ANNUAL PROGRESS AND SERVICES REPORT

Ohio | Department of Job and Family Services

Office of Families and Children

June 30, 2015

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I. General Information

Ohio Department of Job and Family Services

The Ohio Department of Job and Family Services (ODJFS) supervises county offices, located throughout the state, that provide an array of vital safety net services to Ohioans in need.[1] Programs ODJFS supervises include: cash and food assistance; publicly funded child care; child support; unemployment compensation; several workforce job-training programs; adult protective services; and child welfare services. ODJFS information systems support Ohio's service delivery system. Information systems include the: County Finance Information System (CFIS); CRIS-E; Child Support Web Portal; Child Care Information Data System (CCIDS); Employer Resource Information Center (ERIC); ODJFS Benefits; OhioHereToHelp.com; OhioMeansJobs; and Statewide Automated Child Welfare Information System (SACWIS).

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

- Act as the single state agency to administer federal payments for foster care and adoption assistance made pursuant to Title IV-E. (ORC 5101.141)
- Administer funds received under Title IV-B of the "Social Security Act," 81 Stat. 821 (1967), 42 U.S.C.A. 620, as amended, and the "Child Abuse Prevention and Treatment Act," 88 Stat. 4 (1974), 42 U.S.C.A. 5101, as amended. (ORC 5103.07)
- Administer the provisions of social services funded through grants made under Title XX along with the departments of mental health and developmental disabilities. (ORC 5101.46)
- Oversee the Interstate Compact on the Placement of Children. (ORC 5103.233)
- Distribute funds to counties for a part of the counties' costs for children services. (ORC 5101.14)
- Establish and maintain a uniform statewide automated child welfare information system. (ORC 5101.13)
- Fund the Ohio Child Welfare Training Program. (ORC 5103.32)
- Administer Title IV-A programs. (ORC 5101.80, 5107.03)
- Adopt rules governing the management of institutions or associations for children, except for facilities under the control of the Department of Youth Services. (ORC 5103.03)
- Adopt rules governing the certification/licensure of family foster homes, medically fragile foster homes, treatment foster homes, group homes, Children's Residential Centers, and Crisis Care Facilities.
- Issue certificates and licenses to family foster homes, medically fragile foster homes, treatment foster homes, group homes, Children's Residential Centers, and Crisis Care Facilities once compliance with all requirements has been achieved.
- Administer and coordinate federal and state funding for publically funded child care. (ORC 5104.30)
- Adopt rules governing the operations of child day-care centers, part time centers, drop-in centers, and school child centers, type A and Type B homes. (ORC 5104).

[1] Ohio Department of Job and Family Services Annual Report SFY 2014

Office of Families and Children (OFC)

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

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

OFC is under the direction of a deputy director; the office is comprised of five bureaus and one statutorily established board. The following information provides a synopsis of each bureau's area of responsibility.

Bureau of Automated Systems

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

Available 24 hours a day, 7 days a week, SACWIS is a web-based system used by more than 7,000 individuals (mostly child welfare caseworkers). The system contains historical and current child abuse/neglect information and flags safety hazards to alert caseworkers in their daily assessment/investigation activities. SACWIS also initiates: (1) monthly adoption subsidy payments for over 18,000 adopted children; (2) monthly reimbursement payments for Title IV-E foster case maintenance; and (3) monthly reimbursement payments for foster care training.

The bureau is also responsible for: (1) generating and transmitting monthly Medicaid eligibility information to the Medicaid Information Technology System (MITS) for approximately 28,000 children; (2) maintaining and responding to requests generated through the SACWIS and OFC Help Desks; (3) responding to ongoing data requests; and (4) transmitting federally mandated reports (Adoption Foster Care Analysis Reporting, Child and Family Services Review Performance Measures, National Child Abuse Neglect Data Systems, National Youth Transition Data).

Bureau of Child and Adult Protection

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

Response System and manages targeted services for older youth in substitute care (Transitional Youth) through co-coordinating ODJFS' Connecting the Dots program.

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

Bureau of Child and Adult Technical Assistance

The Bureau of Child and Adult Technical Assistance administers all foster care licensing functions. These include: (1) initial certification and recertification for foster homes, adoption homes, and agency functions for 8,000 foster homes and 255 public and private agencies; (2) conducting complaint and illegal operation investigations; (3) initiating enforcement actions; and (4) managing RAPBACK (Retained Applicant Fingerprint Database Information Exchange) for any foster caregiver and adult household member who is subject to a criminal records check.

Additionally, the Bureau oversees the quality assurance system, Child Protection Oversight and Evaluation (CPOE). CPOE is designed to improve services and outcomes for families and children. CPOE monitoring activities occur on a 24 month cycle, resulting in each PCSA being reviewed every two years. PCSA strengths and opportunities for improvement are supported through the provision of technical assistance by ODJFS staff. Measurement of PCSA practice is based upon agency-specific data gathered from SACWIS and on-site case reviews. Throughout the process, ODJFS and the PCSA engage in systematic and focused problem-solving by analyzing data to determine achievement of outcomes. After a PCSA review is completed, there are two follow-up reviews. The first occurs five months after the review with an agency self-assessment. The second occurs ten months after the review and involves an on-site record review.

This Bureau also conducts bi-annual reviews of compliance with the Multiethnic Placement Act. This review involves PCSAs and their private contract agencies that provide foster care and adoption services.

In state fiscal year 2016, bureau staff will be realigned. Foster Care Licensing will become its own bureau, and the Child Protection Oversight and Evaluation Section will join the Bureau of Federal and State Child Welfare Initiatives. This re-alignment will result in greater integration of CPOE within OFC's statewide Continuous Quality Improvement (CQI) efforts.

Bureau of Federal and State Child Welfare Initiatives

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

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

Additionally, the Bureau provides oversight and guidance to assure that Ohio meets the requirements of the Multiethnic Placement Act (MEPA) Corrective Action and Resolution Plan as well as the requirements of the Roe vs. Staples consent decree.

Bureau of Fiscal Accountability

The Bureau of Fiscal Accountability (1) manages all OFC budget and fiscal activities; (2) works with state and federal representatives to oversee OFC budget development; (3) oversees state, federal and grant fiscal management, reporting and fiscal forecasting; (4) develops cost reports and audit filing processes for public and private agencies (including the establishment of federal foster care reimbursement ceilings that enable agencies to receive reimbursement for children in care); (5) oversees Ohio's federal Title IV-E waiver program, ProtectOHIO, Ohio's Title IV-E Program Improvement Plan and grant agreements with 40 Juvenile Courts to provide Title IV-E supported child welfare services on behalf of unruly and delinquent children; (6) coordinates OFC's OAC rule promulgation process; (7) coordinates public records requests; and (8) coordinates various OFC administrative functions.

