needs:

- Resource Availability
- Caseworker Role/Approach

- Youth Engagement Youth engagement was selected to be addressed first as it is skill-based, and the same strategies can be applied across counties and agencies. Three skill-based micro-learnings are in development with the intent to implement them in the summer of 2025. The micro-learnings are based on the Search Institute's Developmental Framework. The first provides an overview, and the second and third have branching scenarios that allow IL caseworkers to see the outcome of their engagement choices. Comments regarding what IL caseworkers need to know about youth engagement include:
  - *Understanding the caseworker's role with IL youth/ways agencies can better engage youth*
  - *How to connect with teenagers*
  - *Engaging youth prior to being in crisis*
  - *Youth self-esteem, confidence, resiliency, and encouragement*
  - *How can we have a healthy balance between being supportive and being able to correct them in a palatable way? Helping to steer them in the right direction in a way that will motivate them and not just be another adult "who doesn't understand" lecturing them.*
  - *Engagement and individualized learning*

Supervisors

Key Practice Area	# of Times Selected in an ITNA	2025-2029 Ohio CFSP Priority	# of RTCs Who Identified Topic as a Need via Another Source	How OCWTP Addressed Need & Impact
Leadership	511	Yes	6/8	Link
Staff Development	468	Yes	5/8	Link
Staff Performance	427		5/8	Link
Conflict Management	420		4/8	Link
Change Management	346	Yes	2/8	Link
Team Development	342	Yes	4/8	Link
Trauma-Informed Practices		Yes	3/8	Link
Working with At-Risk Youth		Yes	3/8	Link

It is anticipated that the FY25 ITNA cycle will show a decrease in the proportion of staff identifying the same skill or knowledge areas as priority needs compared to the previous cycle, indicating that the training system effectively addresses gaps in knowledge and skill development over time.

Where the same topic areas continue to emerge, we expect to see a shift in associated Behavior Indicators (BIs), reflecting staff progression from foundational skills to more advanced practice. This progression would indicate growth in competency development and skill application.

By examining reductions in repeated identified needs and improvements in BIs, OCWTP can evaluate the long-term impact of ongoing training initiatives. Analysis of ITNA data over multiple years will also guide the refinement of training priorities, more strategic resource allocation, and ensure the training system remains responsive to workforce needs.

Continuous Feedback and Quality Control

To maintain high-quality course delivery, the program uses a multi-source feedback system involving:

- **Course Evaluations:** Conducted through the CAPS LMS, with responses reviewed regularly at the regional and state levels to identify trends and determine course improvements.
- **Trainer Observations:** Each Supervisor Core 2.0 trainer is observed during their initial deliveries and periodically thereafter to ensure fidelity to content and effective facilitation. Observers provide targeted feedback using a standardized tool, with observation data managed centrally for review and analysis.
- **Stakeholder Input:** Feedback from DCY, agency leadership, supervisors, and SME's inform course enhancements and supports alignment with field expectations and emerging needs.
- **Coaching and Debriefs:** Trainers and supervisors contribute insights during post-training discussions and coaching sessions, strengthening application of learning, and signaling needs for future content adjustments.

Addressing the Basic Skills and Knowledge Needs of Foster Care and Adoption Assessors
Initial Assessor Training

Ohio continues to be one of the only states to require specialized training for staff, called assessors, who provide foster care and adoption-related services. The Assessor training series ensures that courts, public agencies, and private agencies follow the same foster care and adoption practices.

The original series was developed in the late 1990s. While individual courses had been regularly updated, the entire series needed substantial redevelopment. In preparation for this revision, OUCCAS conducted an environmental scan that included a needs assessment and a scoping review. Data was collected statewide from assessors, supervisors of assessors, trainers of assessors, DCY policy staff, technical assistance specialists, and licensing staff. Feedback from assessors and assessor supervisors showed that the assessor training series needed to provide specific, practical information with more focus on application. This feedback guided the revisions. Efforts were made to connect the content to current practice, emphasizing processes, forms, rules, and laws. The new Assessor Series is a comprehensive learning experience with many features that promote best practices and skill building, while being adaptive to job duties and responsibilities. There is a focus throughout on critical thinking, the importance of belonging, felt safety, maintaining connections, trauma, and the youth voice.

This series is 57 hours of learning spanning 34 required courses. 18 are self-directed (SDC) and 16 are instructor-led (ILT). The blended self-directed and instructor-led courses build upon each other, culminating in opportunities for assessors to practice and apply the skills taught.

Block	# of courses		
	Instructor -Led	Self-Directed	Total
Foundational	0	4	4
Adoption Process	5	3	8
Assessment of Families	1	4	5
Recruitment	0	3	3
Supporting Children	6	4	10
Supporting Families	3	0	3

Learners can see the full list of courses in the CAPS LMS when they register for the Assessor Series 2024 curriculum. Courses they can take right away will allow them to register (instructor-led, either virtual or in-person) or launch (self-directed). Courses that have a prerequisite will have a notation reading pending prior training. A learner can revisit a concept or tool after completing the course, throughout their employment.

These videos provide information to supervisors and prospective assessors:

- [Insights from Our Trainer](#)
- [Assessor Series: What to Expect](#)

OCWTP also provides an optional one-hour self-directed course called *Assessor Overview* for those who want additional information. Learners who are new the CAPS LMS can take the Virtual Learning Orientation.

Assessor Series Data

The data below summarizes learner evaluation feedback from the implementation date (May 2024) through April 2025 across five major blocks of training in the Assessor Series: Adoption Process, Assessment of Families, Recruitment Supporting Children, and Supporting Families. The Foundational Block courses are courses in the Caseworker Core 2.0 curriculum. Data from that curriculum is shared in the previous section.

Total Respondents by Block
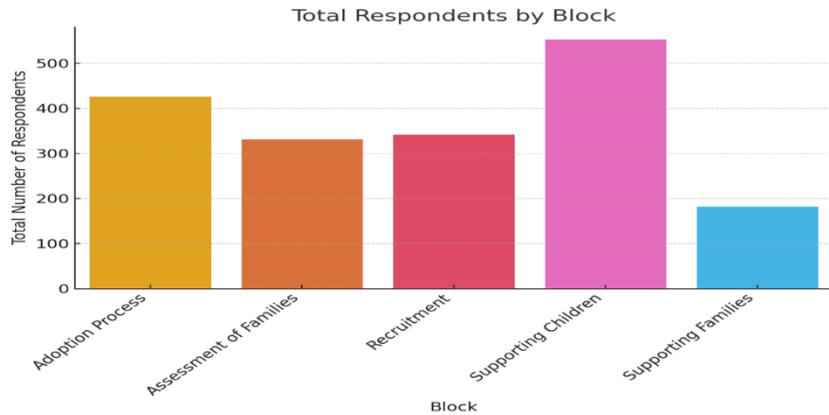
The number of respondents ranged from approximately 180 to 550. All but one block had over 300 respondents.

Each course within each block is assessed on a scale from 1-5 in three core metrics:
- Content Up to Date
- Relevance of Content
- Application of Learning

Ratings across all blocks are consistently high, ranging between 4.45 (Content Up to Date in Supporting Families) and 4.82 (Relevance, Adoption Process).

Average Scores by Block and Metric
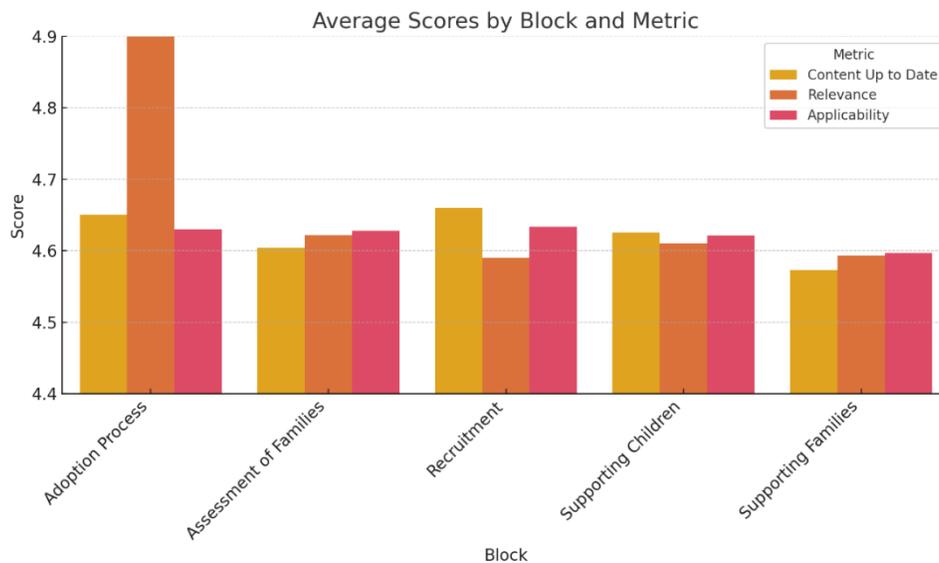
When assessing learner evaluation survey comments from courses completed between 5/29/2024 and 10/25/2024, there were three general positives:
- Trainers were praised for their knowledge and engagement.
- Content was described as relevant, practical, and easy to apply.
- Participants appreciated:
  - Open discussions and peer-sharing.

- Case scenarios, real examples, and step-by-step explanations.
- Reinforcement of core principles (e.g., person-centered documentation).

This evaluation data also provided the OCWTP with feedback that helped generate the following future tasks:

- Include more multimedia from children and youth with lived experience.
- Re-assess activities to ensure the optimal way to support the learning objectives.
- Review training materials to ensure Facilitator Guides, slide decks, and Learner Guides align.
- Enhance visual and interactive content.
- Clarify terms and standardized, statewide processes.

Assessors have a variety of backgrounds, degrees, and child protection experience. The Assessor Series is challenged to acknowledge and address this varied population and bring learners to a universal level of competence. In addition, an assessor can complete a broad range of tasks by rule, and the specific tasks will vary depending on the size and needs of the county. For example, assessors can take permanent surrenders, but very few agencies engage in this process.

To address these challenges, the OCWTP used several development strategies, including:
- Providing content on all potential tasks but focusing the training on those tasks that are more frequently required.
- Addressing theory, but ensuring rules, forms, and practice are the focus. Learners get both the "why" and the "how."
- Requiring Assessor Series trainers to have significant experience as an assessor and ensuring specialized courses within the series are trained by those with experience. For example, only trainers who work or have worked with birthparents can train the voluntary adoption course
- Utilizing a content advisory group to review each course and provide feedback as part of the development process. The advisory group was comprised of public and private agency assessors, foster parents, foster care alumni, and trainers.

Trainers are assessed for expertise and experience and provided with a "Training on Content" (TOC), to ensure they can deliver the course as intended. All new trainers are observed. In addition, OCWTP does periodic observations to assess fidelity to the Facilitator Guide.

Evaluations, trainer feedback, and new laws, rules, and policies are reviewed regularly. Necessary changes are made immediately. Suggested changes are documented and considered when the course receives a maintenance review.

Ongoing Assessor Training

Foster Care and Adoption Assessors must complete six hours of foster care or adoption-related training every two years. The specific courses are identified using the previously described ITNA process. Assessors can complete courses from the redesigned Assessor Series if they have not already taken them.

Assessor Refresher training must be completed when an assessor does not complete six hours of continuing education training within each two-year period. The current Assessor Refresher is a 12-hour instructor-led course. This course is being redeveloped as a self-directed course intended to be implemented in late summer 2025. In addition, an instructor-led course will be developed for those

attending the Assessor Refresher who want additional instruction in a specific area. This course will count towards their six-hour ongoing training requirement.

Skill Development

A survey was conducted in 2024 to identify the skill development needs of Assessors. Sixty assessors from 24 agencies responded. 8% of respondents had less than 1 year of experience, 43% had 1-5 years of experience, and 49% had six or more years of experience.

The top five needed skill areas were the following:
- Interviewing
- Homestudy
- Law & Rule Compliance
- Engagement and Communication
- Difficult Conversations

A series of micro-learnings will launch in summer 2025 to assist assessors in developing skills in these identified high need areas. This series has four goals:
- Addresses skill development in needed areas as identified through a survey of assessors and assessor supervisors.
- Enhances skill development through small, digestible learning tools.
- Improves the practice of developing essential skills by increasing accessibility and engagement.
- Focuses on skills directly applicable to assessors' daily responsibilities, increasing confidence and ability to support families and children effectively.

Statewide Functioning

RTC staff meet quarterly to plan the Assessor Series schedule to ensure statewide availability. In addition, instructor-led courses that are offered virtually are open to learners from every region. Public, private, and court assessors have equal access to the courses.

Foster Care and Adoption Assessors

DCY monitors compliance through the Assessor Registry within Ohio SACWIS. Assessors submit and maintain copies of the DCY 01680 as they complete their required training.

Staff Coaching

Coaching adds another layer to Ohio's approach to ongoing training. OCWTP offers coaching to caseworkers, supervisors, resource families, executive directors, and administrators to help develop priority skills identified during state, county, and individual needs assessments. Coaching is not mandatory, nor is it ever part of a progressive discipline plan. RTCs assess requests for coaching to determine the best way to meet the need. Once a request is approved, the RTC matches the individual with a coach certified in the requested skill set.

Coaching is skills-based, time-limited, and connected directly to a defined competency. Coaches develop a coaching plan with the individual and the supervisor. The plan includes:

- Focus of coaching (skill areas and competencies).
- Desired practice behaviors for the individual and the supervisor in supporting the individual during coaching.

- Action steps for achieving desired skills or competencies.

OUCCAS screens and interviews coaches, after which new coaches attend training focusing on roles and responsibilities and addressing and practicing key coaching skills.

After coaching concludes, both the individual and supervisor offer assessments. This data is used to assess individual progress. However, due to the lack of automation, the data is not aggregated to evaluate overall program effectiveness. Current limitations in how coaching is entered into CAPS LMS prevent the ability to track individual data. Solutions are currently being explored. Below is coaching data from 2023-2025:

Population	Hours	Skills Coached
Caseworkers	2087.25	Assessment skills Person-centered engagement Screening guidelines Documentation Time management Ohio SACWIS entries Court testimony Home visits Case planning Permanency planning Organization and workload management Caring for children with complex medical needs Gathering information to support decisions
Foster Care and Adoption Assessors	196.28	Recruiting and retaining caregivers Kinship home studies Supporting caregivers Workload management Time management Documentation Adoption process Forster care licensing The assessor's role
Supervisors	1121.70	Supervising for optimal performance Developmental plans Performance reviews Time management Workload management Onboarding new caseworkers Mission-critical performance expectations Management of unit objectives Monitoring to ensure best practices Supervisor's role in the transfer of learning Managing staff Setting priorities
Total Hours	**3685.63**	

Areas of Functioning

Ohio's system demonstrates functioning in several key areas:

- **Widespread Use of Multiple Data Sources:** OCWTP leverages more than one source of information to determine training needs, increasing the reliability of identified priorities.
- **Responsive Scheduling:** Each RTC uses needs data to inform quarterly or rolling training schedules, often aligning offerings with state-required topics such as human trafficking and domestic violence.
- **Integration of Coaching:** RTCs use coaching to address emerging or urgent training needs. Coaching is also used to reinforce learning after formal sessions.
- **Data-Informed Adjustment and Continuous Improvement:** RTCs use feedback loops that connect coaching, training evaluations, and session observations to refine offerings over time.

Learning Intervention Needs Assessment and Fulfillment Process

When RTCs identify a learning need that existing OCWTP offerings cannot meet, the need is analyzed through a standardized, collaborative process. This process includes representatives from DCY, RTCs, and OUCCAS. Together, the group determines whether the learning need is appropriate to address through training and whether it aligns with OCWTP competencies.

If an appropriate response does not exist, OUCCAS develops a targeted intervention in collaboration with RTCs and independent contract trainers. This begins with drafting learning objectives based on the identified skill gaps. Then, OUCCAS partners with a trainer to develop a high-quality, evidence-informed workshop. OUCCAS provides technical assistance and instructional design support throughout development to ensure alignment with OCWTP standards and TOL goals.

This process enables OCWTP to maintain a dynamic and responsive approach to training. It supports consistency in learning needs assessment statewide, facilitates data-informed decision making, and promotes access to relevant training for all eligible audiences, including foster caregivers, adoptive parents, assessors, caseworkers, and supervisors. Additionally, it contributes to continuously enhancing OCWTP learning catalog by identifying gaps and emerging areas of need.

Learning Needs Request Approval by Population

Not Approved, 15, 21%
Foster Caregivers, 16, 22%
Combined Foster Caregivers & Staff Audiances, 7, 10%
Supervisors, 3, 4%
Caseworkers and/or Caseworkers & Supervisors , 31, 43%
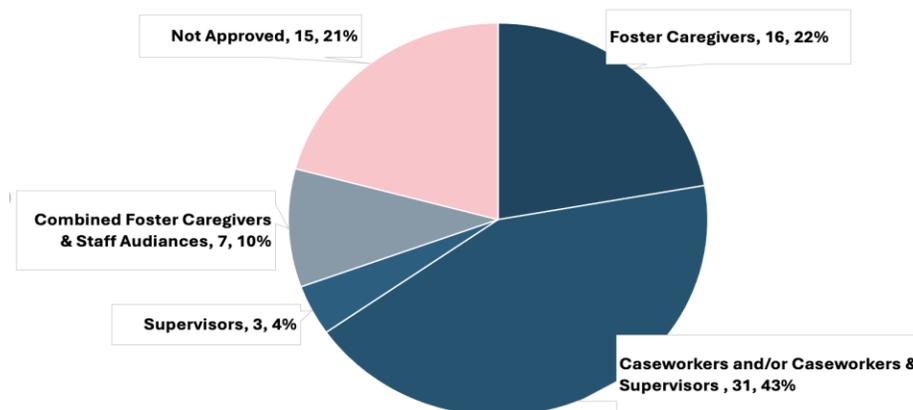
Reasons for non-approval included:

- A suitable existing training already addressed the need.

- Training was not the appropriate intervention.
- The request was merged with another similar need.

To date, 35 new workshops have been developed with contract trainers, and 23 are currently in development.

Innovations in Delivery

OCWTP implemented innovations to enhance the delivery of training for caseworkers and supervisors through Leadership Conferences and the Child Protective Services Fellowship Program:

- **Leadership Conferences** provide supervisors with targeted opportunities for skill development, peer learning, and leadership collaboration. Conferences are scheduled as single or multiple-day events and include half-day or full-day sessions. Content areas aligned with statewide priorities, focusing on progressive discipline, team building, trauma-informed supervision, and data-driven leadership. This approach fosters regional networking and supports the broader continuous quality improvement efforts within agencies.
- **The Child Protective Services Fellowship Program** provides an enhanced onboarding and professional development experience for prospective child protection caseworkers in an undergraduate human services-related program. Core 2.0 sessions are held during evening hours (5:00 p.m.–8:00 p.m.) and are restricted to Fellowship participants, providing a cohort-based learning environment.

Together, these initiatives demonstrate Ohio's commitment to delivering strategic, accessible, and workforce-responsive training to the child protective services workforce.

Ongoing Monitoring of the Trainer, Coach, and Producer Pool

Monitoring trainer, coach, and producer pools help ensure that training is responsive to learner needs and that content reflects the knowledge and skills needed to do their jobs. OUCCAS reviews multiple feedback sources to assess trainer, coach, and producer pool performance:

- Training participants complete evaluation surveys after each ILT, one section of which focuses specifically on trainer and producer performance. OUCCAS reviews daily summaries of ILT session survey comments to detect and follow up on any significant issues immediately. OUCCAS also reviews monthly and quarterly aggregate metrics tied to these surveys to detect systemic trends and concerns across trainers and courses.
- OUCCAS routinely observes new trainers and producers, using a detailed rubric, to assess their initial performance, identify any concerns, and provide them with early support and technical assistance. OUCCAS also observes experienced trainers and producers periodically, based on feedback received.
- Trainers and producers submit post-training feedback forms, sharing their perspective on the session outcome and detailing any issues they encountered or questions/concerns they have. OUCCAS reviews these forms weekly for any issues that require follow-up or technical support.
- Coaching participants and their supervisors complete feedback surveys at the end of coaching interventions. OUCCAS reviews monthly summaries of feedback received for significant issues requiring follow-up.
- OUCCAS receives periodic anecdotal feedback on trainer, producer, and coaching pool performance from RTCs, county staff, and other key informants.

Issues detected through the above sources are tracked in a centralized log and flagged for different levels of follow-up and technical support. Significant issues proceed through a formal documentation and resolution process.

Depending on the issues involved, support and assistance may include any of the following: one-on-one consultative meetings, live technical support sessions on individual training tools, on-demand technical support videos and tutorials, attendance of one or more training on training (TOT) sessions on training delivery platform skills, etc.

Training Offered by Partner Organizations

DCY partners with several organizations to develop and provide specialized ongoing training content needed by staff.

Kinnect

Kinnect is an Ohio-based nonprofit dedicated to ensuring permanent families for all children in the shortest time possible and connecting those families with individualized support to meet their unique needs. Trainings were provided to Ohio child protective service professionals for Kinnect to Family (KTF), an intense family search and engagement program. Kinnect to Family provides tools, resources, and engagement with the goal of family reunification through kinship care.

For trainings through our LMS (non-SEEK or LCs):

- 98% would recommend the training to others
- 34% increase in knowledge of training topics
- 31% increase in confidence in applying training topics in the workplace
- 28% increase in commitment to applying training topics in the workplace

Quotes:

- *"Trainers were amazing. Information learned was valuable."*
- *"I enjoyed this training and would attend more if offered in this area."*
- *"I really appreciated the resources that were shared during the training. They were immediately put to use by my agency."*
- *"I am a supervisor of frontline staff and I want to ensure that when staffing I am asking them about family supports etc. I would also like to find out how to get positions which provide this in my county and to tap into the federal funding available for that position."*

For KinFirst Statewide Learning Community (12/3/2024)

- Overall rating of 4.2 out of 5 stars
- 81% would recommend the event to others
- 95% felt the information in the event applied to their work

Quotes:

- *"It's always inspiring to be around like-minded individuals! I feel so much more motivated and empowered after feeling defeated the past couple weeks."*
- *"The breakout rooms were beneficial and made me feel excited about what we can do as an agency."*
- *"Today has sparked interest in what gaps may be in the system and how to fill those needs."*
- *"Wonderful event. I believe it could be a 2-day event in the future."*

Ohio START

Ohio START (Sobriety, Treatment and Reducing Trauma) is an evidence-informed children services-led intervention model that helps PCSAs bring together caseworkers, behavioral health providers, and family peer mentors into teams dedicated to helping families struggling with co-occurring child maltreatment and substance use disorder.

The ongoing required core trainings offered through Ohio START were developed to address the basic skills and knowledge required to implement the Ohio START model with fidelity. Core training is held regularly (either quarterly, semi-annually, or annually) and are required for Ohio START Caseworkers, Family Peer Mentors (FPM), Children Services Supervisors, and Administrators. Additional training courses are held throughout the year based on needs identified through technical assistance.

Training content is focused on the core skills and knowledge required for the START model, including working with families with substance use disorders, understanding the child welfare system, administering required screening tools, facilitating Family Team Meetings, understanding the roles of caseworkers and FPMs, supervision, understanding the effects of trauma, and Motivational Interviewing.

Training courses are open to all 57 counties participating in Ohio START. While a few sessions are role-specific, most are open to all PCSA caseworkers, supervisors, administrators, FPMs, behavioral health providers, and community partners. Continuing Education credits are offered for each training. From 7/1/2024 through 3/31/2025, a total of 307 Ohio START caseworkers, and 140 supervisors and administrators were trained.
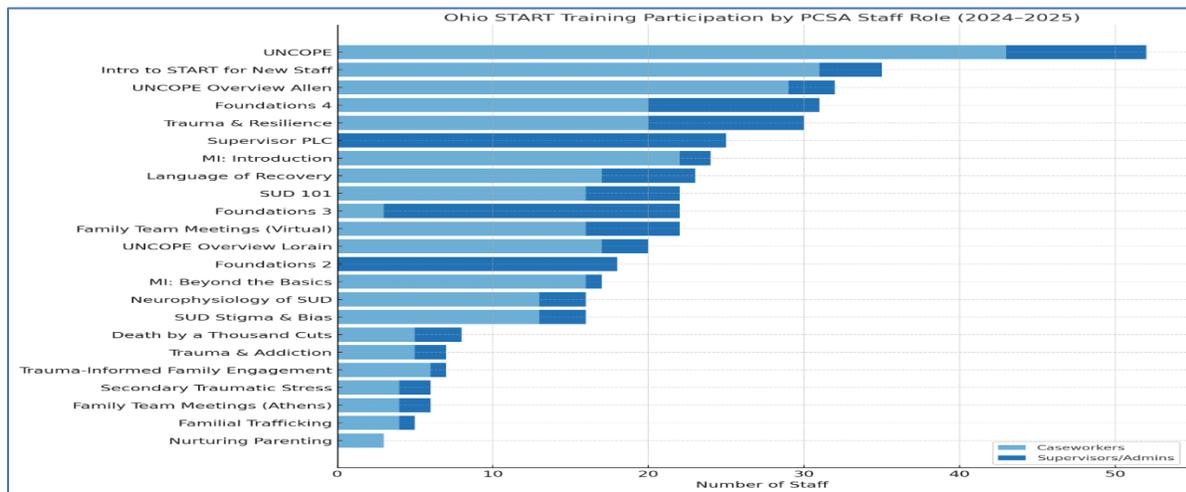
Ohio START staff attend and observe all sessions and collect standard evaluations from participants to measure the level of knowledge/skills before and after attending the training, whether program objectives were met, and the effectiveness of the training. The evaluations are also reviewed for any pertinent follow-up that may be necessary. Sessions and materials are updated as changes are needed.

On a 5-point scale, training participants ranked their level of knowledge/skills on the identified topic before and after the training. Evaluations received from participants reflect that Ohio START trainings increase their level of relevant knowledge and skills.

Five Regional Technical Assistance Consultants and three Ohio START Coaches support the 57 counties implementing START throughout Ohio. Technical Assistance Consultants support counties in making improvements in fidelity elements and track county readiness for certification. In addition, Ohio START Coaches provide specialized support to PCSAs in the areas of behavioral health, FPMs, motivational interviewing and family team meetings. The coaches meet individually with PCSAs to address implementation barriers and increase skills in strategies that assist START implementation. A total of 476 TA meetings, calls, or presentations took place from 7/1/2024 through 3/31/2025.

Item 28: Foster and Adoptive Parent Training

Training Requirements

Summary of initial and ongoing training requirements per Rule 5180:2-5-33 and Rule 5180:2-48-9

Home Type	Preservice Hours	Ongoing Hours
Pre-Adoptive Infant	12	24 every two years
Family	24	30 every two years (completion of Resource Readiness in the first two years)
Specialized	24	45 every two years (completion of Resource Readiness in the first two years; CPR and First Aid every two years)
Adoptive	Not specified	No requirement

Addressing the Knowledge & Skill Needs of Foster and Adoptive Parents

Initial Training

Foster Care

The Preservice training curriculum for foster, kinship, and adoptive families is a 24-hour curriculum consisting of three self-directed courses and 12 instructor-led courses that can be taken virtually or in person. This curriculum was designed to align with the Family First Prevention Services Act (FFPSA) Model Licensing Standards and developed with data from a scoping review, focus group feedback, and input from a curriculum advisory group. It was implemented in January 2023.

In late 2023, OCWTP released a Preservice Training Evaluation Report that assessed the new Preservice series. 1,663 Preservice self-directed course evaluations and 4,938 Preservice instructor-led course evaluations were reviewed. Additionally, 11 preservice trainers and 30 licensing managers completed surveys. There was little variation in the average subscale scores from ILT course evaluations based on which Regional Training Center (RTC) hosted the training. This suggests that learners' experiences are fairly consistent across the state.

The OCWTP acted on the following recommendations as course revisions were made throughout January 2025:
- Reduce content to address the pacing of the ILT courses

- Increase the inclusion of interactive training elements
- Ensure learner guides could be either printed or typed into

Additional resources have been developed to support the Preservice series:

- Preservice Training Youth Version – A companion curriculum learners can use with their children to help prepare the whole family.
- Preservice Syllabus – A document that provides the learning objectives, descriptions, and training requirements addressed in each course.
- Preservice Job Aid – Desk reference for navigating the CAPS LMS
- Agency Policy Training Guide – An optional guide (with PPT slides) agencies can use to ensure their agency's required training on policies and procedures addresses what is included in the rule.
- Post-Preservice Refresher – A series of self-directed micro-learnings that caregivers and staff who work with caregivers can take to refresh their memory about what is taught in Preservice. This series will be launched in the summer of 2025.

Adoption

Families approved for adoption only (not foster care) must receive training in the following topics:

- The effects that placement, separation, and attachment issues have on children and their families.
- Caregivers' involvement in permanency planning for children and their families, and post-adoption issues for children and families, including availability of adoption subsidies.
- The dynamics of physical abuse, sexual abuse, emotional abuse, neglect, and substance abuse on human growth and development.
- Behavior management techniques.
- Effects of caregiving on children's families.
- Cultural issues, including cultural differences training and an overview of the Multiethnic Placement Act (MEPA), and the Civil Rights Act of 1964 (Title VI), as it applies to the foster care and adoption process.
- The substance of section 2152.72 of the Revised Code, which deals with the information required to be shared with a prospective adoptive parent before a child who has been adjudicated a delinquent child for the commission of certain violent crimes is placed with a prospective adoptive parent.

These topics are addressed in OCWTP Preservice training curriculum. An agency may waive components of the training if the assessor determines that the family has received training previously or the family has the skills to care for the needs of the child placed in the home.

Evaluation Data

Below is a summary of learner evaluation data for Preservice Curriculum courses completed between 1/1/2024 – 4/17/2025. The rating scale is from 1-5, with 5 being strongly agree.

Course	Respondents	Content up to date	Content was relevant	Able to apply what I learned
1. Orientation*	221	4.54	4.61	4.67
2. Caregiver Role*	238	4.57	4.61	4.67
3. Basics of Placement	1319	4.59	4.58	4.60

Course	Respondents	Content up to date	Content was relevant	Able to apply what I learned
4. Trauma Overview	1364	4.60	4.62	4.63
5. Impact of Trauma	1369	4.62	4.64	4.65
6. Permanency	1281	4.62	4.63	4.64
7. Child's connections	1298	4.61	4.60	4.62
8. Partnering	1318	4.64	4.63	4.65
9. Child Dev	1299	4.58	4.60	4.59
10. Adol Dev	1293	4.59	4.56	4.58
11. Best Practice Foundation	1260	4.57	4.54	4.56
12. Discipline	1262	4.60	4.62	4.62
13. Effects	1225	4.61	4.61	4.62
14. Medication Management*	311	4.61	4.62	4.65
Averages	**1076**	**4.60**	**4.61**	**4.63**

*The respondent numbers are lower for the self-directed courses because learners who do not complete the evaluation right away from the "completion page" seldom return to their *completed* transcript page to locate and complete the evaluation. It is not required to be completed for the learner to receive training credit.

Positive feedback:
1. Clear and Comprehensive Information
   - Courses explained key differences (e.g., adoption vs. foster care) and roles effectively.
   - Courses were informative and helped learners understand the overall foster care process.
2. Promoted Empathy and Perspective-Taking
   - Increased understanding of caseworkers, biological families, and children's perspectives.
   - Encouraged empathy for trauma-impacted children and grace for developmental variation.
3. Helpful Role Clarification and Expectations
   - Defined caregiver responsibilities clearly.
   - Addressed what to expect in caregiving, permanency, and placement situations.
4. Valuable Real-Life Context
   - Realistic and honest tone (e.g., challenges of fostering, trauma impact).
   - Guest speakers and personal reflections were particularly meaningful.
5. Developmental and Trauma Awareness
   - Clarified the effects of trauma and how it manifests in behavior.
   - Highlighted child development stages and realistic expectations.
6. Practical Strategies and Advocacy
   - Offered guidance on discipline, emotional regulation, and medication safety.
   - Encouraged caregivers to advocate for children's needs.
7. Strengthening Child and Family Connections

- Stressed the importance of maintaining a child's relationships and identity.
- Showed how connection benefits long-term outcomes.

Many of the evaluation surveys were completed prior to the January 2025 revision. Therefore, some suggestions were implemented in that revision. Considerations for further improvement include:

1. Add more practical tools and real-life examples
   - Include more real scenarios, mock situations, testimonials, and video examples.
   - Provide actionable discipline techniques and trauma interventions.
   - Share tips for managing meds with non-verbal or young children.
2. Broaden Representation a
   - Address younger children more, not just older youth.
   - Expand on kinship care, disabilities, and neurological conditions.
3. Support for Caregivers Themselves
   - Include more empathy and support content for foster caregivers.
   - Offer more guidance on caregiver stress, expectations, and navigating allegations.
4. Expand Depth Where Needed
   - Deepen focus on adolescent transitions, permanency preparation, and caseworker dynamics.

Ongoing Training

Adoptive Parent
While adoptive families do not have ongoing training requirements, they can have a profile in the CAPS LMS, launch self-directed courses, and participate in instructor-led courses. There are 192 courses with "adoptive parent" identified as a potential audience. In addition, DCY is reviewing the four-course series, *Adoption Guardianship Preparation Training* by Harmony Family Center, for entry into the CAPS LMS. This series was developed specifically for families considering guardianship or adoption and addresses such topics as expectations, motivations, trauma, attachment, and therapeutic parenting. It has been adapted to provide Ohio-specific resources.

Foster Parent
Newly certified family and specialized foster families must complete training in 11 required topics, collectively called Resource Readiness, during their first two years of certification in addition to completing their required number of training hours.
The required topics are listed below. Numbers in parentheses indicate how many self-directed (SDC) and instructor-led (ILT) courses are available within each topic.

- Prevention, recognition, and management of communicable diseases (1 ILT, 1 SDC)
- Community health and social services available (1 ILT, 1 SDC)
- Education advocacy (2 ILT, 1 SDC)
- Substance abuse (4 ILT, 1 SDC)
- Cultural issues (2 ILT, 1 SDC)

- Family safety (2 ILT, 2 SDC)
- Trauma and its impact on children and the family; promoting attachment (6 ILT)
- Caring for children who have been sexually abused (2ILT, 1 SDC)
- Managing placement transitions (4 ILT, 1 SDC)
- Mental health, self-regulation, and self-care (3 ILT, 2 SDC)
- Legal and ethical issues for caregivers (4 ILT)

Foster caregivers can select one course from each topic, and do not need to take the courses in a particular order. They are encouraged to select courses specific to the needs of children placed in their home (if they have already accepted placement) or the characteristics of children they have indicated willingness to accept.

Many of the courses in Resource Readiness come from the National Training and Development Curriculum (NTDC). OCWTP partnered with Spaulding to develop the first set of interactive self-directed modules. Other courses were developed by OCWTP or by a trainer.

Learner evaluation surveys between 7/1/2024 and 4/16/2025 were reviewed. The table below shows the aggregate ratings for each required topic in three metrics:

- Content up to date
- Content Relevant
- Able to apply

Topic	Learners	Content Up to Date	Content Relevant	Able to Apply
Prevention, recognition, and management of communicable diseases	304	4.58	4.55	4.58
Community health & social services available	238	4.60	4.61	4.60
Education Advocacy	481	4.57	4.54	4.56
Substance Abuse	473	4.57	4.53	4.55
Cultural	812	4.52	4.48	4.46
Family Safety	1010	4.59	4.59	4.59
Trauma and its impact on children and the family; Promoting attachment	1063	4.59	4.59	4.59
Caring for children who have been sexually abused	689	4.66	4.64	4.63
Managing Placement Transitions	882	4.54	4.55	4.54
Mental health, self-regulation, and self-care	938	4.58	4.61	4.59
Legal and Ethical Issues for Caregivers	505	4.59	4.53	4.55

Learners from the five most frequently offered Resource Readiness consistently praised:

- Instructors' use of personal experiences, which increased relatability.
- Engaging delivery styles, which kept sessions interactive and memorable.
- Tools and strategies that could be directly applied in their caregiving roles.
- A greater emotional and psychological understanding of the children in their care.

Caregiver Needs Assessments and Development Plans

Once certified foster caregivers complete their initial Resource Readiness requirement, they do not have any required topics, except that specialized families must get CPR and First Aid training every two years. Rather, the recommending agency is to develop and implement a written needs assessment and continuing training plan for each foster caregiver affiliated with the agency. The identified courses must be appropriate for the type of foster home the foster caregiver operates, and the type of children typically placed in the home. Completion of the plans is tracked in Ohio SACWIS and DCY felt it would be redundant to have caregivers also complete an ITNA and IDP in CAPS LMS.

OCWTP has assisted agencies in addressing this requirement by developing an optional online needs assessment survey for agencies and foster caregivers. The optional online needs assessment helps caregivers identify key skill areas they need to develop. The survey takes approximately 10 minutes to complete. Results are emailed to the foster caregiver, their agency worker, and the regional training center that serves their agency. Caregivers in their first two years of certification are advised to select two to three topics to address after they complete their Resource Readiness training requirements. Year three and beyond, caregivers are advised to select up to 10 topics.

Survey data from the optional needs assessment survey indicate the following topics as priority training needs for caregivers:

- Adoption
- Trauma
- Behavioral Health
- Child Development
- Attachment/Relationship Building
- Discipline

In addition to analyzing individual training needs data, the eight RTCs also consider systemic needs data from the following sources:

- DCY announcements regarding changes in federal and state laws and the OAC
- Emerging state and national trends
- Learner evaluations in the CAPS LMS
- Feedback from OCWTP trainers
- Input from Curriculum Advisory Groups
- Input from the Ohio Youth Advisory Board
- Youth and family ombudsman reports and discussion
- RTC county site visits
- County agency training/coaching requests

- County engagement through the RTC's caregiver coach
- Training needs collection tool / regional need surveys
- Quarterly PCSAO Executive Directors Meeting
- Regular meetings with recruitment departments
- Meetings with community organizations such as the Spanish American Committee to assess the needs of Spanish-speaking caregivers.
- Data from the Foster Parent College LMS
- Verbal reports from resource managers/licensing specialists
- Foster caregiver focus groups
- Requests due to a corrective action/ foster parent rules violation
- County Foster Parent Association Meetings
- CPOE exit interviews
- Monitoring waitlists for training

Below is a summary of training needs findings from these additional data sources:
- **CORTC:** Burnout and secondary trauma, trauma-informed care, sexual abuse, human trafficking, mental health, independent living
- **ECORTC:** Trauma, substance abuse, attachment/loss
- **NCORTC:** Grief and loss associated with reunification, inclusive boundaries, permanency planning, and discipline
- **NWORTC:** Trauma, substance abuse, sexual abuse, verbal de-escalation, stress management
- **SEORTC:** Behavior management, primary families, independent living, and mental health
- **SWORTC:** Trauma, substance abuse, adoption, and discipline/behavioral management
- **WORTC:** Trauma, discipline, adoption, problem solving, behavior management
- **NEORTC:** Adoption, trauma, behavioral health, child development, attachment/ relationship building, CASA/GAL role, internet risks, race, fetal alcohol syndrome, life books, CPR, rule violations, drugs, LGBTIQ+ community

Connecting Caregivers to Needed Ongoing Training

To ensure certified caregivers can meet their training needs, CAPS LMS offers a menu of 222 foster care courses, approximately 20 of which are self-directed. Many instructor-led courses can be attended in person or virtually. Additional efforts to connect foster caregivers to needed training are highlighted below.

Foster Care Conferences: Several RTCs host annual foster caregiver conferences. Some, like ECORTC and NCORTC, offer virtual and in-person options. NCORTC held in-person sessions at local community-based organizations so caregivers could become familiar with local resources. The format and scale of the conferences vary depending on regional needs. Here are two examples:

- NEORTC held its 16th annual conference in person over three days. Ten training sessions provided 51 foster caregivers with 420.75 hours of training credit. The caregivers represented eight counties and three private agencies. They also invited their caregiver coach and other organizations to set up resource tables at the event.
- WORTC offered a fully virtual three-day conference. Twenty-five courses were offered, eight of which met Resource Readiness training requirements, for a total of 70.75 hours. There were 270 learners from both public and private agencies.

Foster Parent College: OCWTP has partnered with Foster Parent College for many years to provide a wide menu of self-directed learning options for foster caregivers, free of charge to them. Between July 1, 2024, and April 15, 2025, there were 1983 caregivers enrolled. 1770 courses were completed for a total of 5416 hours of training.

The most frequently completed courses in this time period include:

- Autism: A Strength-Based Approach (113)
- Building Trust, Motivating Change (104)
- Eating and Food Issues (91)
- Healthy Sexual Development (82)
- Children Entering Care: Physical Health Issues (64)

Coaching

As stated in the previous section, OCWTP provides coaching to staff and caregivers upon request. The table below notes the number of hours provided to caregivers along with skills coached between 2023 and 2025:

Population	Hours	Skills Coached
Caregivers	280.4	Engaging with children and birth families Communication skills Trauma-informed parenting Trauma-informed behavior management Attachment Child Development General parenting skills for adoptive parents Professional relationships Active listening

In addition to the statewide coaching program, for the first time, the eight RTCs have full-time caregiver coaches who provide coaching and support to public/certified caregivers and certified kinship providers. The skills required to be an equipped caregiver are complex and challenging, especially to learn in one-time training. Coaching support from these regional coaches helps caregivers master and apply newly learned skills.

Through group sessions, parent cafés, conference presentations, and one-on-one coaching in caregiver homes, they have coached the following topics to countless foster and kinship caregivers:

- Collaboration
- Engaging primary parents
- Trauma informed parenting
- Separation
- Reunification
- Grief and Loss
- De-escalation
- Social supports
- Child development
- Self-care

- Culturally responsive parenting
- Attachment
- Legal issues
- Balancing the needs of all children
- From fostering to adoption
- Impact of trauma

Compliance: The recommending agency tracks foster parent ongoing training compliance, which must verify that training requirements are met before submitting the recommendation for certification or approving the family for adoption. According to OAC 5180:2-5-33, "The recommending agency is to maintain a record in the Ohio comprehensive child protection information system (Ohio CCWIS) for each foster caregiver showing the date, location, course name and length of each preplacement and continuing training course each foster caregiver attended, and the name of the trainer." DCY licensing staff monitor agency compliance.

Advanced Foster Care Training

As more PCSAs begin treatment foster care programs, there is an increased need for advanced, skill-based training. OCWTP is identifying criteria for advanced training and trainer qualifications to train these advanced courses. Several courses have been identified as potential advanced courses and OCWTP will be engaging trainers to develop these courses further to meet the criteria. In addition, OCWTP is exploring partnerships with organizations that have already developed skill-based training. For example, the Ohio Coalition for the Education of Children with Disabilities offers a virtual monthly education series for caregivers.

Statewide Functioning

- RTC foster care training coordinators meet every other month to discuss training coordination.
- Self-directed learning through the CAPS LMS and Foster Parent College provide equal access to training across the state.
- RTCs host in-person sessions at their location as well as on-site in the counties.
- Several RTCS have found recent success in hosting brief sessions during the lunch hour, lunch and learns.
- RTCs also alert county training liaisons to relevant training that other organizations host.

Assessing How Well We Meet Training Needs

The learning needs of certified caregivers are met through training scheduled and often hosted by the RTCs. Examples include the following:

- NEORTC Caregiver Training Coordinators submitted seven learning needs requests, all approved and now available in CAPS LMS.
- Each agency in the WORTC service area with an internal foster parent network (nine in total) receives assistance from the WORTC in finding appropriate, available training from our system.
- NWORTC scheduled trainings in all five high training needs areas, totaling over 60.2 hours of training.
- SWORTC hosted at least one training in each of the four high priority areas: Trauma (13), Substance Abuse (3), Adoption (1), and Discipline/Behavioral Management (4).
- NEORTC and NCORTC scheduled training in their region's high needs areas and then sent follow-up emails to any agency that identified one or more of the areas as needed.

RTCs use the following data to confirm learning needs are being met:
- Learner evaluations in the CAPS LMS
- Feedback from OCWTP trainers
- RTC county site visits
- RTCs maintain ongoing communication with county training liaisons
- County engagement through the RTC's caregiver coach
- Quarterly PCSAO Executive Directors Meeting
- Data from the Foster Parent College LMS
- Verbal reports from resource managers/licensing specialists
- Foster caregiver focus groups County Foster Parent Association Meetings

The accuracy of the data is supported in the following ways:
- County licensing staff are all foster care and adoption assessors and have a long-term professional relationship with caregivers. Thus, are able to identify and score Biennial Training Needs with the foster caregivers.
- Several RTCs review all foster parent training surveys within 10 days of the session, then send the report to each trainer with learning points, comments, and score reports. This timely feedback and the requirement of the county training liaison to monitor learning and the training plan of each foster parent give additional credibility to the learning achievement.
- Several RTCs meet quarterly with Foster Licensing specialists from the region to collaborate on meeting the individual foster parent and the specific county needs and determine if the trainings result in increased skills and knowledge. Minutes reflect that training needs are being met.
- Feedback from coaching sessions indicates that sessions are helpful. Survey results and feedback were used to develop future coaching and training content.

Limitations in Data
- Caregiver ITNAs are completed at the agency level, and there is no standard mechanism for sharing this ITNA data with OCWTP. Furthermore, the data is not collected in a standardized way, making it difficult to aggregate the data.
- LMS course evaluation surveys have low response rates so do not represent all caregivers attending training.
- Although the RTCs periodically prompt county training liaisons to send training needs data, the counties are ultimately responsible for collecting training needs. As a result, OCWTP is reliant on how well the county training liaison completes this task.

Spanish-language Courses

Ohio, like many states, has a foster family shortage. RTCs reported that English-only Preservice put up a barrier to potential families from Spanish-speaking communities. OCWTP has used translation services and additional consultants to make Preservice available in Spanish. In addition, OCWP has made the Spanish-Language NTDC courses available in the CAPS LMS. After testing, the self-directed courses will also be made available.

Micro-learnings

Post Preservice Refresh is a series of 14 brief self-directed learnings (one for each Preservice course except CPR/First Aid) to assist potential caregivers who have completed Preservice in remembering what they learned. It can be several weeks or months between Preservice completion and the family's first placement. These micro-learnings can be returned to repeatedly to help important points stay in the caregiver's memory. The Post Preservice Refresh series will be available in CAPS LMS in summer 2025.

Child Care Institutions/Group Home Staff Training

Training Requirements

OAC 5180:2-9-03 mandates initial and ongoing training for staff who work in Child Care Institutions/Group Homes. Staff receive their training in-house or from an outside provider (sometimes it may be through OCWTP or another outside venue). If training occurs outside of the agency/residential facility the training shall include a transfer of learning component prior to or following the training. The transfer of learning component may include a pretest, a posttest, or a discussion following the training.

Training Pre-Requisites and On-going Certification Requirements
The residential facility shall ensure that all childcare staff hired possess:
- Current American Red Cross, American Heart Association, or equivalent First Aid and Cardiopulmonary Resuscitation (CPR) certification at the time of hire or within six months following the date of hire. Childcare staff of a group home or children's residential center shall be certified in the type applicable to the age and size of the children to be served in the facility. Childcare staff of a residential parenting facility and a children's crisis care facility shall be certified in infant, adult, and child CPR. The first aid and CPR certifications shall always be maintained current unless the employee meets one of the following exceptions:
    - Extended leave.
    - Separation of employment for less than one year.
    - Extended illness.
    - Critical emergencies.
    - Cancellation of training classes.

A childcare staff person is not permitted to work with children without another childcare staff who is current on all First Aid and CPR training and who is present at all times. If a childcare staff person's First Aid and CPR certification has been expired for more than 90 days, the staff member shall not be permitted to work in the facility without the required certification. There shall be at least one staff person with First Aid and CPR certification on duty at all times in a living unit.

Initial Training

During the first 12 months of employment, staff who work in Child Care Institutions/Group Homes must complete a minimum of 52 hours of training according to the following schedule:
- Participate in a minimum of 20-hours of orientation within the first 30-days after the date of hire.
- Take an additional 32-hours of training during the first year of employment.

Content

Training should relate to agency policy, procedure, trauma-informed care, rules, and the population that the agency serves. The training shall include documentation of the transfer of learning components. If a childcare staff person is or will be providing care for a youth at least fourteen years of age, the person shall be prepared adequately with the appropriate knowledge and skills to understand and address the issues confronting adolescents preparing for independent living and provide such services as are needed and appropriate.

If a residential facility has a policy prohibiting the use of physical restraint, the facility shall complete annual training for all childcare staff in acceptable alternatives to restraint. If a residential facility has a policy allowing the use of physical restraint, the facility shall complete annual training in acceptable methods of restraint for the childcare staff. Physical restraint may be used by childcare staff only:

- For self-protection.
- For protection of the child from imminent harm.
- To protect another person from the child.

Physical restraint of a child shall only be utilized by a childcare staff person who has received specific training and annual review in acceptable methods of restraint. Documentation of such training shall be included in the employee's personnel record. If the facility revises any policy pertaining to children or childcare staff, the childcare staff shall receive training on the policy within third days of the revision.

Training must address the following topics:
- Familiarization of the employee with emergency and safety procedures of the residential facility.
- Principles and practices of childcare.
- Administrative structure, procedures, and overall program goals of the residential facility.
- Trauma informed approach implemented by the agency if the individual does not have a current "Level 2 Trauma Informed" or "Level 3 Trauma Competent" certificate.
- Appropriate techniques of behavior management.
- Techniques and methodologies of crisis management including acceptable physical restraint or acceptable alternatives to restraint if restraint is prohibited.
- Familiarization of the employee with the discipline policy strictions outlined in OAC, the discipline and behavior intervention policy required by OAC, and any additional requirements the agency may have.
- Procedures for reporting suspected child abuse or neglect.
- Emergency medical plan of the residential facility.
- Universal precautions.
- Chapter 5180:2-9 of the Administrative Code as applicable to the functions of the agency.
- Implementation of the Community Engagement Plan.
- Procedures for responding to incidents involving a child at the facility and neighbors or the police.
- Reasonable and prudent parent standard.

If a childcare staff person will be providing care for a youth at least 14 years of age, the person shall be prepared adequately with the appropriate knowledge and skills to understand and address the issues confronting adolescents preparing for independent living and provide such services as are needed and appropriate. To the extent possible, such services shall be coordinated with the life skill services required to be provided.

Annual Training: Childcare staff are required to receive at least 24 hours of annual training.

Compliance: Each residential facility is required to document the completion of training activities in the staff's personnel record. During visit reviews and recertification reviews, DCY Licensing Specialists monitor compliance with training requirements for staff in DCY licensed facilities.

Learner-Driven Pathways

OCWTP has developed a framework for learners to explore a topic to the depth they want at a pace that works for them. This framework is called a learner-driven pathway. Training and other learning activities are available along the pathway, but participation is not required. The learner can do as much or as little of the pathway as they like.

Life Skills Pathway

The Life Skills Pathway, the first learner-driven pathway, was developed in collaboration with ACTION Ohio and the Overcoming Hurdles in Ohio Youth Advisory Board (OHIO OYAB). Courses and activities within the pathway help resource families gain necessary knowledge and skills to assist youth skill development, promoting a successful transition to interdependence. When the resource family has completed a pathway course, the caregiver and youth in their home can work together on skill-building activities based on knowledge and skills from that specific course. The family and youth will be able to document the activity, and learners can earn badges awarded within the CAPS LMS. Badges are a way to be easily recognized for achievement.

The essential elements of interdependence, as determined by the OHIO YAB, are:
1. Education
2. Workforce
3. Budgeting
4. Housing
5. Health
6. Relationships
7. Mentoring
8. Assessments
9. Planning
10. Vital Records

Below is a sample of comments from frequently offered courses in the pathway:

Vital Records

- *Thinking through the details of vital records and how to support children transitioning out of care is important. Recognizing how those records may impact a child in foster care differently is also valuable.*

Educational Advocacy K-12

- *I discovered how important it is to become an advocate for children in foster care when it comes to school!*
- *I did not know about Surrogate Parents for students, and I have already signed up to get certified!*

It was easy to understand and relevant to current issues in schooling with children in care.

Teens in Foster Care

- *Learning from a former foster child who aged out of the system added weight and authority to the training. It wasn't just a bunch of slides and talking points, but it came from someone with a lived experience on how we as foster parents can come alongside our teens to raise them up. She is an amazing instructor.*
- *Gave me a new perspective to look at how/why my teenagers are behaving the way they are and what may be behind some of those behaviors. It reminded me to take a step back and try to put myself in their shoes for more than a minute. The Job can be overwhelming, and workers can lose focus on what we are actually supposed to be doing besides just meeting requirements and deadlines.*

I really enjoyed the use of the activities and break out groups. Especially when the initial exercise in break out groups validated a strong point and demonstrated the frustration a foster you(th) feels like when having to retell his/her story over and over again. It offered a very interesting perspective.

Getting Teens Ready for the World of Work

- *The instructor shared many resources that will be valuable in training my teens to work and enter the world as an adult.*

Discussion on the importance of allowing teens responsibility to help prepare them, and good resources for career discussions.

Mentoring Teens

- *I appreciated the depth of information given for diverse populations of youth in care and the risks and needs they experience more.*
- *I learned great information about increasing mentors for foster youth.*
- *Understanding that others outside the home can work with, play with, teach skills with the children that I may not be able to do.*

Sexual Abuse Education Pathway

The Sexual Abuse Education pathway is in development with a launch in late summer 2025. This pathway topic was selected based on feedback from agency assessors and training liaisons that foster caregivers need in-depth information on providing care for children who have experienced sexual abuse. This pathway will consist of three instructor-led and four self-directed learning modules. The courses are:
- Caregiver Values and Beliefs
- Disclosure
- Impact of a Child's Disclosure
- Indicators of Child Sexual Abuse
- Caring for Children Who Have Experienced Sexual Abuse
- Caring for Children with Problematic Sexual Behavior
- Secondary Trauma

Certified Foster Caregivers Who Are Kin

Kinship providers have a unique set of considerations. OCWTP offers the following kinship-specific training for these families through CAPS LMS.

- The NTDC kinship courses, Building Resilience for Kinship Caregivers and Kinship Parenting, are available through CAPS LMS.
- A video series by Dr. Joseph Crumbley, kinship care expert, has been developed into a series of interactive self-directed courses that address attachment, legacies, identity, healing, adaptability, and co-parenting.
- Overview of Kinship Supports is under state review. This self-directed course addressed the federal, state, and local supports and services available to kinship families. While the target audience for this course is staff, kinship families can attend.

Assessment of Training Outcomes

OCWTP staff have developed a quality control process to assess and improve training outcomes (see Figure 1 below). This process involves developing or revising course-specific learning objectives that, in turn, inform a set of pre- and post-course questions for learners. Consistent with best practices in Learning Sciences, questions focus on knowledge, understanding, skills, confidence, and behavioral intentions. That is, to what extent do participants:

- Understand the focal topic (e.g., normalcy) and why it is important for children and families.
- Possess the ability (skill) to demonstrate the desired behavior.
- Express confidence in using that skill.
- Intend to use that skill in practice.

Figure 1 shows that pre- and post-data will be immediately available for the training content team to review the short-term training outcomes. If training outcomes are achieved, no changes will be needed. If outcomes are not achieved (i.e., mean responses are more than one standard deviation below the mean across all courses), the team will determine whether revisions are needed to improve the *content* or if coaching is needed to improve the trainer's *delivery*.

Figure 1: Quality Control and Improvement Process
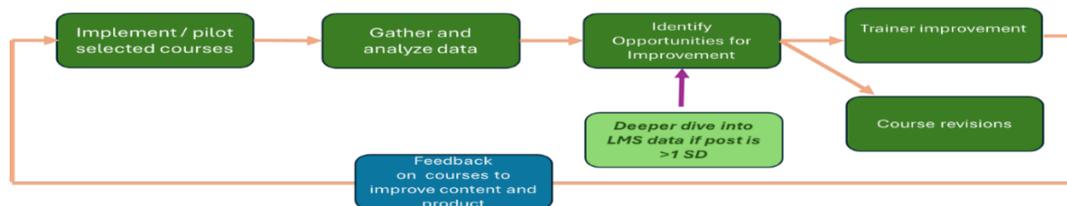
The initial pilot of this process (FY2025) will involve four courses, including one preservice and three ongoing courses (two instructor-led and two self-directed). The long-term goal is to access the full scope of formative data through the CAPS LMS that would allow OCWTP staff to see participation reactions and learning throughout the curriculum.

Engagement of Persons with Lived Experience

Youth voice has been, and remains, key in creating and continuing the development of the Life Skills Pathway. ACTION Ohio, a statewide foster care alumni advocacy group, is facilitating the voices of youth in the following areas:

- Identification of Essential Elements of Interdependence
- Mapping of Essential Resources
- Design of Essential Element Badges
- Creation of a Menu of Life Skills Activities for resource families to use with youth to build skills
- Vetting of course outlines for pathway and badge approval
- Developed courses for the Life Skills Pathway (alum trainers)

Foster caregivers are also engaged for their expertise. Two foster caregivers are voting members of OCWTP Steering Committee.

Additional ways youth/alums and foster caregivers are engaged:

- Inclusion in curriculum advisory groups
- Recorded interviews with 13 alumni, resulting in 122 clips used in learning interventions
- Recorded interviews with 18 families. These clips are in development and will total over 100 clips
- Include lived experience as a preferred qualification on the Verification of Trainer Qualifications (VTQ) form
- Utilized as trainers and panelists for OCWTP

Service Array and Resource Development

Item 29: Array of Services

Child and Family Services Continuum

Ohio's publicly-funded child welfare services continuum includes robust programming to support the following essential functions: Child Abuse and Neglect Prevention, Child Maltreatment Assessment and Intervention, Child Treatment Services, Family Preservation Services and Family Support Services, Services to Support Reunification, Adoption, and Kinship Care, Services to Support Independent Living and Other Permanent Living Arrangements, and Preparation and Support of Youth Transitioning from Care. With the passage of HB 33, DCY was created with the charge to provide services, programming, and support to children and families across the state. Ohio has worked toward expanding and strengthening the range of existing services and developing and implementing services to improve child outcomes through coordination of services across systems and within systems.

DCY's long term goal is to support children and youth, empower families, and uplift communities. To meet these goals, DCY has developed a continuum of services, encompassing awareness, prevention, intervention, and wellness with stabilization support highlighted as foundational needs of many families served by DCY. Focusing on prevention and quality of services to keep families intact as well as achieving timely permanency provides direction and supports the agency's mantra to *Do What's Right for Kids*. Child Abuse and Neglect Prevention

The Ohio Children's Trust Fund (OCTF) is on the forefront of prevention activities throughout the state. Housed within the newly created DCY, and governed by a 15-member board, OCTF is dedicated

exclusively to funding primary and secondary child abuse and neglect prevention programs and services. OCTF establishes guidelines for prevention program development, provides access to up-to-date prevention curricula, and produces educational and public awareness materials. As the administrator of Ohio's federal Community-Based Child Abuse and Neglect Prevention (CBCAP) grant, OCTF supports statewide projects designed to strengthen families and prevent child abuse and neglect and funds primary and secondary prevention strategies that are conducted at the local level. With this support, community-based providers and county agencies implement a variety of evidence-based and evidence-informed child abuse and neglect prevention programs in their communities, reaching families before they encounter a public children services agency.

Child Maltreatment Assessment & Intervention

For families that encounter the children services system, Ohio practices a Differential Response (DR) child protection system that provides two pathways (Traditional Response and Alternative Response) to assess and respond to the unique safety concerns, risks and protective capacities of each family who is the subject of an accepted report of child maltreatment. In some instances, a traditional child protection response is needed to determine whether abuse or neglect has occurred and to ensure child safety and well-being. However, for many other families, an alternative approach may be more appropriate. Ohio's Alternative Response (AR) pathway is a formal child protection response that allows PCSAs to assess and address the needs of the child and family without requiring a determination that maltreatment has occurred. Regardless of whether a family is served via the AR or traditional pathway, PCSAs strive to provide families with the array of services and supports needed to safely maintain children in their own homes.

Child Treatment Services

The PCSA must work with the primary family and youth (when developmentally appropriate) to develop a family case plan when ongoing supportive services are identified as a need for the family. The family case plan is to be developed with the family within 30 days after whichever of the following occurs first:

- The parent, guardian, custodian agrees to voluntary (no court orders) supportive services.
- The PCSA files a complaint alleging the child is abused, neglected, or dependent.
- The PCSA has court ordered temporary custody of permanent custody of the child. The court orders the PCSA to provide protective supervision for a child living in their own home. The court orders the PCSA to place the child, sixteen or older, in a planned permanent living arrangement.

The family case plan identifies the presenting concerns and needs of the family. Behaviorally specific and measurable goals for behavior change are identified with the appropriate service provisions for the family. The family case plan is to be reviewed at least every 180 days and updated as needed.

Private Child Placing Agencies (PCPA) are required to have a treatment team for children placed in treatment foster care. The treatment team must develop an initial service plan within 30 days of the child's placement and be reviewed every 90 days. The Plan must include treatment goals, clinical and/or rehabilitative services and other necessary interventions.

Family Preservation Services and Family Support Services

Supportive services are provided or arranged to protect, strengthen, or assist children and their families or caretakers. Supportive services are made available by the PCSA through one or more of the following:

- Information and referral services to community resources.
- Prevention services from the PCSA or Title IV-E agency in collaboration with community service providers.
- Direct services from the PCSA.
- Contract services from community service providers.
- Direct and indirect services from child abuse and neglect multidisciplinary teams.
- Direct and indirect services through the county Family and Child First Council or the county Help Me Grow provider.

Supportive services are available if the child, their parent/guardian, custodian, or caretaker requests services and the PCSA determines necessity, the assessment of safety, risk, case decision or any other information gathered during the assessment/investigation indicates the need for services, the PCSA receives an order of protective supervision, the child is placed in substitute care; the ongoing assessment of safety and risk indicates the need for services, and the period immediately following reunification of the child, if needed.

Services to Support Reunification, Adoption, and Kinship Care

Ohio values keeping children with family and those with whom he or she has a connection. Consideration of relative resources begins with the agency's first involvement with the family, as caseworkers encourage family members to work together to assure the child's safety. When a child is not able to safely remain in their own home, PCSAs work with the family to explore relative options. To facilitate possible family placements, PCSAs notify relatives within thirty days of a child's removal so that they may be considered as a resource and assess their capacity to care for the child as soon as possible. In addition, PCSAs prioritize placement with relatives who are willing and able to assume custody of the child and his or her siblings.

DCY contracts with Kinnect to administer Kinnect to Family (KTF) to assist agencies in search and engagement activities. Research has shown that individuals with a family receive an emotional edge which may result in greater life successes. Due to this fact, KTF's focus on reconnecting children with family members and other lost loved ones is of vital importance in children services. KTF has helped to strengthen Ohio's family-finding process, not only with the program, but by providing numerous guidance documents and resources as well as providing statewide Search, Engage, Explore & Kinnect (SEEK) trainings.

Ohio provides continued services to assist in stabilizing the care of these youth. Kinship caregivers may qualify for the Kinship Support Program (KSP), the Kinship Permanency Incentive Program (KPIP), the Kinship Guardianship Assistance Programs (KGAP) and may be linked with a Kinship navigator through their PCSA if utilizing Kinship Supports Intervention (KSI) or through the Ohio Kinship and Adoption Navigator Program (OhioKAN).

Ohio supports PCSAs in licensing kinship providers as child specific foster parents by offering the Kinship Licensing Incentive Program (KLIP) which provides financial assistance to offset the cost of licensing, and/or foster care stipends. Ohio also provides financial support to PCSAs by providing the federal match for Title IV-E KGAP and KGAP Connections to Twenty-One (KGAP C21 – the extended KGAP

program for young adults aged 18 to 21). Through provision of monthly financial support, Medicaid, and linkage to community-based resources, KGAP C21 assists Ohio's kinship young adults while pursuing advanced education and employment.

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

Ohio assists and supports adoptive families and children through post adoptive services. These post adoptive services include the State Adoption Maintenance Subsidy, Post Adoption Special Services Subsidy (PASSS), and Ohio Adoption Grant Program (OAPG). Through the Adoption Assistance Connections to Age 21 (AAC 21) program, Ohio offers extended federal adoption assistance to young adults aged 18 to 21 who were adopted at age 16 or 17 from the custody of an Ohio PCSA. Qualifying young adults receive monthly financial support, Medicaid coverage, and community resource referrals to aid in their transition to self-sufficiency and independence.

Ohio created the Family Search and Engagement Toolkit in collaboration with PCSAs throughout the state to provide children services agencies and Title IV-E Courts with a helpful informational guide aimed at strengthening Family Search and Engagement (FSE) practice. The Toolkit comes from a variety of sources and is a small sample of the FSE resources available online.

DCY is committed to ensuring every child and teen is placed in a family-like setting. This remains a goal in the 2025-2029 CFSP. Several different strategies to support this goal include kinship program expansion, additional workforce supports such as trainings and access to services, facilitating connections with fathers, and considering the potential licensing of kin.

Services to Support Independent Living and Other Permanent Living Arrangements

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

Incentive Program (KPIP) provides financial support to kinship caregivers who make the commitment to obtain legal custody or guardianship of the children in their care.

Preparation and Support of Youth Transitioning from Care

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

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

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

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

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

Bridges is administered by DCY through a contract with The Child and Family Health Collaborative of Ohio, LLC. The collaborative works in partnership with member agencies throughout the state to serve eligible young adults in each of five regions Northeast, Southeast, Central, Northwest and Southwest.

In 2022, Ohio implemented the Youth Navigator Network (YNN), administered through a contract with Kinnect. YNN is a statewide navigator program for youth up to age 23 who are currently involved with children services or recently transitioned from care. The YNN model was developed based upon the OhioKAN model, with adaptations for the young adult population. A navigator can assist a young person with referrals and connections in their community to meet their unique needs. Navigators are trained and work with youth using a trauma informed approach. Young people can reach YNN by calling the warm line, texting, or emailing the program. YNN is actively working to develop an app designed for youth and a podcast that is developed in partnership with the Young Adult Advisory Council (YAAC) - a council made up of young people with lived experience in children services.

Ohio Family and Children First

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

OFCF was designed to streamline and coordinate government services for children and families. The OFCF Cabinet Council is comprised of the following Ohio Departments: Children and Youth, Aging, Mental Health and Addiction Services, Developmental Disabilities, Education and Workforce, Health, Job and Family Services, Rehabilitation and Correction, Youth Services, Opportunities for Ohioans with Disabilities, Medicaid, and the Office of Budget and Management. Locally, county commissioners establish the 88 county Family and Children First Councils (FCFCs) comprised of mandated membership which includes:

- At least three (3) individuals who are not employed by an agency represented on the council and whose families are or have received services from an agency represented on the council.
- The director of the board of alcohol, drug addiction and mental health services.
- The health commissioner, or commissioner's designee, or the board of health of each city and general health district in the county.
- The director of the county department of job and family services.
- The executive director of the public children services agency.
- The superintendent of the county board of developmental disabilities, or the superintendent's designee.
- The superintendent of the city, exempted village, or the local school district with the largest number of pupils residing in the county.
- A school superintendent representing all other school districts with territory in the county.
- A representative of the municipal corporation with the largest population in the county.
- The president of the board of county commissioners or an individual designated by the board.
- A representative of the department of youth services or an individual designated by the department.
- A representative of the county's Head Start agencies.
- A representative of the county's Early Intervention Collaborative.
- A representative of a local nonprofit entity that funds, advocates, or provides services to children and families.
- The county's juvenile court judge senior or another judge of the juvenile court designated by the administrative judge, or where there is no administrative judge, by the judge senior in service shall serve as judicial advisor to the county family and children first council.
- Any other local public or private agency or group identified by the board of commissioners that funds, advocates, or providers services to children and families.

Ohio Revised Code (ORC) Section 121.37(C) requires each county develop a county service coordination mechanism through the FCFC. This mechanism serves as the guiding document for coordination of

services in the county. Through this process, the FCFCs are mandated to share accountability, engage, and empower families, build community capacity, and coordinate systems and services.

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

The success of FCFC service coordination efforts depends on integrating key components into this process. FCFC service coordination is not affiliated with any single system, but the results of service coordination impact family and community outcomes across all systems through a collaborative, coordinated, cross-system approach. The individual family service coordination process is family-focused and strengths based. FCFC service coordination provides the venue for families with multiple and complex problems to effectively address their needs through a process that creates a unique intervention/treatment environment which eliminates duplication and provides both traditional services and builds natural supports.

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

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

Title IV-E Prevention Services Plan

Ohio's Title IV-E Prevention Services Plan, approved in December 2021, includes Multisystemic Therapy (MST), Functional Family Therapy (FFT), Ohio START (Sobriety, Treatment and Reducing Trauma), Healthy Families America (HFA), and Parents as Teachers (PAT). PCSAs refer families to applicable services and complete a prevention services eligibility determination in the Ohio Statewide Child Welfare Information System (Ohio SACWIS). Currently, Ohio's definition of candidate for prevention services includes children with an open case with a PCSA who are not in agency custody as well as pregnant and parenting youth in foster care.

Family First Prevention Services are coordinated between the PCSA and the service provider; however, with the exception of Ohio START, all of the services on Ohio's Title IV-E Prevention Services Plan are

available to families not involved with the PCSA. MST and FFT are Medicaid eligible services under the OhioRISE (Resilience through Integrated Systems and Excellence) program and HFA and PAT are offered through Ohio's Help Me Grow Home Visiting program available to all families who qualify.

Ohio's Title IV-E Prevention Services Plan amendment, approved by the Children's Bureau in November 2024, includes Triple P Online (TPOL) and Motivational Interviewing (MI). In partnership with PCSAs, Ohio piloted TPOL and MI between 2023 – 2025. Ohio is looking to scale each of the evidence-based practices statewide over the upcoming biennium.

Additionally, Ohio is convening a stakeholder group to inform expansion of candidacy and assessment of capacity to add additional services to the prevention plan.

Coordination Process

FCFCs and OhioRISE Care Management Entities both offer service coordination. These entities serve different families and have worked together to avoid duplication. FCFCs often serve children and families further upstream and families who do not qualify for Medicaid. OhioRISE's eligibility is determined by a Child and Adolescent Needs and Strengths (CANS) assessment, which also determines their care coordination tier. Both FCFC and OhioRISE care coordination links families with other services. With the introduction of OhioRISE in 2022, Ohio families now have more access to service coordination and more options for where to receive this coordination.

Coordination with Federally Funded Programs

Ohio Benefits

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

Health Care Services

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

OhioRISE (Resilience through Integrated Systems and Excellence)

The Ohio Department of Medicaid (ODM), through a contract with Aetna Better Health of Ohio, launched the OhioRISE managed care plan in July 2022, which specifically focuses on child and youth behavioral health. Aetna contracted with Care Management Entities (CMEs) across the state to provide care coordination, linkage to services, flexible funds, and other services and supports to maintain youth with complex behavioral health needs in their homes. They also work with youth in PCSA custody to provide services and supports.

Ohio Family and Children First

As stated above in the Service Coordination section, Ohio Family and Children First (OFCF) is a partnership of state and local government, communities and families that enhances child and family well-being by building community capacity, coordinating systems and services, and engaging families. OFCF's vision is for every child and family to thrive and succeed within healthy communities. There are frequent opportunities for collaboration by both the state and local Family and Children First teams not only on provision of direct services and supports for children and families experiencing multi-system needs, but also in shared coordination of children who are also receiving the OhioRISE menu of services via Aetna Better Health of Ohio through a contract with the Ohio Department of Medicaid (ODM).

Child Care, Head Start, MIECHV, SAMHSA Funded Programs

HB 33 created DCY on July 1, 2023, blending child-serving programs from five existing state agencies Ohio Department of Job and Family Services, Ohio Department of Health, Ohio Department of Mental Health and Addiction Services, Ohio Department of Developmental Disabilities, and Ohio Department of Education. Programs previously housed in different agencies are now streamlined into one child and family focused agency, including children services, childcare, Head Start, MIECHV, Early Intervention, education programs, and SAMHSA funded programs. This has allowed for increased collaboration and decreased red tape between programs at the state level.

Children's Justice Act and Court Improvement Project

DCY has a rich history of collaboration with the Supreme Court of Ohio (SCO) demonstrated through the implementation of previous Child and Family Services Plans and Program Improvement Plans. DCY continues to partner with the Court and other system stakeholders through the Supreme Court of Ohio's Advisory Committee on Children, Families and the Courts and its Subcommittee on Responding to Child Abuse, Neglect and Dependency (CAND). Over the last several years, SCO and DCY have blended CJA and CIP funds to implement strategies to improve the quality of legal representation for children and families involved in the child welfare system. Strategies include Ohio specific child welfare legal training through the National Association of Counsel for Children, multi-disciplinary pilot project that includes both pre-and post-petition legal services, and an evaluation of the Ohio Court Appointed Special Advocate program.

Child Welfare Program Support

Funding is used to support the development and expansion of coordinated child and family services that utilize community-based agencies and ensure all children are raised in safe, loving families. Programs and services are designed to:

- Protect and promote the welfare of all children.

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

DCY issues funds to public children services agencies (PCSA) for expenditures incurred in the delivery of children services to ensure that all children are raised in safe, loving families.

Services for Children Adopted from Other Countries

Ohio provides inter-country adoption services through training, homestudy completion, in-home services and post-adoption services. In-home services include but are not limited to Reactive Attachment Disorder therapy, counseling, therapeutic supports, behavioral intervention supports to assist families with parenting strategies, attachment, and bonding supports. Additional resources available to Ohio adoptive families who may have youth with complex behavioral health and multisystem needs may be eligible for assistance with Ohio Resilience through Integrated Systems and Excellence (Ohio RISE), Ohio Family and Children First Council, and the Multi-System Youth State Program. Children adopted from other countries may also be eligible to receive the Post Adoption Special Services Subsidy (PASSS). This subsidy provides for the reasonable costs of allowable services to address the child's physical, emotional, or developmental disability. Ohio recently implemented an Adoption Grant Program. This program provides a one-time payment to adoptive families, except for stepparent adoptions, to help incorporate an adoptive child into their home. The payment provided is $10,000 for any child adopted, $20,000 if the parent was a foster caregiver to the child prior to the adoption, or $20,000 if a qualified professional has diagnosed the child being adopted with having one or more special needs.

Ohio has a website called *It Takes 100% Heart to Foster and Adopt in Ohio* which contains resources for adoptive families including a listing of local, community service providers. In addition to this resource, the Ohio Kinship and Adoption Navigator (OhioKAN) program assists kinship and post adoptive families navigate the resources available to them in their communities. There are ten regions within Ohio each with navigators available to assist families, as well as coaches and coordinators.

Family Preservation

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

Programs and services provided include:

- Placement prevention services (e.g., intensive family preservation programs designed to help children at risk of foster care placement remain safely with their families).

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

Family Support

The Ohio Family and Children First (OFCF) Cabinet's Family-Centered Services and Supports (FCSS) program reflects the state's cross-system commitment to implementing a coordinated continuum of services and supports for families and their children, ages 0-21 with multi-system needs. This initiative is jointly funded by the DCY with Title IV-B dollars) and state funds from the Ohio Departments of Mental Health and Addiction Services, Youth Services, and Developmental Disabilities. These dollars are appropriated to local Family and Children First Councils (FCFCs) to provide non-clinical, family-centered services and supports. Utilization of these funds requires that specific needs be identified on an individualized service coordination plan which must be jointly developed with the family. To read more about the purpose and criteria established for use of these funds, visit Family Centered Services and Supports (FCSS) Funding | Ohio Family & Children First.

Service/Support Needs by Category Identified at Intake

FCFCs document the identified child's service or support needs at the point of intake and throughout involvement with the youth and family. To be eligible for multidisciplinary Service Coordination through the FCFC, a child must have two or more identified needs. In order of frequency, the presenting needs and/or systems engaged were as follows:

- Mental Health: 63%
- Job and Family Services: 33%
- Developmental Disabilities: 27%
- Special Education: 26%
- Children Services: 22%
- Juvenile Justice: 18%
- Primary Care Physician: 26%
- Health Department: 1%
- Help Me Grow/Early Intervention: 1%
- Post-adoption Supports: 2%

Services Provided

FCSS funded services and supports were provided to children and their families across 12 different categories during SFY23. In total, there were 23,367 reported services and supports provided. Service coordination accounted for 52% of all types of services provided and was the most frequently reported individual type of service/support for which FCSS funds were used. Listed below are the services and supports provided:

- Service Coordination: 12,210

- Social/Recreational: 2,410
- Respite Care: 2,132
- Mentoring: 1,509
- Parent Advocacy: 1,277
- Transportation: 935
- Non-clinical in-home supports: 916
- Structured Activities: 748
- Safety/Adaptive: 629
- Other: 518
- Parent Education: 68
- Parent Support: 15

A key component of the FCSS funding program is keeping children in their home and community whenever feasible. Data showed that of the 511 children whose case closed during SFY23, 89% of children served were able to maintain in their community living with either a parent(s), relative(s), legal guardian, or independent living arrangement after they turned 18.

Family Reunification

Family Reunification Services are provided to a child who is removed from his/her home and placed in a foster home or a residential facility or a child who has been returned home and to the parent, guardian or custodian of such a child, in order to facilitate the reunification of the child safely and appropriately within a timely fashion, but only during the fifteen month period that begins on the date the child returns home.

Family Reunification Services include:

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

Adoption Promotion and Support

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

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

Adoptive families secure last resort funds for services to address their child's special needs. The special needs services approved for PASSS include, but are not limited to:

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

Adoptive parents who receive PASSS funds must pay at least five percent of the total cost of all services provided to the child. This co-payment may be waived if the gross income of the child's adoptive family is less than two hundred percent of the federal poverty guideline. If the gross income of the child's adoptive family is at or above two hundred per cent of the federal poverty guideline, the PCSA may lower the co-pay percentage of the total cost or waive it. If the service amount is higher than the approved amount, the adoptive parent is responsible for the co-pay percentage amount and the overage cost of the service.

Serving Youth Across the State
Ohio Administrative Code (OAC) requires that independent living (IL) services are provided to each youth in the custody of a PCSA or PCPA who has attained the age of fourteen or older. OAC also specifies requirements for the provision of services to young adults between the ages of eighteen and twenty-one who have emancipated from foster care, when such services are requested. Services are based on an evaluation conducted by the PCSA and a mutually agreed upon written plan involving the youth/young adult. The plan outlines the responsibilities of both the young adult and the custodial agency. The PCSA must explore and coordinate services with other community resources before committing to providing the services through the PCSA such as Bridges, Comprehensive Case Management Program (CCMEP), Education Training Voucher (ETV) and local housing resources.

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

Individuals returning to a PCSA for post-emancipation services can be verified via Ohio SACWIS with a letter of wardship provided upon request. DCY developed Ohio's Independent Living Skills Toolkit that is structured to mirror the above listed services that are identified in OAC rule 5180:2-42-19 *Requirements for the Provision of Independent Living Services to Youth in Custody* and OAC rule 5180:2-42-19.2 *Requirements for the Provision of Independent Living Services to Young Adults Who Have Emancipated*. The toolkit can be used as a guide for service providers to not only meet the OAC requirements but to ensure that best practices are considered when providing independent living services. The toolkit also highlights how to use IL funding to effective support the identified independent living services.

Within Ohio's state-supervised, county-administered structure, all PCSAs statewide are responsible for the provision of case management and independent living services for youth fourteen and older in foster care. There are variations across counties and regions in how services may be structured and delivered. Transitional Youth Coordinators facilitate regional meetings with stakeholders throughout the state. During these sessions, there are discussions regarding the available resources within each region. These meetings provide an opportunity for neighboring counties to learn from and network with one another.

Serving Youth of Various Ages and Stages of Achieving Independence
OAC rules address the services and time frames for services to be provided to youth ages fourteen and older. Each of the 88 counties is responsible for administering independent living services to youth in foster care age fourteen and older. The PCSA will assess the youth aged fourteen and older in the first 60 days that they come into care or once they turn fourteen years old while in care. Ohio does not speak to what assessment the agency must use, just that an assessment is used, and the independent living plan will be developed based on the assessment and within 30 days of the assessment date.

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

In February 2018, Ohio implemented Bridges, a program that extended title IV-E foster care assistance to young adults that emancipated from foster care and extends adoption assistance to families that adopted a young person after the age of 16 years old. In Ohio, young adults that turn eighteen years old in foster care are eligible for post-emancipated services either through a Young Adult Services (YAS) case with the PCSA or through Bridges. Since the program inception, Bridges has served 3,008 young adults, including 704 within the last year.

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

Ohio also administers the Youth Navigator Network (YNN), where young adults with foster care experience can reach out to a statewide entity for resource and referral services. Often a young adult is reluctant to reach out to the PCSA for Young Adult Services or they struggle to connect with the correct person at the PCSA and give up. YNN can assist with that connection and start the intake/referral process through YNN and transfer it to the appropriate staff at the PCSA.

To date, Ohio has not yet formally extended Chafee services to age 23. Since January of 2024, Ohio in partnership with Youth Navigator Network has implemented the availability of Flex Funds to eligible foster alum ages 21 and 22. These funds are available to eligible young adults in need of financial support for one-time needs. Currently, this opportunity is not funded by Chafee funds and there is no guarantee Ohio will have the capacity to fund this program indefinitely.

Education and Training Vouchers (ETV) Program

The Ohio Education and Training Voucher Program is a federally and state-funded, state- administered program designed to help former foster youth with school-related expenses. In 2023, DCY released a request for grant agreement and awarded Foster Success Education Services (FSES) with the grant agreement. DCY, in agreement with FSES, ensures that the Ohio-ETV program operates efficiently as follows:

- DCY promotes and includes FSES to Ohio based community awareness events geared to support foster alum.
- DCY monitors the agreement deliverables ensuring that FSES is operating the Ohio ETV program as outlined in the agreement through invoices and reports.
- DCY validates eligibility utilizing the Ohio's Comprehensive Child Welfare Information System (CCWIS) prior to enrollment.

The ETV Program is well-integrated with state and local services, public and private as well as higher education initiatives. It facilitates the dissemination of information on scholarships and grants, campus-based programs, so participants are aware of all the resources available to them. Additionally, FSES is well connected with Bridges, YNN, and Ohio Reach to maximize program benefits.

To protect students' privacy, ETV forwards targeted messages to students advising them of opportunities at their college, in their county, etc. Because youth are highly mobile in addition to phone calls and email, the new ETV grantee has increased the use of text messaging exponentially.

Collaboration with Other Private and Public Agencies

DCY's Independent Living & Transitional Youth team hosts regional in person meetings throughout the state as well as virtual meetings involving both public and private agency partners. All public or private entities providing independent living services to foster youth ages fourteen and above are invited to attend these meetings. In addition, the Ohio Independent Living Association (OHILA) meets quarterly, and any PCSA or private entity providing independent living services to foster youth ages fourteen and above are invited to attend these meetings. The goal of any collaboration with public or private agencies is leveraging such partnerships to help our current and former foster youth achieve independence. DCY facilitates these partnerships by offering opportunities to bring public and private agencies together and highlighting the services needs of our foster youth and young adults and what services/programs are available to support the service needs.

DCY supports the DCY Medicaid Team who provide on demand technical assistance to local agencies, troubleshoot issues with the MITS/CCWIS exchange of data, and manage targeted services for older youth in substitute care and emancipated young adults through collaboration with Bridges.

DCY leverages relationships with grantees, PCSAs, and partners to promote and inform the availability of Medicaid to young adults that move out of state. These grantees often continue to have contact with former foster youth even after they move out of state. In addition, Ohio encourages PCSAs and partners to inform the young person during their final transition planning period and young adult services opportunities that they are still eligible for Medicaid coverage.

Additionally, Ohio ensures state contacts are accurate on the Child Welfare Information Gateway to build relationships with other states and to assist Ohio's young adults that may have moved out of state.

DCY provides representation on Ohio's Balance of State Continuum of Care Board and participates on the subcommittee related to Ohio's Youth Housing Development Plan. These partnerships allow DCY to collaborate on the service needs for young adults relating to housing, make sure that former foster youth are considered a priority population, and help identify and offer possible solutions to the housing challenges that impact young adults.

Additionally, DCY supports the Ohio Department of Health's Youth Homelessness workgroup that is a collaborative effort between multiple state agencies to provide resources and guidance on the needs of youth and young adults experiencing homelessness.

DCY plans to explore the possibility of partnership with Columbus Metropolitan Housing Authority (CMHS) on initiating a process to directly refer eligible foster alum directly to CMHA for housing vouchers, the majority of the referrals would come from Bridges and Youth Navigator Network in order to make the referral process easier to navigate.

Ohio maintains a commitment to expand and improve service availability across counties as well as to prioritizing ongoing efforts to assess the service array in Ohio's state supervised, county-administered system. The state's Child Protection and Oversight Evaluation (CPOE) is a systematic process used for monitoring Ohio's child welfare agencies' compliance with the Ohio Revised Code and the Ohio Administrative Code Rules. CPOE Stage 12, Phase 2 commenced January 2023 and concluded in September 2024. As part of the CPOE process and prior to the on-site case record review, public children

services agencies (PCSA) complete a PCSA Self-Assessment. One area that agencies are asked to address is the Child and Family Service Plan Systemic Factor: Service Array and Resource Development where they are asked to respond to the following statements and rank their response on a scale from Strongly Agree, Agree, Disagree and Strongly Disagree. Findings are presented in the table below.

CPOE Stage 12 – Phase 2				
Self-Assessment Inquiry/Rating	Supportive services to prevent placement, promote reunification, and teach life skills are accessible by either the agency or within the community.	Supportive services in the community are usually effective in meeting client needs and promoting achievement of case plan goals.	Providers are responsive to the needs of the family and provide regular reports to PCSA staff.	Individualized services are provided to families and children.
Strongly Agree	12	5	7	16
Agree	53	51	51	50
Disagree	12	21	17	13
Strongly Disagree	1	2	4	0
Total	78	79	79	79

PCSAs are also requested to describe any services gaps or barriers to services. For both urban and rural counties it was noted that affordable housing and transportation to services was a major problem. For rural counties, transportation is critical since there are limited mental health or substance abuse providers in their communities. When mental health or substance abuse services may be available in the community there are wait lists due, in part, to staff turnover. Intimate Partner Violence / Domestic Violence services as well as in-home services such as intensive home-based treatment (IHBT) are reported to be limited or unavailable.

DCY also began conducting interviews with Ohio's PCSAs in August of 2023 regarding their experiences with OhioRISE. As a part of this process agencies were asked which services were most needed in their community for the children and families they serve. Thirty counties identified the below as the most needed services:

Mental / Behavioral Health
- IHBT (24)
- MRSS (16)
- Mental health services and providers (13)
- MST (11)
- More therapists to complete psychological assessments (3)

Parent Support / Education
- Parenting (8)
- Respite (14)
- Mentoring programs (1)
- Substance abuse services (5)

Children & Youth Services / Supports
- PRTF (5)
- Placements for youth (5)
- Services for children who have developmental delays (4)
- Juvenile Justice diversion programs (2)
- Evidence- based programs (1)
- Independent Living Services (1)
- Play therapy (1)
- Recreational and prosocial services (1)
- Substance abuse services (5)

Concrete / Economic Supports
- Transportation (3)
- Homemaker services (1)
- Housing services (1)

Item 30: Individualizing Services

Ohio is a state-supervised, county-administered children services system. Under the provisions contained in the Ohio Revised Code, DCY is authorized to administer Title IV-B, Title IV-E, Title XX programs, CAPTA, license resource homes and perform other child welfare functions. Pursuant to Section 307.981 of the Ohio Revised Code County Commissioners in Ohio's 88 counties are responsible for determining which agency within their county will provide public children services to their communities. Regardless of the agency delivering children services within the local county, all public children services agencies (PCSAs) must provide services in accordance with the Ohio Administrative Code.

For families that encounter the children services system, Ohio practices a Differential Response (DR) child protection system that provides two pathways (Traditional Response and Alternative Response) to assess and respond to the unique safety concerns, risks and protective capacities of each family who is the subject of an accepted report of child maltreatment. In some instances, a traditional child protection response is needed to determine whether abuse or neglect has occurred and to ensure child safety and well-being. However, for many other families, an alternative approach may be more appropriate. Ohio's Alternative Response (AR) pathway is a formal child protection response that allows PCSAs to assess and address the needs of the child and family without requiring a determination that maltreatment has occurred. Regardless of whether a family is served via the AR or traditional pathway, PCSAs strive to provide families with the array of services and supports needed to safely maintain children in their own homes.

Pursuant to Ohio Administrative Code Rule 5180:2-40-02, *PCSA requirements for supportive services*, services are made available through county administered public children service agencies (PCSA) if one or more of the following exists:

The child, their parent, guardian, custodian, or caretaker requests services, and the PCSA determines the services are necessary.

- The assessment of safety and risk, case decision, or other information obtained during the assessment/investigation indicates the need for the services.
- The PCSA receives an order of protective supervision.
- The child is placed in substitute care.
- The ongoing assessment of safety and risk indicates the need for services.
- The period immediately following reunification of the child, as needed.

If one or more of the conditions listed above exist, the PCSA will prepare a Family Case Plan or Prevention Services Plan in collaboration with the family. Through the case this process, the child, family, and others begin to work as a team and engage in the identification of individualized service needs. Additionally, independent living services are to be provided to each youth in the custody of a PCSA/PCPA, as developmentally appropriate, no later than the age of fourteen for normalcy and practical skills to prepare them for the transition from agency custody to self-sufficiency.

During monthly visits with the parent, custodian, caregiver, and child, the case plan is reviewed to determine if services are meeting their needs or if, in fact, other services should be provided, and the case plan should be amended. The assessment and reassessment of service needs not only occur during home visits but during the 90-day Case Review and 6-month Semi-Annual Administrative Reviews.

Pursuant to OAC rule 5180:2-42-19 *Requirements for the provision of independent living services to youth in custody*, the PCSA/PCPA is to conduct a life skills assessment for youth in agency custody no later than sixty days after the youth's fourteenth birthday or sixty days after the youth enters agency custody, if the youth is fourteen or older. A life skills assessment is to establish the need for independent living services and is to be completed with documented input from the youth, the youth's caregiver, and the youth's caseworker.

Based on the life skills assessment, the PCSA/PCPA is to determine which of the following independent living services will be included in the youth's independent living plan:

- Academic support.
- Post secondary educational support.
- Career preparation.
- Employment programs or vocational training.
- Budget and financial management.
- Housing, education and home management training.
- Health education and risk prevention.
- Family support and healthy relationship and marriage education including education and information about safe and stable families, healthy marriages, spousal communication, parenting, responsible fatherhood, childcare skills, teen parenting and domestic and family violence prevention.

- Mentoring including being matched with a screened and trained adult for a one-on-one relationship that involves the two meeting on a regular basis. Mentoring can be short-term but may also support the development of a long-term relationship.
- Supervision services for a youth placed in a supervised independent living arrangement including a youth who is living independently under a supervised arrangement paid for or provided by the county agency.
- Room and board financial assistance for rent, deposits, utilities, and other household start-up expenses in accordance with all of the following:
  - The PCSA may only use up to thirty per cent of the Chafee federal independent living allocation for room and board pursuant to rule 5180:9-6-35 of the Administrative Code which may include, but is not limited, to assistance with rent and initial rental deposit pursuant to 42 U.S.C. 677, (2018).
  - The PCSA is not to use the Chafee allocation or TANF independent living funds for room and board pursuant to rules 5180:9-6-35 and 5180:9-6-08.6 of the Administrative Code for youth under the age of eighteen and young adults that have reached their twenty-first birthday.
- Financial assistance including direct cash assistance, or other payments made or provided by the county agency to help the youth gain independence.

PCSAs/PCPAs are required to review and update the independent living plan at regular intervals including, during visits with the youth and case participants, 90-day Case Review, and 6-month Semi-Annual Administrative Reviews.

As Ohio's child welfare system is state-supervised and county-administered, the state provides training and technical assistance in casework policy and practice. Child Protection Oversight and Evaluation (CPOE) is the process through which Ohio can measure PCSA practice and provide Technical Assistance/Quality Assurance.

During CPOE Stage 12 PCSAs completed their County Self-Assessment. Within this document DCY staff wanted to know more about what methods were being used to engage families in case planning to identify service needs by asking: *How does the agency engage the family in the case planning and review process?*

Forty-six PCSAs noted the use of Family Team Meetings (FTM)/Family Unity Meetings (FUM) as an effective method to engage families in case plan development, identification of their individual service needs and review of progress. Common themes were found in the PCSAs discussion about their use of FTMs/FUMs. Many shared that it was used as an effective engagement opportunity with the youth and families. This engagement allowed the PCSAs to identify the family's strengths and needs and work with them to create an individualized case plan. The PCSAs noted that it allowed families to ask questions and address barriers to their success. PCSAs noted that families were able to identify supports to increase stability for the children.

Results from CPOE Stage 12 indicated that of the 1,187 cases reviewed for *Item 13: Child and Family Involvement in Case Planning,* 90.65% (1,076) were rated as a Strength. While this is a significant achievement PCSAs were also asked about whether Individualized services are provided to families and children. PCSA responses are indicated in the table below.