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

Justice Services/Partners for Ohio's Families

Within the Office of the Deputy Director a project manager is responsible for: (1) overseeing systemic initiatives to improve the investigation and prosecution of child abuse and neglect (e.g. development of child advocacy centers, forensic interviewing, training for guardians ad litem, first responders for minor victims of human trafficking); (2) coordinating Children's Justice Act and the Court Improvement Program (Supreme Court of Ohio) federal grants; and (3) developing and overseeing Ohio's Inter-branch Agreement with the Supreme Court of Ohio and the collaborative efforts to improve outcomes for the families and children served by Ohio's courts. Additionally, the project manager coordinates programming to improve outcomes for the children and families who come into contact with Ohio's child welfare system by improving the manner in which OFC supports the work of its public and private child serving agencies and improving targeted measurements of internal culture and climate that are linked to outcomes for clients.

Ohio Children's Trust Fund

The Ohio Children's Trust Fund (OCTF) was established by the Ohio legislature in 1984 to support efforts designed to prevent child abuse and neglect. It does this by providing funds for primary and secondary child abuse and neglect prevention programs. These funds are distributed at both local and statewide levels. For the local level, funds are distributed to the county-based Child Abuse and Child Neglect Prevention Advisory Boards. On the statewide level, funds are provided to Strengthening Families Ohio, Ohio Infant Safe Sleep Campaign, Stewards of Children Sexual Abuse Prevention, Human Trafficking Prevention, and Child Advocacy Centers. In addition to distributing funds, OCTF provides subject matter

expertise and training and technical assistance, responds to public and professional inquiries, develops outreach materials, and researches literature and data.

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

Child Welfare Service Delivery

Ohio's child welfare system operates within a State Supervised and County Administered structure. Section 5153.16 of the Ohio Revised Code (ORC) outlines the duties of county public children services agencies to provide public care or protective services to children and families and directs the Ohio Department of Job and Family Services under ORC 5153.166 to adopt rules governing public children services agencies' performance of their duties. Under this structure, counties have a great deal of flexibility in the administration of state policies, and ODJFS has made substantial efforts to fully engage local partners in decision-making, planning and policy development to support practice improvements.

Collaboration

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

- The formation of implementation workgroups to address each of the overarching goals of Ohio's CFSP;
- Utilization of Ohio's extensive, existing infrastructure for collaboration to support various activities included within the plan; and
- Initiation of education and dialogue with partners and stakeholders about the Child and Family Services Review and assessment of Ohio's strengths and areas needing improvement as Ohio prepares for CFSR Round 3.

CFSP Implementation Workgroups

Implementation workgroups comprised of OFC staff and system partners have been formed to lead specific activities outlined in Ohio's CFSP. A dedicated workgroup has been formed to address each of the five overarching goals of Ohio's CFSP:

1. Ohio will strengthen its child welfare Continuous Quality Improvement (CQI) system to drive practice improvement resulting in better outcomes for the safety, permanency and well-being of Ohio's children and families.
2. Abused and neglected children will not experience repeat maltreatment in their own homes or maltreatment in foster care.

3. Families will have enhanced capacity to provide for their children's needs, so that children do not enter placement unnecessarily or experience prolonged stays in out-of-home care when placement is needed to ensure safety.
4. Children placed in out-of-home care will have stability in their living situations; continued connections to their families and communities; timely pathways to permanency; and appropriate services and supports as they exit care.
5. Partners jointly design and coordinate policies, practices and services to improve the well-being of children, youth and families.

Various subcommittees are aligned under each workgroup to accomplish specific activities pertaining to that goal. Some activities within the CFSP target more than one goal. These activities are particularly powerful leverage points for improvement, as they cross multiple areas of the CFSP. In order to distribute the workload evenly across the five workgroups and avoid duplication of efforts, the activities that fall under more than one goal were assigned to a primary workgroup. For example, the "Engaging Fathers" subcommittee falls under the Permanency Workgroup, although the activities of this subcommittee are also addressed within Goal #3 of Ohio's CFSP on Enhancing Family Capacity.

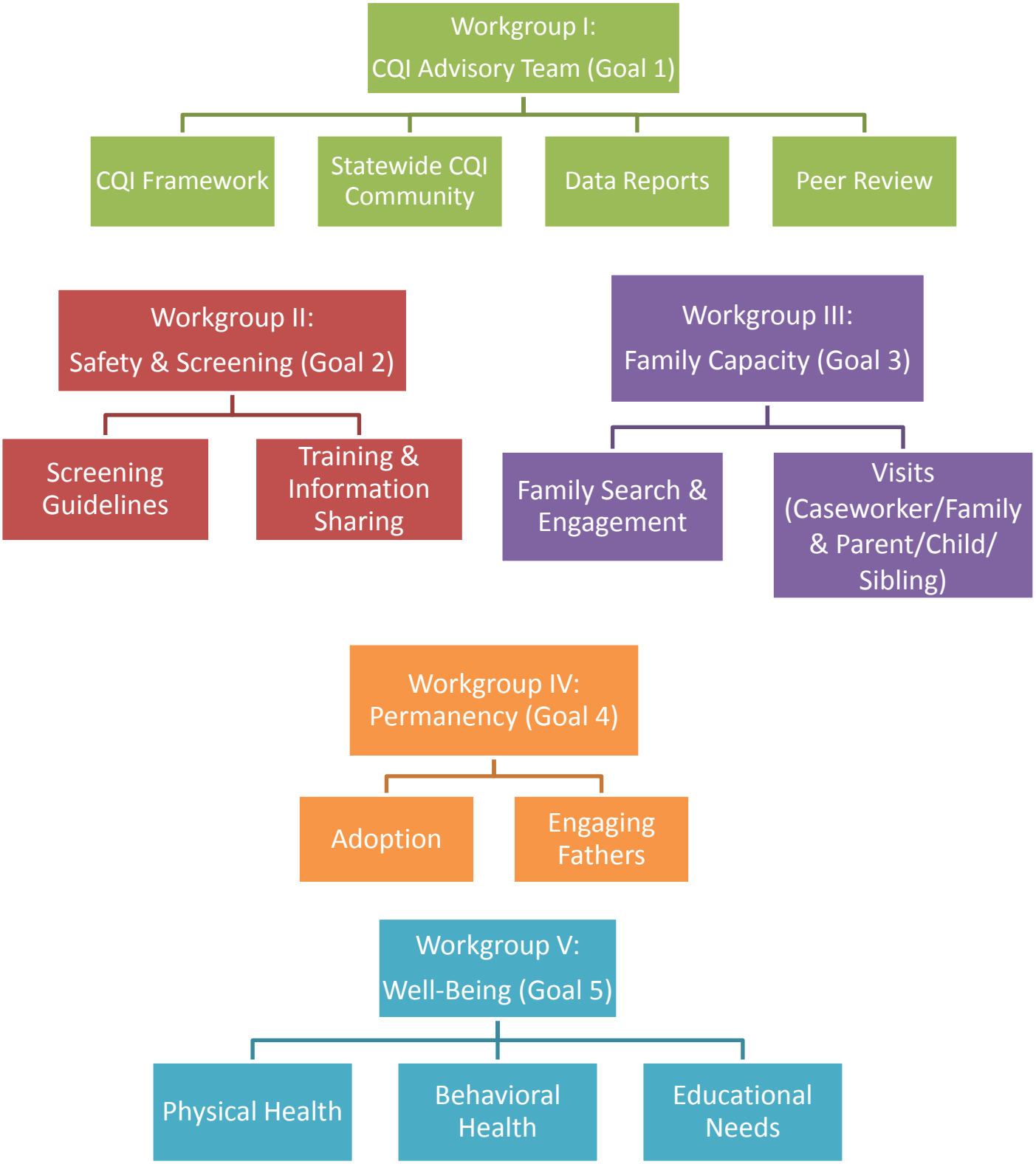
Subcommittees were formed to address areas of the plan in which there were not already existing avenues for collaboration. To date, approximately 120 stakeholders have formally participated in CFSP implementation activities through OFC's CFSP workgroup structure, and dozens more have participated through other already established stakeholder groups such as Ohio's Differential Response Leadership Council, the Permanency Roundtable Advisory Council, the Ohio Primary Parent Partners Workgroup and the Partners for Ohio's Families Advisory Council.