CPOE 12 – Phase 2 Individualized services are provided to families and children.		
Strongly Agree	16	Allen, Brown, Columbiana, Cuyahoga, Erie, Fayette, Geauga, Greene, Jefferson, Monroe, Perry, Pickaway, Preble, Ross IV-E Court, Trumbull, Washington
Agree	50	Ashland, Auglaize, Belmont, Butler, Clark, Coshocton, Crawford, Darke, Delaware, Fairfield, Franklin, Fulton, Gallia, Guernsey, Hancock, Harrison, Henry, Hocking, Holmes, Huron, Jackson, Knox, Lake, Licking, Lorain, Mahoning, Medina, Meigs, Mercer, Montgomery, Morgan, Morrow, Noble, Ottawa, Pike, Portage, Richland, Ross, Sandusky, Scioto, Seneca, Stark, Summit, Tuscarawas, Union, Van Wert, Vinton, Warren, Williams, Wyandot
Disagree	13	Carroll, Champaign, Clinton, Defiance/Paulding, Hamilton, Highland, Lawrence, Madison, Marion, Miami, Paulding, Putnam, Wayne
Strongly Disagree	0	
Total	79	

PCSAs/PCPAs are required to address the needs of children with disabilities or special needs as part of their child protection and welfare responsibilities. Key aspects include:

- Identification and Assessment: PCSAs must identify children with potential developmental disabilities, delays, mental illness, or medical conditions that impact their well-being. A qualified professional must provide a written statement of the child's substantial risks and potential treatment needs.
  - For example, after a referral is made to Early Intervention, an eligibility determination process is completed, as well as a child and family-directed assessment. The child assessment identifies the easiest/most enjoyable and challenging/most frustrating times in the family's daily routines and activities. A summary of the child's development in three outcome areas (social-emotional, acquisition and use of knowledge and skills, taking action to meet needs) is completed. The family-directed assessment identifies the family's priorities, resources, and concerns. Next, an Individualized Family Service Plan (IFSP) is developed. IFSP outcomes are written to address the family's unique needs as identified through the assessment process. Once these outcomes are written, the team identifies which service(s) is best to meet the identified outcomes, including the needed frequency, session length, and funding source.
- Case Planning: If a child is identified as having a disability or special need, the PCSA will work with the child's family and other relevant professionals to develop a case plan. This plan aims to address the child's needs, ensure their safety, and support their overall development.
  - The PCSA, in partnership with the family, identify family strengths and needs for the following elements, which inform needed services and supports:
    - Child functioning, including the following:

- Capacity for self-protection
- Physical, cognitive, and social development
- Emotional and behavioral functioning
  - Adult functioning, including the following:
    - Cognitive abilities
    - Physical, emotional, and mental health
    - Domestic relations (including domestic violence)
    - Substance use
    - Response to stressors
    - Parenting practices
  - Family functioning, including the following:
    - Family roles, interactions, and relationships
    - Resource management and household maintenance
    - Extended family, social, and community supports
  - Family history, including the following:
    - Caregiver's victimization of other children
    - Caregiver's own childhood abuse or neglect
    - Impact of past services
- Adoption Assistance: If a child is at substantial risk of developing a disability, PCSAs may enter into a Title IV-E Adoption Assistance Agreement to ensure needed supports are available.
  - Ohio Administrative Code (OAC) rule 5180:2-49-03 defines the criteria for a child to be considered a child with special needs for Title IV-E Adoption Assistance. This includes factors like age, length of time in foster care, and specific circumstances that may hinder or delay adoption.
- Accessibility: PCSAs are responsible for ensuring program access for individuals with disabilities, including effective communication and reasonable accommodations in their services.
  - PCSAs may contract and/or enter into an MOU for interpreter services, hiring bi-lingual PCSA caseworker/supervisors, and providing reading materials in various languages.
- Collaboration: PCSAs often work with other agencies and organizations, such as the Ohio Coalition for the Education of Children with Disabilities (OCECD), to provide services and support to children with disabilities and their families.
  - DCY and OCECD's partnership focuses on advocating for, informing, and supporting children with disabilities and their families in Ohio. DCY contracts with OCECD's Parent Training and Information Center to improve access to resources for families of students with reading difficulties. OCECD also assists families of newborns and infants with hearing impairments in connecting with Early Intervention Services.

Agency Responsiveness to Community

Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR

Overview

On January 31, 2023, Governor Mike DeWine delivered his State of the State address. Much of the focus of Governor DeWine's address was on education, mental health, and the health and wellbeing of Ohio's infants and children. This included the proposal of a new state agency, the Ohio Department of Children

& Youth (DCY). The proposed new department would consolidate programs from five existing state agencies and would:

- Focus on physical & behavioral health, children in foster care and early childhood education.
- Provide efficient and effective delivery of services to Ohio's more than 2.5 million children and their families.
- Reduce duplicative programs from across state government.
- Increase administrative efficiency.

With the passage of House Bill 33 in early July 2023, DCY was created to administer programs and services from the following legacy agencies:

- Department of Developmental Disabilities
- Department of Education and Workforce
- Department of Health
- Department of Job and Family Services
- Department of Mental Health and Addiction Services

Below is a snapshot of programs and services that are now integrated within DCY. The full-service array can be found on DCY's Program Overview.

- Early Intervention
- Ohio Children's Trust Fund
- Home Visiting
- Maternal and Infant Vitality Programming
- Publicly Funded Childcare
- Early Childhood Education
- Preschool Special Education
- Licensing – Regulatory Compliance
- Dolly Parton Imagination Library
- Children Services (Kinship, Foster Care and Adoption)
- Ohio Commission on Fatherhood
- Ohio Family and Children First Council
- Healthy Beginnings at Home
- Early Childhood Mental Health Consultation
- Strong Families, Safe Communities
- Head Start Collaboration Office

The graphic below provides an overview highlighting some of the programming and services along a continuum of awareness, prevention, intervention, and wellness with stabilization supports highlighted as foundational needs of many families served by DCY.
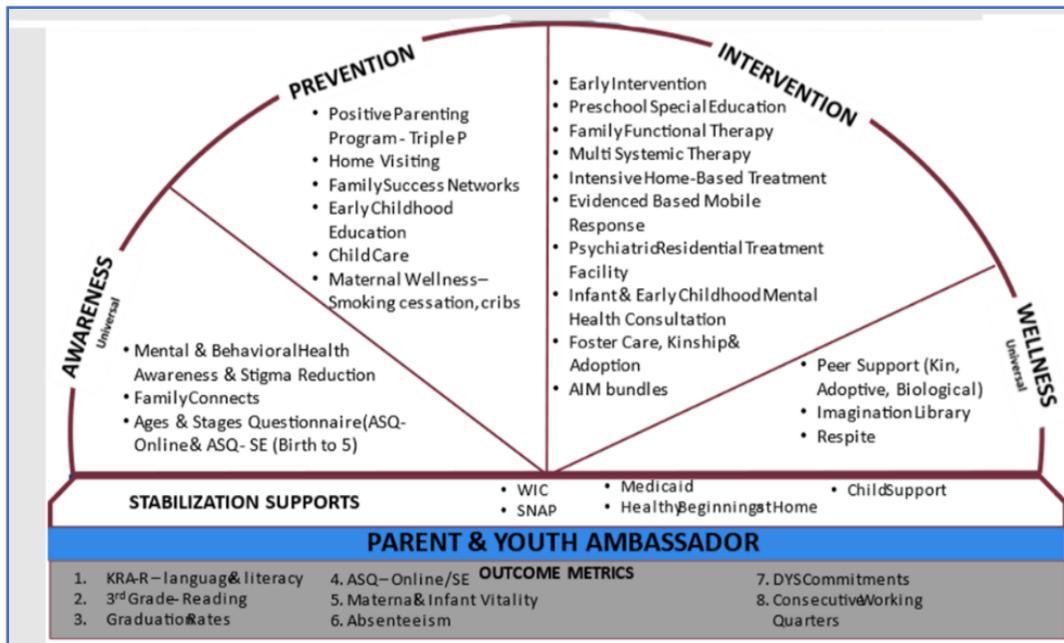
Community Engagement

Throughout August and September 2023, DCY leadership held **Family Listening Sessions** in five major regions across the state including Columbus, Athens, Maumee, Cincinnati, and Akron. These listening sessions were held in the evenings in each region. DCY partnered with Child Care Resource and Referral Agencies (CCRR) who helped recruit families who had various exposure and experience with state and local programs and services. Stipends, childcare, and dinner for the families were provided. Families invited and present at these sessions included biological parents, foster and adoptive families, childcare providers, parent partners, foster parents, grandparents, and community partners. Several themes emerged from the five listening sessions, including a general lack of awareness of programs and supports, childcare accessibility, and preventative services support for families. At the conclusion of these sessions, DCY vowed that the department's presence would continue to be felt in communities and there was an intentional effort to establish strong partnerships with those who have lived expertise.

Additionally, during the listening sessions, families were asked to provide feedback on how DCY could increase program awareness and education, build communities of support throughout the state, and identify services and supports families needed most. In response to comments received from over 270 caregivers during ten sessions across five regions of the state in 2023 the department made plans to engage in the following activities:

- Launch a marketing campaign to increase awareness of DCY programs statewide.
- Hire five Parent and Youth Ambassadors (PYA).
- Develop a DCY website with pages for youth, for parents, and for families.
- Have a Live DCY Family and Customer Support Center launched with a separate PYA Line being planned for the future.
- Plan Parent Cafes in communities.
- Have families serve as liaisons to the state to help drive policy.
- Provide more help to children with special needs.
- Launch the Family Connects program to increase access to Home Visiting services.
- Expand the Family Support Network.

- Increase access to Early Childhood Education (ECE) and Publicly Funded Childcare (PFCC).
- Expand childcare for children with special needs through the Ohio Promote Resources, Opportunities, and Meaningful Inclusion through Support and Education (PROMISE).

As noted above and as a result of Family Listening Sessions, DCY added a new, powerful resource to the team – 21 (with a goal of 24) Parent and Youth Ambassadors with lived experience, two for each of the 12 service delivery areas (SDAs). The Ohio Child Care Resource and Referral Association (OCCRRA) has 12 SDAs across Ohio's 88 counties, using seven private, non-profit Resource and Referral (R&R) agencies to serve these areas, which allows for statewide access to Ambassadors. The Ambassadors answer questions and provide help to families through phone calls, online chat, and face-to-face interactions. Additionally, the Ambassadors schedule and facilitate regional Listening Sessions and Parent Cafés all aimed at gaining continuous feedback on how Ohioans are using available supports and identifying gaps in services.

A subsequent round of listening sessions were conducted in Columbus, Athens, Maumee, Cincinnati, and Akron during the Spring of 2024 with the following themes captured in the visual below.

DCY SPRING 2024 LISTENING SESSIONS - KEY THEMES

The following themes emerged in the collective feedback shared in the Spring 2024 family listening sessions:

- Healthy children have healthy parents; prioritize holistic and broadly available caregiver supports
- Accessibility and affordability of child care and after school programs remains a barrier for parents
- Proactive assessments and streamlined referral processes are key to preventing crisis and early identification
- Navigating the K-12 system is a struggle for many families, especially those with special needs
- Basic needs are universal; protect and embed public benefit programs where people need them with focus on housing, child care and transportation

Ohio Department of Children and Youth

In the Fall of 2024, DCY and Parent and Youth Ambassadors held DCY's third round of Family Listening Sessions. Focusing on DCY's goal to reduce infant mortality, this session addressed Infant Vitality. Sessions were held in five regions around the state and were designed to hear from parents with a child(ren) ages 0-3. Parents engaged in table discussions on what has contributed to their success as a parent and what had been their challenges or barriers. Each Listening Session kicked off with a resource fair with vendors from local service providers. Parents had the opportunity to visit resource tables, ask questions of the vendors and gather resources These Listening Sessions provided childcare, a meal, and a stipend. Parents in attendance expressed this was a valuable opportunity to connect with others in their community and support one another. Parents involved wanted to see more sessions made available in their communities. Spring 2025 Family Listening Sessions are being planned to return to these five communities as a follow-up with the goal of leaving these communities connected to continue their work together.

From July through October of 2023, DCY leadership completed an initial wave of engagement across the state, which included hosting over 45 unique **Stakeholder Engagement Meetings**. These stakeholders represented various agencies, organizations, association member groups, and systems statewide that were impacted by the creation of the new agency. In this initial wave of engagement, DCY leadership met with stakeholders as a group to introduce the agency's priorities and get feedback on the current state and opportunities for the agency. Stakeholder groups included, but were not limited to, *Ohio Association of County Boards* of Developmental Disabilities (*OACB*), Early Intervention/Ohio Association of County Boards, Early Childhood Mental Health, Public Children Services Agencies, Ohio Council of Behavioral Health & Family Services Providers, Public Children Services Association of Ohio (PCSAO), Home Visiting Consortium, Early Learning & School Readiness (ELSR) Team Meeting, Ohio Children's Alliance (OCA), *Ohio Job and Family Services Directors' Association* (*OJFSDA*), Whole Child Matters Grantees, Early Childhood Mental Health Consultants, Ohio Center for Autism and Low Incidence (OCALI), Court Stakeholder Discussion, The Ohio Educational Service Center Association (OESCA), PCSAO Board of Trustees Meeting, Ohio Children's Trust Fund (OCTF), Ohio Commission on Fatherhood, National Alliance on Mental Illness (NAMI Ohio), John Glenn Leadership Forum- Child Well-Being, Ohio Family and Children First Cabinet Council, Ohio Grandparents Coalition, and Ohio Children's Hospitals.

Stakeholders were asked to provide feedback on the following topics: Communications, Opportunities, and Challenges. Below is a graphic of key themes gathered through 60+ hours of stakeholder meetings:

Opportunities
- Coordinate Data/Information Across Programs
- Centralized Intake/Referral Process
- Peer Supports for Parents & Providers
- Connecting Prevention, Intervention, and Wellness
- Workforce Supports (Recruitment & Retention)

Communications
- Build Awareness of Programs and Resources
- Standardize Program Information
- Utilize Thoughtful Messages that Parents Understand
- Educate staff, providers, community leaders, etc.
- Reach Families Before they are in Crisis

Challenges
- Integrating Information/Systems
- Structure of Support and Roles of State vs. Counties
- Staff Recruitment and Retention Concerns
- Prevention Program Availability/Accessibility

During the month of April 2024, DCY leadership completed a second wave of stakeholder engagement and listening sessions across Ohio. These sessions were designed to provide the agency with further opportunities to connect with and hear from families with lived experience navigating Ohio's social services systems. Feedback was provided on needs, services, and experiences of families served. Information from these sessions will serve to inform the future of the agency's work, including future engagement, programming, and policy impacting Ohio's children and youth.

In collaboration with the BUILD Initiative (a national organization that advances work on behalf of young children from prenatal to five, their families, and communities), the DCY and the Infant Mortality Task Force (IMTF) Implementation Team organized a series of community conversations from May through September 2024 in ten out of the eleven identified counties. The purpose of these conversations was to gather feedback and stories from community partners and families to help share the recommendations of the IMTF. Twenty-nine community partners were invited to host 60–75-minute conversations, and eight organizations participated. Five of these organizations had participated in previous rounds of

conversations, while three were participating for the first time. In total, fifteen community conversations were held involving ninety families. These sessions allowed for ongoing feedback on the design and implementation of IMTF recommendations. Community partners recruited families to participate in the conversations, and both community partners and families were given an honorarium of $250 and $75 respectively, as a token of appreciation for their participation.

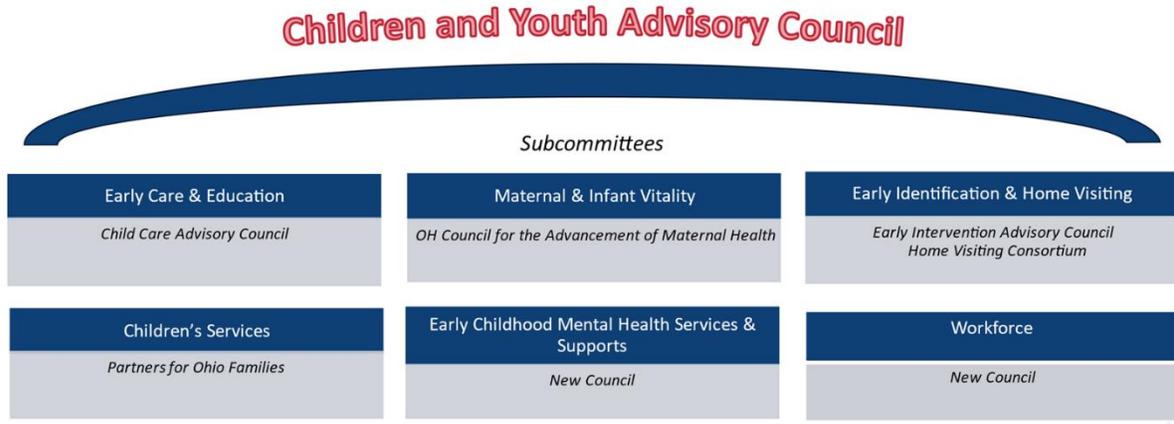Community Conversation Goals

- Provide input into and co-design efforts that advance infant vitality that are responsive to feedback from Black families.
- Partner with Black communities and families to suggest modifications to Ohio's existing programs, services, and initiatives to reach and benefit Black infants, Black mothers, fathers, and caregivers.
- Confirm programs, policies, and practice efforts intended to advance infant vitality are tailored in state programs, services, and initiatives to advance the well-being of Black mothers, fathers, and caregivers.

DCY leveraged existing and newly formed relationships with stakeholders, associations, and persons with lived experience in reviewing data when establishing the Goals, Objectives, Strategies and Benchmarks for *Ohio's 2025 – 2029 Child and Family Services Plan*. By way of example, DCY met with the Ohio Youth Advisory Board (OYAB) on separate occasions as the overarching goals of the CFSP were being developed. Several Youth Ambassadors participated and provided valuable insights as to the wording of goal language specific to the prevention of foster care and activities to address trauma and normalcy in congregate care settings. Additionally, during stakeholder meetings with members of the Public Children Services of Ohio Association, there was emphasis on the need for program and service expansion.

With the creation of DCY within the Governor's Cabinet in conjunction with the formation of the Executive Leadership Team, internal and external work planned through the CFSP, and cross-system leadership and accountability structures will facilitate CFSP implementation efforts. In addition, the newly created agency sought to engage a diverse group of individuals and perspectives to determine potential gaps in services and outcomes as described above through listening sessions, stakeholder engagement meetings, and the development of Parent and Youth Ambassadors.

DCY historically engaged the Partners for Ohio's Families (PFOF) Advisory Board as a forum to promote a sustainable and collaborative partnership to improve Ohio's children services system with membership comprised of representatives from local public and private children services agencies, the Supreme Court of Ohio, PCSAO, the Ohio Children's Alliance, the Ohio Family Care Association and is co-chaired by DCY and local PCSA leadership. With the transition to DCY, there is the intent to create a DCY – Children and Youth Advisory Council, overseeing the work of several subgroups, one of which will focus on the children services space (highlighted below).

Children and Youth Advisory Council

Subcommittees

Early Care & Education	Maternal & Infant Vitality	Early Identification & Home Visiting
Child Care Advisory Council	OH Council for the Advancement of Maternal Health	Early Intervention Advisory Council Home Visiting Consortium

Children's Services	Early Childhood Mental Health Services & Supports	Workforce
Partners for Ohio Families	New Council	New Council

Ohio **Department of Children and Youth**

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Key policy changes proposed by the DCY in Ohio's SFY26/27 executive budget aims to streamline services, reduce barriers, and improve efficiency. These changes support DCY's three primary goals (highlighted in the graphic below) and align with the budget request to better support Ohio children and families.

SUPPORT CHILDREN & YOUTH: Help more children thrive in safe, healthy environments to reach their first birthday and beyond.

EMPOWER FAMILIES: Empower families with needed resources and supports before, during, and after a need.

UPLIFT COMMUNITIES: Invest in community resources to enable support along the continuum of ages, stages, and services to help children and youth succeed.

In Ohio's state-supervised, county-administered child welfare system, continuous engagement with key partners, stakeholders, families, youth, and constituents is embedded within the DCY's operational framework. This engagement is not treated as a one-time event tied to the CFSP or CFSR, but rather as an ongoing process. At every decision point, whether introducing new programs, proposing or amending administrative code rules, or updating data information systems, DCY actively seeks stakeholder feedback to ensure inclusive and informed policymaking.

DCY has established partnerships with the Public Children Services Association of Ohio, the Ohio Job and Family Services Directors' Association, and the Ohio Children's Alliance, all of whom continue to be active partners and have shared innovations that have had significant positive impact on Ohio's constituency. DCY regularly attends association meetings, providing periodic updates to these organizations on CFSP implementation activities as well as the CFSR. In addition, the Ohio Children's Alliance, Public Children Services Association of Ohio, Ohio Job and Family Services Directors' Association, Ohio's County Commissioner Association, Ohio's Youth Advisory Board, and the Ohio Family Care Association participate on several different stakeholder leadership bodies alongside DCY. Ohio's former foster youth continue to serve on local and statewide Ohio Youth Advisory Boards. They

are often contacted to participate in or provide feedback to various advocacy events, reviews, and stakeholder groups.

Examples of stakeholder engagement and feedback loops connected to the goals outlined in Ohio's 2025 – 2029 CFSP range from policy and systems development to direct service provision to Ohio families. From a policy and systems development lens, the development of the Ohio Independent Living Reporting Tool (OILRT) is an example. As the OILRT was being developed, tested and implemented Independent Living workers from Ohio's 88 PCSAs were encouraged to participate in discussions with the Independent Living / Transition Age Youth (IL TAY) team to identify what functionality would be beneficial to them. PCSAs also participated in testing and implementation discussions. Moving forward to increase utilization of the OILRT, the IL TAY team plans to survey PCSAs that have requested access and do not use the OILRT to learn what barriers they may be experiencing. The IL TAY team also plans to partner with the current users to share their experience with other agencies and demonstrate how the OILRT is benefiting their agency to increase utilization numbers.

The Family Connects Ohio (FCO), funded by DCY, is a universal homevisiting program that provides education, resources and referrals to birthing families in Ohio. FCO completes a post visit connections survey for each family that completes an FCO visit. The data collected from these surveys shows that 100% of families surveyed reported that they always felt respected and listened to by their nurse. 100% of families surveyed reported that they would also recommend FCO to a friend. According to the latest report, 15% of families were successfully connected to another community service program for ongoing services, and 95% of families who were receiving home visiting services continued to receive home visiting service after the FCO visit. Data collected from families will inform opportunities for program improvement as Ohio looks to scale FCO statewide.

Another area that DCY has leveraged community partnerships, engaged stakeholders and those with lived experience is in the kinship space. Kinship licensure is an example of stakeholder engagement embedded within Ohio's 2025 – 2029 CFSP. DCY has been actively working with PCSAO, OCA and The Ohio Grandparent Kinship Coalition (OGKC) to collaborate in developing a kinship licensure program. Monthly and quarterly meetings with PCSAO and OCA encourage enhancement to the process. Research on other state Kinship Licensure programs has been ongoing.

Over the years, Ohio built new and expanded existing kinship services to offer support to families receiving services through the child welfare system as well as those who are outside of the child welfare system. A snapshot of the programs and services are captured below.

Ohio implemented two programs that are designed to provide financial support to kinship caregivers: Ohio's Kinship Support Program (KSP) and the Kinship Guardianship Assistance Program (KGAP). Input and feedback from the Public Children Services Association of Ohio, the Ohio Children's Alliance, and the Ohio Grandparent Kinship Coalition was incorporated as these programs were developed and implemented.

KSP was created to provide time-limited financial support to kinship caregivers who take placement of children who are in the temporary or permanent custody of a public children services agency. Caregivers may receive up to six months of KSP payments as long as they maintain placement of the child during that time and the child remains in the custody of the public children services agency. Kinship caregivers continue to have access to Ohio Works First (OWF) child only benefits once the time limited KSP incentive payments are exhausted.

The federal and state KGAP programs were developed to provide ongoing financial support to kinship caregivers who become licensed foster caregivers to their kin child and then work with the public children services agency to obtain legal custody of the child. KGAP payments are provided to these caregivers until the child turns 18, or until the child turns 21, if the child meets special needs criteria outlined for KGAP.

Ohio's young adults aged 18 to 21 previously in foster care and placed in the legal custody of a kinship caregiver at age 16 or 17, are supported by Kinship Guardianship Assistance Program Connections to 21 (KGAP C21). Young adults transition from the Federal KGAP to the KGAP C21 program at the age of 18 with no gap in benefits received, providing eligibility requirements focused on furthering young adult education and employment continue to be met. Qualifying young adults receive monthly financial support, Medicaid coverage, and community resource referrals to aid in their transition to self-sufficiency and independence. KGAP C21 currently serves two young adults, with eight additional persons identified for receipt of program support by the end of 2024. KGAP C21 program growth is estimated to reach twenty-five to thirty young adults and their kinship caregivers by the end of 2025.

The DCY continues to partner with Kinnect as the vendor for the Ohio Kinship and Adoption Navigator Program (OhioKAN). The OhioKAN program was developed and implemented through input from stakeholder groups, consisting of kinship and adoptive families, professionals working with kinship and adoptive families, and others related to this work. OhioKAN continues to utilize Regional Advisory Councils (RACs) and the Statewide Advisory Council (SAC). These councils are charged with supporting implementation and evaluation, developing awareness, and building capacity for kinship and adoptive families in the community. Each council consists of a variety of stakeholders, which may include public children services agencies, Area Agencies on Aging, schools, and others. These councils are required to seek members with lived experience related to kinship or adoption.
 OhioKAN partnered with DCY to implement the statewide Post Adoption Special Services Subsidy (PASSS). PASSS provides adoptive families with funding to cover needs related to mental health, developmental, or physical concerns. PASSS previously was administered through the counties, but the Children Services Transformation Advisory Council recommended moving PASSS to the state to provide consistent and equitable administration of the program. The program is now a partnership between OhioKAN and DCY, in which OhioKAN provides families with support and guidance to complete an application. DCY staff review applications for approval and initiate the subsidy payments. To implement and enhance the program, a variety of stakeholders provided input. Those stakeholders included a focus group with adoptive parents, conversations with public children services agencies, and a workgroup with DCY and OhioKAN staff. In the first year, applications received from families increased from 58 to 69 out of Ohio's 88 counties.

OhioKAN, in partnership with DCY, also expanded services to include a Youth Navigator Network (YNN). The Youth Navigator Network was launched in October of 2022 with 3 navigators. This program is built on the same model of navigation as OhioKAN, but is specialized for young people, ages 14 – 21, who have a history of children services involvement. Development and implementation of YNN also utilized input from stakeholder groups, consisting of foster alumni, professionals working with youth, advocates, and others related to this work. YNN continues to receive program feedback through the Young Adult Advisory Council (YAAC).

When kinship placement options are not viable for children who require placement outside of the family home, placement in a foster home is necessary. The Ohio Revised Code mandates that prospective foster and adoptive families complete pre-certification training requirements. In FY2022-2023, Preservice was revised to comply with Ohio's adoption of the FFPSA Model Licensing Standards, the new Foster Youth Bill of Rights, and the Resource Family Bill of Rights. The Ohio Resource Family Bill of Rights protects the rights of foster parents and kinship caregivers in Ohio. It outlines their rights and responsibilities, ensuring they are heard, supported, and valued as part of the team working with the children in their care.

The increased need for additional foster and adoptive home capacity in Ohio, including homes that accept youth with higher levels of need, led to the creation of the Adoption and Resource Home Recruitment Program also known as the It Takes Heart Campaign (ITH). ITH is a statewide data driven marketing campaign which includes both digital and print ads. This program additionally provides educational opportunities for both private and public child placing agencies to assist them in leveraging the statewide campaign in the local recruitment of families.

ITH began the work to recruit adoptive, resource families by creating focus groups of foster care alumni, foster parents, and foster care and adoption agency representatives to shed light on their unique perspectives and needs. In 2022, DCY and the contracted vendor for ITH developed and disseminated a statewide foster parent survey of all current and former foster parents in the past five (5) years. 2,310 people responded to provide their experiences getting started in foster parenting, challenges, training, and needed supports. The information from the survey was produced into the Foster Care In Focus Report: Insights from Former and Current Ohio Caregivers. This feedback is being used to guide the campaign strategy for It Takes Heart.

DCY also solicits information from public children services agencies on their view of how responsive their communities are in addressing the needs of children and families coming to the attention of their agency. The state's Child Protection and Oversight Evaluation (CPOE) 12, Phase 2 commenced January 2023 and concluded in September 2024. As part of the CPOE process and prior to the on-site case record review, public children services agencies (PCSA) complete a *PCSA Self-Assessment*. One area that agencies are asked to address is the Child and Family Service Plan Systemic Factor: Agency Responsiveness to the Community where they are asked to respond to the following statements and rank their response on a scale from Strongly Agree, Agree, Disagree and Strongly Disagree. Findings are presented in the table below.

Agency Responsiveness to the Community	Strongly Agree	Agree	Disagree	Strongly Disagree
The agency regularly partners with and seeks input from community stakeholders, families, and youth.	38	42	5	0
Community partners value their strong working relationship with the agency.	36	45	5	0

Agency Responsiveness to the Community	Strongly Agree	Agree	Disagree	Strongly Disagree
The community has a Family and Children First Council.	65	19	1	0
The community has wrap-around services.	38	32	12	3
Community partners meet regularly to discuss service intervention for shared families.	39	40	4	2
The agency values a strong working relationship with the Juvenile Court.	50	32	4	0
CASAs and/or GALs in the community effectively partner with the agency and Juvenile Court to achieve outcomes that are in the children's best interest.	23	48	13	2

As noted in the above table, child welfare involves a family's interface not only with the children services system, but also the court system. DCY has a rich history of collaboration with the Supreme Court of Ohio (SCO) demonstrated through the implementation of previous Child and Family Services Plans and CFSR Program Improvement Plans.
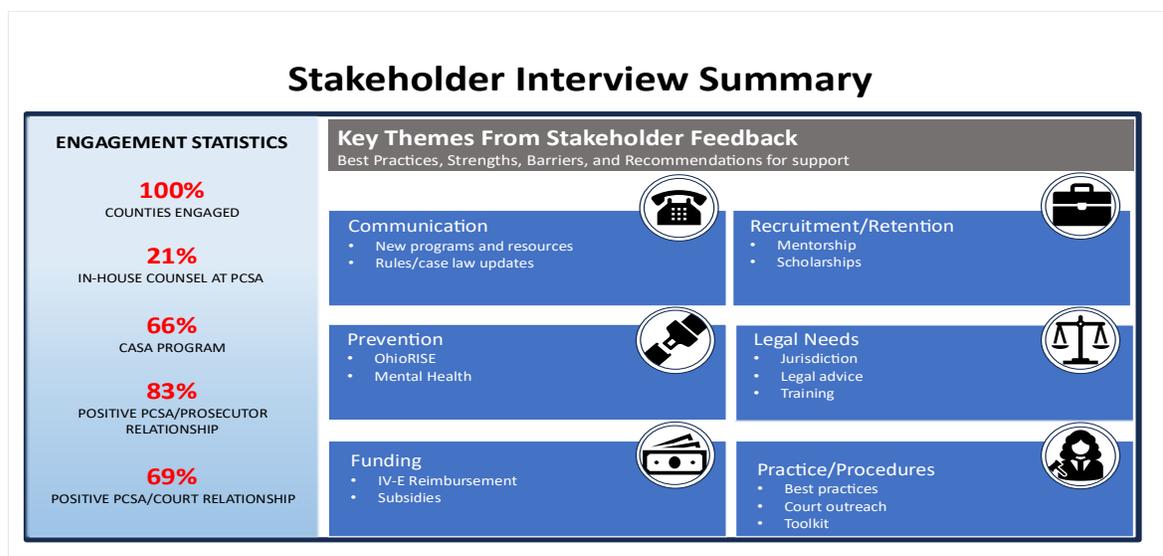
DCY continues to partner with the Court and other system stakeholders through the SCO's Advisory Committee on Children, Families, and the Courts and its Subcommittee on Responding to Child Abuse, Neglect and Dependency (CAND). CAND also serves as the Task Force for both the Ohio's Children's Justice Act and Court Improvement Program (CIP). DCY and the SCO partner on the implementation of activities under Ohio's Children's Justice Act grant and Ohio's CIP. The purpose of the advisory committee is to provide guidance to the Court and its staff regarding the promotion of statewide rules and uniform standards concerning the establishment and operation of programs for children and families in Ohio courts; the development and delivery of services to Ohio courts on matters involving children and families, including training programs for judges and court personnel; and, the consideration of any other issues the advisory committee deems necessary to assist the Court and its staff regarding children and families in Ohio courts. SCO and DCY have blended CJA and CIP funds to implement strategies to improve the quality of legal representation for children and families involved in the child welfare system. Strategies include Ohio specific child welfare legal training through the National Association of Counsel for Children, a multi-disciplinary pilot project that includes both pre- and post- petition legal services, and an evaluation of the Ohio Court Appointed Special Advocate program.

The children services system and juvenile justice system have a mutual goal to improve outcomes for children and families. Cross-system collaboration and engagement increase communication and strengthen partnerships resulting in better, more informed decisions. In November 2020, Governor DeWine's Children Services Transformation (CST) Advisory Council issued their final report which

identified juvenile justice system collaboration and engagement as critical components for successful transformation of the children services system. To this end, the agency embarked on a journey to explore community partnerships between our Public Children Services Agencies (PCSAs) and juvenile courts.

Meetings with PCSAs, and local juvenile courts would have been difficult to capture in a survey or through a listening session. In addition to discussing legal representation structures and court engagement, other topics were discussed that have a direct or indirect impact on court engagement and collaboration. Additional topics include workforce (i.e. recruitment and retention, unions), funding (i.e. levy, title IV-E, commissioners), placement issues (i.e. facilities, cost, unruly/delinquent) and even services (i.e. behavioral health services, community-based programs, and other supportive services).

Based on feedback collected, several themes emerged: communication, funding, legal needs, practice/procedures, prevention, recruitment/retention, and training (depicted in the graphic below). Of those, training was identified as the highest need or concern. This need is consistent with the priority need identified by the Children Services Transformation (CST) PCSA Legal Representation Structures Workgroup charged with reviewing legal representation structures throughout the state. They are also charged with partnering with the Public Children Services Association of Ohio, County Commissioners Association of Ohio, Ohio Prosecuting Attorneys Association, and Ohio Association of Juvenile Judges to evaluate county models for legal representation and determine best practices and opportunities for strengthened county partnerships that result in accountable, collaborative decision-making processes. Based on the review, the workgroup identified training and resource development as the top two priorities for the workgroup to address. As a result, the action steps outlined for these two priorities directly support the needs identified during court engagement visits.

Stakeholder Interview Summary

ENGAGEMENT STATISTICS

100%
COUNTIES ENGAGED

21%
IN-HOUSE COUNSEL AT PCSA

66%
CASA PROGRAM

83%
POSITIVE PCSA/PROSECUTOR RELATIONSHIP

69%
POSITIVE PCSA/COURT RELATIONSHIP

Key Themes From Stakeholder Feedback
Best Practices, Strengths, Barriers, and Recommendations for support

Communication
• New programs and resources
• Rules/case law updates

Recruitment/Retention
• Mentorship
• Scholarships

Prevention
• OhioRISE
• Mental Health

Legal Needs
• Jurisdiction
• Legal advice
• Training

Funding
• IV-E Reimbursement
• Subsidies

Practice/Procedures
• Best practices
• Court outreach
• Toolkit

While Ohio does not have any federally recognized Indian tribes, DCY maintains compliance with the Indian Child Welfare Act (ICWA). During Child Protection Oversight and Evaluation (CPOE) case reviews the Child and Family Services On-site Review Instrument is used to monitor agency compliance with ICWA.

Ohio SACWIS functionality allows PCSA staff to enter ICWA-related information in the person record and generate the Tribal Inquiry and Notification Letter. Ohio SACWIS also has a Federally Recognized Tribes Report. Information on tribal affiliation is recorded on the ICWA Detail Screen from the Person

Demographics tab. At any time more information becomes available, the screen can be edited to add additional information. The Tribal Inquiry and Notification Letter is generated to notify and/or request information from a specific tribe or the Bureau of Indian Affairs regarding the tribal affiliation of an individual.

DCY continues to improve ICWA compliance through:

- Updating policy guidance as needed.
- Revision of Administrative Code rules, as needed.
- Provision of ongoing and case-specific technical assistance.
- Provision of education and training on ICWA through the Ohio Child Welfare Training Program (OCWTP). OCWTP provides PCSA staff with access to the National Indian Child Welfare Association's (NICWA) online training course on ICWA. OCWTP also includes ICWA education in Caseworker Core 2.0 training as well as as training series courses about assessment and permanency planning.

In addition, DCY shares promising practices and educational resources gathered through its participation in the State Indian Child Welfare Managers Workgroup, which meets virtually monthly.

DCY leveraged existing and newly formed relationships with stakeholders, associations and persons with lived experience in reviewing data when establishing the Goals, Objectives, Strategies and Benchmarks for the 2025 – 2029 Child and Family Services Plan (CFSP). With the creation of DCY within the Governor's Cabinet, in conjunction with the formation of the Executive Leadership Team, internal and external work that is planned through the CFSP, and cross-system leadership and accountability structures will facilitate CFSP implementation efforts. In addition, the DCY seeks to engage a diverse group of individuals and perspectives to determine potential disparities in services and outcomes.

Item 32: Coordination of CFSP Services with Other Federal Programs

With passage of House Bill 33, the state of Ohio enacted, the Department of Children and Youth (DCY) which brought together services and programs from five existing state agencies to focus on the efficient and effective delivery of services to Ohio's children and their families. With many of the state's child-centered resources and programs housed within a single agency, Ohio families have a centralized resource to ask questions, find services, and receive support.

With the passage of House Bill 33 in early July 2023, DCY was created to administer programs and services from the following legacy agencies:

- Department of Developmental Disabilities
- Department of Education and Workforce
- Department of Health
- Department of Job and Family Services
- Department of Mental Health and Addiction Services

Below is a snapshot of programs and services that are now integrated within DCY. The full-service array can be found on DCY's Program Overview.

- Early Intervention
- Ohio Children's Trust Fund

- Home Visiting
- Maternal and Infant Vitality Programming
- Publicly Funded Childcare
- Early Childhood Education
- Preschool Special Education
- Licensing – Regulatory Compliance
- Dolly Parton Imagination Library
- Children Services (Kinship, Foster Care and Adoption)
- Ohio Commission on Fatherhood
- Ohio Family and Children First Council
- Healthy Beginnings at Home
- Early Childhood Mental Health Consultation
- Strong Families, Safe Communities
- Head Start Collaboration Office

DCY continues to collaborate closely with other state agencies and local Public Children Services Agencies to ensure that the state's services under the CFSP are coordinated with services and benefits of other federal or federally assisted programs serving the same population.

These include, but are not limited to:

- Medicaid/Medicare
- Federally and state-supported behavioral health services
- Social Services Block Grant (Title XX)
- Title 1 (education funding)
- Individuals with Disabilities Education Program (IDEA)
- State and federally supported child-care programs (e.g., Step Up to Quality, Head Start, Child Care Development Block Grant)
- Child Abuse Prevention and Treatment Act
- Personal Responsibility and Education Program
- Specialized programming for those with developmental disabilities
- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- Workforce Innovation and Opportunity Act
- Substance Abuse and Mental Health Services Administration (SAMHSA) funded projects.

For children and youth who enter the foster care system, Ohio has made advances over the past several years to reduce silos and service gaps within and across state agencies and systems. Ohio's 2025 – 2029 CFSP – Ohio Healthcare Oversight and Coordination Plan highlights valuable insight into the provision and oversight of healthcare for children in substitute care. Over the past five years ongoing efforts have been made to improve care coordination and service quality. Initiatives such as the Health and Children Services Data Exchange RFP, CANS IT System Interface, the new Ohio SACWIS and Medicaid interface, OCAF platform, and Care Coordination Portals are designed to improve coordination and communication among the Ohio Department of Medicaid (ODM), DCY, public children services agencies (PCSA), and private child placing agencies (PCPA). These improvements also strengthen data collection and ensure compliance with state policies and procedures.

More specifically, Ohio has selected the CANS tool to meet the functional assessment requirements for the Qualified Residential Treatment Program (QRTP). Access to CANS assessment information helps ensure youth are not placed in non-family foster home settings due to inappropriate diagnoses. To support this, DCY and ODM are developing an interface between the CANS IT System and Ohio SACWIS. While CANS assessors can currently view assessments within the CANS IT system, the new interface will allow Title IV-E agencies to view CANS information for children in custody directly through Ohio SACWIS.

Ohio's care coordination infrastructure is another example of ongoing efforts to streamline service provision and reduce service gaps. In December of 2023, ODM's Managed Care Entities (MCEs) opened their Care Coordination Portals (CCPs) to Medicaid recipients and legal guardians, providing access to care coordination and health information, including children in custody. Each MCE, including Aetna OhioRISE, have a CCP available through the MyOhio or OH|ID websites.

The ODM and DCY collaborated to provide Title IV-E agencies with streamlined access to these portals via a specialized user role in Ohio SACWIS and accessed using the State of Ohio single sign-on. Aetna's CCP, FamilyCare Central, has been accessible since fall of 2022.

ODM, DCY, and the MCEs have collaborated to ensure that the CCPs are structured to aid Title IV-E agencies to easily view healthcare information for children and youth in their custody, including:

- Prior authorization requests
- Medicaid-covered services (e.g., hospital stays, doctor visits, prescriptions)
- Contact information for managed care coordinators or care guides

Another example sits in DCY's Help Me Grow homevisiting program. Benefit and service coordination exists with the Ohio Childhood Home Visiting Data System (OCHIDS), functionality for an OCHIDS ID to follow a child receiving homevisiting services regardless of a change in caregiver preventing a gap in services.

General Child Welfare Funding

As a state-supervised and county-administered child welfare system, all child welfare costs in Ohio are funded through a blend of federal, state and local funds. DCY allocates federal and state funds to county agencies, which can be used to support child welfare programs in their communities. Funds allocated include Title IV-B Part I and Part II, Title XX, TANF Title XX Transfer, TANF, Title IV-E Chafee, and state General Revenue Funds, which can be used as a portion of match for required federal funds. In addition, Title IV-E Foster Care and Adoption Funds are passed through to the county agencies as partial reimbursement for placement and administrative costs. Local commissioner appropriation and county-specific levy funds are used to match required federal funds or used to pay for children and/or services not eligible under the federal funding streams. In SFY 2024, child welfare costs in Ohio equaled nearly $1.6 billion all funds. (Federal = $596M, State = $313M, Local = $690M).

Targeted Child Welfare Innovations

Ohio Benefits
In 2013, Ohio launched a system designed to assist residents who wish to obtain health care coverage through Medicaid. Ohio Benefits is a simplified, self-service website that makes it easier for Ohioans to apply for public assistance. Through the Ohio Benefits portal, individuals can receive immediate notice on whether they qualify for Medicaid benefits. Those who do not qualify are directed to other

opportunities for coverage through the federal health insurance exchange. Ohio Benefits is the primary resource for those seeking to enroll in other assistance programs including eligibility determination for the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Medicaid, and publicly funded childcare (PFCC).

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

OhioRISE (Resilience through Integrated Systems and Excellence)
The Ohio Department of Medicaid (ODM), through a contract with Aetna Better Health of Ohio, launched the OhioRISE managed care plan in July 2022, which specifically focuses on child and youth behavioral health. Aetna contracted with Care Management Entities (CMEs) across the state to provide care coordination, linkage to services, flexible funds, and other services and supports to maintain youth with complex behavioral health needs in their homes. They also work with youth in PCSA custody to provide services and supports through a child and family team approach utilizing the high fidelity wrap around service model. Since the launch, and with support from other state partners, OhioRISE has increased capacity for Intensive Home-Based Treatment (IHBT) and opened three Psychiatric Residential Treatment Facilities (PRTF) with plans to open additional PRTFs in the future. Additionally, Ohio Mental Health and Addiction Services (OhioMHAS) is partnering with the Ohio Department of Medicaid (ODM) to create a statewide model for Mobile Response and Stabilization services (MRSS). This supports youth in crisis ages 20 and under who are experiencing a behavioral health emergency. Currently, OhioRISE is serving approximately 44,000 youth across the state through these behavioral health services and care coordination.

Multi-System Youth Initiative
The State of Ohio's program to prevent custody relinquishment for youth with multi-system needs was created in SFY20 with the goal of preventing transfer of custody to the child protection system solely for the purpose of obtaining funding to access treatment. The custody relinquishment prevention program is referred to as the Multi-System Youth (MSY) Program. The MSY Program is sponsored by the Ohio Family and Children First (OFCF) Cabinet, including the Ohio Departments of Children and Youth, Developmental Disabilities, Education and Workforce, Mental Health and Addiction Services, Medicaid, and Youth Services. A multi-agency team reviews MSY applications to provide technical assistance to local partners, and grant funding for individualized services and supports when requests meet the core principles of the program.

Since the MSY Program inception through February 28, 2025, needed services and supports have been provided to 1,850 youth from all of Ohio's 88 counties. In addition, 5,349 funding requests received and the team has provided technical assistance to help local teams navigate care for 158 children with complex needs.

Ohio Family and Children First

Ohio Family and Children First (OFCF) is a partnership of state and local government, communities and families that enhances child and family well-being by building community capacity, coordinating systems and services, and engaging families. OFCF's vision is for every child and family to thrive and succeed within healthy communities. There are frequent opportunities for collaboration by both the state and local family and children first council (FCFC) teams to ensure youth with multi-system needs received coordinated services and supports. Any youth with needs from at least two local systems can be referred to the local FCFC. FCFCs bring the youth, family and any partners together to develop a plan with measurable goals to address the needs of the youth and their family, with the goal of long-term self-advocacy and success. The individual family service coordination process is both family-focused and strengths based. FCFC service coordination provides the venue for families with multiple and complex problems to effectively address their needs through a process that creates a unique intervention/treatment environment which eliminates duplication and provides both traditional services and builds natural supports.

Child Care, Head Start, MIECHV, SAMHSA Funded Programs

With the creation of DCY through HB 33, child-serving programs across five existing state agencies were blended. Programs previously housed in different agencies are now streamlined into one child and family focused agency, including children services, childcare, Head Start, Maternal Infant Early Childhood Home Visiting (MIECHV), Early Intervention, early education programs, and SAMHSA funded programs. This has allowed for increased collaboration and decreased red tape between programs at the state level.