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

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

The diagrams that follow depict Ohio's CFSP Implementation Workgroup structure. For a complete list of Workgroup members, please see Appendix A.

Ohio CFSP Implementation Workgroups & Subcommittees

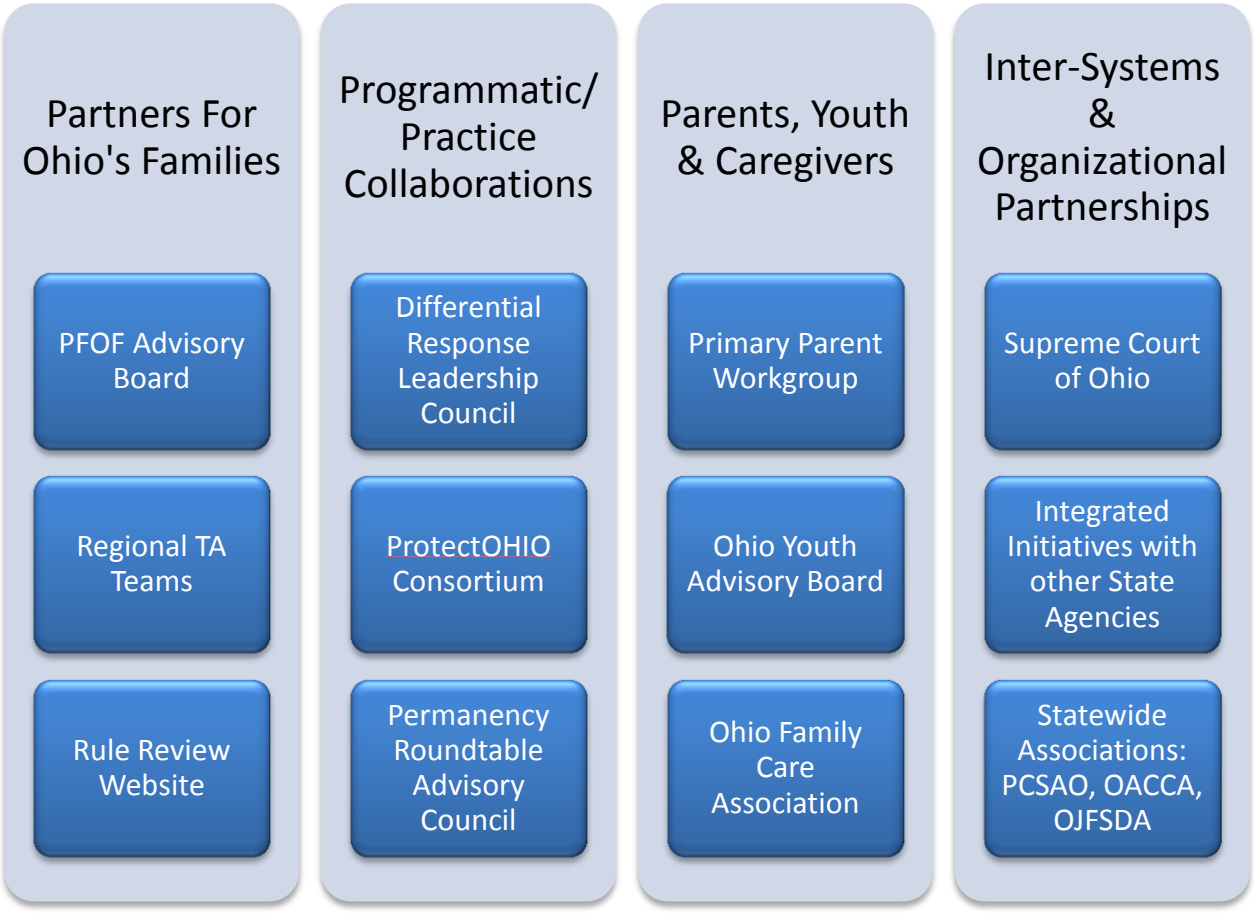


Additional Efforts to Engage Stakeholders

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

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

Ohio CFSP Collaboration Infrastructure



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

OFC Regional Technical Assistance Model: Through the Partners for Ohio's Families initiative, OFC established five regional technical assistance teams. These cross-program teams include Technical Assistance Specialists, Foster Care Licensing Specialists, Child Welfare Policy Developers, and SACWIS

staff. Through this team structure, county public children services agencies and private child placing agencies have a consistent set of contacts within the state office – a "go to" source for the range of questions or needs that may arise in day-to-day practice. Likewise, members of the team can quickly tap one another's expertise in order to provide timely technical assistance on a wide variety of issues. Each of the five teams periodically conducts regional events for the public and private agencies and Title IV-E courts within the region. These regional meetings provide an important forum for discussion and feedback loops with OFC's local partners. The CQI Advisory Team is examining ways to leverage the existing regional team structure to enhance Ohio's statewide CQI efforts.

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

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

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

2. Programmatic Collaboration with Local & State Stakeholders

Differential Response Leadership Council: Ohio's guiding body for the implementation of Differential Response, the Leadership Council is comprised of representatives of county public children services agencies (PCSAs), OFC and the Ohio Child Welfare Training program. This group was initially formed in 2007 to guide the development of Ohio's Alternative Response pilot but has continued to monitor Ohio's progress in implementing a Differential Response (DR) system, examine data related to DR implementation, make recommendations for needed policy or practice adjustments, and serve as mentors for the implementation of high-quality DR practice. The recommendations of the Leadership Council informed the development of many aspects of Ohio's CFSP, and this group continues to collaborate on the implementation of the CFSP. In particular, the Leadership Council is our primary avenue of collaboration for those activities in the plan designed to promote high fidelity implementation of Ohio's DR practice model and activities connected to the continued growth of the Alternative Response pathway.

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

Permanency Roundtable Advisory Council: In 2014, Ohio began work with Casey Family Programs to expand the use of Permanency Roundtables within the state and to introduce Youth-Centered Roundtables through a six-county pilot. In launching this pilot initiative, OFC, the Public Children Services Association of Ohio (PCSAO) and Casey Family Programs came together with interested Ohio counties to form a Permanency Roundtable Advisory Council. The work of the Advisory Council is informing the implementation and evaluation of Permanency Roundtables and Youth-Centered Roundtables in Ohio – one of the key strategies included in our state CFSP.

Level of Care Pilot Design Team: Also during the past year, OFC launched a Level of Care pilot at the direction of the Ohio General Assembly. OFC, eleven public children services agencies and ten private agencies are working in partnership to implement and evaluate the use of the Child and Adolescent Needs and Strengths (CANS) assessment tool in matching youth with the most appropriate level of care. Similar to other collaborative efforts, a pilot Design Team has been formed with representatives of all participating agencies jointly making decisions about the direction of the project. The pilot is another of the key strategies included in Ohio's CFSP.

3. Collaboration with Youth, Parents & Caregivers

Ohio Youth Advisory Board: OFC provides staff and financial support for the Ohio Youth Advisory Board, a statewide organization of young people ages 14-24 who have experienced foster care. OFC highly values the perspective of the Youth Advisory Board and has worked to integrate several Advisory Board recommendations into policy and programming, including several strategies targeted in the CFSP.

HOPE (Helping Ohio Parent Effectively) Primary Parent Workgroup: OFC serves as a collaborating partner with the HOPE Workgroup. The workgroup defines "primary families" as any family who has a current or previously open child welfare case. The HOPE Workgroup's mission is to build resources for child welfare-involved parents. Its vision is, "Parents helping parents reach successful outcomes." The workgroup has identified key programmatic and structural elements to promote parent engagement work in Ohio. The HOPE Workgroup continues to work closely with OFC and four Ohio counties working to implement parent partner programs – a key strategy included in Ohio's CFSP.

Ohio Family Care Association (OFCA): OFC partners with OFCA to support more effective collaboration among child welfare professionals, resource families (adoptive, kinship, foster, and respite caregivers), and birth families. Collaborative efforts with OFCA are reflected in several activities within the CFSP, including Ohio's work to implement parent partner programming (described above), efforts to improve agency practices on engaging fathers and kin, work to address barriers for kinship caregivers, and efforts to engage resource families in a mentoring or partnering capacity with birth families.

4. Inter-Systems & Organizational Collaborations

Partnership with the Supreme Court of Ohio: OFC has a rich history of collaboration with the Supreme Court of Ohio demonstrated through the state's last CFSR Program Improvement Plan and throughout the implementation of previous Child and Family Services Plans. OFC continues to partner with the

Court and other system stakeholders through the Supreme Court of Ohio's Advisory Council on Children, Families and the Courts and its Subcommittee on Responding to Child Abuse, Neglect and Dependency. The recommendations of these leadership bodies were integral to the development of Ohio's CFSP, and OFC continues to partner with the Court on CFSP implementation activities. For example, the Supreme Court of Ohio has joined OFC's Continuous Quality Improvement Advisory Team. In addition, ODJFS and the Supreme Court of Ohio partner on the implementation of activities under Ohio's Children's Justice Act grant and Ohio's Court Improvement Project, and the Court is a key partner in the implementation of Ohio's Title IV-E Program Improvement Plan as noted below.

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

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

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

Collaboration with Tribes: Although there are no federally-recognized tribes located within Ohio, ODJFS continues its work to develop partnerships with tribal representatives within the state. The Native American Indian Center of Central Ohio (NAICCO), a 501(c)(3) non-profit dedicated to improving the lives of American Indian and Alaskan Native (AI/AN) people throughout Ohio, has proven to be a helpful resource to OFC as we work with counties on issues impacting families with tribal heritage in the state. ODJFS has engaged in preliminary discussions with NAICCO to establish a more formalized partnership that would help meet state and county training and technical assistance needs in this area.

Alignment with CFSR Collaboration Efforts

Implementation of the CFSP is closely aligned with collaboration efforts on the federal CFSR. As noted in last year's CFSP submission, joint examination with stakeholders of statewide strengths and areas in

need of improvement from CFSR Round 2 informed the development of Ohio's CFSP. Each strategy included in the CFSP was designed to build upon existing strengths or to address areas of practice needing improvement, with the ultimate goal of improving Ohio's safety, permanency and well-being outcomes.

As additional information about CFSR Round 3 has become available, including the Onsite Review Instrument, Statewide Assessment, Stakeholder Interview Guide and state performance data for the revised National Standards, OFC has shared this information with child welfare partners and stakeholders. OFC has developed educational materials on the CFSR process and the new National Standards, which have been shared through a variety of platforms. Presentations have been conducted on the CFSR for executive leadership and administrators of Ohio's public children services agencies through PCSAO, Ohio's juvenile court judges and magistrates through the Supreme Court of Ohio's Judicial College, Ohio's Title IV-E Courts, the Ohio Association of Child Caring Agencies' conference, and the OFC Continuous Quality Improvement Advisory Team. Each presentation includes discussion of state strengths and areas needing improvement and emphasizes how the CFSR is inter-related with the state's CFSP implementation efforts.

Additionally, each of the three Metro County Strategy Days hosted in partnership with Casey Family Programs and PCSAO in 2015 will feature a special focus on the CFSR. This year's initial meeting of the metro counties focused on the Onsite Review Instrument, which is being utilized for the Child Protection Oversight and Evaluation (CPOE) Stage 10 case review process in preparation for Ohio's CFSR onsite review in 2017.

OFC has also published a series of articles on the CFSR in its "First Friday" newsletter. The articles have included an overview of the CFSR process; an article detailing the connections between the CFSR, the CFSP and CQI efforts; and a regular CFSR "Measure of the Month" feature.

OFC's CQI Advisory Team is examining both state options for the CFSR onsite review – a traditional review completed with federal partners or a review process conducted by the state. As part of Ohio's CFSP implementation efforts, the Advisory Team is making recommendations for the development and pilot testing of an agency peer review process. Stakeholder feedback and the results of this pilot will inform Ohio's decisions regarding the CFSR Round 3 onsite review.

Collaboration on Ohio's Title IV-E PIP

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

Several action steps of Ohio's PIP have already been completed. ODJFS has provided a summary of errors from the IV-E Eligibility Review to all IV-E agencies and courts. ODJFS also provided a statewide training on IV-E eligibility requirements, which included guidance on court documentation, the "living with and removed from" AFDC criteria, and timely background checks. Additionally the Department collaborated with the Supreme Court of Ohio to issue a memorandum from the Chief Justice of the

Supreme Court to judges and magistrates on IV-E requirements to be addressed in court orders. Statutory changes were also adopted adding language to the Ohio Revised Code regarding annual reasonable efforts to finalize the child's permanency plan.

The Department is currently working with the Supreme Court of Ohio's Court Improvement Program on additional action steps, including:

- Development of a sample court order and presentation of the sample order to judges and magistrates at the annual Judicial Conference; and
- Additional training for the judiciary, agency attorneys, prosecutors and agency staff on the federal requirements for judicial findings and documentation of those findings.