Children's Justice Act and Court Improvement Program

DCY has a rich history of collaboration with the Supreme Court of Ohio (SCO) demonstrated through the implementation of previous Child and Family Services Plans and Child and Family Services Review Program Improvement Plans. DCY continues to partner with the Court and other system stakeholders through the Supreme Court of Ohio's Advisory Committee on Children, Families, and the Courts and its Subcommittee on Responding to Child Abuse, Neglect and Dependency (CAND). Over the last several years, SCO and DCY have blended CJA and CIP funds to implement strategies to improve the quality of legal representation for children and families involved in the child welfare system. Strategies include Ohio specific child welfare legal training through the National Association of Counsel for Children, multi-disciplinary pilot project that includes both pre-and post-petition legal services, and an evaluation of the Ohio Court Appointed Special Advocate program.

Foster and Adoptive Parent Licensing, Recruitment, and Retention
Item 33: Standards Applied Equally

DCY promotes quality and consistency in the application of standards across DCY certified agencies. Both private and public foster care agencies and residential agencies have minimum standards for certification/licensure which are defined in Ohio Revised Code (ORC) and Ohio Administrative Code (OAC). Chapters OAC 5180:2-5 cover the requirements for all foster homes in Ohio and OAC 5180:2-48 covers the requirements for adoption.

Ohio allows non-safety waivers for kinship only foster homes. The waiver request process is completed in Ohio SACWIS by the recommending agency. All waivers are reviewed and approved by policy staff at

DCY to ensure standards are applied equally. Typical waiver requests and approvals include waiving training requirements; non-safety related paperwork and waivers related to sleeping arrangements. Thus far in SFY 2025, 857 individual waivers have been requested for 493 distinct kinship foster parents or applicants. 822 have been approved, 34 are pending and only 1 was rejected. The rejected waiver was related to a request to delay criminal background checks on a child in the home who turned 18. It was rejected as criminal background checks are considered safety related.

Reviews of all agencies recommending foster homes for certification/licensure or approving homes for adoptive placement are conducted annually and include a review of policies, record reviews, child interviews as appropriate, staff interviews, and foster or adoptive parent interviews. The Foster Care and Adoptive Parent Recruitment Plan is a required Plan for all foster and adoption agencies. This Plan is reviewed at initial certification of the agency and then annually to ensure that the Plan meets the population's needs is the service area. For PCSAs foster care licensing reviews the Foster Care Recruitment Plan. To ensure consistency, a checklist that covers each relevant rule requirement is utilized by the Foster Care Licensing Specialist. The tools used during agency reviews (both foster care agencies or residential agencies) promote consistency during on site reviews and policy reviews. Foster Care Licensing Specialists work together to train new specialists and to complete agency reviews, further promoting consistency. Foster Care Licensing Supervisors also accompany each specialist at least two times annually to ensure consistency and improve overall quality. Each Foster Care Licensing Specialist accompanies at least 1 specialist from another region each year to promote consistency across regions.

A Consistency team meets every other week to review questions received from Foster Care Licensing (FCL) Specialists to ensure that information is provided to specialists and then to agencies aligned with policy and is consistent across the FCL regions. This also ensures that policy interpretation provided by the Policy, Program and Regulatory Standards (PPRS) team is consistent with information being provided by the FCL Team. The Consistency team includes FCL Supervisors, PPRS supervisor, PPRS policy developers, and the Quality Assurance (QA) Program Administrator.

Questions, answers, and interpretations are tracked on a spreadsheet that is accessible by the Consistency Team as well as the FCL Specialists across the state. The questions and answers reviewed by the Consistency Team are then reviewed during monthly Program Meetings with FCL specialists across Ohio.

The Division of Regulatory Compliance implemented a division wide Quality Assurance Plan to promote quality and consistency across all the programs managed by the division. The QA administrator accompanies each specialist during the year to observe and provide feedback to supervisors to ensure that standards are being applied consistently across the bureau and division as applicable. The QA administrator contacts at least two certified programs across the division each week to discuss their recent monitoring experience and to ask about the consistent application of standards.

DCY meets regularly with PCSAO and OCA to consistently address adoption within the State of Ohio. Both organizations consist of adoption agencies that employ adoption assessors. Adoption agencies also have access to technical assistance staff who conduct on-site meetings to ensure consistency among practice and quality assurance.

In July 2024, the FCL Bureau began monthly provider meetings called Compliance Chats. The purpose of the meetings is to improve overall quality in all DCY certified agencies and to promote a consistent message to all agencies. They are meant to promote stakeholder engagement by showcasing agencies

who have quality practices and allowing attendees to ask questions and talk about things they are doing to promote quality. FCL staff, PPR staff, and Systems staff are often present to review rules, monitoring, and system requirements. In April 2025, the Qualified Residential Treatment Program (QRTP) Monitoring Guide was released to promote transparency to certified agencies as well as to promote consistency in monitoring by FCL Specialists.

Regional networking meetings are being planned to occur quarterly in each of the four regions across the state. The purpose is to promote networking opportunities across agencies and to further relationships between agencies and their specialists. The meetings will be another opportunity to review rules, discuss monitoring, and to promote transparency and consistency in practices across the state. They will also serve as an opportunity to gain stakeholder feedback on DCY practices.

Ohio has four stakeholder organizations that DCY frequently turns to for input into practices and rules.

1. OHIO YAB provides feedback from the lens of lived experience
2. OCA is an advocacy organization whose membership consists of private foster care agencies and residential agencies from all over Ohio.
3. PCSAO is an advocacy organization for all 88 public children services agencies in Ohio.
4. The Ohio Adoption Planning Group (OAPG) is a stakeholder organization made up of public and private adoption agencies and advocates.

Providers are encouraged to voice concerns of any inequality in the application of licensing standards. Providers may contact the FCL Supervisor, FCL Bureau Chief, or the DCY help desk to register their concerns.

Item 34: Requirements for Criminal Background Checks

Since 1993, section 2151.86 of the Ohio Revised Code (ORC) defines requirements related to criminal background checks completed for individuals who care for children in out-of-home care placements that align with federal law related to Title IV-E of the Social Security Act. Ohio statute requires criminal records checks to be completed for the following:

A prospective adoptive parent at the time of the initial home study and prior to the adoption being finalized.

A prospective foster caregiver at the time of the initial home study and prior to the agency recommending the person to be a foster caregiver.

Ohio Administrative Code (OAC) 5180:2-5-09.1, 5180:2-48-09 and 5180:2-48-10 identifies the frequency and manner by which criminal records checks are to be conducted for adoptive parents, foster caregivers and all adult household members. All required criminal records checks for a foster caregiver/adoptive parent must be conducted using section 2151.86 of the ORC as the reason fingerprinted. Criminal record checks are to be completed prior to an individual being recommended and licensed as a foster caregiver or adoptive parent, every four years from the last BCI check completed, and prior to when a foster caregiver or adoptive parent transfers from one agency provider to another agency provider. OAC rules also address requirements regarding criminal background checks for any new adult household members including a new paramour or when an existing household member turns 18. When a new adult household member enters the home, a criminal records check must be completed within 10 working days. For a minor household member in the home turning 18 the background check must be completed within 30 days of the minor turning 18 and every four years thereafter.

In January 2017, the State of Ohio implemented a process for criminal background checks to be submitted by foster care/adoption agency providers and reviewed by foster care licensing specialists. Providers submit newly received criminal background checks to KOFAX, a secured fax system, on a quarterly basis and the information is entered, reviewed and processed via the electronic FileNet system. Providers are required to submit newly received criminal background checks quarterly by March 31st, June 30th, September 30th and December 31st. The FileNet system has been the system to process and contain criminal background checks for all private and public agencies required to have criminal checks completed on individuals pursuant to ORC law and OAC rules. To date, providers continue to submit required criminal background checks quarterly for compliance review by DCY foster care licensing staff. On a quarterly basis, providers are required to submit a spreadsheet with a list of individuals names and criminal check information pertaining to the criminal checks that were submitted for that quarter which is received by DCY foster care licensing specialists. In October 2022 the Ohio Department of Job and Family Services established a foster care licensing unit of five specialists and one manager to review, process and monitor quarterly submitted criminal background checks. The creation of this unit has ensured a more efficient and timelier review of the volume of required criminal checks submitted to the state. Foster care licensing specialists monitor quarterly criminal background check submissions which include new agency employees, volunteers, interns and/or subcontractors, new foster caregivers or adoptive parents and/or BCI checks submitted four years from the prior BCI check completed in accordance with ORC 2151.86 and OAC rules.

In the period since Ohio implemented an electronic submission of all criminal checks for public and private agency employees, interns, volunteers and subcontractors, along with foster and/or adoptive parents and applicants, 88, 618 criminal checks have been submitted through December 31, 2024.

The number of criminal checks processed during this time was 79,445 and 93% were found to be compliant. From July 1, 2023, through December 31, 2024, there were 12, 215 criminal background checks processed and of those 11, 422 (94%) were compliant. There were 599 noncompliant criminal checks reviewed and processed during this time, and of those noncompliant checks, 20% were foster caregiver/adoptive parent applicants, 30% licensed foster caregivers/adoptive parents, 39% childcare institution staff, and 11% other agency personnel.

Total Criminal Checks Processed from January 2017 through December 31, 2024	88, 618
Total Criminal Checks Processed from July 1, 2023-December 31, 2024	12, 215
Total Compliant Criminal Checks Processed from July 1, 2023-December 31, 2024	11, 422
Total Noncompliant Criminal Checks Processed from July 1, 2023-December 31, 2024	599

Criminal checks identified as non-compliant with OAC rules 5180:2-5-09.1, 5180:2-48-09 and 5180:2-48-10 are cited within a foster care licensing complaint review, and agencies are either issued Technical Assistance or a citation requiring a Corrective Action Plan submitted to foster care licensing. If the area of noncompliance found could be corrected, then the agency is required to correct the noncompliance and submit the corrected information for review and approval. Information regarding the corrected criminal background check is recorded in the FileNet system and agency's complaint review.

In the 2024-2025 state biennium budget a request to establish statutory authority for DCY to directly receive BCI/FBI checks to determine eligibility, expedite approvals of background checks, as well as support agencies timelier with hiring employees and monitoring criminal checks prior to hire.

However, this proposal was not approved within the 2024-2025 state biennium budget. As a result, DCY decided to create a new licensing and monitoring system, Ohio Certification for Families and Children (OCAF), for agencies to submit BCI/FBI checks directly into the OCAF system for ease with submission and review. In January 2025, OCAF was put into operation for agencies to access. OCAF allows a more efficient process for agencies to submit required BCI/FBI results, expediting the submission to DCY and the assessment for compliance.

Effective May 1, 2025, criminal background checks for agency employees, interns, volunteers and subcontractors will be submitted via the OCAF system, with a plan, to include functionality for foster caregivers and private adoptive parents to submit to OCAF for an efficient submission, processing and review of all required criminal background checks.

In addition DCY's process for required criminal background checks to be submitted on an ongoing basis for review, other monitoring means for ensuring criminal background checks are completed for individuals approved, certified or hired to provide care to children in an out-of-home care placement setting, along with adult household members in a foster home or adoptive placement and/or a child in the home who turns 18 years of age, is through agency certification reviews conducted by a foster care licensing specialist.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

DCY engages in a variety of strategies when recruiting foster and adoptive homes at both the state and county levels. Outlined below are state and county efforts that are occurring.

Statewide Recruitment

Treatment Foster Home Pilot

The Treatment Foster Home Pilot Program provides up front funding and coaching support to public children services agencies (PCSAs) to implement treatment foster care programs for recruitment and certification of treatment level foster parents. The increase in availability of treatment level foster homes connects foster children facing significant behavioral health challenges with foster families who are equipped to support children with complex needs in their homes and in their own communities.

The pilot builds on the Northwest Treatment Foster Care Partnership – a collaboration between Sandusky, Seneca, Ottawa, and Wyandot counties' PCSAs. The pilot concept is for PCSAs to provide support for foster families, including 24/7 on-call casework and crisis counseling, along with specialized training so that children with complex behavioral needs can stay in a home environment close to their communities. The pilot is focused on significantly reducing the number of foster children living in congregate care settings.

In May of 2024, 30 new PCSAs joined the pilot creating nine new PCSA partnerships. The pilot program was expanded in December of 2024, adding eight new PCSAs and creating an 11th partnership. As the longest running partnership formed in 2021, the Northwest Treatment Foster Care program has licensed 12 new treatment foster homes with over 50 foster youth served. The partnership estimates to be saving approximately $100,000 for each child in placement costs each year. As of March 2025, two additional

partnerships have licensed an additional 3 homes with 2 youth served, including child specific recruitment for children in congregate settings.

It Takes Heart Campaign

The It Takes Heart Campaign (ITH) is a statewide marketing campaign aimed at recruiting new resource and adoptive homes. To ensure strategies for recruitment and awareness are regionally appropriate, Ohio has been divided into 12 service delivery areas (SDAs). All the strategies used for the ITH campaign have been developed using data provided by DCY, public and private stakeholder input, market research data, and feedback from current and former foster youth and resource families. This data, which is analyzed on an ongoing basis, provides insights into the specific needs of each SDA allowing the campaign to be intentionally targeted to meet those needs. The ITH campaign is driven by target market data. It looks at identifying groups of people who are statically likely to have an interest in foster care or are statistically likely to be demographically/geographically similar to foster youth's homes of origin. The resulting marketing campaigns use design imagery and photography based on the demographics of each target group or ad region and reflect the needs of children in care.

The data analysis provides opportunity to reach out and connect with potential foster and adoptive families using the most efficient channels of digital as well as traditional advertising. Using data driven strategies has led to demonstrated increases in recruitment reach, allowing information to get to many potential foster and adoptive families who reflect the children in need of homes. The campaign is working to create a more comprehensive, standardized tracking process to better track movement from interest in becoming a resource home to certification.

Planned advertising initiatives include digital advertising (Google, Facebook/Instagram, X, StackAdapt, Microsoft), movie theater advertising, gas station advertising, billboards, bulk mailers, and television ads. The campaign also creates monthly blogs related to foster care, adoption, and kinship care that are posted on the Foster Care and Adoption website to help encourage interested people to take that first step to become caregivers. Ongoing Strategy Sessions are held for all public and private agencies to share information on ways to maximize marketing and recruitment efforts. Additionally, recruitment strategy packets have been developed for public and private agencies to utilize to support their own recruitment efforts.

For FY2024 Q4 (April - June 2024) alone OCA reported:

- 182,496 visitors to the It Takes Heart™ website.
- 938 inquiry forms were submitted by individuals interested in foster and/or adoption.
- There were almost 20 million digital ad views.

To provide additional assistance to public and private agencies, OCA continues to offer virtual one-hour Strategy Sessions highlighting different marketing, recruitment, and engagement topics. These sessions are well attended and provide agencies with an opportunity to grow their own recruitment efforts.

DCY contracts with the Child Care Resource & Referral agencies to support the recruitment and retention of foster, kinship, and adoptive homes. The Children Services Hubs (Hubs), located in Ohio's 12 Service Delivery Areas, collaborate with public and private adoption agencies within their respective regions to support families who are interested in becoming or already are licensed foster homes. Every other year each Hub completes a needs assessment and operational plan which are submitted to DCY.

Families that are interested in becoming licensed to provide foster care, kinship care, or adopting contact their local Hub for assistance in determining if foster care is the right fit for their family, selecting an agency, and navigating the licensing process. They can also assist the families by connecting them with resources and community support.

In the last year DCY has focused on addressing barriers and better supporting foster families through coordinating settings where parents can gather. This allows them to share their stories and experiences to develop a community where they can support each other through Parent Cafés or Family Support Groups. This is also a place where families and the Hubs can share resources and supports available within the community.

As part of their recruitment and retention efforts, the Hubs host and attend various events throughout Ohio sharing the need, information, and process for foster and adoptive parents. The support offered by the Hubs contributed to the 1,346 newly licensed homes in Calendar Year (CY) 2024 and the 420 new homes in CY 2025.

Youth Centered Permanency Roundtables (YCPRTs) provide older youth most at risk of aging out of foster care opportunities to find youth-driven solutions and resources not otherwise provided by county agencies. YCPRTs empower the youth to be involved in planning for their future and serve as a partner in the process of finding permanency. YCPRT through ongoing youth prep and YCPRT meetings increase the number of identified supports for youth served through the circles of support tool, mobility mapping, and family search and engagement work. The number of connections at meetings is our main recruitment effort to get these identified supports at the table and to consider potential caregiving. Foster parents, placement staff, Wendy's Wonderful Kids recruiters, and other professionals are engaged to cultivate supports to move toward both relational and legal permanency. Twice and many youths served by YCPRT moved to less restrictive placements than their comparison group. The annual data continues to demonstrate that youth served by YCPRT are more likely to exit care to permanency rather than aging out. YCPRTs are implemented in 13 counties with a plan to expand to up to 10 additional counties in State Fiscal Years 26 and 27.

Wendys Wonderful Kids

Wendy's Wonderful Kids (WWK), the Dave Thomas Foundation for Adoption, supports the hiring of adoption professionals, known as recruiters, who are dedicated to finding permanent families for the longest-waiting children in foster care. Wendy's Wonderful Kids adoption professionals use an evidence-based, child-focused recruitment model to find the right family for every child on their caseload. This is achieved through case mining, interviews, and child specific recruitment to identify connections for children. A rigorous, five-year national evaluation revealed that children referred to the program are up to 3x more likely to be adopted. Since the inception of WWK, they have served over 4,743 children and have found permanent homes for over 1,809 children. Since January 1, 2025, WWK has served over 311 youth and matched 154 youth and completed 107 adoptions. WWK supports permanent connections to youths. WWK located permanent connection through file mining a case. WWK has Identified 4,771 potential families, including 2,104 relatives, in Ohio as well as other states.

Recruitment Plans

DCY requires each agency that provides foster care services to prepare a recruitment plan, pursuant to Administrative Code Rule 5180:2-5-13 that outlines how they will conduct targeted recruitment for families to meet the characteristics of children in their care. These plans include information on:

How the agency will initiate increased recruitment efforts for any racial or ethnic category of family that is under-represented.

- The general criteria used to determine when the agency will conduct child-specific recruitment strategies for a child and the type of specific recruitment techniques the PCSA, Private Child Placing Agency, or Private Non-custodial Agency will utilize when child-specific recruitment is warranted.

Additionally, for agencies that engage in the provision of adoption services they prepare an Adoption Recruitment Plan, pursuant to Administrative Code Rule 5180:2-48-05 which addresses the following areas:

- Strategies that will be used to reach all parts of the community.
- Methods of disseminating both general and targeted recruitment.
- Strategies for assuring that all prospective adoptive applicants will receive information regarding adoption procedures within seven days of inquiry.
- Strategies for assuring that all applicants have access to the homestudy process, including location and hours of services that facilitate access to all members of the community.
- Strategies for training staff to work with diverse cultural, racial, ethnic and economic communities.
- Strategies for dealing with linguistic barriers between the PCSA, Private Child Placing Agency, or Private Non-custodial Agency and the prospective adoptive applicant(s).
- A description of the characteristics of children in permanent custody or permanent surrender of the agency.
- Identification of the type of specific recruitment techniques the PCSA or Private Child Placing Agency will utilize when child specific recruitment is warranted.
- Fee structure.

Children in Care and Foster/Adoptive Parents Demographic Data

All foster and adoption recruitment strategies developed and implemented are grounded in knowing, on an ongoing basis, what the demographic characteristics of children in temporary or permanent custody of the state, including for the children for whom foster and adoptive homes are needed. The following tables provided information on Ohio's children and youth.

2025 Recruitment Data.

Children and Youth in Temporary Custody

Age Range of Children in Temporary Custody as of May 1, 2025

Age Range	Count of Children	Percentage
Less than 1 Year	1,046	10.61%
1 to 3 Years	2,040	20.69%
4 to 6 Years	1,563	15.85%
7 to 9 Years	1,374	13.94%
10 to 12 Years	1,201	12.18%
13 to 15 Years	1,594	16.17%
16 to 18 Years	1,036	10.51%
19 to 21 Years	5	0.05%
Total	9,859	100.00%

Race Value of Children in Temporary Custody as of May 1, 2025

Race Value	Count of Children	Percentage
White	5,120	51.93%
Black/African American	3,146	31.91%
Asian	26	0.26%
Alaskan Native/ American Indian	7	0.071%
Native Hawaiian/ Pacific Islander	4	0.04%
Multiple Races	1,484	15.05%
Unable To Determine	72	0.73%
Total	9,859	100.00%

As evidenced in the information presented in the above tables, the largest number of children in temporary custody are ages 1-3 (20.69%) followed by children between the ages of 13-15 (16.17%), and youth between the ages of 4-6 (15.85%). The racial makeup of children and youth in temporary custody are primarily White (51.93%) and Black/African American (31.91%).

Children and Youth in Permanent Custody or Permanent Surrender

Age Range of Children in Permanent Custody or Permanent Surrender as of May 1, 2025

Age Range	Count of Children	Percentage
Less than 1 Year	51	1.35%
1 to 3 Years	666	17.57%

Age Range	Count of Children	Percentage
4 to 6 Years	477	12.58%
7 to 9 Years	469	12.37%
10 to 12 Years	558	14.72%
13 to 15 Years	773	20.39%
16 to 18 Years	721	19.02%
19 to 21 Years	76	2.00%
Total	3,791	100.00%

Race Value of Children in Permanent Custody or Permanent Surrender as of May 1, 2025

Race Value	Count of Children	Percentage
White	2,008	52.97%
Black/African-American	1,206	31.81%
Asian	6	0.16%
Alaskan Native/ American Indian	0	0.00%
Native Hawaiian/ Pacific Islander	2	0.05%
Multiple Races	553	14.59%
Unable To Determine	16	0.42%
Total	3,791	100.00%

As evidenced above, the largest number of children in permanent custody are between the ages of 13-15 (20.39%) followed by youth ages 16-18 (19.02%) and ages 1-3 (17.57%). The racial makeup of children and youth in permanent custody or permanent surrender is primarily White (52.97%) and Black/African American (31.81%).

Foster care and adoption agencies as indicated above are required to develop and implement a comprehensive recruitment plan that details diligent recruitment for families that reflect the demographics of the children for whom homes are needed. These recruitment plans are submitted to and reviewed by DCY to ensure compliance with applicable federal and state laws and rules.

Public and private agencies strive to reflect their county and surrounding area demographics in their recruitment plans. Their recruitment plans address the specific demographics of their area, communities where they are actively engaged and the children in their care. Many agencies utilize the PCSAO Factbook for information on child welfare demographics. Each agency targets populations based on the individual needs of the children in their custody.

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

Ohio utilizes a variety of resources to identify potential foster or adoptive families in state as well as across state lines to achieve permanency for youth.

IT Takes Heart Website

Ohio partners with public children's services agencies (PCSA) to create and maintain a web-based adoption profile listing for children available for adoption on *It Takes Heart*. This site supports recruitment efforts for all families seeking to adopt. The Ohio Adoption Profiles provide direct connections to the agency responsible for the available youth, allowing adoptive families to gain additional information about children.

Wendy's Wonderful Kids

Wendy's Wonderful Kids (WWK), the Dave Thomas Foundation for Adoption, supports the hiring of adoption professionals, known as recruiters, who are dedicated to finding permanent families for the longest-waiting children in foster care. Wendy's Wonderful Kids adoption professionals use an evidence-based, child-focused recruitment model to find the right family for every child on their caseload. This is achieved through case mining, interviews, and child specific recruitment to identify connections for children. A rigorous, five-year national evaluation revealed that children referred to the program are up to 3x more likely to be adopted. Since the inception of WWK, they have served over 4,743 children and have found permanent homes for over 1,809 children. Since January 1, 2025, WWK has served over 311 youth and matched 154 youth and completed 107 adoptions. WWK supports permanent connections to youths. WWK located permanent connection through file mining a case. WWK has Identified 4,771 potential families, including 2,104 relatives, in Ohio as well as other states.

Interstate Compact on the Placement of Children

The Interstate Compact on the Placement of Children (ICPC) is decentralized in Ohio except when there are requests for residential placements in other states**.** Ohio Administrative Code (OAC) rule 5180:2-52-04 identifies that the PCSA director or their designee will serve as the assistant deputy compact administrator (ADCA) for the agency in carrying out responsibilities involving the Interstate Compact on the Placement of Children (ICPC). ICPC is used to seek permanent placements for children with individuals/families who have been identified as a possible relative placement source or adoptive families.

State Use of Cross Jurisdictional Resources for Permanent Placements

Stakeholders believe that the state's performance in this area is better than the data suggest although the state is struggling with data quality for this item. Stakeholders said that barriers to timeliness include the completion of background checks; health or substance abuse concerns in the home being assessed; receipt of case information from other counties; lack of a statewide reminder system to alert counties to due dates; difficulty in obtaining adult child references and fire inspections; county staffing capacity; and the lengthy foster parent licensing process.

To address the findings ODJFS/DCY engaged in the following activities:

- On October 11, 2023, a training session for Ohio's Medicaid OhioRise staff was held. This training presented a general overview of ICPC, a review of the pertinent articles/regulations, and the general ICPC process so that OhioRise staff can more effectively assist families facilitate direct out of state residential placements. Attendees were able to ask questions and discuss scenarios.
- On January 25, 2024, the first of 4 quarterly trainings scheduled for 2024 for all Ohio counties was held via Microsoft Teams. This training presented a general overview of ICPC, a review of the articles/regulations, and the general ICPC process. The presentation also included information on entering ICPC information in Ohio SACWIS, including the date field for recording compliance with the Safe and Timely Act. Information regarding NEICE processes was also shared. Attendees were able to ask questions and discuss scenarios.

The online Ohio SACWIS Knowledge Base has the following resources available to support ICPC workers:

- ICPC Requirements Checklists for Adoption, Foster/Relative/Parent, and Residential placement requests. These were provided by OFC's Deputy Compact Administrator in the Substitute Care Policy section and list the required documentation for each type of ICPC request.
- *Completing an Outgoing ICPC Request via NEICE* article with step-by-step instructions.
- *Completing an Incoming ICPC Request from NEICE* article with step-by-step instructions
- *Ohio SACWIS ICPC-NEICE Tips* document.

The Ohio Automated Systems Help Desk, and DCY's Deputy Compact Administrator/subject matter expert continues to provide ongoing technical assistance to county ICPC workers as questions or concerns arise.

Homestudy Requests from Other States

During SFY 2023, there were 748 requests for home studies received from another state to facilitate a permanent placement. Of those, 238 (31.82%) home studies were completed within 60 days or less. Additionally, 153 (20.45%) of the 748 records were terminated prior to 60 days, without completion of the home study, indicating that the sending state may have withdrawn the request. After subtracting 153 from the total records leaving 595, the percentage completed within 60 days (numerator) increases to 40%.

When compared to the prior reporting period there was an increase in the number of home studies completed within 60 days or less.

III. Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes

The Goals, Objectives, Strategies, and Benchmarks established for the *2025-2029 Child and Family Services Plan* (CFSP) were based on an assessment of performance of the seven Child and Family Services Review (CFSR) child and family outcomes and the seven CFSR systemic factors. Data sources used to conduct the assessment of performance included:

- Statewide Automated Child Welfare Information System (Ohio SACWIS) data
- CFSR Data Profiles
- NCANDS data
- AFCARS data
- Stakeholder feedback
- Child Protection Oversight and Evaluation (CPOE) Stage 12 data

Based upon the Assessment of Performance, it was determined that the identified Goals, Objectives, and Strategies were still appropriate. However, one Strategy was removed due to lack of available funds.

Goal 1: Reduce the need for foster care for children at risk of removal. Prevention of foster care when safe and appropriate.

Impact:

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

Safety Outcome 2: Children are safely maintained in their own homes whenever possible and appropriate.

Well-Being Outcomes 1: Families have enhanced capacity to provide for their children's needs.

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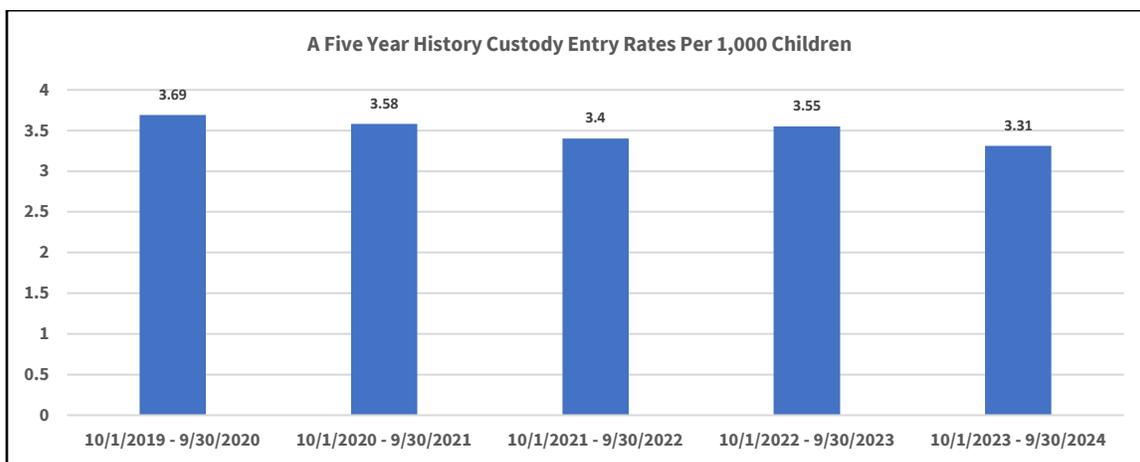
Rationale:

Removal of a child from the home due to child abuse or neglect can have profound lifetime consequences for the child and family. Not only has the child suffered from maltreatment, but the entire family is traumatized by the removal, and the child's long-term outcomes are not always improved by removal. In fact, the removal itself may be considered an Adverse Childhood Experience (ACE) contributing to poor health outcomes later in life (Capacity Building Center for States, 2021). Families may be able to remain intact and avoid maltreatment with resources to meet their basic, legal, and mental health needs. Utilizing evidence-based and evidence-informed programs and practices, more families will be able to stay together safely which will reduce the number of children in foster care. To achieve this goal, resources must be readily available, known to the public, and easily accessible. Ohio must focus on primary prevention to avoid maltreatment, secondary prevention to help families who

come to the attention of children services and provide universal access to services that will strengthen Ohio's families. [1]

Measures of Progress:
Ohio will see a decrease in the number of youths entering foster care.

The figure below shows the rate of children per 1,000 who have entered foster care over the last five years. There has been a slight decrease in the rate of children entering foster care over the last four years statewide.

A Five Year History Custody Entry Rates Per 1,000 Children

Period	Rate
10/1/2019 - 9/30/2020	3.69
10/1/2020 - 9/30/2021	3.58
10/1/2021 - 9/30/2022	3.4
10/1/2022 - 9/30/2023	3.55
10/1/2023 - 9/30/2024	3.31

- Ohio will have an increase in the number of families utilizing prevention programs supported by the Ohio Children's Trust Fund and in families utilizing Triple P online. Ohio will see an increased capacity of prevention programs to accept families.
  - During FFY24, 13,423 people registered for TPOL from each of the state's 88 counties --- an increase of 9.8% from FFY23.
- Ohio will have an increased capacity to serve families at risk of removal through Ohio START and Multi-Disciplinary Legal Representation Teams (MDT).
  - During this reporting period there are now 57 PCSAs participating in Ohio START. (Refer to Goal 1, Objective 1, Strategy 2, Benchmark 1 Progress Report)
  - Refer to Goal 1, Objective 1, Strategy 3, Benchmark 1 Progress Report for MDT.
- Ohio will have an increase of services available in the community to support children and families in their home. Community services that will be monitored for increased capacity include respite services, Multisystemic Therapy, Functional Family Therapy, Mobile Response and Stabilization Services (MRSS), and Early Intervention and Home Visiting services.
  - Refer to Goal 1, Objective 3, Strategy 1, Benchmark 2 Progress Report
  - Refer to Goal 1, Objective 3, Strategy 2, Benchmark 2 Progress Report

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[1] Capacity Building Center for States. (2021). *Visioning for prevention: The evidence for strengthening families*. Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.)

Objective 1: Expand the use of evidence based or informed services for children at risk of removal, and their families.

Strategy 1: In collaboration with the Ohio Children's Trust Fund and Public Children Service Agencies, expand the Triple P online pilot for families with a child at risk of removal to receive training and economic supports.

Benchmark 1: Support continued implementation of pilot project and evaluation.

Timeframe: Years 1-2

Progress Report:
DCY has maintained a contract with Triple P America. This contract allows DCY to offer this evidence-based, online prevention program across the state to parents free of charge. DCY began a small pilot with several county PCSAs to explore utilization for children services involved families. The pilot was evaluated by researchers at Ohio State University and the University of Michigan. The results of the pilot were positive, although the sample size was small.

Ohio also received approval for Triple P Online in the *Title IV-E Prevention Services Plan*. Based on the results of the pilot and inclusion on the Prevention Plan, DCY is planning a statewide rollout of Triple P Online for all county PCSAs. This will allow statewide access of Triple P Online for families who have touched the child welfare system, providing them with educational resources to raise their children in a safe, healthy home environment.

Feedback Loops:

Implementation of Triple P Online in Ohio is being evaluated by researchers at The Ohio State University and the University of Michigan. Evaluation reports are provided and reviewed by DCY staff and Triple P America. As of April 2025, Triple P Online satisfaction data has been very high. Ninety-one (91%) percent of participants agreed that they received the help that they wanted, and ninety-four percent (94%) would come back to Triple P Online.

DCY, OCTF, and Triple P America are actively engaging the Triple P Online pilot counties to plan for the statewide rollout. DCY, OCTF, and Triple America are working with the evaluators on the plan to monitor fidelity and continue quantitative and qualitative evaluation.

Benchmark 2: Identify additional PCSAs to pilot the Triple P online program, dependent on funding.

Timeframe: Years 3-4

Benchmark 3: Develop a sustainability plan for PCSAs to maintain economic supports programs for families.

Timeframe: Years 4-5

Benchmark 4: Develop marketing and educational materials to encourage the expansion of Triple P online training.

Timeframe: Years 3-5

Strategy 2: Expansion of Ohio START to families involved with children services, with co-occurring substance abuse disorders.

Benchmark 1: Expand the Ohio START program into 12 additional counties.

Timeframe: Years 1-3

Progress Report:

Ohio START (Sobriety, Treatment, And Reducing Trauma) is an evidence-based, children services-led intervention model designed to improve outcomes for children and families affected by parental substance abuse and child maltreatment. The Ohio START model helps public children services agencies (PCSAs) bring together caseworkers, behavioral health providers, and family peer mentors into teams dedicated to stabilizing families impacted by parental addiction. Ohio START utilizes a family-centered approach to promote the safety and well-being of children and families.

The Ohio START model has expanded into 4 additional counties through the seventh Ohio START Cohort which was launched in 2024. These counties are Adams, Madison, Montgomery, and Pike. Cohort Seven counties are currently working on implementation activities such as developing contracts and MOUs, hiring staff, and forming steering committees. This brings the total number of Ohio START counties to 57. Of these 57 counties, 6 have received national START certification status, with more counties expected to receive certification in 2025. In addition to the 56 active Ohio START counties, the following 5 counties have been added to pre-implementation: Darke, Fulton, Scioto, Jefferson, and Washington counties.

An eighth Ohio START cohort will be added in 2025. The Public Children Services Agency of Ohio (PCSAO) is currently reaching out and accepting applications from interested counties. Additionally, established START counties can work to add a second Ohio START team, allowing them to serve more families in need of services. As of April 2025, Ohio START has served a total of 2,746 children statewide.

Feedback Loops:
Feedback on the expansion of Ohio START occurs through: (1) monthly check-ins between PCSAO staff and DCY staff and (2) receipt of monthly status reports from PCSAO and Ohio START implementing counties. Additionally, feedback on implementation can also be seen on the Ohio START Data Dashboard. Through these methods DCY can determine if any procedures or implementation strategies should be modified.

Benchmark 2: Support expanded programming/capacity of Ohio START in counties currently implementing the model. Further expansion and implementation support is contingent on the availability of funding.
Timeframe: Years 2-3

Benchmark 3: Partner with PCSAO to provide implementation supports to new and expanding counties to overcome barriers in hiring and training family peer mentors, addressing caseworker turnover, and marketing the program.
Timeframe: Years 2-5

Strategy 3: In collaboration with the Supreme Court of Ohio (SCO), expand access to Multi-Disciplinary Legal Representation Teams (MDT) with Pre-Petition/Preventive advocacy.

Benchmark 1: Continue to provide support to current MDT programs with pre-petition/preventive advocacy – Cuyahoga, Clark, Stark, Erie, and Wayne counties.
Timeframe: Years 1-2

Progress Report:
DCY continues to collaborate with the Supreme Court of Ohio to support the Multidisciplinary Legal Representation (MDT) pilot project by blending Court Improvement Program and Children's Justice Act grant funds. Through our interbranch agreement, DCY initially allocated $260,000 for State Fiscal Year (SFY) 2025 to support MDT. This agreement was later amended to include an additional $270,000, further reinforcing our commitment to supporting MDT.

By the end of the third year, the program served more than 350 families and 800 children. The majority of families participating in the program did not experience further involvement in the child welfare system after enrollment. Eighty-eight percent of pilot cases resulted in successful outcomes. In five of the six pilot sites, 90% of cases did not involve new allegations, and among those that did, only 2% were substantiated child maltreatment allegations. Among 84 pre-petition cases, 92% did not progress to formal court filings, and children remained safely in their homes in 94% of these cases.

Pilot Site Overview

Each MDT site provides multidisciplinary legal representation to caregivers—primarily parents—engaged or at risk of engagement with the child welfare system. Each team includes at least one attorney, social worker, and parent advocate. Below is a summary of these sites and their focus areas:

1. Cuyahoga, Stark, and Clark Counties Pre-Petition Services: These programs aim to prevent trauma associated with entering the child welfare system by engaging families prior to any complaint filed in juvenile court. Pre-petition services target reductions in substantiated investigations, court filings, foster care placements, subsequent maltreatment reports, and public expenditures. Referrals come from PCSAs, schools, or community-based organizations.
   - Cuyahoga County: The Public Defender's Office expanded their Family Intervention Representation and Services Team (FIRST) to include pre-petition families and added a parent advocate.
   - Stark County: The Family Court partnered with various stakeholders to implement the Boosting Understanding, Interventions, & Legal Defense (BUILD) program. This program utilizes a multidisciplinary team, including public defenders, legal aid attorneys, and a parent advocate, with coordination provided by a court-funded program coordinator.
   - Clark County: The Juvenile Court, in partnership with Advocates for Basic Legal Equality (ABLE), developed the SUCCESS Program, focusing on families with school-aged children facing attendance issues. The program integrates civil legal and case management services alongside truancy mediation.
   - Summit County Post-Petition Services: This program serves families after a child abuse or neglect petition is filed, often working with children placed in foster care. Services focus on reducing time to permanency, increasing reunification rates, and preventing further system involvement. Referrals come through juvenile courts.

- The Summit County Juvenile Court established the Multidisciplinary Representation Team (MRT), consisting of court-employed case managers, panel attorneys, and parent advocates from Greenleaf Family Center.
2. Erie and Wayne Counties Pre- and Post-Petition Services: These programs address families' needs at both stages, offering flexibility and comprehensive support.
   - Erie County: Project STRENGTH, housed in the Public Defender's Office, combines public defenders, a social worker, and a parent advocate from Sandusky Artisans Recovery Community Center.
   - Wayne County: The Ohio Legal Representation Program (OLRP) integrates contract attorneys, public defenders, a parent advocate from The Ridge Project, and a case manager from Anazao Community Partners to serve pre- and post-petition clients.

Feedback Loops:

SCO and DCY attend technical assistance meetings held individually with each site facilitated by the technical assistance consultant. During these meetings, sites discuss strengths, barriers, and request support as needed. The meetings were originally held monthly but have moved to quarterly per pilot site request. In December 2024, MDT participants convened at SCO for the second annual two-day conference. The convening began as a request from the sites to come together to showcase their successes, enhance skills, and prioritize sustainability and future funding. Pilot site members served as the convening planning committee chairs to design an agenda that addressed strategies for building and maintaining effective teams, fostering self-care and resilience for staff facing trauma and fatigue, motivational interviewing techniques, and tools to help families identify their strengths.

Benchmark 2: Increase knowledge and awareness of MDT through PCSA collaboration, training, conferences, and dissemination of information.

Timeframe: Years 1-5

Progress Report:

The MDT Year 2 evaluation report was published in February 2024, followed by the Year 3 evaluation report in April 2025. Both reports highlight key findings from their respective evaluation years. The research team conducted site visits across the six pilot programs and facilitated focus groups and interviews with pilot staff and judges. Additional data was collected from aggregate program and expenditure records, along with program materials and reports submitted by the pilots. Researchers also observed technical assistance sessions and participated in all-pilot convenings. Using framework analysis, the team identified major themes and patterns, contextualizing the findings through insights from research literature and advancements in the field. These reports are publicly accessible on the Supreme Court of Ohio's (SCO) website and have been widely distributed to relevant stakeholder groups.

In December 2024, MDT participants convened at SCO for a two-day conference designed to showcase their successes, enhance skills, and prioritize sustainability and future funding. Key discussions included strategies for building and maintaining effective teams, fostering self-care and resilience for staff facing trauma and fatigue, motivational interviewing techniques, and tools to help families identify their strengths.

Regular updates regarding MDT progress are shared across various DCY communication platforms, including the internal weekly and monthly program reports and the internal and external Tuesday Times, issued biweekly. The SCO also disseminates MDT updates via the Court News Ohio website and to their Subcommittee on Child Abuse, Neglect, and Dependency.

Feedback Loops:

SCO and DCY attend technical assistance meetings held individually with each site and facilitated by the technical assistance consultant. During these meetings, sites discuss strengths, barriers, and request support as needed. The meetings were originally held monthly but have moved to quarterly. The annual evaluation reports are informed by site visits and feedback from site staff. SCO and DCY collaborate on the review of the evaluation reports to provide feedback before publishing.

Benchmark 3: Identify sustainable funding opportunities for MDT programs with pre-petition/preventive advocacy.

Timeframe: Years 2-5

Benchmark 4: Expand MDT programs with pre-petition/preventive advocacy.

Timeframe: Years 3-5

Objective 2: Expand access to primary prevention services to strengthen families and prevent abuse and neglect.

Strategy 1: Increase availability, accessibility, and awareness of family support programs, with a focus on programs utilizing parent mentors/peers for support.

Benchmark 1: Conduct, or utilize an existing, environmental scan to identify current and needed family support programs across the state.

Timeframe: Years 1-2

Progress Report:

DCY began conducting an internal prevention environmental scan to identify how we can best utilize our existing prevention services to enhance and leverage our programs, as well as to identify areas and gaps in existing services. The backbone of the prevention strategy is to strategically align DCY-supported navigator networks that ensure seamless service delivery through parent mentors/peer supports, such as:

- Parent and Youth Ambassadors providing peer support
- Family coaches through our Family Success Networks
- Neighborhood navigators within the Ohio Equity Initiative
- Kinship and Youth navigators through Ohio KAN

These navigators do more than connect families to services—they facilitate warm handoffs between programs, so families don't fall through the cracks, creating multiple pathways for families to receive support.

DCY's current environment scan includes nearly 45 programs that support families external to Ohio's children services system. DCY is intentionally connecting programs so that families can access these services through trained and informed navigators and coaches.

Feedback Loops:
DCY partnered with Casey Family Programs in gathering DCY support prevention partners, as well as representative children services teams, to assess, review, and learn from existing navigational supports available to families. Peer support staff representing three navigator models partnered with three parents who have lived experience with DCY prevention programs to discuss their experiences in these models, to identify effective engagement tactics, as well as to offer best practices for others to incorporate into their own services.

Benchmark 2: Develop a plan to build capacity of existing programs and/or implement new family support program(s), including individuals with lived experience in creating the implementation plan. Implement or expand programs are based on available funding.

Timeframe: Year 2

Benchmark 3: Assess impact of new and expanded programs.

Timeframe: Year 5

Benchmark 4: Develop a sustainability plan to maintain the programs determined to be effective.

Timeframe: Year 5

Strategy 2: Identify supports needed to ensure economic and concrete supports are available to families at risk.

Benchmark 1: Conduct, or utilize an existing, environmental scan to identify current programs providing economic and concrete supports to families at risk.
Timeframe: Years 1-2

Progress Report:
In early 2025, DCY began an environmental scan of prevention programs. This scan is being used to identify how DCY can leverage current services, while identifying where gaps remain. DCY's current environmental scan includes nearly 45 programs that support families external to Ohio's children services system.

Now that the initial identification of services and gaps has been completed, DCY will continue to further analyze which programs provide specialized services, such as economic and concrete supports. Once completed, the agency can identify if additional supports are needed. Recently, DCY recognized that the Ohio START program was not utilizing economic supports as robustly as the model allowed. Beginning in SFY26, Ohio START will have implemented a pilot in three counties to expand the use of flex funds to support families' emergent economic needs.

Feedback Loops:
Current programs utilizing economic supports have tracking mechanisms to recognize which areas families need the most support. Ohio START will utilize their pilot to create and implement appropriate

procedures and tracking mechanisms for the use of flex funds. Ohio START will utilize data to identify outcomes for the families who utilize economic supports. This information will be shared with the Ohio START Leadership Council which meets quarterly and includes representation from Ohio START counties, PCSAO, OhioMHAS, and DCY.

Benchmark 2: Develop a workgroup that includes people with lived experience in primary prevention programming or child welfare, to analyze environmental scan and develop program and policy recommendations.

Timeframe: Year 2

Benchmark 3: Workgroup will identify data sources to identify the utilization and impact of economic and concrete supports on families.

Timeframe: Year 2

Benchmark 4: Workgroup will provide recommendations to DCY leadership to develop an implementation plan.

Timeframe: Years3-5

Strategy 3: Develop a universal tool and campaign to connect parents seeking resources and information around parenting. This strategy and its associated benchmarks have been removed due to lack of funding available.

~~**Benchmark 1:** Design and implement, in collaboration with DCY stakeholders, a web-based, interactive tool that allows people to identify relevant resources based on their needs and physical location.~~
~~**Timeframe: Year 1-2**~~

~~**Benchmark 2:** Identify an individual who is responsible for addressing requests for edits and additions to the site and routinely updates site listings to ensure accuracy. All updates must be made using a standardized form and process.~~
~~**Timeframe: Year 2.**~~

~~**Benchmark 3:** Develop an app for parents with useful resources like articles/blogs. App should have a connection with the resource tool so parents can search in the app.~~
~~**Timeframe: Year 3**~~

~~**Benchmark 4:** Develop campaign to market web-based tool and app.~~
~~**Timeframe: Years 2-5**~~

~~**Benchmark 5:** Analyze website and app usage to determine effectiveness.~~
~~**Timeframe: Years 3-5**~~

Objective 3: Increase availability of in-home and community-based services and supports for children and families.

Strategy 1: Increase the availability of informal respite/brief breaks in parenting or caregiving responsibilities.

Benchmark 1: Identify current respite models that can expand current capacity or be replicated across the state.