In addition to the above activities, OFC's Foster Care Licensing Section has met with representatives from the Ohio Attorney General's Office to discuss an electronic transfer of Bureau of Criminal Investigation background check results. Information systems staff have worked with OFC to develop an electronic process for receiving and storing background checks on individuals working in substitute care settings statewide. OFC staff are working with the Ohio Department of Mental Health and Addiction Services to develop and implement a new process for monitoring all regulated agencies' compliance with background checks for all employees working in their residential settings who are required to have a BCII check pursuant to OAC rule 5122-30-31. Ohio's PIP is on track to be completed by August 31, 2015.

Ongoing Collaboration

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

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

These activities will be detailed in each year's Annual Progress and Services Reports.

II. Update on Assessment of Performance

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

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

For this Update on the Assessment of Performance, these same data sources were reviewed using Ohio's most recent performance data.

Safety Outcomes

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

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

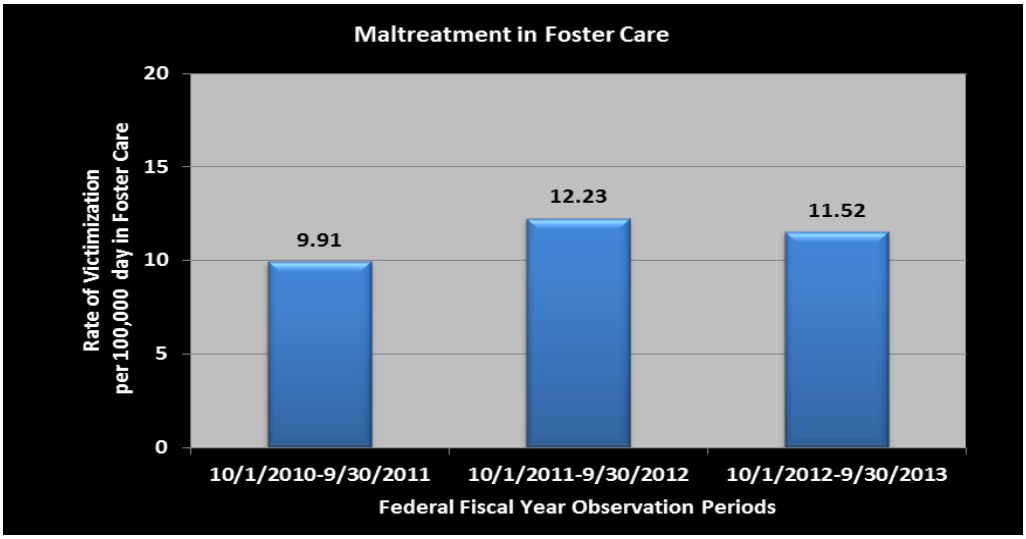
Safety Data Indicator 1

Data Indicator		Definition	National Standard	Ohio's Performance	Ohio's Performance
S1	**Maltreatment in Foster Care**	Of all children in foster care during a 12-month period, what is the rate of victimization per day of foster care?	8.50 victimizations per 100,000 days	FFY 2013 Observed Performance 11.52	FFY 2013 Risk-Adjusted 16.56

Examination of State Data

Over the past three observation periods, Ohio has not met the national standard for maltreatment of children in foster care. In the last observation period alone, there were 503 children in the custody of

the agency who were victimized while placed in out-of-home care. The following graph presents information encompassing Ohio's observed scores on this national standard for FFY 2011, FFY 2012, and FFY 2013.



Because the federal risk-adjusted score accounts for factors that impact performance (e.g., age of the child population), it was determined that it was essential that the risk-adjusted performance be used when working with counties to understand and improve their performance. For FFY 2013, Ohio's risk-adjusted performance was 16.56. With a confidence interval of 95%, our "true" performance likely ranges from 15.17 - 18.07 victimizations per 100,000 days in care. The median age of children who experienced victimization in foster care in FFY 2013 was seven.

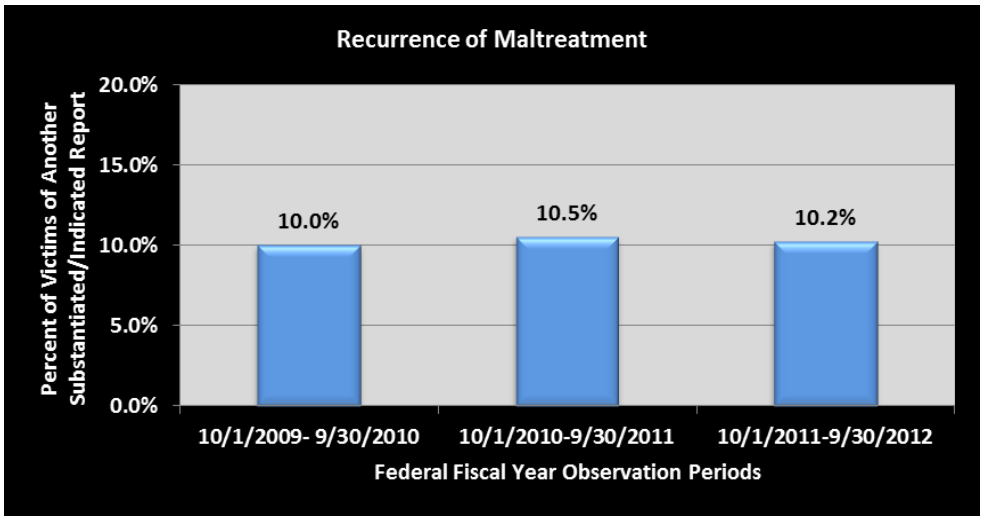
With our recent receipt of the federal coding, the state plans to apply the code on a county-by-county basis so that each county can review which cases were linked to this indicator in order to develop intervention strategies to reduce the number of children victimized in foster care.

Safety Data Indicator 2

Data Indicator		Definition	National Standard	Ohio Performance	Ohio Performance
S2	**Recurrence of Maltreatment**	Of all children who were victims of a substantiated or indicated report of maltreatment during a 12-month reporting period, what percent were victims of another substantiated or indicated report of maltreatment within 12 months of their initial report?	9.1%	FFY 2012 Observed Performance 10.2%	FFY 2012 Risk-Adjusted 13.2%

Examination of State Data

During each of the three Federal Fiscal Year observation periods, Ohio failed to achieve the National Standard of 9.1 percent during a 12-month reporting period. This data is shown below:



Ohio's FFY 2012 risk-adjusted performance was 13.2% - with a "true" performance between 12.8% and 13.7% (based on a 95% confidence interval). The median age of children who experienced recurrence of maltreatment during the last observation period was 6. Again, the state plans to utilize the federal code on a county-by-county basis so that each county can review which cases were linked to this indicator in order to develop intervention strategies to reduce the number of children who experience recurrence of maltreatment.