Timeframe: Year 1

Progress Report:
During this reporting period, respite models across DCY have been identified. There are currently 13 local multi-system initiatives funded by the Strong Families, Safe Communities (SFSC) program which transferred to DCY in 2024. The Strong Families, Safe Communities (SFSC) program provides services and supports to families of children and youth with intensive needs due to behavioral health and/or intellectual and developmental disabilities. This program offers grants to local partners that allow them to collaborate across system and county lines to identify community-driven solutions and develop the best possible outcomes for families. These funds are intended to fill service and support gaps in local systems. One gap that many counties have identified is a lack of respite options for families of children with behavioral health needs. The majority of SFSC grantees, covering 32 counties across Ohio, utilize a portion of these grant funds to implement respite programs.

Respite programs funded through SFSC can vary based on the needs of the community and the populations served. More traditional respite programs can include in-home respite care by a respite provider or planned respite by Therapeutic Respite Homes. This type of respite can be provided at the individual and/or family level. It is typically combined by grantees with other services/supports such as parent mentoring/education for caregivers and community-based behavioral health services for youth. Grantees can utilize these funds to pilot respite care initiatives and are encouraged to braid funding for sustainability. Many counties also utilize more "non-traditional" means of respite which can range from community respite events, day or summer camps, and other pro-social activities for children and youth that give caregivers a break and provide life-skills development for youth. These programs are also often paired with other clinical services and mentoring for youth and caregivers. These types of creative programs are advantageous in areas that have difficulty finding and staffing traditional respite providers for youth with behavioral health needs.

SFSC grants have been renewed for SFY26 to continue respite work. Programs with promising models are being assessed for their ability to be replicated. A new Request for Grant Applications (RFGA) for SFSC is currently being developed and will be posted in SFY27. The new RFGA aims to improve data collection, align programming with DCY goals, and provide a pathway for successful programs to be replicated and expand into additional counties.

Feedback Loops:
Feedback is obtained through SFSC semi-annual reports and internal meetings with DCY staff. As a result, DCY staff have used this information when designing the new RFGA.

Benchmark 2: Develop a plan to expand capacity and implement new programs or informal respite, accounting for potential barriers to implementation (i.e., cost, workforce, and children with significant medical or mental health needs.

Timeframe: Years 2-3

Benchmark 3: Implement respite expansion plan, including marketing to appropriate audiences and developing sustainability plan.

Timeframe: Years 3-5

Benchmark 4: Assess usage of new and expanded programs.

Timeframe: Year 5

Benchmark 5: Implementation plan is contingent on the availability of funding.

Timeframe: Years 3-5

Strategy 2: Increase access to community-based and crisis response services that are trauma informed.

Benchmark 1: In collaboration with the Child and Adolescent Behavioral Health Center of Excellence, identify areas in the state with service deserts for services on Ohio's Prevention Services Plan.

Timeframe: Year 1

Progress Report:
DCY continues to work with the Child and Adolescent Behavioral Health Center of Excellence (COE) to identify ways in which to expand mental health services in Ohio's *Prevention Services Plan.* The COE was developed by the Ohio Department of Mental Health and Addiction Services (OhioMHAS), in partnership with the Departments of: Children and Youth, Medicaid, and Developmental Disabilities, to achieve a widespread and sustainable system of care across Ohio. The COE has worked closely with the state to expand workforce capacity through training and capacity building funding opportunities. The COE has provided over 200 training events to professionals with the goal of increasing services across the state and ensuring fidelity in those areas with services. The COE has increased the capacity of Intensive Home-Based Treatment (IHBT) across the state. As of December 2024, a total of 77 counties have access to IHBT services. That is an increase of 79%. This increase can be attributed to capacity building grants, workforce development and IHBT implementation consultation with Ohio's behavioral health provider organizations.
In addition, OhioMHAS and the Ohio Department of Medicaid are currently working to ensure that Mobile Response and Stabilization Services (MRSS) is available across the entire state. MRSS will be available for youth in crisis at no cost to the young person or their family. By offering initial crisis response services, youth can be stabilized and receive follow up care in their home. The COE has provided training and learning communities for professionals implementing MRSS.

Feedback Loops:
The COE provides Semi-Annual progress reports to all state partners to review. The COE maintains records of training materials, including the trainee evaluations and feedback. The COE regularly meets with DCY to review progress and identify areas of focus. When concerns arise, the COE works with the state partners to identify and implement recommendations.

Benchmark 2: Expand Multisystemic Therapy and Functional Family Therapy to expand availability in service deserts and expand service capacity in existing programs.

Timeframe: Years 1-3

Progress Report:
Through the work with the COE and sister agencies, workforce capacity has expanded for Multisystemic Therapy (MST) and Functional Family Therapy (FFT). As of June 30, 2024, the COE administered financial support to start up MST and FFT programs and recruit/retain workforce. This supported twelve (12) new MST and FFT providers. The COE provided over 1,900 hours of technical assistance and consultation regarding system of care, MST, FFT, IHBT, MRSS, CANS, and Wraparound services.

In SFY25, the COE provided training and learning communities for professionals providing mental health services. The learning communities provide peer-to-peer learning opportunities for those implementing MRSS, CANS, IHBT, MST, FFT, FCFC and Care Coordination services. Over 12 professionals participated in the learning communities, which provided applied learning, reflective practice, and an opportunity to share with others in the field. In addition, the COE conducted an exploratory analysis regarding MST performance and system analysis. In SFY26, the COE will continue to work on fidelity monitoring, Quality Improvement, and evaluation of outcomes for MST and FFT. This work will continue to expand access to quality services across the state.

Feedback Loops:
The COE provides Semi-Annual progress reports to all state partners to review, which highlights training, technical assistance, fidelity monitoring, and workforce opportunities completed during the time period. The COE maintains records of training materials, including the trainee evaluations and feedback. The COE regularly meets with DCY to review progress and identify areas of focus. When concerns arrive, the COE works with the state partners to identify and implement recommendations.

Benchmark 3: In collaboration with the Child and Adolescent Behavioral Health Center of Excellence, the Ohio Departments of Mental Health and Addiction Services Medicaid, provide training, consultation, technical assistance to Mobile Response and Stabilization Services (MRSS) providers to build capacity.

Timeframe: Years 2-3

Strategy 3: Increase access and participation in Early Intervention and Home Visiting services for young children.

Benchmark 1: Launch Family Connects, a pilot program in 11 Ohio counties that will provide an evidence-based, universal nurse newborn home visiting program, to offer support and answer questions families may have.

Timeframe: Years 1-3

Progress Report:
Since the launch of Family Connects Ohio (FCO) in SFY25, DCY has established catchment areas in 11 Ohio counties. These counties include Darke, Erie, Fayette, Green, Guernsey, Hamilton, Huron, Mahoning, Noble, Shelby, and Trumbull. This universal program is invaluable to the birthing families in Ohio. FCO visits ensure that mothers attend their post- birth visits, provide breast-feeding guidance, conduct screening for maternal depression, and connect families with other community service agencies for referrals to needed programs and services. As of April 2025, a total of 133 families have been served by the FCO program, with 100% of the families served stating that they would recommend Family Connects to a friend.

While the largest challenge has been acquiring agreements for bedside recruitment, many creative efforts have been made to reach birthing families. Currently, FCO is in the process of obtaining a Memorandum of Understanding (MOU) and a Business Associate Agreement (BAA) with 4 hospitals to support bedside recruitment efforts. DCY will continue to implement, improve, and expand FCO into SFY26.

Feedback Loops:
FCO completes a post visit connections survey for each family that completes an FCO visit. The data collected from these surveys shows that 100% of families surveyed reported that they always felt respected and listened to by their nurse. 100% of families surveyed reported that they would also recommend FCO to a friend. According to the latest report, 15% of families were successfully connected to another community service program for ongoing services, and 95% of families who were receiving home visiting services continued to receive home visiting service after the FCO visit.

FCO also makes every effort to eliminate cultural and language barriers by staffing nurses who speak languages, such as Spanish and offers an interpreter service to all families. Family Connects Ohio will continue to ensure access to all families and monitor any cultural/language barriers to this service.

Benchmark 2: Increase the capacity of MIECHV programs and providers to implement effective evidence-based home visiting services.

Timeframe: Year 2-5

Benchmark 3: Improve MIECHV programs benchmark performance by utilizing continuous quality improvement tools.

Timeframe: Years 2-5

Benchmark 4: Increase the number of referrals to HMG – Early Intervention that result in service linkage for children in foster care and kinship care.

Timeframe: Years 2-5

Objective 4: Increase awareness of trauma and resiliency and their impact on youth at risk of placement.

Strategy 1: Increase the availability of trauma-informed and resiliency-based trainings across the spectrum of DCY program and partners.

Benchmark 1: Identify current learning opportunities for PCSAs and other DCY partners (i.e., legal, foster, kinship and adoption programs, youth and young adult programs) working with at-risk youth and families.

Timeframe: Year 1

Progress Report:

Trauma-informed practice remains a top training priority for staff based on statewide needs assessments. OCWTP learning catalog currently offers nine self-directed courses and 51 instructor-led trainings (ILTs) for staff, including two new ILTs added in SFY25.

Additionally, there are 13 ILTs designed specifically for supervisors, two of which were added in SFY25. The trauma-informed practice courses for caseworkers focus on:

- Understanding the neurobiological impacts of trauma on children and adults.
- Applying trauma-informed communication and engagement strategies.
- Recognizing secondary trauma risks among caseworkers.
- Promoting healing-centered foster and adoptive placements.
- Supporting youth resilience and transition to adulthood.

The supervisor courses focus on equipping supervisors to:

- Identify strategies to minimize stressors and maximize self-care.
- List and differentiate the signs and symptoms of burnout, secondary trauma, compassion fatigue, and vicarious trauma.
- Examine the current organizational climate and how it can affect those in your agency.
- Understand role in establishing a positive organizational climate.
- Demonstrate using motivational interviewing strategies and solution focused inquiry to engage staff in a trauma-informed way.

OCWTP offers 70 trauma-related courses for foster caregivers, 13 of which were added this fiscal year. Topics include:

- Sensory Processing
- Managing placement transitions
- Building skills in emotional regulation
- Resiliency
- Adolescent substance use
- Youth Mental Health First Aid
- Responding to a child in crisis
- Sexual trauma
- Grief and Loss
- Therapeutic interventions
- Post-traumatic stress disorder

For the past two years, OCWTP has worked to identify training in related systems that support the training needs of treatment foster families. Trauma-related training includes the National Training and Development Curriculum, Trust Based Relational Intervention, Trauma Systems Therapy for Caregivers, the NCTSN's Foster Caregiver Series, monthly offering by the Ohio Coalition for the Education of Children with Disabilities, and Youth Mental Health First Aid.

DCY Learning Opportunity: Trauma Series Newsletter

The Trauma Series newsletter was originally developed as a training and resource tool for DCY licensed group homes and congregate care facilities in response to the October 2020 requirement for these entities to implement trauma-informed treatment models and adopt trauma-informed practices. Since the transition to DCY, the series has expanded to support all components of the child and family service

systems, including PCSAs, legal stakeholders, and programmatic partners in foster care, kinship care, adoption, and services for youth and young adults.

To date, 26 editions of the Trauma Series have been published, covering a wide range of topics to promote trauma awareness, trauma-informed care, and resiliency-building practices. These topics are relevant to professionals across multiple sectors of child and family services. The Trauma Series supports CFSP Goal 1 by increasing access to trauma-informed and resiliency-based education, thereby enhancing the system's capacity to prevent unnecessary foster care placements through better-informed, trauma-sensitive practices. This series is intended for a wide range of child-serving professionals, including PCSA staff, legal professionals, foster and kinship caregivers, adoptive families, and staff working with youth and young adults.

Topics Covered Include:
- Foundations of a Trauma-Informed Approach
- Trauma Treatment
- Trauma Screening and Assessment
- A Culturally Responsive Trauma-Informed Approach
- Trauma and Individuals with Intellectual/Developmental Disabilities
- Family Trauma
- Trauma and Adolescent Substance Use Disorder
- Trauma and Adolescent Mental Health
- Trauma Competent Care Collaboratives
- Intergenerational Trauma
- Preventing ACEs and Trauma
- Trauma-Informed Care Environments
- Being Good to Ourselves (Secondary Traumatic Stress)
- Parenting Past Trauma
- Parenting Children of Trauma
- Trauma-Informed Supervision
- Trauma-Informed Communication
- Trauma-Informed De-Escalation Strategies
- Human Trafficking, Children, Youth, and Trauma
- Domestic Violence, Children, Youth, and Trauma
- Early Childhood Trauma (Parts One and Two)
- Facing Holiday-Related Stress
- Trauma and the Effects on the Brain in Children and Youth
- Responding to the Effects of Trauma on the Brain in Children and Youth
- Trauma and the Impact of Incarcerated Parents on Children and Youth
- Responding to the Children and Youth of Incarcerated Parents

Children Services Training and Development Team
The Children Services Training and Development team understands that raising awareness about trauma and resiliency is essential for supporting youth at risk of placement, as these factors deeply affect their emotional, social, and cognitive development. Trauma and resiliency shapes their experiences, and the team incorporated the following concepts into training and professional development.

- Trauma's Impact – Many at-risk youth have experienced adverse childhood experiences (ACEs) such as abuse, neglect, or family instability. These events can lead to emotional distress, difficulty forming healthy relationships, and challenges in school or social settings.

- Building Resiliency – Resiliency helps youth navigate hardships and develop coping skills that allow them to adapt and thrive. Supportive relationships, access to mental health resources, and opportunities for personal growth all contribute to their ability to overcome adversity.

Trauma-informed topics remain a focus when training supervisors, caseworkers, foster/kinship caregivers and congregate care partners working with at-risk youth and families.

The team completed the following training during Year 1:

Date	Training/TA Offered	Attendees
September 10, 2024	PCSAO Conference Workshop: "Moving from What's Wrong with You? to What Happened to You? Being a trauma-informed leader"	108
January 23, 2025	Trauma Informed Supervision	21
February 3, 2025	Trauma Informed Supervision	68

The Children Services Training and Development team worked in collaboration with multiple state agencies to develop a Statewide Trauma-Informed Care Training called "It Takes a Healthy Village." It included the following learning objectives:

- Understanding the basic concepts and principles of trauma informed care
- Application of trauma informed care principles
- Developing a "shift in thinking" in responding to our families, customer and ourselves

Subject matter experts presented information surrounding trauma-informed care. The training is self-directed, 2-hours in length, and is continually offered to new employees throughout the state, including county caseworkers and supervisors.

From July 1, 2024, to the present approximately 4,500 DCY, DRC, ODJFS, and PCSA staff participated in training/technical assistance sessions.

Benchmark 2: Identify gaps in training and learning activities. Obtain or develop learning opportunities such as curriculums, presentations, and brochures to address the gaps.

Timeframe: Year 1

Progress Report:
As part of a gap analysis, OCWTP recently analyzed feedback data from the trauma-informed practice and resilience staff course offered in SFY24/25.

Distinct feedback trends included:

- **Appreciation for Application to Field Realities**: Caseworkers valued sessions that linked trauma theory to practical casework strategies. Example: *"The focus on what trauma looks like day-to-day helped me adjust my case planning, not just diagnose the issue."*
- **Emphasis on Building Empathy Toward Families:** Trainings helped caseworkers move away from judgment and toward understanding survival behaviors. Example*: "It changed how I approach parents who seem resistant — now I recognize it could be trauma responses."*
- **Positive Reception of Resiliency Frameworks**: Many praised trainings that balanced trauma impact with hope and healing concepts. Example: *"Learning about building resilience gave me tools to empower youth, not just focus on deficits."*
- **Value of Lived Experience:** Sessions that incorporated voices of adoptees, foster youth, or trauma survivors were particularly impactful. Example: *"Hearing from someone who lived it brought the theory to life."*

Specific Opportunities for Staff Growth Included:

- **Offer Deeper Content for Experienced Staff:** Several learners requested more advanced trauma application scenarios, especially around complex trauma and multi-system involvement. Example: *"Would like more about dealing with trauma layered with mental health and substance use."*
- **Broaden Cultural Context Integration:** A few respondents suggested stronger inclusion of culturally responsive TIP practices. Example: *"Would love more about how cultural backgrounds affect trauma responses and healing."*

Trauma-Informed Training Needs of Foster Caregivers

Counties can use an optional needs assessment document to identify foster caregiver training needs. Survey data from the optional needs assessment survey indicate that trauma continues to be a priority training need. In addition, each Regional Training Center collects regional needs in various ways. Six of the eight Centers identified trauma as a training need. The request for more trauma training, given the broad array already available, indicates that caregivers understand the importance of providing trauma-informed care.

As more counties develop treatment foster care programs, OCWTP has identified the need to expand the training available for treatment-level caregivers, including trauma-related training. This expansion will be an area of focus in the coming year.

Children Services Training and Development Team
The Children Services Training and Development Team consistently works to identify gaps in training and learning activities. The work of the team strives to be trauma centered. To effectively identify gaps in training and learning activities, the team assesses current learning outcomes, performance metrics, and learner feedback. The team looks at the following to identify gaps:

1. **Needs Assessment** – Conduct surveys, interviews, or assessments to understand what learners are struggling with or lacking.
2. **Performance Analysis** – Examine data and reports to identify trends in knowledge deficiencies or skill gaps.
3. **Feedback Collection** – Gather insights from employees, students, or training participants to pinpoint areas that need improvement.
4. **Benchmarking** – Compare training effectiveness against industry standards or best practices.

Once gaps are identified, the team develops learning opportunities tailored to address them and will add trauma focused work to curriculums and presentations.

Benchmark 3: Incorporate training and learning activities within CAPS LMS, OCWTP, and other training platforms.

Timeframe: Years 2-5

Benchmark 4: Provide ongoing marketing of trainings.

Timeframe: Years 3-5

Benchmark 5: Assess utilization and satisfaction with training. Adjust training offerings based upon user feedback.

Timeframe: Years 3-5

Goal 2: Ensure every child and teens are placed in a family-like setting and maintains connections they identify as important in their life.

***Impact*:**

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

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

Rationale:

Ideally, children should remain in their home with their family of origin if there are no safety concerns and family members are willing to participate in services. However, that goal is sometimes not possible. Research shows children placed with kinship caregivers have greater stability, achieve permanency in fewer days, and are less likely to experience subsequent abuse or neglect. Children placed with kinship caregivers also experience less trauma and maintain meaningful connections with family members and kin. Kinship caregivers are a vital resource that historically have not received the same support as other caregivers.

Many kinship caregivers are asked to take on the full-time care of children and youth with little notice and minimal information. They often receive no training, little or no financial support, and insufficient information regarding the young people they are being asked to care for. On September 28, 2023, the federal government issued a final rule that allows states to create a separate standard of foster care certification for kinship foster homes.

When efforts have been exhausted and fail to find an appropriate kinship caregiver for a child, the next best placement is in the safe, stable family-like setting of non-kin foster home. Some of Ohio's foster care requirements exceed the federal government standards thus creating barriers to licensure. The lack of non-kin and kin foster homes in Ohio has led to some children and youth being placed in group/congregate care settings due to these barriers.

Measures of Progress*:*

- Achieve a minimum of 35% of children and teenagers placed in family-like settings, maintaining at least one significant connection they identify as important within six months of placement. Regular monitoring and reporting mechanisms will be established to track progress toward this benchmark, with continuous improvement efforts focused on addressing barriers and optimizing support strategies.

  - *There is a universal need for human connections that provides attachment and belonging. These human connections shape identity, social skills, and emotional regulation. When these connections are fractured in foster care, emotional turbulence and trauma follows. Trauma produces emotional instability, multiple placements, a warped sense of self, and a plethora of emotional and behavioral difficulties. The research is clear. Maintaining at least one significant connection while in foster care has an anchoring effect that stabilizes and comforts. It facilitates healthy development, protects well-being, and contributes to future success. Without this anchor, trauma is inflicted on the child that could last a lifetime. In 2024, 162 cases were randomly selected from those who were in foster care, to determine the percentage of children and youth who had at least one connection. Of the 162 cases, 96.9% had at least one connection while in foster care.*

Objective 1: Increase use of kinship care.

Strategy 1: Expand Kinnect to Family (KTF) through branch implementation.

Benchmark 1: Facilitate KTF expansion.
Timeframe: Years 1-5

Progress Report:
Kinnect to Family (KTF) and Ohio START are collaborating to update expansion procedures, specifically focused on data tracking. Lawrence County is in the installation stage. This is the process of beginning the program's implementation, including establishing a KTF continuum of training, coaching, and support within the county. Kinnect is also partnering with one additional county to explore the implementation of the Branch KTF program approach.

Feedback Loops:
KTF has ongoing regular coaching and technical assistance and feedback guidance loops between Coaches and KTF specialists. Every KTF Specialist also has a weekly 30-minute support call for each of their families. The participants in this call include the Specialist, their Supervisor, a KTF Coach, and may include an external consultant. KTF operates with an advisory council which includes KTF staff, DCY and PCSAs. KTF also utilizes support from Casey Family Programs and The Center for the Study of social Policy (CSSP) to assist with future planning for expanded eligibility. The KTF Program Director meets with the DCY Project Manager monthly and communicates more often as needed via email, phone or MS Teams.

Continuous Quality Improvement data is collected weekly from each site through the KTF database, Quickbase, which is managed by KTF. This system helps coaches track and document activities to ensure the program is being implemented with fidelity. Routine monitoring occurs to ensure the

program's adherence to its guidelines, and meetings are held to review progress and create action plans. Additionally, annual reviews are conducted to measure how the program is being implemented, with 1 to 3 counties being reviewed each month. The data gathered in these reviews is compiled into a report by the Data Coordinator and Evaluation Manager, which helps guide future improvements. Recently, the tool used for managing the program's fidelity has been updated to include new eligibility criteria, and this update will be shared at a statewide meeting in June 2025.

Strategy 2: Support workforce through increased and accessible kinship specific training and services.

Benchmark 1: Offer additional training and services for professionals to support KinFirst priorities, culture, and connections for children and families.
Timeframe: Years 1-5

Progress Report:
The following activities occurred during this reporting period:

Caregivers

- OCWTP partnered with kinship expert Dr. Joseph Crumbly to develop a lecture series into six interactive self-directed courses for kinship workers and families. Some courses have been implemented, and all six will be available by summer 2025.
- The National Training and Development Curriculum's kinship specific courses, *Building Parental Resilience for Kinship Caregivers* and *Kinship Parenting* have been made available to both families and workers.
- A course for staff on Kinship Financial Supports is in the final stages of development and will be implemented in the Summer of 2025.
- Additionally, the revisions of the Preservice curriculum for foster caregiver applicants, Caseworker and Supervisor Core 2.0, and the Assessor Series for foster care and adoption assessors include a focus on the benefits of kinship care for children.

Staff

OCWTP scaled access to kinship-related casework training significantly in FY25, increasing both sessions offered and participation. This reflects the growing demand for support in this area and strong follow-through on CFSP goals to strengthen kin-first casework practice.

	FY24	FY25	Total
# Courses in OCWTP Catalog	3 SDCs / 17 ILTs	3 SDCs / 17 ILTs	
# Unique ILTs Offered / Sessions Held	12 / 99	17 / 126	17 / 225
# of Learners (ILT & SDC)	1,289	2,143	3,432

Children Services Training and Development Team

The Children Services Training and Development Team understands services play a crucial role in

creating stable, supportive environments for children and families. Here is how they make a meaningful difference:

1. **Stronger Family Connections** – By prioritizing kinship care and cultural understanding, children can maintain ties with relatives and familiar communities, leading to better emotional well-being.
2. **Improved Stability** – Training professionals ensures families receive guidance in navigating challenges, reducing disruptions in a child's placement.
3. **Trauma-Informed Support** – Education on trauma helps caregivers and professionals respond with empathy, fostering resilience in children who have faced adversity.
4. **Better Outcomes for Youth** – When professionals are equipped with tools to support children's emotional and developmental needs, they can help them thrive academically, socially, and personally.
5. **Empowered Caregivers** – Kin caregivers receive resources and training to confidently provide nurturing, safe homes, improving family relationships and long-term stability.

These services reinforce the idea that children do best in safe, loving environments surrounded by people who understand their history and unique needs. The team takes this into consideration when planning training topics. Providing additional training and services for professionals to support KinFirst priorities, culture, and connections for children and families can strengthen their ability to offer stable, nurturing environments for youth.

Listed below are the training/technical assistance provided during Year 1:

Date	Training/TA Offered	Attendees
August 29, 2024	Targeted TA Discussion with WWK Recruiter about KGAP for a specific child/family	4
September 26, 2024	Northeast Ohio RTC- KGAP and other Kinship Supports 3-hour session	25
October 8, 2024	KGAP TA Discussion with Fairfield County	3
October 27, 2024	Kinship Supports Department of Rehabilitation and Corrections Pickaway County Fatherhood Conference	24
November 7, 2024	Kinship Supports Forest Park Elementary	60
February 7, 2024	Kinship TA Discussion with Knox County	4
February 27, 2024	Kinship TA Discussion with Kinnect	2
April 14, 2025	Kinship Notification Supervisor Summits	59
April 17, 2025	Kinship Notification Supervisor Summits	36
April 26, 2025	Department of Youth Services Fatherhood Conference Kinship Support Discussion	12

Strategy 3: Provide OCWTP Trainings/Coaching.

Benchmark 1: Increase the availability of coaches and their content knowledge through expansion of curriculum and content.
Timeframe: Years 1-5

Progress Report:
For the first time, OCWTP's eight Regional Training Centers (RTCs) have one full-time Caregiver Coach for each region who provides coaching and support to public-certified caregivers and approved kinship providers. Through group sessions, parent cafés, conference presentations, and one-on-one coaching in caregiver homes, they have coached the following topics to foster and kinship caregivers:

- Collaboration
- Trauma-informed parenting
- Reunification
- De-escalation
- Child development
- Culturally responsive parenting
- Legal issues
- From fostering to adoption
- Working with the school system
- Trust-Based Relational Intervention (TBRI) principles

- Engaging primary parents
- Separation
- Grief and loss
- Social supports
- Self-care
- Attachment
- Balancing the needs of all children
- Impact of trauma
- Maintaining safety in the home
- Understanding case plans

In addition, the OCWTP Statewide Training Coordinator has started to explore how to best staff the task of taking an inventory of current coaches and their skill sets. This will enable OCWTP to identify any gaps in needed skill sets to initiate the recruitment, screening, and onboarding process to fill the gap.

Objective 2: Create new or enhance existing best practices and tools to facilitate connections with fathers.

Strategy 1: Evaluate the Fatherhood Commission pilot between Cuyahoga County & Passages (Engaging Practices to Inspire Change- (EPIC)).

Benchmark 1: Conduct a comprehensive study of Ohio's pilot EPIC results.
Timeframe: Years 1-2

Progress Report:
Historically, fathers have been underrepresented and often excluded in the child protective services system, resulting in missed opportunities for positive family outcomes. Research shows that father engagement significantly benefits children's well-being, both in the present and long term. As a result, finding meaningful and effective ways to engage fathers in the child protective services system became paramount. Finally, Passages, a Cleveland, Ohio-based organization, launched the EPIC Pilot Program (Engaging Practices to Inspire Change) to address the longstanding systemic exclusion of fathers from the child protective services system. This innovative initiative was designed to empower fathers, strengthen families, and improve outcomes for children by creating an opportunity for advocacy to take place, directly housed within the child protective services system.

EPIC, rooted in the Cuyahoga County Department of Children Services, aims to help fathers overcome specific barriers that exist within the child protective services system, which hinder their involvement in their children's lives. It also supports them in meeting their case plan goals, typically assigned by case workers. Many fathers from the EPIC program will also enroll in Passages "24/7 Dads," a comprehensive

fatherhood curriculum that includes a domestic violence education component. The program provides 27 hours of structured programming.

To help advance this goal, the Father Engagement Specialist Pilot Program was established. This initiative works to ensure fathers are included at every stage of the child protective services process, including case planning, team meetings, court hearings, and placement decisions. It also focuses on educating and advocating among PCSA staff about the importance of locating and involving fathers.

Through the efforts of Father Engagement Specialists, fathers are empowered to build healthier relationships with their children, improve their parenting skills, prepare for employment, and overcome personal and systemic challenges. The ultimate outcome is stronger, more stable families and better futures for children.

Key Objectives
- To locate and involve fathers in all aspects of the child protective services process.
- To provide intensive, wraparound case management and fatherhood education.
- To dismantle systemic barriers and biases that prevent father engagement.
- To equip fathers with resources and skills to support their children and families.

Program Components
- Fatherhood Curriculum: Includes 24/7 Dad and domestic violence prevention (27 hours).
- Comprehensive Case Management: Two contracts per month per father, that is coordinated with caseworkers. Work intensely and strategically to overcome known barriers.
- Referral & Engagement: Voluntary program where both parenting partners are given the right to refuse any involvement from the Fatherhood Engagement Specialist. Referrals made through the Child Protective Services System with completed TANF forms, identified goals and a signed release form for the Family Engagement Specialist to work one-on-one with fathers to assist with encouragement, case plan understanding and next steps, and referrals to additional needed services.
  - CCDCFS (Cuyahoga County Department of Children Services) assigns a Dad Advocate to conduct the initial outreach to request registration/TANF form completion, which allows for someone to be available to meet fathers in the community, if necessary.
  - FES (Family Engagement Specialist) conducts the follow-up call, once referred fathers are registered, to conduct an initial assessment and to determine how to best support the father moving forward.
  - Protocol is followed by FES to make an appropriate number of attempts for referred clients to encourage them to become active participants.

FES Involvement
- Team Decision Meetings (TDMs) Attended: 85 from July 2023 to July 2024
- Weekly Coordination Meetings: With CCDCFS and Passages staff
- Monthly Case Check-ins: To monitor progress and reassess engagement

Systemic Impact
- Fathers began advocating for themselves during court hearings and team meetings.
- Observed increase in case plan understanding and active parenting.

- Fathers reported feeling empowered and supported.
- The program challenged traditional CPS bias by demonstrating fathers' willingness and ability to care for their children.
- The addition of a Dad Advocate (Dec. 2024) enhanced outreach, court support, and re-engagement of inactive fathers.

Challenges
- Referral Gaps: Fathers present at TDMs are not always referred to by caseworkers.
- Systemic Bias: Persistent cultural and systemic barriers where fathers are overlooked in favor of other family placements.
- Operational: Initial adjustments with the integration of the Dad Advocate persisted and obtaining buy-in from CPS staff.
- Participant Barriers: CPS workers and the negative view of fathers. It is not uncommon, when children are removed from mom's care, that other family members or foster care, is considered for placement of the child before dad is contacted, even though dad is well positioned to care for the child(ren). Transportation, employment, and housing are also common barriers for fathers and their engagement in programming. Effective communication is also a barrier, as it relates to fathers understanding their case plans.

Program Barriers: The need for more financial resources to do the work and meet the needs of more fathers engaged in the CPS system. Also initially having a dedicated CPS staff person, to support Family Engagement Specialist, in his role.

Successes & Growth
- Strong Collaborative Process: Regular communication between FES, case workers, and leadership ensured coordinated care.
- Empowered Fathers: Increased confidence and skill-building among participants.
- Institutional Shifts: Growing awareness within CPS of the importance of including fathers.
- FES Engagement: George Beard is embedded in the CPS programming. He is at the decision-making table helping fathers navigate the system.

Budget and Resource Development
- FY2025 Budget: $65,000
- FY2026 Budget Increase: $112,500 (to expand services and capacity)
- Continued leveraging of local partnerships and funding sources to supplement resources

Year One Outcomes
- Referrals Received: 120 fathers
- Active Participants: 93 fathers
- Program Graduates: 28 fathers completed parenting curriculum
- Family Engagement Specialist attended 60 staff meetings during this reporting period

Year Two in Progress

Quarter	New Fathers Referred	TANF Forms Collected	New Fathers Served	Total Fathers Served
Quarter One	34	30	30	72
Quarter Two	36	27	27	83
Quarter Three	29	26	27	78
Totals:	**99**	**83**	**84**	**233**

Conclusions
The EPIC Pilot Program has shown clear progress in changing how fathers are perceived and engaged within the child protective services system. With strong outcomes, increasing engagement, and growing systemic awareness, the program is on a solid path for expansion and deeper impact.

Feedback Loop:
The Fatherhood Commission conducts annual site visits with EPIC staff, including Family Engagement Specialist, leadership and key support staff and requires submission of Annual Reports by EPIC, in which participant feedback is also provided. Additionally, pre-and-post surveys are offered to provide feedback on programming and the services offered. EPIC continues to look for innovative to engage the community to improve overall programming.

Benchmark 2: Measure the impact of services with captured outcomes.
Timeframe: Years 3-4

Strategy 2: Engaging Fathers in Children Services Best Practice Guide/Toolkit.

Benchmark 1: Establish a workgroup of internal/external stakeholders to review and update the *Best Practice Guide for Engaging Fathers*.
Timeframe: Year 1

Benchmark 2: Update the Tool Kit with new data and research, revise the best practices as needed and publish.
Timeframe: Year 1

Progress Report (for Benchmarks 1 and 2):
As local public children services agencies continue to work toward being more father-inclusive and father-friendly in their family engagement and in case planning, it was critical to support staff with resources that assist with engaging fathers earlier and more effectively in each case, to ensure the best outcomes for children.

In 2017, *The Best Practice Guide for Engaging Fathers: A Toolkit for Children Services Staff* was developed in collaboration with local Children Services Agencies, and staff from the Ohio Department of Job and Family Services to include Families and Children Services, and the Ohio Commission on Fatherhood. Over the past two years, a new team of stakeholders collaborated to update and redesign the toolkit.

The transition to the DCY required additional levels of approval to include language and design. DCY's Office of Communications is working to complete the design of the toolkit. The updated toolkit was finalized on June 4, 2025. The toolkit will be disseminated to county children's services agencies, and the state will begin discussions regarding including the toolkit into the policy appendix and reviewing the toolkit during new staff orientation.

Feedback Loop:
Since the original development of the *Best Practice Guide for Engaging Fathers: A Toolkit for Children Services Staff* a new team of stakeholders collaborated to update and redesign the toolkit.

Benchmark 3: Include updated, finalized, and approved toolkit as an Appendix to placement rules within children services.
Timeframe: Years 2-5

Strategy 3: Provide Ohio Child Welfare Training Program (OCWTP) training workshops involving fathers (CAPS LMS courses).

Benchmark 1: OCWTP will conduct an assessment of the learning needs of the various populations served by OCWTP (caseworkers, supervisors, resource families) related to father and paternal engagement.
Timeframe: Years 1-5

Progress Report:
OCWTP has identified several ways to assess learning needs related to father engagement such as adding father engagement as a key practice area on staff individual training needs assessment (ITNA); adding the topic to OCWTP's optional ITNA for caregivers; exploring the topic with Ohio's Youth Advisory Board to gain input on what youth in care feel staff and caregivers need to know. Our next step is to collaborate with key partners to finalize assessment tools and outline a statewide implementation plan.

Benchmark 2: Identify courses or learning activities that will meet those learning needs.
Timeframe: Years 1-5

Progress Report:
The following OCWTP courses stress the importance of the child's connections with family to support identity and well-being. This includes the mother and father as well as the maternal and paternal extended family:
- Partnering with Primary Families
- Maintaining the Child's Connections
- Supporting Openness & Collaboration Between Families
- The Voluntary Adoption Process
- Engaging with Primary Families

For staff, the OCWTP learning catalog has one instructor-led course specifically designed to facilitate connections with fathers, entitled *Engaging Fathers: Enhancing Family Connections*.

An initial scoping review of research and resources, including existing courses, has been completed. OCWTP will further explore these resources and courses to identify those that can meet the learning needs.

Benchmark 3: Establish a statewide goal of offering those learning activities and work with OCWTP to prioritize their delivery.
Timeframe: Years 1-5

Progress Report:
Developing a plan to increase the delivery of training related to working with fathers will be completed by OCWTP's Implementation Work Group, made up of OUCCAS, RTC, and DCY staff. Increasing attendance at these training courses will be more difficult and will require a collaborative effort from many partners. We have identified the following partners to assist in promoting and getting learners to attend, including PCSA training liaisons, DCY Technical Assistance Specialists, and the Public Child Service Association, a membership organization of PCSAs.

Benchmark 4: The statewide OCWTP Training Coordinator will ensure the OCWTP has coaches that can meet the statewide coaching needs/skills related to working with fathers and paternal relatives.
Timeframe: Years 1-5

Progress Report:
OCWTP has an established coaching program that adheres to the following tenets:
- OCWTP Coaching is Skill-Based: This means that coaches are selected because they have experience, knowledge, and skill in the area being coached. As noted earlier, OCWTP's Statewide Training Coordinator has started to explore how best to staff the task of taking an inventory of current coaches and their skill sets. This will enable OCWTP to identify any gaps in needed skill sets to initiate the recruitment, screening, and onboarding process to fill the gap.
- Coaching Begins in a Classroom: Skills cannot be coached until a learner has the prerequisite values and knowledge. Although we can begin to recruit coaches based on courses currently in the system, along with any newly vetted curricula, our recruiting efforts will need to start afresh when the training program receives the Best Practice Guide for Engaging Fathers, due to be published this year.

Strategy 4: Participate in the Reentry project working with fathers/mothers in prison and provide trainings/toolkit.

Benchmark 1: The Ohio Commission on Fatherhood and the DCY Professional Development Team will provide training/resources and collect data on mothers/fathers who attended training and/or received resource information.
Timeframe: Years 1-5

Progress Report:

The DCY Training and Development team partnered with the Ohio Commission on Fatherhood as well as the Ohio Department of Rehabilitation and Correction (DRC) to provide training and resources to incarcerated parents as well as educate PCSAs.

The team also worked on revising a booklet entitled *Strengthening Bonds and Creating Connections* which is a resource manual provided to families parenting children of incarcerated adults, to incarcerated adults, and to professionals working with this population. This guide was created to support parents, caregivers and advocates of children with incarcerated parents and loved ones. It addresses questions related to the Ohio criminal justice system from arrest to release. This guide is dedicated to parents, caregivers and advocates who work hard every day to take responsibility for protecting, nurturing, and meeting the emotional needs of children of incarcerated parents. The booklet includes topics surrounding questions a child may ask, resources for families, children and advocates, and pertinent information surrounding visitation.

The DCY Training and Development team also reports information to the OCWTP to help inform content development for caseworkers, supervisors, and resource caregivers.

The following sessions were provided during this reporting period:

Date	Training/TA Offered	Attendees
September 25, 2024	OCF Fatherhood Conference- Children Services 101	40
October 9, 2024	OCF Fatherhood Monthly Grantee meeting- Children Services 101	35
October 26, 2024	Children Services 101 DRC Pickaway County	95
November 12, 2024	DRC Tuesday Talks Children Services 101	90
April 25, 2025	DYS Fatherhood Conference	18

Objective 3: Explore process for licensing relatives as foster family homes.

Strategy 1: Revise Ohio's foster care licensing standards to relieve licensure barriers for relative caregivers and all foster care applicants.

Benchmark 1: Review federal foster care licensing model standards and research best practices related to foster care licensing.
Timeframe: Year 1

Progress Report:
The implementation of continuous certification marks a significant milestone in streamlining the certification process for individuals and agencies. Becoming effective on January 2, 2025, this approach eliminated the need for certification periods and the burdensome reapplication process that previously occurred every two years. Instead, once individuals or agencies complete their initial certification, their certificate remains valid indefinitely, allowing them to maintain their credentials without worrying about expiration dates.

However, those with a certification must fulfill mandatory training hours every two years to stay current with best practices, ensuring continued competency and adherence to evolving regulations. In addition, a structured review or update occurs every four years to provide oversight, review site and

safety requirements to ensure they continue to be met and that we are providing the best care possible for the children being served.

Feedback Loops:
DCY has demonstrated a proactive and collaborative approach in implementing continuous certification. By actively engaging with PCSAO and the Ohio Children's Alliance (OCA), DCY ensured that stakeholders had ample opportunity to voice concerns and receive clarification ahead of the policy's activation.

In the lead-up to continuous certification taking effect at the beginning of 2025, DCY held multiple stakeholder meetings, presented at PCSAO and OCA monthly gatherings, and organized two virtual training courses to equip professionals with the necessary knowledge and tools. Once the policy went into effect, DCY regularly updated a SharePoint site that was created to support agencies in the continuous certification process which included a frequently asked questions section related to continuous certification. The department has also continued to host regular office hours sessions to address policy and system-related inquiries.

Benchmark 2: Ensure alignment of Ohio's licensing standards with most federal foster care licensing standards including federally required background checks and prohibited offenses.
Timeframe: Years 1-2

Progress Report:
DCY has made substantial efforts to refine background check policies for foster care licensing, demonstrating a commitment to both compliance and fairness. Over the past year, DCY has completed research into other states processes and policies while revisiting and revising the list of prohibited offenses to closely align with federal and state standards. This process has led to the removal of certain offenses while introducing new ones that better reflect current regulatory expectations.

Feedback Loops:
DCY has been actively working with PCSAO and OCA and interested programs or agencies in the ongoing work of refining Ohio's background check process and policies.

Benchmark 3: Increase agency training on the availability of non-safety waivers for relatives applying for licensure by offering at least one on-line or virtual training statewide each quarter.
Timeframe: Years 1-2

Progress Report:
Rule and program development is in progress.

Feedback Loops:
DCY is working with stakeholders (PCSAO, OCA and OGKC) during monthly and quarterly meetings to collaborate in the development of a program. These organizations advocate for program excellence, stable families and supportive communities through private and public agencies.

Strategy 2: Create a separate foster care licensing process for kin.

Benchmark 1: Partner with stakeholders to discuss establishing a separate foster care licensing process for kin.
Timeframe: Year 1-2

Progress Report:
Rule promulgation for relative certification has started. DCY has been working with stakeholders and received feedback to identify the most effective and efficient way to achieve licensure. Additionally, DCY is exploring how this can be completed with the resources and practices the state currently has.

Feedback Loops:
DCY has been actively working with PCSAO, OCA, and OGKC to collaborate in developing a kinship licensure program. Monthly and quarterly meetings with PCSAO and OCA encourage enhancement to the process.   Research on other state Kinship Licensure programs has been ongoing.

Benchmark 2: Model state policy within parameters of PI-23-10, the ACF rule for licensing standards for kinship foster homes and the nationally developed kin specific model standards.
Timeframe: Years 1-2

Progress Report:
Rule promulgation for a separate licensing or approval standard for relative kinship foster family homes has been initiated. This includes establishing general program requirements and reviewing payment and licensing standards. Stakeholders have been involved in identifying the most effective and efficient way to achieve licensure within the constraints of existing resources and practices currently in use.

Feedback Loops:
DCY staff have been working with PCSAO, OCA and OGKC to collaborate in developing a kinship licensure program. Monthly and quarterly meetings with PCSAO and OCA encourage enhancement to the process.   Research of other states Kinship Licensure programs has been ongoing.

Strategy 3: Educate and train PCSAs, CASAs, and GALs on the long-term benefits and process of licensing kin.

Benchmark 1: Develop training for PCSAs and other stakeholders (courts, CASAs, GALs) on the short and long-term benefits of licensing kin.
Timeframe: Years 1-2

Progress Report:
- Supervisor Core 2.0 now includes a module *Supervising Work with Kin* that is designed to help supervisors supervise through a kinship lens and infuse kin-first values into their unit culture to effectively work with kin and help the unit become more aware of kinship opportunities.
- OCWTP scaled access to kinship-related casework training significantly in SFY25, increasing both sessions offered and participation. This reflects the growing demand for support in this area and strong follow-through on CFSP goals to strengthen kin-first casework practice.

	FY24	FY25	Total
# Courses in OCWTP Catalog	3 SDCs / 17 ILTs	3 SDCs / 17 ILTs	
# Unique ILTs Offered / Sessions Held	12 / 99	17 / 126	17 / 225
# of Learners (ILT & SDC)	1,289	2,143	3,432

- Kinnect, a partner organization, provided Ohio child protective service professionals with several courses through their Kinnect to Family (KTF), an intense family search and engagement program. Kinnect to Family provides tools, resources, and engagement with the goal of family reunification through kinship care. A total of 602 learners attended learning opportunities such as:
  - Search, Engage, Explore, Kinnect (SEEK): Introduces participants to our intense values-based family search and engagement (FSE) process
  - Kinnect to Family Model Training
  - KinFirst Statewide Learning Communities

Benchmark 2: Conduct at least quarterly training and information sessions for PCSAs and other stakeholders.
Timeframe: Years 3-5

Objective 4: Expand kinship supports/wraparound services.

Strategy 1: Improve access to services through a public facing resource hub designed to meet the needs of kinship caregivers, adoptive parents, and young people involved in child welfare.

Benchmark 1: Public facing resource hub to be deployed on the OhioKAN and YNN websites.
Timeframe: Years 1-5

Progress Report:
Jetpack launched the OhioKAN public-facing website for the program and the OhioKAN phone line across the state in October 2020. In March 2025, the OhioKAN website received 93,995 page views and 440 inbound calls, of which 376 were unique.

OhioKAN also built, and maintains, an Information Hub that is curated with over 10,000 resources targeted at Kinship and Adoptive Family needs. Navigators utilize the Information Hub to send customized and curated resources for families and support them through the tiers of family driven services. The Resource Hub is expected to go live in the Summer of 2025.

Feedback Loops:
OhioKAN/YNN continues to work with key partners on an as-needed basis, including ongoing participation in the public facing info hub project with HSRI, Verity, Kinnect, DCY, and related partners. The OhioKAN Program Director also meets with the DCY Project Manager weekly.

Additionally, the team meets regularly to review the Resource Hub project and test functionality. As part of this process, team members took on different personas and completed beta testing to check if the site was easy to use and accessible. The site is now ready for the next steps to be tested by young people who have lived experience, to make sure it meets their needs. The public hub will also include a feature that will allow the community to suggest updates or new resources for the hub. Each suggestion will be reviewed and vetted by OhioKAN staff.

Benchmark 2: Allow people to search by topic or keyword using location search. Users can create a resource list in a pdf document and email or text it to themselves.
Timeframe: Years 1-5

Progress Report:
OhioKAN built, and maintains, an Information Hub that is curated with over 10,000 resources targeted at Kinship and Adoptive Family needs. Navigators utilize the Information Hub to send customized and curated resources for families and to support them through the tiers of family driven services. The goal is to make the Information Hub accessible to the public. This public-facing Resource Hub has not been launched yet. Once it's live, users will be able to search for and create a resource list.

Feedback Loops:
OhioKAN/YNN continues to work with key partners on an as-needed basis, including ongoing participation in the public facing info hub project with HSRI, Verity, Kinnect, DCY, and related partners. OhioKAN Program Director also meets with DCY Project Manager weekly.

Additionally, the team meets regularly to review the Resource Hub project and test functionality. As part of this process, team members took on different personas and completed beta testing to check if the site was easy to use and accessible. The site is now ready for the next steps to be tested by young people who have lived experience, to make sure it meets their needs. The public hub will also include a feature that will allow the community to suggest updates or new resources for the hub. Each suggestion will be reviewed and vetted by OhioKAN staff.

Benchmark 3: Develop a marketing campaign to announce deployments and maintain steady traffic to the Resource Hub webpage.
Timeframe: Years 1-5

Progress Report:
The public-facing Resource Hub has not been launched yet. Once the Resource Hub is live, it will be accessible through both the OhioKAN and YNN websites. After deployment, OhioKAN will collaborate with their Communications partner to promote the hub.

Feedback Loops:
Jetpack has monthly check-ins with the Community Practice team to continue to monitor and assist as needed. Jetpack also continues to support outreach via brand building through email signature campaigns, which lead to additional views and clicks to website and social accounts. The metrics are reported out monthly. These reports provide additional insight into the ways and platforms people are engaging in when it comes to their experience with OhioKAN/YNN.

Benchmark 5: Analyze traffic to the Resource Hub's webpage to determine impact.
Timeframe: Years 1-5

Progress Report:
The Resource Hub is not yet functional, so traffic analysis of the webpage to assess its impact has been postponed until the hub is officially published online.

Feedback Loop:
Jetpack has monthly check-ins with the Community Practice team to continue to monitor and assist as needed. Jetpack also provides monthly reporting to OhioKAN/YNN, Kinnect, and DCY.

Strategy 2: Kinship Respite Services through Kinnect to Family

Benchmark 1: KTF Roadmap to Family (Family Support Plan) enhancements with a targeted focus on exploring respite options.
Timeframe: ~~Year 1-5~~ Year 2-5

Progress Report:
No work has been started this year on enhancing the KTF Roadmap to Family, particularly in exploring respite options.

Feedback Loops:
No work has been started this year on enhancing the KTF Roadmap to Family, particularly in exploring respite options.

Objective 5: Expand Foster care recruitment and supports for higher needs children.

Strategy 1: Maximize the utilization of Independent Living (IL) funding for youth in foster care ages 14 and older, or for emancipated young adults up to age 21.

Benchmark 1: Promote and track the voluntary use of Ohio's Independent Living Reporting Tool (OILRT)
Timeframe: Years 1-5

Progress Report:
DCY's Independent Living and Transition Age Youth team hosted statewide virtual training to promote Normalcy for youth in foster care in September of 2024. The training emphasized how PCSAs can utilize Chafee funding to support normalcy activities for youth in foster care age fourteen and older and the benefits of tracking their spending in Ohio's Independent Living Reporting Tool (OILRT). The OILRT contains detailed reporting features and provides PCSAs with a tool to connect expenses to youth in foster care age fourteen and older and track Chafee spending. The OILRT can assist PCSAs with planning for the utilization of Chafee funding and track the spending to youth in foster care receiving services.

DCY hosted in person Independent Living Regional Meetings in the Fall of 2024 and maximizing the use of Chafee funds to support independent living services was an agenda item. The IL & TAY Team presented information on how the OILRT can support PCSAs in maximizing their Chafee funding to support services for eligible youth in foster care age fourteen and older and for young adults that have emancipated up to age twenty-one. PCSAs can enter independent living services and expenses in the

OILRT and get detailed tracking and reporting functionality to guide them in budgeting their Chafee funding. Currently using the OILRT is voluntary, and agencies that use the OILRT have found it to be beneficial in their fiscal process.

Ohio's Independent Living Skills Toolkit is a tool DCY has created to guide PCSAs in providing independent living services to youth in foster care and meeting requirements. Ohio's toolkit is currently under revision to reflect updated requirements and functionality available such as the OILRT and its detailed tracking and reporting features.

Each quarter, the IL & TAY Team sends updates to the PCSAs that detail the Chafee expenses and offers technical assistance and guidance on how to maximize the use of Chafee funding to support services to youth in foster care age fourteen and older and to emancipated young adults that have not yet turned twenty-one. Included in these communications are reminders regarding Ohio's Independent Living Skills Toolkit and the voluntary use of the OILRT to track and report Chafee expenses.

Introductory OILRT training is available in DCY's Child and Adult Protective Services Learning Management System (CAPS LMS). This training will be updated to include the new reporting functionality now available.

The IL and TAY team are available at the quarterly Ohio Independent Living Association (OHILA) meetings where independent living workers meet to network and collaborate on service provision to older youth in foster care. The OHILA agenda will include technical assistance regarding maximizing the use of Chafee funding to support older youth in foster care and emancipated young adults and how the OILRT can provide valuable data regarding the utilization of Chafee funding.

Feedback Loops:
The Independent Living and Transition Age Youth Team are DCY's Chafee funding subject matter experts and are available for on demand technical assistance through the transitional-youth-programs@childrenandyouth.ohio.gov email box. The ILTAY team routinely offers training opportunities, annual in person regional meetings, and attends quarterly OHILA meetings to network and collaborate with PCSA partners responsible for the provision of independent living services to youth in foster care age fourteen and older and young adults that have emancipated and not yet turned twenty-one.

The Ohio Youth Advisory Board is a statewide organization that is supported through a DCY grant agreement to serve as a voice of lived experience to influence policy and practice that impact youth who have or will experience foster care. The IL TAY Team connects with them monthly to request feedback on Ohio's foster care policy and practices.

Benchmark 2: Examine the data collected in the OILRT and compare data with the current reporting process for IL funds to determine if there is value in updating the reporting process.
Timeframe: Years 1-5

Progress Report:
PCSAs are required to report Chafee expenditures through the Ohio Department of Job & Family Service's County Finance Information System (CFIS). CFIS breaks down their spending into 4 categories:

Chafee Room & Board, Chafee Other, RMS for Salary and administrative expenses, and driving and transportation. CFIS does not provide any details on the youth or young adult receiving services. The *Ohio Independent Living Reporting* Tool (OILRT) was developed to offer a detailed tracking and reporting system for PCSAs to use. Detailed categories are aligned with the Chafee Independent Living goals, and the tool provides agencies with the ability to connect expenses to each youth or young adult receiving services. The OILRT is currently available to PCSAs to use voluntarily and does not add additional requirements to PCSAs.

Currently, 51 of Ohio's 88 PCSAs have requested access to the OILRT In SFY24, there were 8 PCSAs regularly entering their spending into the OILRT. To date in SFY25, only six PCSAs have been utilizing the OILRT. This is significantly below expectations. The IL TAY team is to conduct targeted outreach to PCSAs that have requested access to the OILRT but have not started using it to identify and resolve any potential barriers. Additionally, the IL TAY team plans to promote and offer additional training opportunities to re-introduce the OILRT to PCSAs. Training will include testimonials from current PCSAs that are utilizing the tool.

Current data in the OILRT can be filtered by PCSA, service category or recipient. A PCSA can identify how much funding each youth in foster care has received and identify how much funding has been utilized for a specific service: such as housing, utilities, or childcare.

Feedback Loops:
When the OILRT was being developed, tested and implemented Independent Living workers from Ohio's 88 PCSAs were encouraged to participate in discussions with the IL TAY team to identify what functionality would be beneficial to them. PCSAs also participated in testing and implementation discussions. Moving forward to increase utilization of the OILRT, the IL TAY team plans to survey PCSAs that have requested access and do not use the OILRT to learn what barriers they may be experiencing. The IL TAY team also plans to partner with the current users to share their experience with other agencies and demonstrate how the OILRT is benefiting their agency to increase utilization numbers.

Strategy 2: Provide specific training to/recruit caregivers who will take all children with emotional/behavioral issues.

Benchmark 1: Identify curriculum(s) and expand treatment foster care trainings as applicable.
Timeframe: Years 1-5

Progress Report:
Since 2023 OCWTP has engaged in efforts to explore existing treatment level training in other systems and adopt those trainings, if possible. Examples include *It's My Turn*, a self-directed course for students with disabilities, *NAMI Basics*, a self-directed course for those caring for children with mental health symptoms, and monthly trainings provided by the Coalition for the Education of Children with Disabilities. Exploration of existing resources continues.

Learner driven pathways were introduced to cluster same-topic courses so foster caregivers could learn as much about a topic as they want. The first pathway addresses life skills. The second pathway, which will be implemented this summer, is sexual abuse education. Both topics were chosen with treatment foster families in mind.

Treatment Foster Care training was an agenda item at the October 2024 OCWTP retreat. OCWTP representatives took time to distinguish between parental/foundational training and treatment/advanced training and identify training needs in each. Trainer qualifications for advanced courses were identified as well. Participants also considered how learning needs could be met beyond traditional classroom training. The data collected during this discussion is being used to guide the expansion of treatment foster care training.

OCWTP is working with trainers to update and implement trainer-developed courses identified by Regional Training Centers to meet current needs. In conjunction with this process, those courses that have been identified as possible treatment level training will receive additional review and updates. The next step is to identify agreed-upon criteria for advanced/treatment level training and criteria for trainers to train at a higher level.

Benchmark 2: OCWTP caregiver coaching for higher needs children.
Timeframe: Year 1-5

Progress Report:
To help expand treatment foster care training across the state, several of the RTC full-time Caregiver Coaches have been trained in the Pressley Ridge curriculum and trainer certification training, an evidence-based preservice training designed specifically for treatment foster parents. In addition, most of the caregiver coaches completed a series of training on TBRI (Trust-Based Relational Intervention), a parenting model designed to help foster and adoptive parents build trust and secure attachments with children, particularly those with trauma histories.

As OCWTP expands treatment foster care training, OUCCAS staff will recruit and onboard coaches with the necessary skills to help caregivers apply newly learned skills with the higher needs children and youth in their homes.

Strategy 3: Encourage foster parent mentoring.

Benchmark 1: Complete rule in process to expand training hours available for mentors/mentees.
Timeframe: Year 1

Progress Report:
The training rule OAC: 5180:2-5-33 was revised to allow the hours a foster parent spends in either the mentoring of other foster parents or as a mentee to be counted in their total training requirement hours. The rule defines mentoring services as at a minimum:

- Assisting foster caregivers with information that will encourage communication between the new foster caregivers and human service agencies.
- Offering foster caregivers possible solutions to problems that may occur while caring for a child in placement.
- Assisting and guiding recently certified foster caregivers in day-to-day activities while caring for a child in placement.
- Offering to assist foster caregivers in utilizing resources within their community.

This change in rule become effective as of January 2, 2025.

Feedback Loops:
As with continuous certification, DCY worked extensively with stakeholders through workgroups and attending agency meetings. This allowed stakeholders to have ample opportunities to express their feedback surrounding the rule changes and the impact that the rules would have on those licensed through them.

Benchmark 2: Implement mentor/mentee trainings with new curriculum.
Timeframe: Years 1-5

Progress Report:
To encourage foster parent mentoring, OAC 5180:2-5-33, The Foster Parent Training rule, now allows both the mentors and mentees to receive training credit for their interactions. It is OCWTP's vision to implement training that will support counties in developing and sustaining a peer mentoring program for their foster caregivers. We are utilizing our curriculum development process and beginning with needs assessment and resource identification. While the need for a mentoring program has been identified, gathering county input can help us identify county goals, which will foster buy-in, and identify early adopters who can pilot a program. OUCCAS completed a scoping review of research and resources related to foster caregiver mentoring. Quality Parenting Initiative and Kentucky's mentoring program, as well as other smaller programs, were identified. The next step is to use research and resources to identify the principles and structure of an effective program and to learn from existing programs.

As part of Ohio's CFSP 2025–2029, full-time Regional Training Center (RTC) Caregiver Coaches are instrumental in ensuring that caregivers are well-equipped to provide safe, nurturing, and stable placements for children. The RTCs have collectively established the following goals, which drive uniformity and collaboration across all regions:
- Promote trauma-informed, evidence-based caregiving practices, including Trust-Based Relational Intervention (TBRI).
- Strengthen caregiver retention by fostering confidence, competence, and resilience through personalized coaching.
- Bridge relationships between caregivers, caseworkers, and birth families to promote child-centered collaboration.
- Provide consistent support throughout all stages of care—pre-service, active placement, and post-permanency.
- Collaborate with HUBs and local stakeholders to ensure coordinated, community-based support networks.

These objectives reflect Ohio's commitment to ensuring high-quality, supportive care environments for children and teens with complex needs. Several common approaches and achievements were observed across RTC regions:
- Mentoring and Peer Support: Most coaches engage caregivers in group settings and informal peer mentorship, with efforts underway to implement formal mentor/mentee training aligned with CFSP Benchmark 2.
- TBRI and Trauma-Informed Practice: Many RTCs use TBRI frameworks and trauma-informed coaching to equip caregivers with tools to manage challenging behaviors and promote healing relationships.

- Flexible Access and Outreach: Coaching is delivered through multiple platforms—including phone, Zoom, in-person visits, and evening and weekend sessions—to maximize accessibility.
- Community Collaboration: Coaches work closely with HUBs, Family and Children First Councils, and pre-service trainers to ensure wraparound caregiver support.
- Support for New and Kin Caregivers: Special emphasis is placed on new caregivers and kinship families navigating the child welfare system, with coaches providing guidance and emotional support.

Through a unified yet regionally responsive approach, Ohio's RTC Caregiver Coaches are advancing the state's vision for high-quality caregiving. Their efforts align by strengthening mentoring structures, enhancing trauma-informed practices, and supporting caregiver development at all stages. Collectively, these contributions are expected to enhance placement, child well-being, and long-term outcomes throughout Ohio.

Goal 3: Reduce the recurrence of maltreatment and maltreatment in foster care by using best practices (strong practices) and social work techniques.

Impact:

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

Safety Outcome 2: Children are safely maintained in their own homes whenever possible and appropriate.

Rationale:

Most of the youth in the foster care system have been removed from their homes as a means of protection against maltreatment. Studies have shown that foster youth may continue to experience maltreatment after they have entered the child welfare system. Research suggests that maltreatment in care may be the result of interactions between the characteristics of the foster child or youth the foster home, and agency practice. An increasing number of children and youth in foster care are presenting complex and multiple needs placing them at greater risk for maltreatment and recurrent maltreatment. Foster care providers are often unprepared to respond to the complex needs of children and youth in foster care. One of the primary responsibilities of a children services system is to keep children safe and for those children that have experienced maltreatment, the interventions should prevent future harm and reduce the need for future interventions of the children services system. One way to reduce the recurrence of maltreatment, is for the children services system to understand the recurrence patterns and trends over time on a local as well as a statewide scale.

Measures of Progress:

- Ohio will see a decrease in the number of maltreatment incidents reported for youth in foster care and a decrease in the number of recurrent maltreatment incidents reported for youth in foster care.
  - *Maltreatment in Care. The latest Data Profile issued by the Children's Bureau in February 2025 indicated that there were 5000 victimizations in FY22. This was 15 less victimizations than were seen in FY21.*

- *Recurrence of Maltreatment: The latest Data Profile issued by the Children's Bureau in February 2025 indicated that there were 2,068 recurring victims in FY22-23. This was less than in FY21-22 where there were 3.457 recurring victims.*

Objective 1: Continue to evaluate and reduce recurrence of maltreatment rates in the state.

Strategy 1: Look at gaps in services within identified communities.

Benchmark 1: Identify the worst, best, and most improved counties (based on size) for recurrence of maltreatment and create a multi-stakeholder collaborative review group to analyze substantiated reports and data including expungement work. The review group will identify the best practices used in the counties with lower rates of substantiated maltreatment and identify strategies for replication and training.
Timeframe: Years 1-5

Progress Report:
Ohio's recurrence data was reviewed to establish a baseline performance between April 1, 2023, to March 30, 2024. Another data sample from April 1, 2024, to March 30, 2025, was then created, and data samples for this time frame will be pulled annually to track performance in each of Ohio's 88 counties as well as Statewide. Overall, Ohio has reduced its recurrence of maltreatment by .5% over the initial measurement period. Having established the data report and the reporting timeframe, progress can easily be tracked over the course of the CFSP.

The following Table presents these results.

Unit Level	Total- Statewide	
	Count	%
Safe	19235	91.0%
Recurrence	1891	9.0%
Total Child Victims	21126	100.0%
Initial maltreatment during	**Apr 2022 - Mar 2023**	
Unit Level	Count	%
Safe	17917	91.5%
Recurrence	1670	8.5%
Total Child Victims	19587	100.0%
Initial maltreatment during	**Apr 2023 - Mar 2024**	

Feedback Loops:
DCY is currently assembling an internal team to examine the recurrence of maltreatment numbers and trends to provide technical assistance and best practice recommendations. This group will be a cross functional team responsible for collecting input from other external stakeholders through the standard processes established by DCY. As an example, Technical Assistance Specialists will have county specific discussions and technical assistance as they interact with each of Ohio's PCSAs. Initially, they will share

the most recent data analysis to gather the county's perspective on their change in outcomes over the past year.

Benchmark 2: Explore parenting programs offered through the state of Ohio as resources for reunification and/or prevention.
Timeframe: Years 1-5

Progress Report:
In early 2025, DCY began an environmental scan of prevention programs. This scan is being used to identify how DCY can leverage current services, while identifying where gaps remain. DCY's current environmental scan includes nearly 45 programs that support families external to Ohio's children services system.

Now that the initial identification of services and gaps has been completed, DCY is actively looking at how to expand and build capacity in parenting programs across the state. Triple P has been identified for strategic service expansion. In SFY25, PCSA referrals to Triple P online was piloted with several counties. The evaluation of the pilot had promising preliminary results, such as high satisfaction rates and improvement in self-efficacy of parenting skills. Due to these positive results, DCY will be promoting the use of Triple P online with all 88 local PCSAs to refer families who would benefit from an online parent skill building course. As the program expands, evaluation will continue. DCY is actively reviewing Triple P Level 4 as an addition to the state's Title IV-E Prevention Plan. Adding Triple P Level 4 will allow parents who need additional support or have more intensive needs an opportunity to receive parenting skills with a live practitioner. Ohio is evaluating capacity to determine what is needed to implement Triple P Level 4 within Ohio's IV-E Prevention Services Plan.

In addition, Ohio is exploring how we may use our resources at DCY to build capacity in Healthy Families America (HFA) and Parents as Teachers (PAT). DCY is working to identify how these services can be expanded for families who have some involvement with children services. DCY is looking at program capacity and the referral process to ensure that families with young children have access to these services.

Benchmark 3: Compare data on maltreatment recurrence utilizing Ohio SACWIS and Critical Incident Reports by foster placement agency/setting and individual youth and individual youth assessments to determine correlation between youth need and service plan. Focus will be on analysis of indicated and substantiated reports and data**.**
Timeframe: Years 1-5

Progress Report:
DCY completed a statistical analysis of children who were maltreated in foster care between April 1,2024- March 31,2025, in hopes of guiding efforts to prevent future maltreatment. An analysis of 44 variables was conducted to investigate the impact that each variable had on predicting the potential for being maltreated in foster care among the foster care population of Ohio. Initial results suggest that the abused and/or neglected and non-abused and or neglected populations differ (in terms of each groups categorical distributions) on the following variables:

- **Age Group Episode End** – Children ages 0-2 are less likely to be maltreated in foster care and children 9-11 are more likely to be maltreated in foster care.

- **Episode Time (in Months)** – Children in care between 21-30 months are more likely to experience maltreatment in care. Children in care for 0-5 months are less likely to be maltreated in care.
- **Length of Stay (Group)** – The abused and or neglected population is more likely to have a length of stay between 12 to 23+ months, but less likely to have a length of stay less than 12 months compared to the non-abused and or neglected population.
- **Episode End Reason** – The abused and or neglected population is less likely to have their reason for exiting custody (or placement) be due to adoption compared to the non-abused and or neglected population.
- **Placement Setting** – The abused and or neglected population is more likely to have been placed in institutions or group homes, but less likely to have been placed in pre-adoptive homes or foster care homes (involving relatives) compared to the non-abused and or neglected population.
- **Family Like Situation** – The abused and or neglected population is more likely to be placed in a non-family-like situation compared to the non-abused and or neglected population.
- **Number of Siblings in Institutions** – The abused and or neglected population is to have a sibling placed in an institution and less likely to indicate did not have siblings placed in an institution compared to the non-abused and or neglected population.
- **Removal Due to Neglect** – The abused and or neglected population is more likely to have neglect as a documented removal reason compared to the non-abused and or neglected population.
- **Disability Diagnosis** – The abused and or neglected population is more likely to indicate a disability diagnosis is applicable and less likely to indicate the diagnosis is not yet determined compared to the non-abused and or neglected population.
- **Emotional Disability Status –** The abused and or neglected population is more likely to indicate an emotional disability (i.e., mental health disorder) is applicable and less likely to indicate does not apply compared to the non-abused and or neglected population
- **County Size –** The abused and or neglected population is more likely to reside in medium sized counties and less likely to reside in major metro counties compared to the non-abused and or neglected population.
- **Total Placements –** The abused and or neglected population is more likely to have 5-7 and 8+ placements and less likely to have a single placement compared to the non-abused and or neglected population.

The analysis provides evidence that youth in congregate care settings, who have longer lengths of stay, and five or more placements are at a higher risk for being maltreated in foster care.

Additionally, DCY attempted to match the maltreated in care population to the population of youths with documented critical incidents for children in foster care between April 1, 2024-March 31, 2025. Of that population, 1,418 records were able to be matched to persons with critical incidents. Of those 63 youths were part of the maltreated in foster care population, out of a total of 446 victims of maltreatment in case, 109 of whom were documented to be placed in a congregate care facility. The DCY team is currently working to make enhancements to the critical incident reporting system. Once these enhancements are complete, DCY will be able to further analyze the overlapping population.

Strategy 2: Evaluate PCSA workforce program successes and improve retention.

Benchmark 1: Analyze data from the Ohio Child Care Resource and Referral Association on new and renewed trauma-informed care certificates and data from OCWTP on training sessions offered and number of participants attending.
Timeframe: Years 1-5

Progress Report:
Ohio Trauma-Informed Care Certificate Program
This certificate program is designed to be a professional development tool to move staff from being trauma aware to trauma competent. The certificate demonstrates knowledge and development in trauma competencies adopted by the Family First Leadership Advisory Committee. The certificate is valid for a period of two years.

Monthly reports from OCCRRA reflect the following new or renewal of TIC professional development certificates issued.

July 2024	
Level 1 Trauma Aware	811
Level 2 Trauma Informed	1143
Level 3 Trauma Competent	368
Total	2,322

August 2024	
Level 1 Trauma Aware	767
Level 2 Trauma Informed	1108
Level 3 Trauma Competent	359
Total	2,234

September 2024	
Level 1 Trauma Aware	796
Level 2 Trauma Informed	1117
Level 3 Trauma Competent	360
Total	2,273

October 2024	
Level 1 Trauma Aware	804
Level 2 Trauma Informed	1096
Level 3 Trauma Competent	353
Total	2253

November 2024	
Level 1 Trauma Aware	834
Level 2 Trauma Informed	1106
Level 3 Trauma Competent	360
Total	2,300

December 2024	
Level 1 Trauma Aware	849
Level 2 Trauma Informed	1102
Level 3 Trauma Competent	352
Total	2303

January 2025	
Level 1 Trauma Aware	806
Level 2 Trauma Informed	1086
Level 3 Trauma Competent	352
Total	2244

February 2025	
Level 1 Trauma Aware	854
Level 2 Trauma Informed	1083
Level 3 Trauma Competent	342
Total	2279

March 2025	
Level 1 Trauma Aware	840
Level 2 Trauma Informed	1073
Level 3 Trauma Competent	334
Total	2247

April 2025	
Level 1 Trauma Aware	839
Level 2 Trauma Informed	1063
Level 3 Trauma Competent	329
Total	2231

[Competencies addressed](#)

Level 1 Trauma Aware	Level 2 Trauma Informed	Level 3 Trauma Competent
• This is the first developmental phase on the journey toward becoming trauma informed and eventually trauma competent. • Individuals are aware of the prevalence of trauma among those using services as well as the workforce through a culturally and linguistically aware lens. • Individuals can explain and advocate for the organization and the system to become trauma informed. • Individuals attain information to gain an awareness and understanding of the impact and prevalence of trauma. • Individuals recognize and understand roles in responding to children's traumatic stress. • Individuals have a basic understanding of trauma-informed care concepts (such as trauma-informed principles, 4Rs of trauma-informed care and Adverse Childhood Experiences (ACEs)) to further increase understanding of the vulnerabilities or triggers of trauma survivors.	• This is the second developmental phase on the journey toward becoming fully trauma responsive. • Individuals recognize the prevalence of trauma. • Individuals recognize how trauma affects all individuals, age groups, families and caretakers of all levels of socio-economic status. • Individuals have a basic understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so services and programs can be more supportive and avoid re-traumatization. • Individuals can identify the existence of individual/family behavioral indicators of trauma with an awareness and sensitivity to cultural and linguistic differences. • Individuals recognize how trauma affects all individuals involved with the program, organization, or system, including its own workforce.	• This is the highest developmental phase. • Individuals recognize the prevalence and impact of trauma and secondary trauma. • Individuals recognize how trauma affects all individuals, age groups, families and caretakers of all levels of socio-economic status. • Individuals can identify behavioral indicators of trauma with an awareness and sensitivity to cultural linguistic differences. • Individuals can respond to people needing trauma intervention and make referrals to appropriate organizations • Individuals have attained sufficient knowledge and experience to include understanding trauma-informed care concepts to further increase understanding of the vulnerabilities of triggers • Individuals have obtained knowledge of evidence- based trauma interventions that employ

Level 1 Trauma Aware	Level 2 Trauma Informed	Level 3 Trauma Competent
	• Individuals have experience in understanding trauma-informed care concepts (such as trauma-informed principles, 4Rs of trauma-informed care and Adverse Childhood Experiences) but seeks to further increase understanding and application. • Individuals can respond to people needing trauma intervention and make referrals to appropriate organizations. • Individuals can identify coping responses, strategies, strengths, and protective factors which promote resilience among children who have been impacted by trauma. • Individuals can explain and advocate for individuals, families, caretakers and systems to become trauma informed.	prevention, intervention, and TX practices which facilitate recovery for trauma and accommodate the vulnerabilities of trauma survivors • Individuals are educated in service delivery modalities that avoid inadvertent re-traumatization. • Individuals understand services that address traumatic stress as well as any co-occurring disorders (including substance use and mental disorders) that developed during or after trauma. • Individuals have obtained information on methods of consumer participation in treatment with a keen focus on culture and gender. • Individuals are educated in trauma-informed alternatives to seclusion and restraint. • Individuals embrace the concepts of culture, linguistic and trauma-competent care and implement these informed practices throughout the organizational

Level 1 Trauma Aware	Level 2 Trauma Informed	Level 3 Trauma Competent
		system, regarding interventions, treatment services, workforce development, support, and financing. • Individuals understand that current service systems can retraumatize individuals and avoid re-traumatization. • Individuals recognize the importance of providing evidence-based services and promising practices which facilitate recovery from trauma.

[OCWTP Trauma-Related Training](#)

Standardized Training
OCWTP continues to develop all courses through a trauma-informed lens. While courses that address trauma and its impact, including secondary traumatic stress are available, it has been found more effective to weave discussions about the impact of trauma into all content. Trauma-related discussions include:
- Different traumatic events and the ways individuals experience trauma differently.
- Behaviors associated with traumatic responses at various developmental stages and chronological ages.
- Strategies to support healing in children and families who experience trauma, grief, and loss following child welfare placement.
- The impact of trauma from separation and recognizing when children and families are experiencing separation-induced trauma.

The tables below provide data on trauma-focused standardized courses for FY25 (July 1, 2024, to April 4, 2025)

Caseworker Core 2.0 Trauma-Focused Self-Directed (SD) and Instructor-led Training (ILT)

Course	Modality	Completions	Content Relevance	Apply What I Learned
The Impact of Trauma on the Child and Family	SD	958	4.58	4.6
Engagement and Interviewing Skills Practice	ILT	525	4.63	4.59
Interviewing Children	ILT	526	4.68	4.66
Key Practice Area: Mental Health	SD	639	4.61	4.65
Key Practice Area: Intimate Partner Violence	SD	575	4.58	4.57
Key Practice Area: Substance Use	SD	642	4.53	4.5
Introduction to Child Development	SD	614	4.69	4.63
Impact of Separation on the Child and Family	SD	849	4.58	4.63
Managing the Effects of Separation	ILT	473	4.49	4.51

Supervisor Core 2.0 Trauma-Focused Self-Directed (SD) and Instructor-led Training (ILT)

Course	Modality	Completions	Content Relevance	Apply What I Learned
Supervisor Self-Care	ILT	74	4.69	4.72
Trauma-Informed Supervision	ILT	75	4.66	4.47

Assessor Series Trauma-Focused Courses

Course Title	Number of Sessions	Number of Participants
Supporting Trauma-Informed Parenting	7	122
The Impact of Placement	12	149

Caregiver Preservice Trauma-Focused Courses

Course Title	Number of Sessions	Number of Participants
Trauma Overview	70	1078
Impact of Trauma on Children in Care	69	1076
Effects of Caregiving	10	104

Certified Caregivers: Resource Readiness Trauma-Focused Course

Course Title	Number of Sessions	Number of Participants
Trauma-Informed Parenting	8	97

Non-Standardized Training

The chart below shows the number of sessions and participants for trauma-informed instructor-led training:

Course Title	Target Population	Number of Sessions	Number of Participants
Behavioral Triggers of Traumatized Children: Prevention and Reactions (5.5 Hours)	Foster Caregivers	1	8
Beyond Burnout: How Foster Caregivers Can Build Resilience While Caring for Children with ADHD (2.75 Hours)	Foster Caregivers	1	14
Build a Brain: How Trauma Affects Brain Development (2.75 Hours)	Foster Caregivers	2	8
Building Trauma Competent Healing Foster and Adoptive Parents: Three Essential Skills (2.75 Hours)	Foster Caregivers	3	32
Compassion Fatigue and the Caregiver: Caring for Yourself so You Can Care for Others (2.75 Hours)	Foster Caregivers	9	112
Dual System Youth: Providing Trauma-Informed Care and Advocacy for Youth Involved in both Child Protection and Juvenile Justice (2.75 Hours)	Foster Caregivers	11	110
For Better or For Worse: How to Get Along with the System (5.5 Hours)	Foster Caregivers	2	8
Fostering Well-Being: Practical Strategies for Resource Caregivers 2.75 Hours)	Foster Caregivers	1	10
Independent Living Issues for Caregivers (2.75 Hours)	Foster Caregivers	1	6
Trauma-Informed Discipline: What Caregivers Need to Know (5.5 Hours)	Foster Caregivers	1	7
Understanding Addiction for Resource Parents (2.75 Hours)	Foster Caregivers	2	11
Adverse Childhood Experiences and Effects on Brain Architecture (5.5 Hours)	Caseworkers	1	6
An Introduction to Reflective Practice and Reflective Supervision (5.5 Hours)	Caseworkers	1	9
Critical Incident Stress in Child Welfare: A Short Course for Staff (2.75 Hours)	Caseworkers	7	61
Grief and Loss: Trauma and Its Aftermath (5.5 Hours)	Caseworkers	2	34
Interventions for Children who have Suffered Trauma (5.5 Hours)	Caseworkers	7	78
It's Not the Brady Bunch: Family Effects of Addiction (5.5 Hours)	Caseworkers	3	26
Mission Possible: Effective Work with Parents with Mental Illness (5.5 Hours)	Caseworkers	4	29

Course Title	Target Population	Number of Sessions	Number of Participants
Post-traumatic Stress Disorder and Children: I Can't Forget It (5.5 Hours)	Caseworkers	3	34
RAD: Reactive Attachment Disorder or Really Afraid Disorder (5.5 Hours)	Caseworkers	1	12
Self-Injury: Assessment and Interventions (5.5 Hours)	Caseworkers	3	29
Sextortion: The Web of Deception (5.5 Hours)	Caseworkers	3	63
Sibling Sexual Abuse: It's All Relative (5.5 Hours)	Caseworkers	1	24
Trauma and Addiction: Fire and Ice (5.5 Hours)	Caseworkers	1	18
Trauma Lab (5.5 Hours)	Caseworkers	1	9
Keep Your Cool and Help Others Calm Down (5.5 Hours)	Caseworkers & Supervisors	2	31
Burnout, Secondary Trauma, and Self-Care (5.5 Hours)	Caseworkers & Supervisors	9	124
Secondary Traumatic Stress: The Professional in Distress (5.5 Hours, Scheduling Varies)	Caseworkers & Supervisors	5	61
The Ethics of Trauma-Informed Self-Care (5.5 Hours)	Caseworkers & Supervisors	9	133
Trauma: Unresolved Trauma Can be a Monster of Pain and Fire (5.5 Hours)	Caseworkers & Supervisors	6	116
Address the Stress: Secondary Trauma in Child Welfare (5.5 Hours)	Caseworkers & Supervisors	4	63
Addressing Reoccurring Mental Health Issues in Families (5.5 Hours)	Caseworkers & Supervisors	7	119
Assessing, Preparing, and Supporting Adoptive Parents Who Care for Children Who Have Experienced Trauma	Assessors	4	48
Bedtime is a Nightmare! Common Bedtime Hassles & Trauma-Related Sleep Issues (2.75 Hours)	Caregivers & Staff	2	32
Discovering Wellness: Looking at Seven Areas of Well-being (5.5 Hours)	Caregivers & Staff	6	49
Fostering Healing, Resiliency, and Hope for Children who have Experienced Trauma (5.5 Hours, Scheduling Varies)	Caregivers & Staff	1	8
Invisible Injuries: The Impacts of Trauma (5.5 Hours)	Caregivers & Staff	6	82
Making Morning Madness Melt Away: Getting Kids Up, Dressed, Fed, and Out the Door on Time (2.75 Hours)	Caregivers & Staff	2	19
Starting Right and Ending Right (5.5 Hours)	Caregivers & Staff	1	2

Course Title	Target Population	Number of Sessions	Number of Participants
Stress, Anxiety Relief with EFT/Tapping-Introduction (2.75 Hours)	Caregivers & Staff	13	208
Survivor-Led Human Trafficking Awareness Interdisciplinary Training (3 Hours)	Caregivers & Staff	15	227
The 7 C's of Resiliency (2.75 Hours)	Caregivers & Staff	3	44
The Mind-Body-Consciousness Connection in Trauma-Informed Parenting (1 Hour)	Caregivers & Staff	1	7
The Power of Play: Understanding How Play is Essential to a Child's Healthy Development (2.75 Hours)	Caregivers & Staff	1	14
Trauma-Informed Care: The Neuroscience of Trauma and Resilience (5.5 Hours)	Caregivers & Staff	10	136
Tug of War: The Ins and Outs of Power Struggles (2.75 Hours)	Caregivers & Staff	3	31
Using Positive Psychology and Clinical Resilience, Wellness, and Happiness in the Prevention and Management of Mental Health Disorders (2.75 Hours)	Caregivers & Staff	4	44

Self-directed courses not identified above include:
- *Secondary Trauma from Child Sexual Abuse Cases* (.5 hours) for supervisors and caseworkers
- *Managing Placement Transitions* (1 hour) for adoptive and foster caregivers
- *Responding to Children in Crisis* (1 hour) for adoptive and foster caregivers
- *Sexual Trauma* (1.5 hours) for adoptive and foster caregivers
- *Sensory Integration* (1 hour) for adoptive and foster caregivers
- *Building Children's Resilience* (1 hour) for adoptive and foster caregivers

Training Developed by Other Organizations
OCWTP continues to provide reviewed and approved trauma training developed by other organizations. These include the following:
- *Supporting Youth with Intensive and Complex Needs*, a self-directed 9-module course developed by the Ohio Center for Autism and Low Incidence (OCALI)
- *Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents*, a 12-hour curriculum developed by the National Child Traumatic Stress Network (NCTSN)
- *Child Welfare Trauma Training Toolkit*, a 12-hour curriculum developed by the National Child Traumatic Stress Network (NCTSN)
- *Trust-Based Relational Intervention (TBRI)*, an 18-hour series developed by Texas Christian University's Karyn Purvis Institute of Child Development
- *NAMI Basics*, a 3-hour self-directed course developed by the National Alliance on Mental Illness (In the pilot phase)

Benchmark 2: Explore PCSA current staff recruitment and retention successes as well as any incentives and strategies utilized to retain staff.

Timeframe: Years 1-5

Progress Report:
The Northwest Ohio Partnership started in Wood County and received funding to continue expansion of the Northwest Ohio Fellowship program. They coordinate a Fellowship program using braided funding to support fellowship students in their own county and 13 counties in their region. The program identifies students in local colleges who have a related degree and who are not already a part of the University Partnership Program. Upon acceptance to the program fellowship students work part-time at a participating county children services agency and are paid for their experience.

Many students have been hired by Children Services Agencies even before they graduate. Others identify that Children Services is not the right career choice for them but often end up in another social service career. Both outcomes are positive for Children Services agencies as it saves resources and turnover when full time caseworkers are hired. Fellowship students who don't work at Children Services but work at other agencies have a stronger understanding of the work and how to collaborate effectively with Children Services agencies.

As funding continues to be available, it is anticipated that the Fellowship Program will continue to expand.

Feedback Loops:
County Administrators overseeing the Fellowship program, along with PCSAO, hold routine meetings to update everyone on the status of the program. These meetings are typically held quarterly, and DCY staff are included in these meetings. The participating counties describe the status of the fellowship program - including successes and barriers. The group problem solves and identifies how they can support others with implementation efforts. This approach keeps everyone informed and creates ongoing implementation support for the program.

Benchmark 3: Review Child Protection Oversight and Evaluation self-assessment data.
Timeframe: Years 1-5

Progress Report:
During Ohio's Child Protection Oversight Evaluation process, PCSAs completed a Self-Assessment. Counties are asked about their workforce and efforts towards staff recruitment and retention.

Ohio Counties have implemented a broad range of initiatives to attract and keep staff. The Self-Assessment data indicated that a variety of approaches are beneficial and must be taken to have a robust workforce program. Some of the most common recruitment and retention–approaches identified include:
- Staff training so that staff feel confident in their abilities to help families (especially vital to retention)
- Preparing staff for court hearings and the court process
- Recruitment bonuses
- Retention bonuses
- Intentional focus on providing Supportive Supervision to staff
- Participation in the University Partnership Program

- Participation in the Fellowship Program
- Utilizing different recruitment websites or programs like "Indeed" and "Handshake"
- Hybrid work settings
- Flexible schedules such as four- 10-hour days for the work week
- Participation in positive media campaigns communicating the value of the work to local communities.

Attention to recruitment and retention of the workforce has been a major focus of many counties in Ohio, and in many counties, we are seeing very positive results from this focus and robust efforts.

Feedback Loops:
DCY will continue to collect workforce data and information through our Self-Assessment tool within the Continuous Quality Improvement process. Technical Assistance Specialists provide technical assistance to counties struggling with workforce concerns and connect them to other counties who have experience implementing successful programs. DCY also continues to advance programs like the University Partnership Program and provide support for the expansion of the Northwest Fellowship Program. Through sharing updated information and using the information to innovate our programming, Ohio's Children Services workforce will be strengthened.

Benchmark 4: Determine the feasibility of expanding the University Partnership Program to additional universities and colleges.
Timeframe: Years 1-5

Progress Report:
The Ohio Child Welfare University Partnership Program (UPP) provides PCSAs with skilled child welfare case workers. In the 2024-2025 school year, UPP enrolled 70 students and graduated 55 from eight universities across the state. As of 2023, the program impacted 78 of Ohio's counties through internships and employment.

Supervisors consistently rate recent UPP employees as more competent than non-UPP employees in various areas, including data entry, critical thinking, safety and family assessments, case planning, confidentiality, client engagement, stress management, and safety planning.

Former UPP students also give positive feedback, with over 92% completing their commitment and 88.8% of current students agreeing that UPP prepared them well for their jobs. Additionally, 91.7% of current students reported that their internships positively influenced their career choice in child welfare.

Despite high ratings of the UPP, Ohio faces workforce shortages and instability. Some former UPP students (55%) reported challenges like high caseloads, inadequate pay, and poor supervision, leading to plans to leave the profession.

In the past year, UPP enrolled 70 students and graduated 55 from eight universities, impacting 78 of Ohio's counties. Four new universities joined, expanding reach and access.

UPP ranks in the top three among 77 Title IV-E programs nationwide, offering various levels of participation and centralized administration. The program is exploring ways to track and retain students who leave or do not seek employment in child welfare.

The UPP Legacy Database is merging with the state CAPS Learning Management System, with data mining available in 2026 to assess program success and workforce needs.

Objective 2: Reduce maltreatment in residential programs.

Strategy 1: Identify residential staff training gaps and opportunities to improve program culture.

Benchmark 1: Develop and offer an optional online and/or in-person residential training program for residential staff focusing on youth development, trauma in youth, behavior management and/or specific training to minimize child and youth maltreatment.
Timeframe: Years 1-5

Progress Report:
DCY has made recent advancements made through the Child and Adult Protective Services Learning Management System (CAPS LMS) through the inclusion of residential agency providers, offering staff unlimited access to a comprehensive catalog of self-directed online courses. These courses encompass critical topics such as trauma-informed care, youth development, behavior management strategies, and maltreatment prevention. Residential staff may also participate in instructor-led virtual courses, space permitting.
Key Developments Include:
- Open Access for Residential Providers: Residential agency staff without Ohio SACWIS access can now register for CAPS LMS via an external registration process, ensuring broader reach and inclusivity across all provider types. Staff with Ohio SACWIS access are already provisioned through system integration.
- Live Demonstration & Orientation: A CAPS LMS registration and navigation overview was offered during the April 22nd Compliance Chat, providing hands-on guidance to provider staff. This session demonstrated how to register and access training using both the transcript and calendar features in CAPS LMS.
- Supportive Training Materials: Job aids have been created to assist users in:
    - Registering for a course,
    - Launching Zoom sessions directly from CAPS LMS,
    - Searching for relevant training via keyword, filters, and calendar views.

Additionally, a comprehensive list of training opportunities available through CAPS LMS is being compiled. These resources include offerings from the Ohio Professional Registry, the Ohio Department of Mental Health and Addiction Services, and potentially the Ohio Department of Developmental Disabilities. The list also includes training from national organizations that support professionals working in the congregate care field.

These enhancements empower residential staff to take ownership of their professional development while supporting Ohio's mission to ensure safe, stable, and supportive care environments for youth. Through ongoing evaluation and stakeholder feedback, the Department will continue to refine and expand the available training offerings to meet emerging needs in the residential care field.

Benchmark 2: DCY/OMHAS/DODD staff will collaborate to identify congregate care programs with low maltreatment rates, low incidents of seclusion and restraint, informed approaches to work with youth and conduct open sharing strategies with providers.
Timeframe: Years 1-2

Progress Report:
During this reporting period DODD looked at their maltreatment rates and as a result they changed their rules governing seclusion and restraint.

Strategy 2: Increase youth-centered programming in residential settings.

Benchmark 1: Pilot three trauma-informed and trauma-responsive youth engagement and leadership skill development programs for youth, staff, and foster caregivers. Youth engagement happens when young people participate in meaningful opportunities and roles that allow them to build on their strengths, take on responsibilities, and contribute to decisions that affect themselves and others. Engaging youth will minimize incidences of maltreatment. The engagement and leadership skills are being offered in addition to regular programming and is not intended to replace therapeutic or treatment interventions. Goals for the pilots include but are not limited to, increased youth connectedness to adults, increased program participation by youth, increased positive perceptions by youth of adult support, increased acceptability by youth of seeking help, decreased instances of youth maltreatment, and decreased instances of absent without leave (AWOL).
Timeframe: Years 1-3

Progress Report:
Project 1: Responsive Art Project (RAP)
Utopia Beginning Group Home and Project Jericho, Clark State Community College went live in February 2025. Project Jericho developed and implemented responsive art strategies to engage group home youth and staff. These strategies are designed to:
- Promote self-esteem, leadership skill development, hope, thinking, and mindfulness skills for participating youth.
- Increase youth development understanding and youth engagement skills for participating staff.

If the strategies are successful, then they shall be reduced to a document and delivered as part of the toolkit. As of May 1, 2025, 8 sessions with 14 youth participating have occurred.

Project 2: Youth Engagement Project (YEP)
This project involves Silver Linings Group Home and PureHeart which went live on April 25, 2025. The Grantee is responsible for:
- Developing and implementing youth engagement activities that build on youth strengths, promote healthy decision making, promote self-confidence and self-advocacy skills.
- Assisting youth to build resiliency skills, positive identity and self-esteem.

No progress to date as the first session occurred on April 25, 2025. Activities must be held once a week for a minimum of two hours per session.

Due to budgetary constraints, only two projects will be implemented in Year 1 of Ohio's CFSP.

Feedback Loops:
Responsive Art Project (RAP). DCY partnered with The Ohio Arts Council to develop a competitive Request for Grant Agreement (RFGA). The Ohio Arts Council is a state agency that funds and supports quality arts experiences to strengthen Ohio communities educationally and economically. Responsive art is a useful strategy to support the safe expression of distress and was seen as a positive experience

by adolescents in group home/residential settings. The Ohio Arts Council promotes trauma-informed artists. *The Nexus of Art and Health* exhibition held at the Ohio Arts Council's (OAC) Riffe Gallery (2020-2022) calls upon this relationship and encourages us to think about how our personal health journeys have influenced our lives, identities, and forms of self-expression.

Youth Engagement Project (YEP). DCY partnered with members of the Ohio Youth Advisory Board to gather input from youth about their experiences in the foster care system and group residential settings. The Overcoming Hurdles in Ohio Youth Advisory Board (OHIO YAB) is a statewide organization of young people, aged 14-24, who have experienced foster care. The Board exists to be the knowledgeable statewide voice that influences policies and practices that impact youth who have or will experience out of home care, including foster care, kinship care, adoption, group homes and residential facilities

Implementation & Program Supports

Ohio has a robust and effective implementation system and program support built on the foundation of a comprehensive assessment program and an array of training opportunities. This assessment protocol goes beyond identifying safety and risk. It seeks to understand the dynamics of a family, recognize their strengths, and create a pathway to safety, stability, and well-being for children. The assessment process is part of an engaging continuum of care forming a collaborative relationship with family which is blended into the training catalogue.

At its core, Ohio's assessment philosophy and training requirements focus on being:

- **Family-Centered and Strengths-Based:** The focus is on the family as a whole, identifying and building upon their inherent strengths and resources to foster positive change, while assuring safety and minimizing risk.
- **Culturally Competent:** Assessments have a respectful understanding of family's cultural, ethnic, and socioeconomic background.
- **Continuous and Evolving:** Assessment is not a one-time event but an ongoing process that detects and adapts to the changing circumstances of the family, informing case planning and decision-making throughout the life of a case.
- **Evidence-Informed:** Assessment tools are supported by research and have demonstrated reliability and validity in identifying and addressing the needs of vulnerable children and families.