Examination of County Data

One important factor influencing performance is variability in local practice. With decision-making dispersed across 88 counties, even with the use of a consistent statewide assessment framework, variability in case disposition occurs. Given the large number of substantiated/indicated reports (14,000 to 15,000 per year), the state's inability to achieve this measure may, in part, be due to differences in determinations across counties. However, with the recent release of the federal code, the state will commence dissemination of county level data, conduct an examination of the first and second reports, and closely look at the age and characteristics of children who experience maltreatment recurrence.

Safety Item Measure

There is one safety item measure contained in Safety Outcome 1. The following table lists the item and the evaluation criteria. This item was monitored during CPOE Stage 9 and continues to be monitored during CPOE Stage 10.

Items		Evaluation Criteria
1	**Timeliness of Initiating Investigations of Reports of Child Maltreatment**	To determine whether responses to all accepted child maltreatment reports received during the period under review were initiated, and face-to-face contact with the child(ren) made, within the time frames established by agency policies or state statutes.

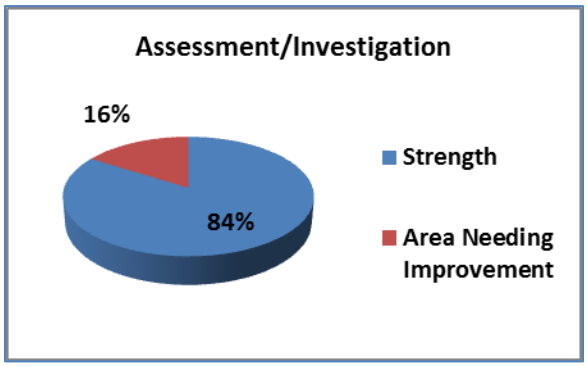
Examination of Statewide Data

On April 6, 2015 the statewide data report entitled *Intake Initiation Requirement Met (of accepted reports)* was run for the period of July 2014-March 2015. For Traditional Investigations, of the 33,776 reports screened in 86.2 percent (29,307) met the intake initiation requirement for face-to-face contact with alleged child victims. Examination of Alternative Response screened in reports (25,849) indicated that 89.9 percent of the Assessments (23,245) met the intake initiation requirement for face-to-face contact with the child.

During the first quarter of the period reviewed the state was at a 91.2 percent compliance level while the last quarter indicated 76.5 percent met initiation requirements. The sudden drop in performance may be attributable to delays in data entry, and we will continue to monitor initiation compliance.

Examination of County Data

As noted above, one item was evaluated via CPOE case reviews to examine compliance with Safety Outcome 1. Results compiled during CPOE Stage 9 (Oct 1, 2012-September 20, 2014) indicated that of the 453 applicable cases reviewed, 84 percent of the cases (382 cases) were rated as a Strength and 16 percent of the cases (71 cases) were rated as an Area Needing Improvement. The level of performance during CPOE Stage 9 was one percent lower than agency performance during CPOE Stage 8.



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

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

- Documentation of contacts was detailed and included not only what was discussed with family members, but also descriptions of caseworker observations including: the condition of the home, the children's developmental level, and interactions between family members.
- Documentation addressed issues necessary to assess safety and risk.
- Pathway switches from AR to TR were completed appropriately, as necessary.

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

- Agencies had late assessment/investigation initiations.
- Alleged child victims were not seen timely.
- Agencies did not meet the requirement of continued attempts to make face-to-face contact every five working days until contact was made or until the report disposition was required.
- When some agencies selected the AR Pathway and the case was initiated with a letter to the family, the required face-to-face contact with the alleged child victim was not completed timely.
- Documentation of issues necessary to assess safety and risk was sparse with only one or two sentences about the children's safety and assessment of risk. Some of the documentation was lacking regarding the specifics of the allegations being investigated and assessed.

It should be noted that statewide results for this same time period indicated 92 percent of the reports were initiated according to face-to-face contact requirements. Thus, CPOE case record review results were lower than statewide results, which may be attributable to CPOE's small sample size. Statewide data in SACWIS is a more accurate reflection of statewide performance; however, the CPOE process assists the State in identifying areas of strength and areas of concern to focus our attention when providing technical assistance and training.

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

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

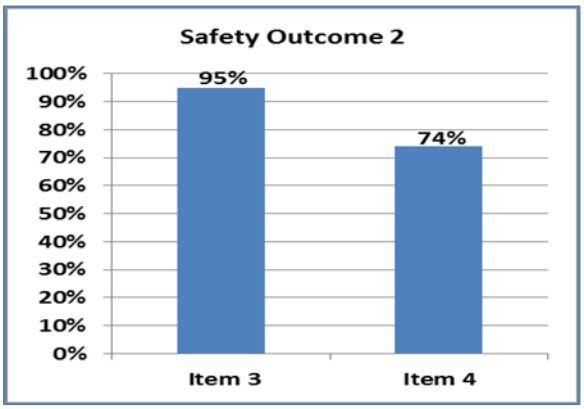
Safety Item Measures

Two safety item measures are contained in Safety Outcome 2. The following table lists the items and their evaluation criteria. These items were monitored during CPOE Stage 9 and continue to be monitored during CPOE Stage 10.

Items		Evaluation Criteria
2	**Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care**	Determine if concerted efforts were made to provide services to the family to prevent children's entry into foster care or re-entry after reunification. **Former Item 3**
3	**Risk assessment and management**	Determine if concerted efforts were made to assess and address the risk and safety concerns relating to the children in their own homes or while in foster care. **Former Item 4**

Examination of County Data

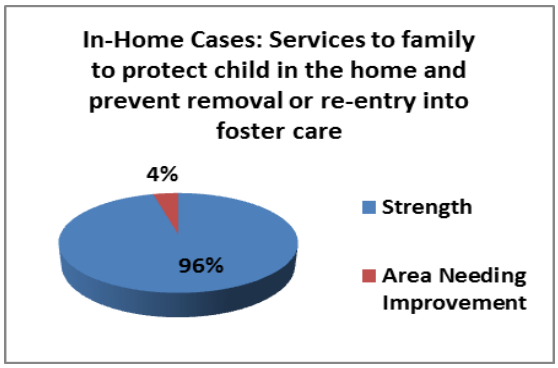
As noted above, two items are evaluated to examine compliance with Safety Outcome 2. Results compiled during CPOE Stage 9 indicated that item 2 (former item 3) exceeded the 90% compliance level, while item 3 (former item 4) fell below the 90% compliance level as evidence below.

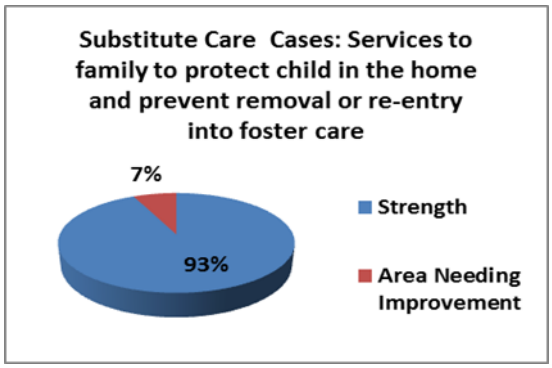


Services to protect child in the home and prevent removal or re-entry into foster care

When assessing this item during CPOE Stage 9 there were 514 applicable cases reviewed. Of the 514 applicable cases reviewed, 95 percent of the cases (486 cases) were rated as a Strength and 5 percent (28 cases) were rated as an Area Needing Improvement.