Ohio's assessment protocol, coupled with training standards, is enhanced by program supports. Program supports are a cornerstone child welfare practice as they play a crucial role in preventing maltreatment and promoting permanency well-being. To accomplish this, PCSAs must focus on many underlying challenges that often accompany child welfare involvement. These issues include: Poverty; Mental Health challenges; Poor Parenting Skills; and Substance Abuse.

Ohio has a variety of programs, delivered in a collaborative and community-based manner, to support families at different stages of need. This continuum can be broadly categorized into preventive services and intervention services. The major supportive services include:

- Family Preservation Services: These intensive, short-term services are delivered in the home to families on the brink of having a child removed.
- Parenting Education: Parenting programs focus on improving parenting skills, reducing harsh discipline, and fostering positive parent-child relationships.

- Mental Health Services: Untreated mental health issues in either parents or children can significantly contribute to family instability and necessitate child welfare involvement. Access to evidence-based mental health interventions is therefore critical.
- Substance Abuse Treatment: Parental substance abuse is a major driver of child welfare cases. Programs that offer family-centered treatment, where parents and children can receive services together, are often ideal.
- Housing and Economic Supports: Families struggling to meet basic needs are under immense stress, which can increase the risk of neglect and abuse. Housing assistance programs and other economic supports can dilute this pressure and create a stable environment.

State Training and Technical Assistance

The strategic training planned for the 2025-2029 CFSP period supports the goals of the CFSP and reflects a deep commitment to enhancing the workforce's capabilities. By focusing on advanced, responsive, and inclusive training models, we are setting a foundation for a systemic transformation that will yield better outcomes for children and families, supported by a workforce that is empowered, knowledgeable, and aligned with the best practices in child protection. This commitment is in harmony with the federal objectives and tailored to meet the specific needs and challenges of the state's child protection system.

The Children Services Training and Development Team

The Children Services Training and Development team within DCY continues to:

- Work collaboratively across the office to develop and deliver policy and practice training and guidance for child protective services staff.
- Partner with the policy areas, Ohio Statewide Automated Child Welfare System (Ohio SACWIS), technical assistance specialists (TAS), the state training coordinator (Ohio's University Consortium for Child and Adult Services (OUCCAS) for the Ohio Child Welfare Training Program (OCWTP), and regional training centers (RTCs) to provide a comprehensive support system to internal and external stakeholders.
- Engage is a review process for all content developed to ensure accuracy and presentation and maximize learning transfer.

Additionally, the Children Services Training and Development Team provides focused support, guidance, and skill development to assist counties with identified professional development skill building. This continued effort occurs by partnering with counties to assess needs using data reports and coordinated meetings. The team also works to coordinate training, support the application of policy to practice, evaluate outcomes, and contribute to policy development. Rules and regulations are routinely reviewed and updated, and the training team interprets, trains, and assists agencies with practical implementation. This level of support continues to assist counties to become more consistent and improve outcomes for children and families.

To assist in achieving *Goal 1: Reduce the need for children at risk of removal* the training team continues to:

- Provide workshops and training sessions to supervisors, caseworkers, foster home and congregate partners on "Being a trauma-informed leader" and "Trauma Informed Supervision".

- Work in collaboration with multiple state agencies to develop a Statewide Trauma-Informed Care Training entitled "It Takes a Healthy Village".
- Offer self-directed trauma training.

To support achievement *of Goal 2: Ensuring every child and teen is placed in a family-life setting and maintains connections they identify as important in their life* the training team has:

- Provided technical assistance on the Kinship Guardianship Assistance Program.
- Provided workshops and training on Kinship supports

DCY PCSA Training Liaison Round Table

Due to a need for assistance with onboarding new staff and ensuring staff meet ongoing training requirements, the Children Services Training and Development Team organized and conducted the DCY PCSA Training Liaison Round Table to assist county training staff in exchanging resources and ideas regarding staff onboarding, development, and retention. These gatherings offer essential support for onboarding and networking opportunities to help retain the workforce. Additionally, the members use a Teams channel to share files and engage in interactive dialogue.

DCY PCSA Training Liaison Round Tables are held quarterly and serve as a collaborative platform for counties, DCY, OCWTP, and OUCCAS. The target audience for these meetings are Directors, Supervisors, Training Liaisons from PCSAs, RTC staff and Statewide Training Coordinator staff. The meetings are offered virtually and accessed statewide, with portions of the meeting intentionally rotated between counties of different sizes to ensure broad applicability and inclusion. Between April 11, 2022, and April 7, 2025, a total of twelve Round Table meetings were held. On average, 49 attendees participated per session, reflecting strong statewide engagement and a commitment to cross-county collaboration.

The Round Tables serve as both a data source and a training mechanism. Over the period reviewed, discussions frequently centered on new training developed or attended by caseworkers and supervisors, improvements to the CAPS LMS, ITNA processes, and onboarding of new staff presented by a variety of counties. Additional information shared in meetings, such as updates on training compliance dashboards and the importance of accurate worker role tracking in CAPS, demonstrates how these trainings are being used to monitor and improve skill development.

Liaison participation and feedback, gathered informally during these meetings, suggests that the content of these meetings is relevant and responsive—highlighted through peer-led onboarding spotlights and volunteers for the piloting of tools like the Field Observation Checklist. DCY recognizes there is a lack of formal post-meeting evaluation data (e.g., satisfaction surveys or pre/post assessments), and is committed to incorporate a mechanism to evaluate meeting effectiveness moving forward. Overall, liaisons appear to have a positive experience, and their needs are being met, as shown by consistent attendance, active discussions, and real-time updates from DCY, OCWTP, and counties. These elements demonstrate an ongoing, collaborative effort to align training with the needs of the workforce.

Supervisor Summits

Supervisor Summits are held four times per year, virtually in the winter and in-person for the Spring, Summer, and Fall sessions. Supervisor Summits provide an opportunity for supervisors from Ohio's 88 counties in five regions to have a real-time dialogue around topics of interest to engage in professional

skill building and enhance the knowledge around CAPM concepts for Supervisors to bolster workforce retention. The Supervisor Summits include discussions around Ohio initiative implementation, Supervision skills and provide case-specific problem-solving when appropriate. Marketing of the Supervisor Summits occurs through communications send through DCY's newsletter "The Tuesday Times", emails sent via CAPS LMS to target populations, and through a partnership with the Regional Training Centers (RTC's) to share the flyer, which outlines the Supervisor Summit dates and times and provides an overview of topics for the upcoming workshop. Attendees are encouraged to provide topics of interest for future Supervisor Summits to ensure the discussions focus on timely areas of interest from their perspective. It is common for DCY Technical Assistance Specialists (TAS) and members of the Statewide Training Coordinators Content Development teams to attend to ensure consistent messaging.

Qualitative feedback from evaluations further supports the Summits to be relevant and useful. Learners noted that sessions addressed important topics such as SACWIS reports, concurrent planning, and KGAP. Many valued the professionalism and clarity of the trainers, as well as the inclusion of real-life examples and interactive formats such as breakout discussions. The virtual delivery format was particularly appreciated by those who may not have been able to attend in person, increasing accessibility. These summits are not limited to a single region but are available statewide, supporting consistent supervisory development across counties. The ability for supervisors to connect with peers from other counties was seen as an added benefit, too, fostering statewide collaboration and shared learning.

Title IV-E Policy Section

The Title IV-E Policy Section conducted more than 75 training sessions in 2024, addressing a wide range of essential topics. These included four statewide sessions designed for new workers, providing fundamental Title IV-E policy information in response to child welfare worker turnover. Additionally, 32 regionally hosted or county-specific training courses were held, along with five statewide sessions focused on the new federal review instrument, covering AFDC relatedness and QRTP requirements. Furthermore, two statewide sessions covered adoption assistance eligibility, contracting, state hearings, mediation, cost reports, potential policy changes, and specialized training for IV-E juvenile courts.

In addition to the above-listed training opportunities, the Title IV-E Policy Section also convened a subsidy negotiation workgroup consisting of various stakeholders including adoption advocates, adoptive parents, and state and county personnel. The workgroup met over several months and was charged with preparing a Title IV-E Adoption Assistance Subsidy Negotiation Guide to be used statewide. The Guide was designed to assist in navigating the Title IV-E Adoption Assistance subsidy negotiation process, ensuring agreements are fair, transparent, and are tailored to support each child's specific needs effectively. The Guide provides an overview of the Title IV-E Adoption Assistance process, outlines the steps in the negotiation process, provides best practices for caseworkers and adoptive parents, and conveys state hearing and administrative appeals rights for adoptive parents.

On behalf of DCY, our state partner, ODJFS, trains county partners on fiscal processes and federal reporting. In 2024 they completed 31 conference and regional training opportunities for their local county partners. The conference and regional trainings included: cost allocation processes including FTEs, random moment time studies, cost pools, and SACWIS statistics used to allocate and claim federal IV-E expenditures.

The ODJFS Regional Fiscal Supervisors assisted county agencies by phone, email, Microsoft Teams, and in-person approximately 1,800 times in 2024. Some of the topics included: Reporting expenditures on a monthly and quarterly basis; cost allocation; Ohio Administrative Code and the federal uniform guidance; reporting and claiming Title IV-E expenditures; Title IV-B expenditure reporting; tracking of local, non-federal match, expenditures; and the use of the county fiscal reporting system.

<u>Initial and Ongoing trainings for caseworkers, supervisors, residential staff, foster/adoptive/kinship caregivers</u>

The 2025-2029 Training Plan (See Appendix E) offerings support the Goals and Objectives of this plan. Below are some select course categories which intersect with one or more Goals as well as other CFSP activities planned.

Automated Systems

The Comprehensive Child Welfare Information System (CCWIS) team continues its commitment to provide training and technical assistance to users of our systems at all levels, through utilization of a variety of delivery methods, and frequently in collaboration with staff from other areas such as Policy, Regulatory and Compliance, Professional Development, and Technical Assistance. Ohio's CCWIS user community is made up of PCSAs, Title IV-E Courts, Private Agencies, and contracted program staff.

As new functionality is introduced, informal and formal help and training opportunities are created by the team. In the past year, most of the help and training offerings that have been provided virtually led by the CCWIS team or the Training unit. Help and training content is available to users on-demand and is available in the form of in-depth Knowledge Base Articles, quick guide documents, training videos, and system-based Online Help. The Children Services Customer Support Team also provides daily support by responding to impromptu calls, emails, and online chats received from the CCWIS user community as well as leading Intensive Technical Assistance virtual sessions with users, on an as needed basis.

Evaluation

Ohio has a strong tradition of participation in research and evaluation activities, which will continue through this 2024- 2029 CFSP cycle. One of several evaluations conducted during this reporting period was a data review for youth placed in congregate care settings for 2 – 5 years. There were 272 youth identified in the data review. DCY connected with services teams for each youth to identify if the youth remained in congregate care, joined child and family teams for youth that did remain in care, and identified discharged youth and barriers to discharge. With over 200 child and family team meetings completed, 64% of youth have transitioned out of congregate care. While many youth emancipated out of foster care or transitioned into independent living programs, a considerable number were able to transition into family-like settings such as foster care, kinship care, or reunification with the family. For the youth that remain in congregate care settings, the majority have developmental disabilities and will remain with the local children services until they age into the adult developmental disabilities system.

Several evaluation projects are planned or continuing, which are directly connected to the interventions included in Ohio's five-year strategic plan and are included in the Goals, Objectives, Strategies, and Benchmarks. The following evaluation activities are also planned:

- External evaluation of CORE training implementation and supports in two counties
- Internal evaluation of the existing suite of risk and safety assessments
- Examination of Social Vulnerability Index classifications related to children's public service agencies across the state
- Evaluation of the impact of best practice payments for Family Team Meeting implementation on child and family outcomes

Management Information System

DCY has a Comprehensive Child Welfare Information System (CCWIS) compliant data quality plan (DQP). This data quality plan provides strategies to ensure the CCWIS standards are met for completeness, timeliness, and accuracy. Ohio SACWIS provides data quality checks to assist users in understanding the importance of data elements. The CCWIS team is committed to supporting quality data entry and ensuring completeness of information contained in the system. The team continues to work towards collecting data uniformly across the new CCWIS automated functions and the reporting system using CCWIS data. The plan includes strategies for ensuring confidentiality requirements are met, reviews are conducted at least biennially, and data is secured across systems. Through data analysis for work related to new Ohio SACWIS builds, existing reports, federal reporting, data requests, ETL processes, communication with our agency partners, or other data analysis, the CCWIS data and reporting team uncovers data anomalies. Additionally, the team receives Customer Support team tickets indicating data anomalies. When data quality issues are identified, the team performs analysis on the data and may then create a scorecard in Informatica. This scorecard indicates the number of records that have the data anomaly out of the total number of records. Once the scorecard is created, the team determines the quality requirement for accuracy, timeliness, and completeness as required by the CCWIS program. The CCWIS data and reporting team meets monthly to review all new and existing data quality issues. *(Assists in achieving all Goals and Objectives in the 2020-2024 CFSP)*

Summary

DCY continues to build capacity for collaboration to provide enhanced levels of support and technical assistance. Continued relationship building through initiatives such as the DCY/PCSA Training Liaison Round Tables and Supervisor Supports assists in expanding a culture of collaboration with county agencies. It also creates an open dialogue where individuals from counties feel comfortable reaching out for support or technical assistance from the State. Those who facilitate initiatives, conduct research and evaluation, provide training, coaching, systems support, and technical assistance continue to expand on ways to work together to provide a cohesive message of best practice.

IV.   Quality Assurance System

CQI/QA system

Assess the progress in making planned enhancements in capacity to the state's current CQI/QA system.

Child Protection Oversight Evaluation (CPOE)

CPOE is the process through which Ohio can measure PCSA practice and provide Technical Assistance/Quality Assurance. Subsequently, the Plan for Practice Advancement (PPA) process is where Ohio can expand on the previously measured practice and implement objectives aimed at continuously improving practice.

Innovative Continuous Quality Improvement efforts have been applied throughout the last 5-year CFSP to Ohio's Quality Assurance processes. The five-year rule review of OAC 5180:2-33-02 and the conclusion of CPOE 12 Phase 2 provided the perfect opportunity to make systemic improvements to the CPOE process. Stakeholder input began in April 2023 when Technical Assistance Specialists facilitated six listening sessions to obtain input from counties throughout Ohio on recommendations for improvements.   Meetings have continued with the Public Children Services Association of Ohio who formed a sub-group to provide direct input on the CPOE process and rule revisions. The goal of improvements is to provide a robust system that will provide useful and practical improvements to the children services system across all 88 counties in Ohio.

Feedback Loops: Agency Self-Assessments remained a critical piece of the CPOE process. Triangulating the need for improvement planning utilizing data, case reviews, and a county's own assessment of practice is a solid foundation for the CQI cycle. The Self-Assessment identified agency priorities and provided local insights to make improvement efforts more effective.

Each county's Plan for Practice Advancement was reviewed routinely once it was implemented. These plans served as the roadmap for improvement in each county's CPOE cycle. Plan for Practice Advancement Reviews are a systemic process for ensuring progress on improvement goals and provide an opportunity to examine the effectiveness of identified strategies. These reviews are critical feedback loops in the statewide CQI process.

CCWIS Enhancements/Updates

Provide any relevant updates on how CCWIS enhancements or updates have or will be used to support CQI/QA and how the agency ensures coordination of CCWIS Data Quality Plan and Biennial Review strategies with ongoing CQI/QA activities.

The CCWIS data quality plan provides strategies to ensure the CCWIS standards are met for completeness, timeliness, and accuracy. Ohio SACWIS provides data quality checks to assist users in understanding the importance of data elements. The CCWIS team is committed to supporting quality data entry and ensuring completeness of information contained in the system. The team continues to work towards collecting data uniformly across the new CCWIS and the reporting system using CCWIS data. The plan includes strategies for ensuring confidentiality requirements are met, reviews are conducted at least biennially, and data is secured across systems. Through data analysis for work related to new Ohio SACWIS builds, existing reports, federal reporting, data requests, ETL processes, communication with our agency partners, or other data analysis, the CCWIS data and reporting team

uncovers data anomalies. Additionally, the team receives Customer Support team tickets indicating data anomalies. When data quality issues are identified, the team performs analysis on the data and may then create a scorecard in Informatica. This scorecard indicates the number of records that have the data anomaly out of the total number of records. Once the scorecard is created, the team determines the quality requirement for accuracy, timeliness, and completeness as required by the CCWIS program. The CCWIS data and reporting team meets monthly to review all new and existing data quality issues.

Case Review Instrument

Describe the state's current case review instrument and the extent to which the state is using the data collected through federal Onsite Review Instrument (OSRI) and made available in the CFSR OMS as part of the state's ongoing QA/CQI process.

Ohio has been using the Federal On-Site Review Instrument (OSRI) as part of the state's ongoing QA/CQI process through multiple CPOE reviews. Ohio transitioned to utilizing the updated CFSR Round 4 tool for its CPOE Stage 12, Phase 2 case reviews. Ohio is anticipating CFSR Round 4 reviews will commence in October 2025 and has already indicated the State will participate in a state-led review. Utilizing the CFSR Round 4 tool currently during CPOE Stage 12 allows PCSAs to become familiar with it and to understand federal expectations for achieving safety, permanency, and well-being outcomes. Many counties had staff review cases alongside the assigned Technical Assistance Specialists and they have benefited from utilizing the tool as well. The use of this tool is believed to have a capacity building impact in and of itself as professionals learn to examine cases with this specific lens.

The numerous reports available in the Online Monitoring System (OMS) has allowed the state to easily analyze and review both CPOE and CFSR case review data. This analysis would not have been possible without the OMS and the support provided by the federal Children Bureau.

State Case Review Process

Provide an update to move towards or sustain the ability to conduct a State Case Review Process for CFSR Purposes for future rounds of CFSRs and ongoing CQI/QA processes

Sustain: Ohio continues to utilize the Federal On-Site Review Instrument (OSRI) for CPOE and utilized it for the CFSR Round 3 State-Led Review. Ohio has been approved to conduct a State-Led Round 4 CFSR.

DCY will continue use of the OSRI through future rounds of CPOE, as the ability to compare data over cycles and years is invaluable to assessing improvement and areas of practice needing attention.

Additional

If not already described in "Collaboration" in Section B1, describe how the CQI/QA process is being used to provide information to parents, families, youth, young adults, tribes, and other system partners to assist the state in system improvement efforts.

Refer to the Update to the Vision and Collaboration Section.

If not already addressed in the "Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes" in Section B3, describe how the CQI/QA system was used to review, update, and revise goals, objectives, and interventions.

Refer to the Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes Section.

If not already addressed in "Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes" in Section B3, describe how information generated or acquired as part the CQI/QA system or for specific projects was used to measure progress on achieving goals, objectives, and interventions.

Feedback Loops were included in the Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes to measure progress in achieving Goals, Objectives, and Strategies during Year 1.

V.   Update on the Service Descriptions

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

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

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

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

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

- 40% is distributed equally among all PCSAs.
- 60% is distributed based upon each county's population of children less than one hundred per cent of the federal poverty level as compared statewide in the same category, utilizing the most recent available calendar year data from the United States bureau of census figures.

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

Services and Data on Children Adopted from Other Countries

Ohio continues to provide inter-country adoption services through training, homestudy, in-home services and post-adoption services. In-home services include but are not limited to Reactive Attachment Disorder therapy, counseling, therapeutic supports, behavioral intervention supports to assist families with parenting strategies, attachment, and bonding supports. Ohio adoptive families who may have youth with complex behavioral health and multisystem needs may be eligible for assistance with Ohio Resilience through Integrated Systems and Excellence (Ohio RISE), Ohio Family and Children First Council, and the Multi-System Youth State Program. Children adopted from other countries may also be eligible to receive the Post Adoption Special Services Subsidy (PASSS). This subsidy provides for the reasonable costs of allowable services to address the child's physical, emotional, or developmental disability. Ohio continues to implement an Adoption Grant Program. This program provides a one-time payment to adoptive families, except for stepparent adoptions, to help incorporate an adoptive child into their home. The payment provided is $10,000 for any child adopted, $15,000 if the parent was a foster caregiver to the child prior to the adoption, or $20,000 if a qualified professional has diagnosed

the child being adopted with having one or more special needs. In SFY 2024, over 916 children and their families received an adoption grant. This included 14 children who were adopted internationally.

Ohio's *It Takes 100% Heart to Foster and Adopt in Ohio* website which contains resources for adoptive families including a listing of service providers in their communities has continued to be updated this past year. In addition to this resource, the Ohio Kinship and Adoption Navigator (OhioKAN) program continues to assist kinship, and post adoptive families navigate the resources available to them in their communities. There are ten regions within Ohio, each with navigators available to assist families, as well as coaches and coordinators.

In Federal Fiscal Year 2024, 572 children in foster care for at least one day were reported as previously adopted. Only five of the children have a birth country listed that is not the United States. It should be noted, however, that of the remaining children, 315 do not have their birth country listed.

Primary removal reasons for the children with previous adoptions	
Abandonment	1
Abandonment of Parents Known (Not Safe Haven)	5
Alcohol Abuse of child	1
Alcohol Abuse of Parent	5
Caretaker's Inability to Cope	17
Caretaker's Significant Impairment – Physical/Emotional	3
Child's Behavior Problems	190
Child's Disability	2
Custody Relinquishment for Adoption (Not Safe Haven)	9
Custody Relinquishment-Mental Health Treatment	12
Custody Relinquishment – Treatment	1
Death of Parent(s) / Guardian / Custodian	1
Delinquency	39
Dependency	104
Drug Abuse of parent/caretaker	1
Emotional Maltreatment/Mental Injury	8
Homelessness	1
Medical Neglect	3
Neglect	81
Physical Abuse	53
Relinquishment	6
Sexual Abuse	15
Unruly/Status offender	7

Current permanency goal (or last goal if the case is now closed) for those same children	
Adoption	179
Independent Living/Emancipation	54
Maintain in own home	83
Legal custody to Relative/Kinship	23
PPLA	21
Return the child(ren) to parent/guardian/or custodian (Reunification)	124
No goal listed (likely short-term placements)	88

Age:

The number of children at different age ranges when their previous adoption was finalized:

<1	27
1-3 years	149
4-6 years	148
7-9 years	123
10-12 years	94
13-15 years	30
16	1
Unknown	0

Gender:

Female	250
Male	322

Services for Children Under the Age of Five

Reduce the length of time young children under the age of five are in foster care

Programs which continue to be available over the next five years which are designed to assist PCSAs in reducing the length of time children under the age of 5 are in foster care without a permanent family include KINNECT to Family. In SFY24, Kinnect to Family assisted 284 children five and under and 153 of those children found permanency. (SFY- 7/1/23-6/30/24)

Addressing the Developmental Needs of Vulnerable Children

In the 2025-2029 CFSP, DCY detailed the following Outcome Areas related to the state's efforts to address the developmental needs of all vulnerable children under age five along with short-term goals. Updates on each goal for this APSR Year 1 include:

Outcome Areas	Short Term Goals
Infant Wellness: Reduce infant mortality.	• Increase the number of families served by Home Visiting by 10% (1,165 more children).

APSR Year 1 Update:

Family Connects International is an evidence-based, universal home visiting model for newborns that launched in Ohio in SFY25. Eleven counties were selected as Wave 1 partners to implement this model: Darke, Erie, Fayette, Greene, Guernsey, Hamilton, Huron, Mahoning, Noble, Shelby, and Trumbull.

Family Connects Ohio (FCO) visits ensure that mothers receive screenings for maternal depression, guidance on breastfeeding, health assessments for their newborns, and connections to community service agencies for referrals to necessary programs and services. FCO aims to serve an eligible birth population of approximately 11,500 births annually through up to five distinct community sites with a dual local structure. As of May 2025, the FCO program has served a total of 162 families.

Outcome Areas	Short Term Goals
Early Child Development: Increase access to and usage of early intervention and medical supports.	• 10% increase in serving mothers and infants (additional 1,400 mothers and babies) through neighborhood navigation, Baby and Me Tobacco Free and Safe Sleep.

APSR Year 1 Update:

Safe Sleep

Due to an unsafe sleep environment, a baby in Ohio dies every two to three days, on average. In Ohio, infant sleep-related deaths accounted for 12.4% of all deaths reviewed from 2018 through 2022. Reviews of infant sleep-related deaths also represented 18.7% of all deaths reviewed for Black children, 9% of all deaths reviewed for White children, and 8% of all deaths reviewed for children of other races. Local CFR boards found that 78% of infant sleep-related deaths reviewed were preventable. The provision of safe sleep materials, combined with education, ensures infants have a safe sleep environment and families are educated about safe sleep practices.

To decrease infant mortality and ensure infants have a safe sleep environment, DCY provides funding to thirty (30) organizations, serving 71 counties, to promote safe sleep practices and distribute safe sleep materials to eligible families within their county. Eligibility requirements include:

- Mothers who are at least 32 weeks pregnant or have an infant less than one year in age.
- Low-income, as defined as less than 200% of the Federal Poverty Level.
- Parents who live in separate homes.
- Other caregivers, including non-custodial grandparents.
- Twins and multiple birth babies.

Cribettes and safe sleep materials are provided by Cribs for Kids© through a contract with DCY. Cribs for Kids© is a non-profit organization that has developed a model to educate parents about putting their babies to sleep safely, along with providing them with a safe sleeping area. It is expected that parents

receive education along with a product to enable them to put their baby to sleep safely, will more fully implement the safe sleep recommendations. Safe sleep materials provided include portable cribs (cribette), fitted sheet, sleep sack, Sleep Baby Safe and Snug Board Book, and educational materials.

DCY's certified foster care program (formerly ODJFS) and DCY's safe sleep program (formerly ODH) have been collaborating since May 2022 to promote safe sleep education to all DCY certified resource caregivers. Beginning in April 2025, this collaboration expanded to include approved adoptive parents. The Safe Sleep Kits include tools and resources to complement their knowledge gained in pre-service training. These specially designed kits offer the following contents and are available in both English and Spanish versions.

- Sleep Sac
- Sleep Baby Safe and Snug (By Dr. John Hutton – depending on availability)
- Pacifier
- Magnet
- Crib Message Sheet
- Cribette Sheet (only fits Pack-n-Play)

Outcome Areas	Short Term Goals
Maternal Health: Decrease maternal mortality and improve prenatal health.	• 53% of infants and toddlers receiving Early Intervention (EI) services will increase social/ emotional development. 55% of infants and toddlers receiving EI services will exit EI within age expectation by 25% (85 to 109 consultations).

APSR Year 1 Update:

Urgent Maternal Warning Signs (UMWS)
According to the 2020 Ohio Pregnancy-Related Death Report, pregnancy-related mortality ratios have increased from 2008 to 2020, from 10.8 to 27.1 deaths per 100,000 live births respectively. Mental health conditions were the leading cause of pregnancy-related deaths in Ohio during this time, and including substance use disorder/overdose, depression, anxiety disorder and other psychiatric conditions. Followed by other leading causes of death, infection, cardiovascular conditions, embolism, hemorrhage, and hypertensive disorders of pregnancy. From 2008-2020, most deaths (63%) occurred in the postpartum period which includes up to a year after then end of pregnancy.

Every woman who gives birth has the potential to experience a postpartum complication, and women who are educated on the specific urgent maternal warning signs and symptoms of the leading causes of maternal morbidity and mortality may act more quickly to seek care and receive more timely and appropriate interventions.

In SFY 23, the UMWS project expanded from WIC sites into evidence-based home visiting. Sites were recruited to participate, with the goal of the project supporting and reinforcing training and model materials that the home visitors were already familiar with. A crosswalk a was developed to help home visitor see the alignment. Below are examples from the crosswalk:

- Healthy Families America – home visitor resource – danger signs for pregnancy (p.190); parent information – "Danger Signs: When to Contact Your Health Care Provider" (p.191)
- Parent As Teachers – Parent educator resource – "Recognizing Warning Signs in Pregnancy" (pp1723-1726); Parent handout – bring attention to the "call your doctor if you have any of these warning signs" sections.
- Nurse Family Partnership – Parent resource – "Danger Signs of Pregnancy," "Talking with Your Health Care Provider," "When to Call the Doctor"

We will continue to build upon this momentum by expanding UMWS education to additional home visiting providers and first responders. ODH will also develop an Urgent Maternal Warning Signs (UMWS) toolkit that will consist of a one-page flyer with the urgent maternal warning signs listed alongside their accompanying visuals with a QR code to a 3-minute video explaining the relevance and importance of recognizing the warning signs, what to do if they are present, and how family and community members can support pregnant and postpartum people. On the other side, will be a discussion guide with the HearHer™ conversation starters. Additionally, there will be links to additional resources including online training for those who want to learn more about UMWS. This toolkit will be designed to reach a wide array of community services and advocates from home visitors to community health workers, to first responders. The goal is that anyone who would interact with a pregnant or postpartum person is aware of the urgent maternal warning signs and how to respond appropriately.

Outcome Areas	Short Term Goals
Safe & Healthy Homes: Support safe, Stable homes for children to grow up in.	• Increase the number of licensed foster parents by 5% (with focus on high acuity children (approximately 350 children).

APSR Year 1 Update:
See the update for provided in the Ohio *Foster and Adoptive Parent Recruitment Plan Update Year 1 (Appendix B)*

Outcome Areas	Short Term Goals
Screening & Referral: Increase ASQ screening and referral to appropriate services.	• Increase access to non-traditional care and care for children with special needs by 10% (2,000 children).

APSR Year 1 Update:
In September 2024, Sparkler was launched, leading to an increase in the number of children screened and referred for services. From July 1, 2024, to April 30, 2025, the ASQ (Ages & Stages Questionnaires) data showed the following outcomes:

- 230 children were connected to Early Intervention
- 37 children were connected to Home Visiting

- 7 children were connected to both Early Intervention and Home Visiting
- 170 children were connected to preschool special education
- 75 new children were served

A total of 11,626 ASQ screenings have been completed, with 6,463 screenings for children ages 0-2 and 5,163 for children ages 3-5. Since the launch of Sparkler in September 2024, there have been 11,192 ASQ screenings completed, including 6,258 for ages 0-2 and 4,934 for ages 3-5.

Efforts to Track and Prevent Child Maltreatment Deaths

There are multiple entities in Ohio that are involved in tracking and engaged in the prevention of child deaths. These include the Ohio Department of Children and Youth, Ohio Department of Health, county Child Fatality Review Boards, and Fetal Infant Mortality Review (FIMR) Teams. The work of these groups and their findings are presented below.

DCY Child Fatality Tracking and Reviews

DCY tracks the types of child fatalities associated with children and families the county PCSAs are involved with and where abuse and/or neglect are suspected in the child's death. Each agency must enter information on referrals involving a child's death into Ohio CCWIS and screen the referral. Ohio SACWIS has a report, *Child Fatality/Near Fatality Administrative Report*, that displays the agency name, fatality status recorded at intake (Fatality or Near Fatality), fatality status at the time of the work item, fatality status at the time of disposition, Person ID, Child Name, Date of Birth, Deceased Date, Intake ID, Intake Received Date, Incident Date, Intake Category, Intake Type, Intake Screening Decision, etc. The report can capture the Child's Harm Description from the Intake Disposition if it is entered into the system. Email notifications are sent from Ohio CCWIS to the Technical Assistance Manager when a child fatality or near fatality is entered in Ohio CCWIS. They, in turn, forward the email to the assigned Technical Assistance Specialist (TAS) for the county PCSA. The following table contains information on the number of child fatalities reported to NCANDS by the identified federal fiscal year:

Year	Number of Fatalities
2017	73
2018	106
2019	78
2020	103
2021	102
2022	115
2023	141
2024	134

DCY has a complex history responding to critical incidents (primarily Child Fatalities) in Ohio. Through time, DCY has gone through periods of reviewing each incident, not reviewing the incident at all, and conducting reviews of all Child Fatalities and Near Fatalities with complete Child Fatality Administrative Reviews based on the Child Fatality Review committee recommendations. The Child Fatality Administrative Reviews have been incident driven and while the reviews have been comprehensive, they have been inadequate in accomplishing important goals:

- Collecting adequate data for systemic change recommendations.
- Evaluating the entire system in place around the family, caseworker, and agency involved in the critical incident.
- Identifying opportunities for improvement, implementing strategies for change, evaluating change over time and implementing learnings.
- Supporting a Culture of Safety for caseworkers, supervisors and agencies.

DCY has implemented the Systems-Focused Critical Incident Review (SCIR) process developed by the University of Kentucky Center for Innovation in Population Health and partners in the National Partnership for Child Safety that is supported by Casey Family Programs and provides beneficial access to data-sharing, coaching, crisis management/communication, and training.

All cases with a child fatality (CF)/near fatality (NF) intake receive a Critical Incident Review, as follows:

- The CF/NF Summary, full Safe Systems Improvement Tool (SSIT) and SSIT Data Form are completed on all CF, if the case was open or had been open in the prior six months and the CF report disposition is substantiated or indicated.
- The CF/NF Summary and SSIT Family Domain is completed on all other CF/NF, excluding screened out CF/NF and Family in Need of Services (FINS) Non-Child Abuse/Neglect (CA/N) CF/NF.
- The CF/NF Summary is completed on all screened out CF/NF and FINS Non-CA/N CF/NF.

DCY is convening a Child Fatality Review Committee which will have a four-fold purpose:

- Review aggregate child fatality data generated from the Safe Systems Improvement Tool (SSIT) and the SSIT Data Forms.
- Identify systemic issues.
- Make recommendations for systemic improvement(s).
- Provide feedback on the Child Fatality Review Process.

Minimally, the committee will meet twice a year; however, the committee's structure, including meeting cadence and membership may evolve through implementation. The Child Fatality Review Committee members will be selected from those PCSAs expressing interest, with consideration given to including five to eight PCSAs, representing various county sizes and locations.

Ohio Child Fatality Review Boards

The Ohio General Assembly passed Substitute House Bill Number 448 (HB 448) in July 2000, mandating Child Fatality Review (CFR) Boards in each of Ohio's counties (or regions) to review the deaths of children under eighteen years of age. The ultimate purpose of the local review boards, as described in the law, is to reduce the incidence of preventable child deaths. To accomplish this, it is expected that local review boards will:

- Promote cooperation, collaboration and communication between all groups that serve families and children.

- Maintain a database of all child deaths to develop an understanding of the causes and incidence of those deaths.
- Recommend and develop plans for implementing local service and program changes; and advise the department of health of aggregate data, trends and patterns found in child deaths.

The ORC requires the PCSA director, county coroner, chief of police or sheriff, public health official, executive director of the board of alcohol, drug addiction and mental health services, and a pediatrician or family practice physician or any designee to meet at least once a year to review all deaths of child residents in a particular county. Each local CFR board provides data to the Ohio Department of Health (ODH) by recording information on a case report tool before entering it into a national web-based data system. The report tool and data system were developed by the National Center for Fatality Review and Prevention (NCFRP) with a cooperative agreement from the federal Maternal and Child Health Bureau. The tool captures information about the factors related to the death and the often-complex conversations that happen during the review process in a format that can be analyzed on the local, state, or national level. The review process allows committees to use a public health approach to assess whether prevention of the death was possible and determine areas of improvement for services and programs available to the family.

CFR Boards Findings for the five-year period from 2018 through 2023[2]

For the five-year period from 2018 through 2022, local CFR boards reviewed 5,501 child deaths, which represented 75% of the child deaths reported by the Ohio Department of Health Bureau of Vital Statistics. Deaths that were not reviewed include cases still under investigation or involved in prosecution, and out-of-state deaths reported too late for a thorough review. Late-year deaths for which death certificates were not yet available to local review boards were also not reviewed. In addition, some cases were not reviewed due to the impacts of COVID-19. Local CFR boards found that 5% of medical deaths and 85% of external injury deaths reviewed from 2018 through 2022 were preventable.

The proportional distribution of reviews across many factors, including manner of death, age, race, and sex, has changed very little over this 5-year period.

- Sixty-two percent of the reviews were for children less than 1 year of age.
- Males are also overrepresented in child death reviews, comprising 58% of reviews.
- The most common manners of death among infant sleep-related death reviews were accidental (54%) and undetermined (34%). Only 11% of sleep-related deaths reviewed were determined to be natural in manner.
- Fifty-Two percent of infant sleep death reviews found that infants were sleeping in an adult's bed.

For the five-year period from 2018 through 2022, local CFR boards reviewed 178 deaths from child abuse and neglect. These represent 3% of the 5,501 deaths reviewed.

- Fifty-two percent of the reviews indicated that abuse caused or contributed to the death, while 48% indicated that neglect caused or contributed to the death.
- Sixty-nine percent of child abuse and neglect death reviews occurred among children younger than 5 years of age.

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[2] 2023 Child Fatality Review (CFR) Annual Report.

Fetal Infant Mortality Review (FIMR) Program

Ohio is home to 395, 455 babies, representing 3.4 percent of the state's population. As many as 44.2 percent live in households with incomes less than twice the federal poverty line (in 2021, about $55,000 for a family of four), placing them at economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures ([Ohio - State of Babies Yearbook 2023](#)). Infant mortality is an important gauge of the health of a community because infants are uniquely vulnerable to the many factors that impact health, including socioeconomic disparities. Infants and toddlers are the most vulnerable age group to suffer abuse and neglect, accounting for more than a quarter of all incidents that are substantiated. The most prevalent form of maltreatment is neglect, defined as "the absence of sufficient attention, responsiveness, and protection that are appropriate to the ages and needs of a child. Child maltreatment is influenced by numerous risk factors, including inadequate access to education about child development, substance abuse, other forms of domestic violence, and mental illness. Although maltreatment occurs in families of all economic levels, abuse and especially neglect are more common in economically disadvantaged families than in families with higher incomes. (U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2021). Child maltreatment 2019).

Children are much more likely to die during the first year of life than at older ages. Infant deaths can reflect underlying problems, such as barriers to accessing prenatal care, living in violent neighborhoods, or circumstances that challenge parents' ability to adequately supervise their young children. The Centers for Disease Control and Prevention (CDC) website reports the infant mortality rate as the number of infant deaths per 1,000 live births. The national and state-level estimates for the State of Babies Yearbook 2023 reflect data from 2020. Ohio's 2020 overall infant mortality rate was 6.7. Though the infant mortality rate in Ohio declined from 7.8 in 2006 to 6.7 in 2020, Ohio's 2020 overall infant mortality rate remains higher than the national average. In addition, the racial disparity continues to be substantial, with black infants dying at almost three times the rate of white infants. For these reasons, the Ohio Department of Health (ODH) has identified decreasing infant mortality as a top priority in its State Health Improvement Plan. ODH initiated an additional review program in 2014 to fully understand the issues of fetal and infant mortality (Ohio (OH) - State of Babies Yearbook 2022).

The Fetal Infant Mortality Review (FIMR) is a multi-disciplinary, multi-agency, community-based program that identifies local infant mortality issues through the review of fetal and infant deaths and develops recommendations and initiatives to reduce infant deaths. FIMR is a community-owned and action-oriented process to improve service systems and resources for women, infants, and families. Maternal interviews are completed as a key part of the FIMR processes and give insight into the mother's experience before and during pregnancy, and the time of the infant's death. Interviews convey the mother's story of her encounters with local service systems and provide understanding and information about health disparities among populations in the community.

Ohio currently has ten FIMR teams in the following locations across the state:
- Butler County
- Columbus City
- Cuyahoga County
- Dayton-Montgomery County
- Hamilton County
- Lorain County

- Lucas County
- Mahoning County
- Stark County
- Summit County

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

FIMR includes two components a case review team (CRT) and a community action team (CAT).
- **Case Review Team (CRT**) reviews case summaries and develops recommendations. The Team must include members who have:
  - Community involvement in the CRT.
  - Influence and commitment to improvement of services.
  - Provided or currently provide services for families as well as serve as community advocates.
  - Recommended professionals include representatives from the local health department, OB/GYN, social services, SIDS community, Medicaid, WIC, minority advocacy, childcare providers, drug treatment centers, and hospital administrators.
- **Community Action Team (CAT)** reviews the recommendations presented by the CRT and develops a plan to implement these interventions. It is recommended that an existing community group serve as the CAT, rather than creating a new team such as, a Healthy Mothers/Healthy Babies program, Prenatal/Perinatal Regional Consortium, Community Advisory Board, mayors, or county commissioner's blue-ribbon panel on infant mortality. The CAT coordinates their plan with the CRT and shares their interventions.

Collaboration *Data Sharing*

DCY and ODH have executed an updated data sharing agreement so that data from ODH's Violent Death Reporting System (VDRS) can be shared and matched to Ohio SACWIS records. This allows DCY to share information with ODH on whether decedents in the VDRS have a history of involvement with children services in Ohio. DCY and ODH are collaborating to further explore reasons for child fatalities and prevention strategies. Further expansion of the DCY/ODH data sharing agreement is under review to allow both agencies to obtain additional information about the populations to inform prevention efforts.

DCY joined the National Partnership for Child Safety (NPCS) in February of 2023, a quality improvement collaborative comprised of county, state and tribal child and family serving agencies whose mission is to improve child safety and prevent child maltreatment and fatalities by strengthening families and promoting innovations in child protection. Thirty-eight jurisdictions are part of the partnership.   The Children Services Practice Advancement (CSPA) staff attended the following 10-12 hours of training developed by the University of Kentucky (UKY) Center for Innovation in Population Health:

- Critical Incident Debriefing (2 CEUs)
- Safe Systems Improvement Tool (4 CEUs)
- Safety Culture in Critical Incident Reviews (4 CEUs)
- Systems Mapping (2 CEUs) (optional)

In 2024, CSPA implemented the Systems-Focused Critical Incident Review (SCIR) process developed by UKY. Through the Partnership, and subsequently with the [Center for the Helping Professions](#) (CHP) (launched in January 2025 by CEO Michael Cull, PhD and COO Tiffany Lindsey, EdD, LPC-MHSP, both formerly with UKY) beneficial access to data-sharing, coaching, crisis management/communication, and training is provided. As part of this SCIR process, CSPA uses the Safe Systems Improvement Tool (SSIT) originally created by the Praed Foundation specifically to conduct critical incident reviews (child fatalities/near fatalities).

The SCIR process is intended to identify areas for learning and systems improvements. The review takes a supportive approach as it is about the "what and how" rather than the "who and why". The aim of the SCIR process is to identify systemic improvement opportunities. The review does not look for evidence that harm to a child is caused by steps taken or not taken by any one individual or a set of individuals. Instead, the goal is to generate data that can be evaluated in aggregate form to help inform strategies for systemic improvement(s).

In 2025, CSPA staff attended AWAKEN for Safe Systems Debriefings for a total of 15 CE hours through CHP.

Systems-Focused Critical Incident Review (SCIR) Criteria

CSPA conducts a SCIR on Child Fatalities (CFs) reported in SACWIS when the case was open or had been open in the six months prior to the child's death, and the CF report disposition is substantiated or indicated. A SCIR is not conducted due to concerns with a specific CF. The SCIR includes:

- Completing the NPCS Data Variable and SSIT in REDCap.
- Debriefing with the county agency participants (often the assigned caseworker and supervisor).
- Providing post technical assistance (if applicable).
- Obtaining feedback from the PCSA on the SCIR review process.

Additionally, DCY continues to review every child fatality/near fatality reported in Ohio SACWIS to determine if an administrative review is to be conducted and periodically reviews aggregate fatality data to identify trends and areas where intervention is needed.

Mary Lee Allen Promoting Safe and Stable Families (PSSF) (title IV-B, subpart 2)

Family Preservation

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

Programs and services provided include:

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

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

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

On behalf of DCY, ODJFS reimburses the PCSAs for allowable direct and administrative ESAA preservation expenditures on behalf of DCY with seventy-five per cent Title IV-B, subpart 2 funds. ODJFS also allocates State General Revenue Funds at a 25% match rate on behalf of DCY for the nonfederal share.

Family Support

The Family First Prevention Services Act (FFPSA), enacted on February 9, 2018, modified the definitions of "Family Support Services" when applied to utilization of Title IV-B, subpart 2 funds. "Family support services" for the purposes of utilizing Title IV-B, "subpart 2" means community based services to promote the safety and well-being of children and families, which are designed to increase the strength and stability of families (including adoptive, foster, and kinship families), to support and retain foster families so they can provide quality family based settings for children in foster care, to increase parents' confidence and competence in their parenting abilities, to afford children a safe, stable and supportive family environment, to strengthen parental relationships and promote healthy marriages, and otherwise to enhance child development, including through mentoring."

Family-Centered Services and Supports (FCSS)

The Ohio Family and Children First (OFCF) Cabinet's Family-Centered Services and Supports (FCSS) funding opportunity reflects the state's cross-system commitment to implementing a coordinated continuum of services and supports for families and their children, ages 0-21 with multi-system needs.

This initiative is jointly funded by the Departments of Children and Youth, Mental Health and Addiction Services, and Developmental Disabilities. These dollars are appropriated to the 88 local Family and Children First Councils (FCFCs) to provide non-clinical, family-centered services and supports. Utilization of these funds requires that specific needs be identified on an individualized service coordination plan which must be jointly developed with the family.

The total number of children served during State Fiscal Year 2024 (July 1, 2023, through June 30, 2024) was 2,444. The 14 through 18-year-old age group is the largest age group of youth being served through FCFC Service Coordination (42%) with FCSS funds. The age range of 10 through 13 was the second highest (28%) and the age range of 4 through 9 was the third highest (23%). Four percent (4%) of youth were served in the 0 through 3 age range and 3% of youth served in the 19 through 21-year-old age range.

The FCFCs report all local systems involved with the youth and their individualized plan. The top three most involved systems were the educational system (2,101 youth), mental health/behavioral health (1,622 youth), and Job and Family Services (1,015 youth). Seven hundred ninety-nine (799) of these youth are also actively involved with their local board of developmental disabilities. Youth served also had a variety of educational needs, with a total of 69% receiving additional supports on Individualized Education Programs (IEP) or 504 educational plans. 54% of youth funded were on (IEPs) and 15% of youth were on 504 plans.

A key component of the FCSS funding program is to maintain children in their homes and communities whenever feasible. Data showed that of the 794 children whose case closed during SFY24, 89% of children served were able to be maintained in their community living with either a parent(s), relative(s), legal guardian or independent living arrangement after they turned 18.

Family Reunification

"Family Reunification Services" for the purposes of utilizing Title IV-B, "subpart 2" means the services and activities listed in this definition that are provided to a child who is removed from his home and placed in a foster home or a residential facility or a child who has been returned home and to the parent, guardian or custodian of such a child, in order to facilitate the reunification of the child safely and appropriately within a timely fashion, but only during the fifteen month period that begins on the date the child returns home.

Family Reunification Services include:

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

Prior to the enactment of FFPSA, time-limited family reunification services were provided to a child and his or her caregivers to facilitate a safe and timely return home following placement in a substitute care

setting. Use of these funds was restricted to the 15-month period that begins on the date that the child is considered to have exited foster care. Time-Limited Family Reunification Services include:

- Individual, group, and family counseling.
- Inpatient, residential, or outpatient substance abuse treatment services.
- Assistance to address domestic violence.
- Services designed to provide temporary childcare and therapeutic services for families, including crisis nurseries.
- Programs designed to provide follow up care to families to whom a child has been returned after a foster care placement.
- Transportation to or from any of the services and activities described above.

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

The methodology used to distribute available funds is as follows:

- 40% of statewide funding is distributed equally among all PCSAs.
- 60% of statewide funding is distributed to PCSAs based on each county's population of children less than one hundred per cent of the federal poverty level as compared statewide in the same category, utilizing the most recent available calendar year data from the U.S. bureau of census figures.

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

Adoption Promotion and Support Services

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

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

assessed by a review committee. PASSS funding requests can be approved in whole or in part, based on the needs of the child and the circumstances of the adoptive family.

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

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

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

Adoptive parents who receive PASSS funds must pay at least five percent of the total cost of all services provided to the child. This co-payment may be waived if the gross income of the child's adoptive family is less than two hundred percent of the federal poverty guideline. If the gross income of the child's adoptive family is at or above two hundred per cent of the federal poverty guideline, the state may lower the co-pay percentage of the total cost or waive it. If the service amount is higher than the approved amount, the adoptive parent is responsible for the co-pay percentage amount and the overage cost of the service. The determination of the Federal Poverty Guidelines for family size is based upon information published in the Federal Register, Vol. 89, No. 11, January 17, 2024, pp. 2961 - 2963.

Agencies can process applications, claim reimbursement electronically, as well as produce detailed reports on funds (e.g., services requested and utilized, amounts approved or denied, and the demographics of the families that use PASSS). As of March 31, 2025, 1,058 applications for PASSS have been received for SFY 2025. To date, $6,527,692 million has been approved to cover special services for adopted children. DCY has reimbursed just over $ 3.9 million of the funds requested.

If the state plans to spend less than 20 percent of its FY 2026 award in any of the four categories, provide the rationale in the 2026 APSR. In addition, if the state's expenditure of FY 2023 IV-B, subpart 2 PSSF grant did not approximate 20 percent of the grant total for any of the four PSSF service categories, provide information on: 1) whether the disproportion was requested when the state submitted its estimated expenditures for FY 2023; and 2) the rationale for the disproportion in the actual expenditure of FY 2023 grant funds.

We expect to spend more than 20% in each of the four categories in FY26 and did spend more than 20% in each of the categories in FFY23.

Populations at Greatest Risk of Maltreatment

Ohio will be using an Intersectional Approach to identify children at greatest risk of maltreatment. The Intersectional Approach seeks to understand how various dimensions of a child and family's identity and social position (e.g., such as socioeconomic class, disability, family functioning, community resources, education) interact to shape the child/family experience and their vulnerability to maltreatment. This approach aids in comprehending how overlapping systems have unique impacts on groups of children and families. These systems frequently operate on the county level. With this understanding, counties work to drive strength and reform in improving child welfare outcomes using interventions to overcome systemic barriers and child/family deficits.

The decision to use this approach is the result of examining the Federal Data Profiles on the county level. Because there is a large amount of variability between and among counties on these performance measures, there is no global "cookie cutter" approach to specify which children are most at risk. Therefore, identifying children at the most risk must be done within each county, aided by the Intersectional Approach.

The Intersectional Approach requires three steps.

Step 1: The Center for Disease Control (CDC) used a novel technique to create the Social Vulnerability Index. Ohio will use this same procedure with the Federal Statewide Performance Measures to create a table showing the Performance Vulnerability Index (Overall Performance) for each county. A partial example of this table is shown below. (Zero 0 indicates a very stressed county, and 10 indicates a well-adjusted county.)

County Name	Overall Performance (9-10=Exceptional; 0=Very Strained)
Adams County	5
Allen County	3
Ashland County	1
Ashtabula County	6
Athens County	0
Auglaize County	0
Belmont County	7
Brown County	4
Butler County	5
Carroll County	1
Champaign County	0
Clark County	6
Clermont County	3
Clinton County	5
Columbiana County	6
Coshocton County	1
Crawford County	9
Cuyahoga County	2
Darke County	10
Defiance County	1
Delaware County	8
Erie County	6
Fairfield County	7
Fayette County	6
Franklin County	4
Fulton County	3
Gallia County	8
Geauga County	6
Greene County	8

Step 2: Technical Assistance Specialists (TAS), as part of their CPOE reviews, will work with each county to increase their understanding of their Overall Performance using the table created in **Step 1**, and then augment the discussion by showing the county specific data of the federal indicators. A sample table is shown below.

County Name	Entry Rate per 1000	Permanency in 12 Months (Entry)	Permanency in 12 Months for those in Care 12-23 Months	Permanency in 12 Months for those in Care 24+ Months	Recurrence of Maltreatment	Stability in Care	Maltreatment In Care
Adams County	10.97	45%	42%	24%	9%	2.2	13.6
Allen County	3.86	32%	13%	32%	7%	3.2	10.2
Ashland County	2.23	9%	59%	36%	15%	7.5	5.0
Ashtabula County	3.09	39%	56%	19%	7%	3.3	11.5
Athens County	6.86	18%	21%	47%	20%	6.5	14.7
Auglaize County	1.47	12%	33%	100%	11%	5.8	54.3
Belmont County	4.06	60%	71%	57%	8%	5.7	42.7
Brown County	4.23	42%	64%	0%	8%	3.5	15.7
Butler County	1.49	39%	34%	38%	4%	4.9	9.1
Carroll County	3.24	11%	0%	40%	10%	6.7	0.0
Champaign County	0.71	0%	25%	17%	5%	6.6	16.8
Clark County	3.04	43%	33%	42%	10%	2.8	4.2
Clermont County	2.10	35%	32%	56%	14%	4.6	3.2
Clinton County	6.26	44%	33%	67%	8%	3.5	16.1
Columbiana County	2.14	35%	64%	32%	7%	3.7	12.7
Coshocton County	4.21	42%	60%	22%	12%	5.1	28.8
Crawford County	4.94	51%	35%	36%	1%	1.6	13.0
Cuyahoga County	3.47	25%	39%	24%	9%	2.7	11.0
Darke County	1.41	53%	50%	71%	0%	2.5	0.0
Defiance County	1.86	25%	0%	0%	4%	2.3	13.0
Delaware County	0.35	33%	50%	73%	6%	5.0	0.0
Erie County	3.35	39%	59%	23%	11%	3.5	0.0
Fairfield County	3.05	36%	56%	33%	2%	4.2	7.9
Fayette County	1.92	33%	55%	50%	8%	4.1	9.4
Franklin County	3.34	37%	45%	38%	7%	5.2	7.7
Fulton County	0.52	73%	50%	0%	10%	11.5	0.0
Gallia County	7.25	77%	86%	50%	6%	5.6	81.1
Geauga County	0.52	88%	0%	40%	3%	4.6	10.7
Greene County	1.13	42%	60%	18%	6%	3.5	2.9
Guernsey County	7.84	46%	26%	28%	12%	2.1	9.3
Hamilton County	4.86	28%	40%	33%	9%	3.1	7.9
Hancock County	3.41	57%	37%	36%	6%	3.4	0.0
Hardin County	2.40	24%	30%	0%	10%	3.9	21.4
Harrison County	8.24	75%	71%	75%	3%	3.8	0.0
Henry County	3.32	67%	80%	0%	34%	4.1	10.3
Highland County	12.43	48%	77%	48%	10%	4.1	13.0
Hocking County	5.25	56%	14%	8%	8%	2.5	21.3
Holmes County	1.50	39%	17%	50%	12%	3.1	0.0
Huron County	1.40	19%	54%	100%	14%	2.7	0.0

Step 3. With these two pieces of information, the TAS and county staff will discuss how the Intersectional factors (e.g., socioeconomic class, education, family dynamics, community resources) could influence the Overall Performance, and determine which services are needed to realize improvement. The following sample questions involving Intersectional factors can guide the discussion.

- How is child age (age groups) impacting each measure?
- What child disability types is the county seeing? How severe are the disabilities?
  - What services do these children need? Are there effective services and established pathways to obtain these services?
- What are the most common caregiver characteristics that are playing a substantial role in impacting maltreatment risk.
  - For instance, since research indicates that young children living in households with one or more unrelated adults, particularly a mother's boyfriend, are at a dramatically increased risk of fatal inflicted injury—nearly 50 times as likely compared to children living with two biological parents, what supportive services are being deployed when this is seen?
- Parental substance abuse
  - What are the most common substance abuse services the county finds effective? Are these services available? Are there significant treatment delays? What is being done to meet the service demand?

- Parental Mental Health Challenges
    - Is mental health treatment accessible? Who are the local treatment providers? When there is a treatment delay, what can the agency do to decrease risk?
- Parenting Difficulties
    - What issues are pronounced that could be eased with parenting classes? How are caseworkers encouraging parents to go to parenting classes? Are virtual parenting classes preferred and just as effective as in-person parenting classes?
- Are caseworkers discussing with the caregivers their own history of abuse/neglect?
    - Are caseworkers finding a relationship between what the parent experiences and what their children are experiencing?
    - Are efforts being made to support parents with appropriate services?
- What are the county's social-demographic and community-level determinates that are impacting the data profiles (e.g., poverty, housing/homelessness, clothing, medical care, essential goods, community violence)?
    - Which determinates are buffers against the risk? Which determinates are exacerbating the risk of maltreatment?

Kinship Navigator Funding

The Ohio Kinship and Adoption Navigator Program (OhioKAN) continues to provide information and referral services, support in accessing services and benefits, hard goods, training, and outreach to kinship and adoptive families. The statewide program is implemented through Kinnect, a vendor with DCY. Kinnect has overseen the design, development, and implementation of OhioKAN in collaboration with DCY. Kinnect has partnered with Chapin Hall for implementation, Jetpack for communications, and Kaye Implementation and Evaluation for CQI and program evaluation. The OhioKAN model is regionally based, in ten regions throughout Ohio. To keep services regionally based, Kinnect partners with local agencies in each region to employ the navigators. The partner agencies complete an application to ensure that their program and services align with OhioKAN. OhioKAN currently works with 20 partner sites.

Since we began using Kinship Navigator Funding in Federal Fiscal Year 2018 through 2022, Ohio has had many significant accomplishments. In addition to supporting the OhioKAN contract with Kinnect as the vendor, we have also run a social media campaign each year to increase awareness of kinship caregivers' needs and available resources during Kinship Care month.

DCY used Kinship Navigator funding to complete enhancements to the Ohio SACWIS system for OhioKAN. These improvements enabled OhioKAN staff to more efficiently collect and maintain program documentation. Through a data agreement, evaluators also received system data for a rigorous evaluation, including baseline demographics, identified family needs, service levels, referrals obtained, and navigator contacts.

OhioKAN has continued to grow since its inception. We began Federal Fiscal Year 2021 with only 6 navigators (October 31, 2020), expanding to 21 navigators in October 2021, and 35 navigators by October 2022. As of April 2025, OhioKAN has continued to expand to 45 navigators across the state.

In addition to program growth, the numbers of families served have grown each year. As of May 2025, OhioKAN has served over 19,434 families. In Federal Fiscal Year (FFY) 2020, OhioKAN served 2 families.

In FFY 2021, the first full year of implementation, OhioKAN served 1,240 families. In FFY 2022, OhioKAN served 2,326 families. From October 2022 – March 2025, OhioKAN has served 15,258 families.

OhioKAN has developed and implemented a statewide process to provide training for caregivers and mental health practitioners. To identify training topics, OhioKAN used data on family's needs, focus groups and community resources being used. Currently, OhioKAN offers two asynchronous trauma trainings through Trauma Free World and a Benefits Training for caregivers and is actively working to grow these offerings through the development of the Community Practice team that includes two Benefits Coordinators. Additionally, OhioKAN has become a Training for Adoption Competency (TAC) site and is currently finalizing plans for the fourth cohort of training for mental health clinicians to better understand and address the unique needs of kinship and adoptive families. The next TAC cohort will begin in January 2026.

In May 2022, OhioKAN began supporting DCY and families with the application process for the Post Adoption Special Services Subsidy (PASSS), a program designed to provide support to Ohio families after an adoption is finalized. Since then, OhioKAN has assisted in processing more than 2,374 PASSS applications.

Kinship Caregivers are made aware of OhioKAN in several ways. OhioKAN utilizes social media, internet search ads, billboards, and radio ads to directly inform families of our services and how to contact the program. OhioKAN also provides brochures to partners to hand out to families. OhioKAN also collaborates with the community through the ten Regional Advisory Councils and their members, by providing presentations to local agencies and at conferences and direct outreach in the community.

Once a kinship caregiver contacts OhioKAN through the phone line, website, or by having a provider send a referral, the navigator completes a needs assessment to identify their specific needs and priorities. Each family is provided with individualized resources in what is called a Resource Binder. This Binder can be emailed, mailed, or texted to the family. The navigators reach out to the family to see if they need additional assistance or resources, such as warm handoffs, assistance with a benefits appeal, or other supportive services. When financial needs cannot be met through available community resources, OhioKAN may provide limited flex funding to assist families. In FY2024, OhioKAN distributed $279,311 in flex funds, and in FY2025 (through March), that support increased to $412,141. These funds are most commonly used to address housing, transportation, and academic needs. OhioKAN is in the testing phase of a resource hub that is public facing on the OhioKAN website. This hub is expected to be completed in State Fiscal Year 2026.

OhioKAN underwent an effectiveness evaluation to achieve a Promising rating from the Title IV-E Prevention Clearinghouse. Families were enrolled from February 2022 to February 2023, with follow-up data collected at 3, 6, and 12 months. DCY received the reports, and they are under internal review. The OhioKAN program manual, developed to meet Clearinghouse requirements, was published online at manual.ohiokan.org.

Monthly Caseworker Visit Standards and Formula Grants

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

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

ODJFS communicates grant availability and liquidation periods for these allocations through the county finance information system (CFIS) on behalf of DCY. Funds must be expended by the grant availability period and reported no later than the end of the liquidation period. Expenditures exceeding the allocation amount are the responsibility of the PCSA.

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

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

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

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

DCY has implemented a Best Practice funding incentive that rewards county agencies for improvements made as well as meeting visitation benchmarks.

Improving the Quality of Caseworker Visits

Monthly Caseworker Visit Formula Grants have been used by agencies to institute CQI procedures at their agency which focus on improving the quality of visits. For some agencies this may entail supervisors using check sheets to review the comprehensiveness and quality of documentation, meeting with caseworkers to discuss their notes, and having QA staff review documentation of visits and activity logs from a quality perspective.

A Comprehensive Visitation Report is available in Ohio SACWIS allowing each user to see both statistical and detailed drilldown data. Statistical information from this report is emailed to Directors and Administrators in each of the 88 county PCSAs monthly. All agency Directors and Administrators also have access to a Children Services Performance Measures Dashboard, which includes interactive visitation data in Tableau for easier understanding of the data.

On July 3, 2023, Governor DeWine signed Amended Substitute House Bill Number 33 (HB 33) of the 135th General Assembly. Within the Bill, the state appropriated funding for strengthening best practices to help achieve better outcomes for children, youth, and families. The Office of Families and Children will continue the Best Practice Incentive Program, utilizing $5 million per State Fiscal Year (SFY) to incentivize best practice measures.

To that end, and in consultation with the County Commissioners Association of Ohio, the Ohio Job and Family Services Directors' Association, and the Public Children Services Association of Ohio, DCY created a new Best Practice Incentive Program recognizing and rewarding agencies making marked improvements with visitation and timely assessment/investigation measures. The goal is to incentivize all counties to prioritize improvement. Measurement for this incentive commenced on October 1, 2022, and concluded on March 31, 2025. Visitation for this incentive is measured as a composite visitation, including all adults and children requiring visits. Results of the most recent best practice incentives are presented below.

Measure	Measurement Period	Number of Counties Achieving 95%
Timely Investigations	October 1, 2024- March 31, 2025	64
Visitation Composite	October 1, 2024- March 31, 2025	51

State's standards for the content and frequency of caseworker visits for children who are in foster care under the responsibility of the state

For a child placed in a relative or non-relative home or a foster home
- One face-to-face visit with the child and substitute caregiver within the substitute care setting during the first week of placement, not including the first day of placement.
- One face-to-face visit with the child and the substitute caregiver within the substitute care setting during the first four weeks of placement, not including the visit during the first week of placement.
- Monthly face-to-face visits with the child and substitute caregiver within the substitute care setting.

For a child for whom a special, exceptional, or intensive needs difficulty of care payment and placed in a treatment or medically fragile foster home
- One face-to-face visit with the child and substitute caregiver within the substitute care setting during the first week of placement, not including the first day of placement.
- One face-to-face visit with the substitute caregiver and child should occur twice monthly, but not within the same week.
- At least one of the monthly visits is to occur within the treatment or medically fragile foster home.

For a child placed in a residential facility or substance use disorder (SUD) residential facility
- One contact with the residential facility or SUD residential facility and the child as developmentally appropriate within ten days of placement, not including the first day of placement.

- Monthly face-to-face visits with the child, within the residential facility or SUD residential facility.

For a child who is sixteen years of age or older and placed in an independent living arrangement in which he or she has responsibility for his or her individual living environment
- One face-to-face visit with the child within the living environment within the first week of placement, not including the first day of placement.
- Monthly face-to-face visits with the child, within the living environment.
- Contacts and visits for children in the custody of a PCSA or PCPA are to be documented in the child's case record and address the following:
  - The child's safety and well-being within the substitute care setting. In assessing the child's safety and well-being, the caseworker is to consider the following through observation and information obtained during the contact or visit:
  - The child's current behavior, emotional functioning and current social functioning within the substitute care setting, and any other settings/activities in which he or she is involved. The caseworker will also document evidence that the caregiver is following the reasonable and prudent parent standard in allowing the child regular opportunities to participate in age or developmentally appropriate activities.
  - The child's current vulnerability.
  - The protective capacities of the child's caregiver(s).
  - Any new information regarding the child, the substitute care setting, and impact on the substitute caregiver's willingness or ability to care for the child.
  - Any supportive services needed for the child or caregiver to assure the child's safety and well-being.
  - The child's progress toward any goals in the case plan as applicable from information obtained from the child and caregiver.
  - Permanency planning in accordance with the child's case plan.

Statutory Performance Standards

Ohio's submission of FFY 2024 Caseworker Visits data indicated that Ohio achieved 97% compliance and surpassed the 95% federal target goal. Of those visits, 82.5% were conducted in the child's residence exceeding the 50% requirement. Summary statistics were retrieved from Ohio SACWIS as of December 20, 2024, and met the compliance criteria described in ACYF-CB-PE-12-05 program instructions. A sample methodology was not utilized to fulfill the revised monthly caseworker data reporting requirements.

Federal Fiscal Year 2024

Aggregate Number of Children (unduplicated) who Met the Visitation Population Requirement	21,188
Total Number of Monthly Caseworker Visits Made to Children	158,441
Total Number of Complete Calendar Months Children in the Reporting Population Spent in Care	163,-97
Total Number of Monthly Visits Made to Children in the Reporting Population that Occurred in the Child's Residence	130,733

Other Grants and Requirements

Adoption and Legal Guardianship Incentive Payments

Over this past year, the Adoption and Legal Guardianship Incentive Payments have been used to invest in the purchase of online codes for the Positive Parenting Program (Triple P).

Adoption Savings

The total adoption savings reinvestment amount for FFY2015 - FFY2024 is $95,209,844. Of this amount, $95,209,844 has been expended. Through the experienced savings, Ohio has been able to support many initiatives including the Wendy's Wonderful Kids Program Expansion providing additional adoption recruiters for older children and those most difficult to adopt, the Kinship Supports Program that provides time limited payments to kinship caregivers while they are in the process of becoming licensed providers, the Ohio Kinship and Adoption Navigator Program which provides navigation services to kin caregivers and adoptive families, the Multi-Systems Youth Program which provides services for congregate care, aftercare supports, and wrap around services for youth, the state match for FFPSA Prevention Services, KGAP and KGAP to 21 programming, initiatives aimed at recruiting and retaining family foster homes, and the Best Practice initiative which provides funding at the local level to support agency best practices, and services for families, post-adoption. We also increased the state's participation in adoption assistance subsidy payments from the non-federal share of up to $250 to $350 per subsidy.

Family First Prevention Services Act (Transition Grants)

The Transition Act funding has been used across 4 areas: (1) Prevention Services; (2) Service Expansion and Evaluation; (3) QRTP; and (4) changes in Ohio SACWIS. Families with children at imminent risk of removal from the home into foster care serve to benefit from the provision of evidence-based prevention services.

Below is more detailed information about use of this funding.

- Help our state to expand statewide Prevention Services Child and Adolescent Behavioral Health Center of Excellence (COE). The role of the COE is to assist the State in their system transformation efforts by providing orientation, training, coaching, mentoring and other functions/supports needed by the provider network to build and sustain capacity in delivering evidence-based practices within a system of care framework. The COE works with DCY and the Ohio Departments of Medicaid, Youth Services, Developmental Disabilities, and Mental Health and Addiction Services to support the addition and/or expansion, implementation, sustainability, and/or monitoring and evaluation of the following services/processes, including expansion of access through use of telehealth:

    - High Fidelity Wraparound
    - Functional Family Therapy
    - Multi-Systemic Therapy
    - Healthy Families America
    - Parents as Teachers
    - OhioSTART Expansion
    - Mobile Response and Stabilization Service
    - Child and Adolescent Needs and Strengths Assessment

- Help our state evaluate and expand Triple P services.

The Transition Act funding has been used toward the QRTP provisions to:

- o Provide funding to our residential partners to assist them in meeting the QRTP requirements.
- o Provide trauma informed training to state and county stakeholders.
- o Pilot a tiered foster care rate system aimed at reducing congregate care days by increasing the number of skilled foster parents prepared to care for higher needs children.

The Transition Act funding has also been used toward enhancements in our automated systems to support all facets of FFPSA implementation.

Family First Transition Act Funding Certainty Grants

In addition to FFPSA Transition Act Grants, the Transition Act authorized "Funding Certainty Grants." The grants are available only to title IV-E agencies that operated a title IV-E child welfare waiver demonstration project through the end of the waiver authority on September 30, 2019.

Funding Certainty Grants were intended to replace any shortfall in title IV-E Foster Care program federal financial participation (FFP) for FYs 2020 and 2021 as compared to specified funding available through the former demonstration project. The amounts of Funding Certainty Grants were determined based on title IV-E Foster Care program FFP provided for FFYs 2020 and 2021. To be considered for the grants, former waiver jurisdictions were required to report post-demonstration costs on Form CB-496, the Title IV-E Programs Quarterly Financial Report.

Funding Certainty Grants may be used for the same purposes as the FFPSA Transition Grants (see above) and are subject to the same reporting requirements.

In the 2026 APSR, each state receiving a Funding Certainty Grant must report on:

- If applicable, how Funding Certainty Grant funds have been used to implement each part of FFPSA, with a separate statement with respect to each such part;
- All program, services, and operational costs for which the grant has been used;
- The characteristics of the families and children served;
- The amounts, if any, the agency has used to continue activities previously funded under a waiver and
  - o The agency's plan to transition the activities so that needed activities can be provided under the agency's title IV-E plan; or,
  - o If expenditures for the activities would not be eligible for payment under title IV-E the reason for it not being eligible and the funding sources the agency plans to use to cover the costs of needed activities.

Final adjustments on the Funding Certainty Grant awards were made in FY 2024. The funds received through these awards MUST be obligated by September 30,2026 and liquidated by January 28, 2027.

The first Funding Certainty Grant was received in August 2021 and the second in September 2023. Each former waiver county's proportionate share of loss was calculated to determine their share of the grant, and these amounts were disbursed soon after received. ODJFS set up new expenditure coding to capture how these funds are used based upon the allowable uses (i.e., IV-B allowable activities, former

waiver activities, and FFPSA planning and implementation activities). The funds have been used toward family preservation and reunification activities, and continuing with Family Team Meetings and providing services and supports to facilitate and maintain kinship and adoptive placements. Support services for adoptive parents and kin caregivers have also been provided, as well as support services to prepare children for kin or adoptive placements (e.g., peer mentoring, counseling, and assessments of a child's interest in adoption). Funds have also been used to support children and families not eligible under Title IV-E. Were these funds not available to assist with placement and administrative costs for non-IV-E eligible children, the former demonstration counties would have had to resort to local funding to support these programs.

John H. Chafee Foster Care Program for Successful Transition to Adulthood

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

Description of Program Design and Delivery

In Ohio, Chafee funding is allocated to Ohio's 88 Public Children Service Agencies (PCSA) where the PCSAs are required by Ohio Administrative Code to provide independent living and transition age youth services to young adults ages 14-21 that are currently in foster care or have left foster care any time after turning age 18. Services are based on an assessment and a plan that includes input from the youth and caregiver. There have been no changes in Ohio's structure since the submission of the 25-29 CFSP and while there are a variety of services offered at the local level, the services include but are not limited to:

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

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

Ohio values the voice of the youth and young adults served by the child welfare system. To demonstrate our commitment to inclusion of youth with lived experience in planning and implementation efforts, DCY leadership has established a regular cadence of meetings with youth and young adults to incorporate their feedback in policy decisions and program design.

DCY supports the Ohio Youth Advisory Board (OYAB), a statewide organization of young people aged 14-24 who have experienced foster care. The DCY team attends OYAB quarterly meetings to receive feedback and recommendations that have been incorporated into the development of Ohio's Chafee program. In addition to the statewide youth advisory board, DCY also supports nine local youth advisory boards.

Ohio's Administrative Code 5180:2-42-19 *Requirements for the provision of independent living services to youth in custody* outlines that independent living assessment, planning, and services provided to youth in foster care age fourteen and older is to be youth driven with documented input from the youth.

Sharing Results of National Youth in Transition Database (NYTD)

When NYTD data is published, DCY historically has engaged stakeholders in the analysis of NYTD data through several venues including:

- Ohio Youth Advisory Board Meetings
- Ohio Independent Living Association Meetings
- Ohio Reach Board Meetings
- Title IVE Court Roundtables
- Regular scheduled meetings with grantees, such as, but not limited to, Foster Success Education Services, Youth Navigator Network, and the Ohio Children's Alliance.
- Regional & Statewide Transitional Age Youth & Independent Living Meetings
- DCY led NTYD webinars

Additionally, when new NYTD data is published, DCY will utilize annual regional stakeholder meetings, NYTD webinars, and quarterly youth advisory meetings to share the results from Ohio's NYTD Data and identify and plan for opportunities to strengthen service delivery.

Serving Youth/Young Adults Across the State

Within Ohio's state-supervised, county-administered structure, all PCSAs are required to provide case management and independent living services for youth fourteen and older in foster care by Administrative Code and young adult services for emancipated young adults up to the age of twenty-one. DCY passes the Chafee Allocation through to county PCSAs to support these services and supports. Ohio Administrative Code (OAC) outlines the responsibilities of the county PCSA in OAC 5180:2-42-19 *Requirements for the provision of independent living services to youth in custody* and OAC 5180:2-42-19.2 *Requirements for provision of independent living services to young adults who have emancipated*. There are variations across counties and regions in how services may be structured and delivered, and PCSAs are monitored through the Child Protection Oversight Evaluation monitoring process by DCY's practice advancement team. When the evaluation identifies a PCSA has failed to meet these requirements, a plan to correct non-compliance is outlined in a Plan for Practice Advancement which is monitored by DCY.

Making Services Available to Youth Formerly in Foster Care who Moved to the State After Existing Care in another State

As outlined in OAC, county PCSAs are required to offer Young Adult Services when requested to youth who left foster care after the age of 18 and have not yet turned age 21 including young adults that were in foster care in another state. County PCSAs require the young adult to provide documentation that supports their eligibility or sign a release of information so the county can contact the out of state entity. Former foster youth from other states now living in Ohio, often rely on community providers or post-secondary institutions to help make referrals to the available Ohio based services. DCY promotes and provides technical assistance to community partners drawing awareness that former foster youth should request young adult services from the county PCSA where they reside. In addition, Ohio has implemented a Youth Navigator Network (YNN) that is available statewide. Emancipated young adults that were in custody in other states can go through YNN to request Young Adult Services from the county PCSAs. YNN will assist the young adult in making the right connection at the right county agency. YNN could also assist the young adult with obtaining the required documentation from their former state if necessary. YNN is widely marketed throughout the state and offers a modern approach to connect to services through an online platform that includes an app.

Serving Youth of Various Ages and Stages of Achieving Independence

OAC rules address the time frames and services provided to youth ages fourteen and older. Each of the 88 counties is responsible for administering independent living services to youth in foster care beginning at age fourteen. The PCSA is required to assess the youth age fourteen and older in the first 60 days of coming into care, if an older youth, or when the youth reaches fourteen years of age. Ohio permits the PCSA to determine which independent living assessment to utilize and requires the independent living plan to be developed based on the assessment within 30 days of the assessment being completed.

In Ohio, young adults that turn eighteen years old in foster care are eligible for post-emancipated services either through a Young Adult Services (YAS) case with the PCSA or through Bridges. A YAS case includes a plan that is youth driven and mutually agreed upon by the PCSA and the young adults and supports the young adult's own efforts towards self-sufficiency.

Ohio also offers Title IV-E extended foster care through a statewide administered program called Bridges and offers state administered extended adoption assistance to families that adopted a young person after the age of sixteen

Additionally, Ohio has a statewide navigator program, the Youth Navigator Network (YNN), where young adults with foster care experience can reach out to a statewide entity for resource and referral services. YNN is structured to support the young person make connections with agencies and services providers that can support their needs. If necessary, YNN can start the Young Adult Service intake process and transfer the case to the appropriate county PCSA.

Since January of 2024, YNN has implemented the availability of flex funds to eligible foster alum ages 21 and 22. These funds are available to eligible young adults in need of financial support for one-time needs.

Collaboration with Other Private and Public Agencies

Within Ohio's state-supervised, county-administered structure, all PCSAs are required to provide case management and independent living services for youth fourteen and older in foster care by Administrative Code and young adult services for emancipated young adults up to the age of twenty-one. DCY passes the Chafee Allocation through to county PCSAs to support these services and supports. OAC outlines the responsibilities of the county PCSA in OAC 5180:2-42-19 *Requirements for the provision of independent living services to youth in custody* and OAC 5180:2-42-19.*2 Requirements for provision of independent living services to young adults who have emancipated*.

Ohio also utilizes a private agency to implement a statewide navigator program, and a title IV-E extended foster care program. The Youth Navigator Network (YNN), where young adults with foster care experience can reach out to a statewide entity for resource and referral services. YNN is structured to support the young person make connections with agencies and services providers that can support their needs. Bridges, Ohio's extended foster care program is administered by DCY through a grant agreement with The Child and Family Health Collaborative of Ohio, LLC. The Collaborative works in partnership with member agencies throughout the state to provide housing and supportive services to eligible young adults in five regions - Northeast, Southeast, Central, Northwest, and Southwest. All agencies that offer services have shown expertise in helping young adults transition from the child welfare system to adulthood.

DCY's Independent Living & Transitional Youth team hosts regional in person meetings throughout the state as well as virtual meetings involving both public and private agency partners. In addition, the Ohio Independent Living Association (OHILA) meets quarterly, and any PCSA or private entity providing independent living services to foster youth ages fourteen and above are invited to attend these meetings. The goal of any collaboration with public or private agencies is leveraging such partnerships to help current and former foster youth achieve independence. DCY facilitates these partnerships by offering opportunities to bring public and private agencies together and highlighting the services needs of foster youth and young adults and what services/programs are available to support the service needs.

Determining Eligibility for Benefits and Services

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

- The Chafee allocation issued under the "Catalog of Federal Domestic Assistance" (CFDA) number 93.674, is reimbursable to public children services agencies (PCSA) for the delivery of independent living services to eligible youth as described in rules 5101:2-42-19 and 5101-42-19.2 of the Administrative Code. The allocation consists of eighty per cent federal and twenty per cent state funds.

Education and Training Vouchers (ETV) Program

Since July 2023, DCY has provided a grant to Foster Success Education Services to implement the Ohio Education and Training Voucher program. This program provides funding for post-secondary education

expenses to eligible students. Foster Success has implemented modern technology to provide payment to institutions and students efficiently. Additionally, Foster Success utilizes a coaching model that is designed to promote real-time collaborate engagement and empowering solutions for participants and a robust automated care package program.

CHAFEE Training

DCY's Ohio Child Welfare Training Program (OCWTP) provides custodial agencies with opportunities to train staff and foster parents working with youth and young adults aged fourteen and older. DCY collaborated with The Ohio Youth Advisory Board (OYAB) to expand the development and use of specialized trainings for workers and caregivers on topics such as Normalcy, Permanency and Positive Youth Development. Examples of current curriculum include Positive Youth Development, Maintaining Permanent Connections and Transition Planning.

Consultation with Tribes

While there are no federally recognized tribes within the state of Ohio, Chafee and ETV services are provided to all eligible youth statewide as required by OAC. Independent living services are required for all youth in care, beginning no later than age fourteen. Fewer than 1% of Ohio's ETV applicants identified as Native American, this is commensurate with Ohio's statewide population demographics.

VI.   Consultation and Coordination Between States and Tribes

Ohio does not have any federally recognized Indian tribes. DCY maintains compliance with the Indian Child Welfare Act (ICWA). During Child Protection Oversight and Evaluation (CPOE) case reviews the Child and Family Services On-site Review Instrument is used to monitor agency compliance with ICWA (Item 9: Preserving Connections).

Ohio SACWIS functionality allows PCSA staff to enter ICWA-related information in the person record and generate the Tribal Inquiry and Notification Letter. Ohio SACWIS also has a Federally Recognized Tribes Report. Information on tribal affiliation is recorded on the ICWA Detail Screen from the Person Demographics tab. At any time more information becomes available, the screen can be edited to add additional information. The Tribal Inquiry and Notification Letter is generated to notify and/or request information from a specific tribe or the Bureau of Indian Affairs regarding the tribal affiliation of an individual.

No Ohio Administrative Code Rules were updated during the previous year:

DCY will seek to continue to improve ICWA compliance through:

- Continued policy guidance updated as needed.
- Revision of Administrative Code rules, as needed.
- Provision of ongoing and case-specific technical assistance.

Provision of education and training on ICWA through the Ohio Child Welfare Training Program (OCWTP). OCWTP provides PCSA staff with access to the National Indian Child Welfare Association's (NICWA) online training course on ICWA. OCWTP also includes ICWA education in Caseworker Core 2.0 training as well as training courses about assessment and permanency planning.

VII. Targeted Plans

Refer to the following Appendices:

Appendix B	Ohio Foster and Adoptive Parent Diligent Recruitment Plan Update Year 1
Appendix C	Ohio Health Care Oversight and Coordination Plan Revised
Appendix D	Ohio 2025-2029 Disaster Plan Disaster Plan
Appendix D1	Ohio 2025-2029 Disaster Plan Disaster Plan Changes and Updates
Appendix E	Ohio Updated 2020-2025 Title IV-E Training Plan

Acronyms

ACRONYMNS	
ABLE	Advocates for Basic Legal Equality
ACE	Adverse Childhood Experience Survey
ARPA	American Rescue Plan Act
BHLG	Behavioral Health Leadership Group
BUILD	Boosting Understanding, Interventions, & Legal Defense
CAG	Curriculum Advisory Groups
CANDS	Child Abuse, Neglect and Dependency
CANS	Child and Adolescent Needs and Strengths
CAPS-LMS	Child and Adult Protective Services Learning Management System
CAPMIS	Comprehensive Assessment and Planning Model - Interim System
CCP	Care Coordination Portal
CCRR	Child Care Resource and Referral Agencies
CFSP	Child and Family Services Plan
CFSR	Child and Family Services Review
CFT	Child and Family Team
CHP	Center for the Helping Professions
CIP	Court Improvement Program
CJA	Children's Justice Act
CME	Care Management Entities
COE	Child and Adolescent Behavioral Health Center of Excellence
CPOE	Child Protection Oversight and Evaluation
CSSP	Center for the Study of Social Policy
CSPA	Children Services Practice Advancement
CST	Children Services Transformation
CTAC	Children's Trauma Assessment Center Trauma Screening Checklist.
DRC	Department of Rehabilitation and Corrections
EHR	Electronic Health Records
ELSR	Early Learning & School Readiness
EPIC	Engaging Practices to Inspire Change
EPSDT	Early and Periodic Screening, Diagnostic, and Treatment
FCCS	Franklin County Children Services
FCFC	Family and Children First Council (
FCL	Foster Care Licensing
FCO	Family Connects Ohio
FES	Family Engagement Specialist
FFPSA	Family First Prevention Services Act
FFT	Functional Family Therapy
FIMR	Fetal Infant Mortality Review
FIRST	Family Intervention Representation and Services Team
HEDIS	Healthcare Effectiveness Data and Information Set
HFA	Healthy Families America
ICWA	Indian Child Welfare Act

ACRONYMNS	
IDP	Individual Development Plan
IHBT	Intensive Home-Based Treatment
ILT	Instructor-led courses
IMTF	Infant Mortality Task Force
ITH	It Takes Heart
ITNA	Individual Training Needs Assessment
KGAP	Kinship Guardianship Assistance Program.
KPA	Key Practice Area
KSP	Kinship Support Program
KTF	Kinnect to Family
MCE	Managed Care Entities
MCO	Managed Care Organization
MDT	Multidisciplinary Legal Representation
MIECHV	Maternal Infant Early Childhood Home Visiting
MITS	Medicaid Information Technology System
MOU	Memorandum of Understanding
MRSS	Mobile Response and Stabilization Services
MRT	Multidisciplinary Representation Team
MST	Multisystemic Therapy
NAMI Ohio	National Alliance on Mental Illness
NPCS	National Partnership for Child Safety
OAC	Ohio Administrative Code
OACB	Ohio Association of County Boards of Developmental Disabilities
OB	Ohio Benefits
OCAF	Ohio Certification for Agencies and Families OCAF
OCAI	Ohio Center for Autism and Low Incidence
OCCRRA	Ohio Child Care Resource and Referral Association
OCWTP	Ohio Child Welfare Training Program
OCA	Ohio Children's Alliance
OCAF	Ohio Certification for Agencies and Families
OCTF	Ohio Children's Trust Fund
ODEW	Ohio Department of Education and Workforce
ODH	Ohio Department of Health
ODM	Ohio Department of Medicaid
OESCA	Ohio Educational Service Center Association (OESCA)
OFCF	Ohio Family and Children First
OGKC	Ohio Grandparent Kinship Coalition
OHILA	Ohio Independent Living Association
OhioKAN	Ohio Kinship and Adoption Navigator Program
OILRT	Ohio's Independent Living Reporting Tool
OJFDA	Ohio Job and Family Services Directors' Association
OLRP	Ohio Legal Representation Program SFSC
OhioMHAS	Ohio Mental Health and Addiction Services
OhioRISE	Ohio Resilience through Integrated Systems and Excellence

ACRONYMNS	
OHIO YAB	Ohio Youth Advisory Board
ORC	Ohio Revised Code
OUCCAS	Ohio's University Consortium for Child and Adult Services
PASSS	Post Adoption Special Services Subsidy.
PAT	Parents as Teachers
PCPA	Private Child Placing Agencies
PCSA	Public Children Services Agencies
PCSAO	Public Children Services Association of Ohio
PIP	Program Improvement Plan
PRTF	Psychiatric Residential Treatment Facilities
QRTP	Qualified Residential Treatment Program
RAC	Regional Advisory Councils
R&R	Resource and Referral
RFGA	Request for Grant Applications
RTC	Regional Training Center
SBHC	School-Based Health Centers
SCIR	Systems-Focused Critical Incident Review
SCO	Supreme Court of Ohio
SDC	Self-directed courses
SFSC	Strong Families, Safe Communities
SME	Subject Matter Expert
SSIT	Safe Systems Improvement Tool
TAM	Technical Assistance Manager
TAS	Technical Assistance Specialist
TBRI	Trust-Based Relational Intervention
TDM	Team Decision Meeting
TOC	Training on Content
TOL	Transfer of Learning
TPOL	Triple P Online
UMWS	Urgent Maternal Warning Signs
UPP	University Partnership Program
VDRS	Violent Death Reporting System
VTQ	Verification of Trainer Qualification TOC
YNN	Youth Navigator Network

Section E. Financial Information

1. Payment Limitations

A. Title IV-B, Subpart 1

States may not spend more title IV-B, subpart 1 funds for childcare, foster care maintenance and adoption assistance payments in any fiscal year than the state expended for those purposes in FY 2005 (section 424(c) of the Act). The CFSP submission must include information on the amount of FY 2005 title IV-B, subpart 1 funds that the state expended for childcare, foster care maintenance, and adoption assistance payments for comparison purposes. States are also advised to retain this information in their files for comparison with expenditure amounts in future fiscal years.

FY 2005
Child Care = $0
Foster Care Maintenance = $0
Adoption Assistance = $0

The amount of state expenditures of non-federal funds for foster care maintenance payments that may be used as match for any fiscal year for the title IV-B, subpart 1 program may not exceed the amount of such non-federal expenditures applied as state match for title IV-B, subpart 1 for the FY 2005 grant (section 424(d) of the Act). The CFSP submission must include information on the amount of non-federal funds that were expended by the state for foster care maintenance payments and used as part of the title IV-B, subpart 1 state match for FY 2005. States are also advised to retain this information in their files for comparison with expenditure amounts in future fiscal years.

State or local funds used as match for foster care maintenance are not used to match Title IV-B Subpart 1 expenditures. Other allocated state or local funds are used for matching purposes.

States may spend no more than ten percent of title IV-B, subpart 1 federal funds for administrative costs (section 424(e) of the Act). States must provide the estimated expenditures for administrative costs, if any, on the CFS-101, Parts I and II and actual expenditures for the most recently completed grant year on the CFS-101, Part III.

Ten percent of the Title IV-B Subpart I funds are allocated to county agencies in a separate allocation. This separate allocation allows for distinct expenditure tracking and better accountability regarding the use of funds for program activities and for administrative activities.

B. Title IV-B, Subpart 2

States are required to spend a significant portion of their title IV-B, subpart 2 PSSF grant for each of the four service categories of PSSF: family preservation, family support, family reunification, and adoption promotion and support services.

States must report the estimated expenditures for each service category on the CFS-101, Parts I and II (Attachment B of this PI). The amount to be spent on planning and service coordination is reported separately on the form

If a state plans to spend less than approximately 20 percent of the grant for a service category, it must provide a strong rationale for the decision in the narrative portion of the APSR.

Each of the four service categories of PSSF: family preservation, community-based family support, time-limited family reunification, and adoption promotion and support had a minimum of twenty percent of the total funds allocated to provide services as outlined within the category. The amount allocated to each service category is outlined in CFS-101, Part II.

States must limit administrative costs to no more than 10 percent of the total expenditure (federal funds and required state match combined) as noted in section 434(d) of the Act. This limitation applies to both the PSSF program, and the Monthly Caseworker Visit grant. States must provide the estimated expenditures for administrative costs, if any, on the CFS-101, Parts I and II and actual expenditures for the most recent completed grant year on the CFS-101, Part III.

Ten percent of the Title IV-B Subpart II and Monthly Caseworker Visit funds are allocated to county agencies in a separate allocation. These separate allocations allow for distinct expenditure tracking and better accountability of the use of funds for program activities as well as administrative activities.

States must provide the state and local share expenditure amounts for the purposes of title IV-B, subpart 2 for comparison with the state's 1992 base year amount, as required to meet the non-supplantation requirements in section 432(a)(7)(A) of the Act.

The state's accounting and reporting procedures and processes do not support the classification of child welfare costs financed exclusively with county funds into categories that align themselves with Subpart 2 programs. Accordingly, the state cannot provide a complete comparison of state and local share spending for Subpart 2 programs when comparing fiscal year 2015 costs to the fiscal 1992 base year. The state's accounting and reporting procedures and processes, do however, allow the state to trace some costs financed with state level funds to Subpart 2 programs. In fiscal year 1992, Ohio appropriated $3,700,000 in state funds for post adoption services, plus an additional $757,952 for adoption placement supports. In fiscal year 2024, $58,520,649 in state funds was appropriated to support pre and post adoption supports for adoptive families. These supports include state funds for Non-Recurring Adoption Assistance, Post Adoption Special Services Subsidy and the State Adoption Maintenance Subsidy.

Beginning in SFY92, Ohio appropriated $32,868,599 in state funds as a general subsidy for county level child welfare costs. These funds are distributed to counties in the form of a general unrestricted block

grant that may be used for any child welfare service. Such services may have (at each county's discretion) included Subpart 2 type services. In fiscal year 2024, Ohio appropriated $145,040,010 for this purpose. Though the limitations of our accounting structure impede our ability to fully respond to this plan point, Ohio does assure that Subpart 2 funds provided to the state have not been used to supplant federal or non-federal funds for existing services and activities which promote the purposes of Subpart 2.

C. Chafee Program

2. Reallotment of FY 2025 (Current Year) Fundings

3. FY 2026 Budget Request

4. FY 2023 Title IV-B Expenditures Report – CFS-101, Part III

5. Expenditure periods and Submission of Standard Form 425 (SF-425) Federal Financial Report

Excel Workbook

- CFS-101, Part I for FY 2026.
- CFS-101, Part II with planned expenditures for the use of FY 2026 funds.
- CFS-101, Part III with estimated and actual expenditures of FY 2023 grants for the title IV-B, and, at state option, the Chafee and ETV programs.

Workbook in PDF format

- CFS 101, Part I for FY 2026 signed, titled, and dated by the appropriate official.
- CFS-101, Part II with planned expenditures for the use of FY 2026 funds.
- CFS-101, Part III signed, titled, and dated by the appropriate official.

Appendices

Appendix A	Ohio CAPTA State Plan Requirements and Updates
Appendix A1	Ohio Annual Citizen Review Panel Report State Fiscal Year 2023-2034
Appendix A2	Ohio Department of Child and Youth Response to the Ohio Citizen Review Panel Annual Report and Recommendations December 27, 2024
Appendix B	Ohio Foster and Adoptive Parent Diligent Recruitment Plan Update APSR Year 1
Appendix C	Ohio Health Care Oversight and Coordination Plan Revised
Appendix D	Ohio Disaster Plan
Appendix D1	Ohio 2025-2029 Disaster Plan Changes and Updates
Appendix E	Ohio Update to 2025-2029 Title IV-E Training Plan