Further examination of in-home cases and substitute care cases revealed that 96 percent of the in-home cases (299 cases) were rated as a Strength and 93 percentage of the substitute care cases (187 cases) were rated as a Strength. The following graphics depict the results for review of this item by case type.





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

- Services were provided to families to increase protective capacities of parents and to reduce child vulnerability.
- Agency records contained evidence of regular communication between workers and service providers to assess and reassess the value and effectiveness of services.

- Agencies engaged family members in identification of services to assure safety and prevent removal of children from the home.
- Services were identified and provided for families which were specific to the needs presented by the families.
- Services were regularly assessed during Case Reviews and Semiannual Administrative Reviews and modifications occurred to the Case Plan if other service needs were identified.
- When children were removed from their home without provision of services, the action was necessary to ensure safety.
- Interviews conducted with case participants during CPOE Stage 9 indicated that services were helpful and all needs were addressed.
- Agencies continued to provide services six months following reunification to ensure safety.
- Developed Safety Plans in which relatives agreed to care for the child until the parents could ensure safety and participate in services.

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

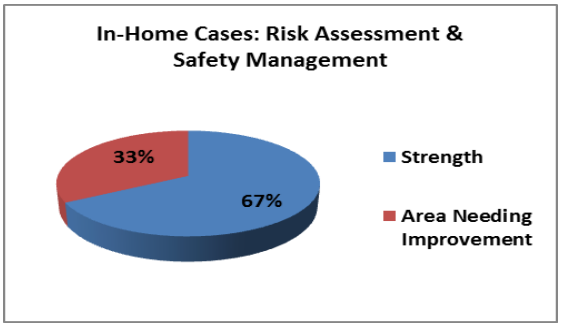
- When cases were transferred from intake to on-going, there were extensive delays and no contacts were made with the family which, in turn, impacted the safety and well-being of children.
- Services were not provided to address specific issues identified in the Family Assessment.
- Lack of services provided to the family and the child remaining in the home led to the eventual removal of that child from the home.
- Service needs of fathers, who were also identified as the alleged perpetrator, were not assessed nor were services identified in case planning.
- Non-custodial fathers were not contacted or engaged in any service planning. There was no indication that these fathers had any contact with the mothers or the children or presented any safety threats; however, this was not clearly documented.
- Agencies failed to assess and address the safety and service needs of siblings of the target child in substitute care. Siblings were not included as participants in the case, nor were they found in the Family Assessment or the Case Plan.
- Failure to monitor in-home Safety Plans.
- Gaps in documentation in SACWIS which made it difficult to confirm if concerted efforts were being made to provide services and assess the effectiveness of services. Handwritten notes could not be produced to verify efforts made to provide services and prevent entry into foster care.

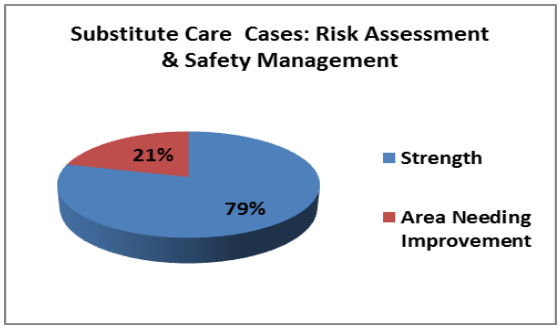
Risk assessment and safety management

There were 747 applicable cases reviewed during CPOE Stage 9. Of the 747 applicable cases, 74 percent were rated as a Strength (551 cases) and 26 percent (196 cases) were rated as an Area Needing Improvement. This is a significantly lower level of performance compared to results from CPOE Stage 8 where the state was at an 81 percent performance level.

Further analysis of case results for in-home cases indicated that 67 percent of the in-home cases (215 cases) were rated as a Strength and 33 percent of the in-home cases (107 cases) were rated as an Area Needing Improvement. Seventy-nine percent of Substitute Care cases (336 cases) reviewed was rated as

a Strength and 21 percent of the cases (89 cases) were rated as an Area Needing Improvement. The following graphs depict these results.





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

- Agencies assessed safety and risk during face-to-face visits, home visits, case conferences, Family Team Meetings, formal Case Reviews, and Semi-annual Administrative Reviews.
- Agencies completed Safety Assessments, Family Assessments, Re-Assessments and Reunification Assessments timely with ample detail.
- Safety Plans were developed and modified as applicable to control the threat of safety.
- During home visits and visits in substitute care settings, agencies evaluated children's safety by talking with them separately from their substitute caregivers, observing their behavior and interactions and speaking to their substitute caregivers.

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

- Lack of assessment of ongoing safety and risk.
- Re-Assessments of safety were not done when new issues surfaced on open cases.
- Safety Assessments or Family Assessments did not include all household members (e.g. all children in the home, a mother who was residing in the home).
- Family Assessments did not contain sufficient information in order to arrive at case decisions.
- Safety concerns were not being addressed.
- Safety Plans were not being monitored or discontinued when safety threats existed.
- Case Reviews did not include all children in the home.
- Case Reviews and Semi-annual Administrative Reviews were not being conducted or held timely.
- Reunification Assessments were not completed prior to children returning home.
- There was no evidence of risk or safety assessments being conducted for children who remained in the home while one of the siblings was placed in substitute care.

PERMANENCY OUTCOMES

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

An examination of all five permanency data indicators was conducted to assess performance. The three case review items which fall within Permanency Outcome 1 could not be examined since Ohio just starting using the CFSR Round 3 On-site Review Instrument in October 2014, and no statewide data is available at this time. However, since CPOE Stage 8 used the Round 2 CFSR Case Record Review Tool, the comparable items were reviewed to assess performance.

PERMANENCY OUTCOMES AND INDICATORS					
Permanency Outcome 1: Children have permanency and stability in their living situations					
There are <u>five data indicators</u> and associated National Standards that are used to determine compliance with Permanency Outcome 1. In addition, a case record review occurs to examine: (1) stability of foster care placement; (2) permanency goal for child; and (3) achieving reunification, guardianship, adoption, or other Planned Permanent Living Arrangement.					
Data Indicators		**Definition**	**National Standard**	**Ohio Performance**	**Ohio Performance**
P1	**Permanency in 12 Months for Children Entering Foster Care**	Of all children who enter foster care in a 12-month period, what percent discharged to permanency within 12 months of entering foster care?	**40.5% or more**	4/1/2011-3/31/12 Observed Performance 45.9%	4/1/2011-3/31/12 Risk-Adjusted 46.8%
P2	**Permanency in 12 Months for Children in Foster Care 12 to 23 Months**	Of all children in foster care on the first day of a 12-month period who had been in foster care (in that episode) between 12 and 23 months, what percent discharged from foster care to permanency within 12 months of the first day of the 12-month period?	**43.6% or more**	4/1/2013-3/31/2014 Observed Performance 44.7%	4/1/2013-3/31/2014 Risk-Adjusted 44.2%
P3	**Permanency in 12 Months for Children in Foster Care 24 Months +**	Of all children in foster care on the first day of a 12-month period, who had been in foster care (in that episode) for 24 months or more, what percent discharged to permanency within 12 months of the first day of the 12-month period?	**30.3% or more**	4/1/2013-3/31/2014 Observed Performance 28.2%	4/1/2013-3/31/14 Risk-Adjusted 27.0%

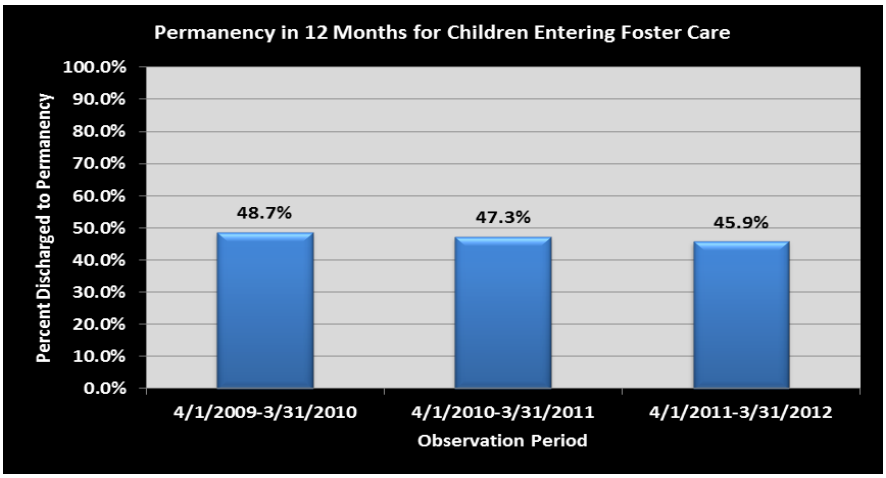
PERMANENCY OUTCOMES AND INDICATORS					
Permanency Outcome 1: Children have permanency and stability in their living situations					
There are <u>five data indicators</u> and associated National Standards that are used to determine compliance with Permanency Outcome 1. In addition, a case record review occurs to examine: (1) stability of foster care placement; (2) permanency goal for child; and (3) achieving reunification, guardianship, adoption, or other Planned Permanent Living Arrangement.					
Data Indicators		**Definition**	**National Standard**	**Ohio Performance**	**Ohio Performance**
P4	**Re-entry to Foster Care in 12 Months**	Of all children who enter foster care in a 12-month period who discharged within 12 months to reunification, living with relative, or guardianship, what percent re-enter foster care within 12 months of their discharge?	**8.3% or less**	4/1/2011-3/31/12 Observed Performance 10.0%	4/1/2011-3/31/12 Risk-Adjusted 11.5%
P5	**Placement Stability**	Of all children who enter foster care in a 12-month period, what is the rate of placement moves per 1,000 days of foster care?	**4.12 moves per 1,000 days in care or less**	4/1/2013-3/31/14 Observed Performance 3.52	4/1/2013-3/31/14 Risk-Adjusted 3.43

Permanency Data Indicators

Permanency in 12 Months for Children Entering Foster Care

<u>Examination of State Data</u>

Over the past three observation periods, Ohio has exceeded the National Standard of 40.5 percent for *Permanency in 12 Months for Children Entering Care*. However, there has been a slight decrease in performance since 4/1/2009- 3/31/2010 as evidenced below.



Ohio's April 1, 2011-March 31, 2012 risk-adjusted performance was 46.8%. However, with a confidence interval of 95%, our "true" performance is likely between 45.7% and 47.9%. These results confirm that Ohio exceeded the National Standard. In the last observation period, the median age for children achieving permanency in 12 months was six.

Utilizing the federal coding recently distributed to states, Ohio will apply the code on a county-by-county basis so that each county can review which cases were linked to this indicator in order to monitor their performance over time.

Examination of County Data

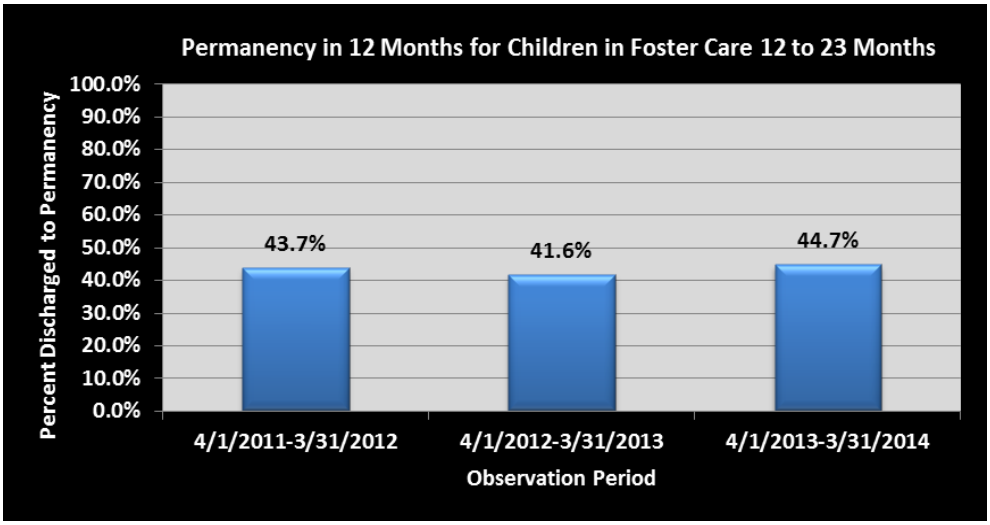
Results from CPOE Stage 9 reviews of 88 PCSAs indicated the following practices made a difference in achieving permanency for children/youth:

- Use of Family Team Meetings to develop case plans and establish permanency goals.
- Frequent face-to-face and telephone contact with community service providers to assess family progress on case plan objectives.
- Reviewing and discussing the Case Plan or Family Services Plan with families during each visit.
- Establishing more frequent caseworker visits with parents on achieving their case plan goals and to assess service needs.

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

Examination of State Data

Over the past three observation periods, Ohio has achieved or exceeded the National Standard of 43.6 percent for *Permanency in 12 Months for Children in Foster Care 12 to 23 Months.* The following table reflects these results.



Ohio's 4/1/2013-3/31/14 risk-adjusted performance was 44.2%, thus substantiating that Ohio achieved the National Standard of 43.6%. In the last observation period, the median age for children achieving

permanency in 12 months for children in foster care 12 to 23 months was six. The state plans to apply the federal code on a county-by-county basis, so that each county can review which cases were linked to this indicator in order to monitor their performance over time.

Examination of County Data

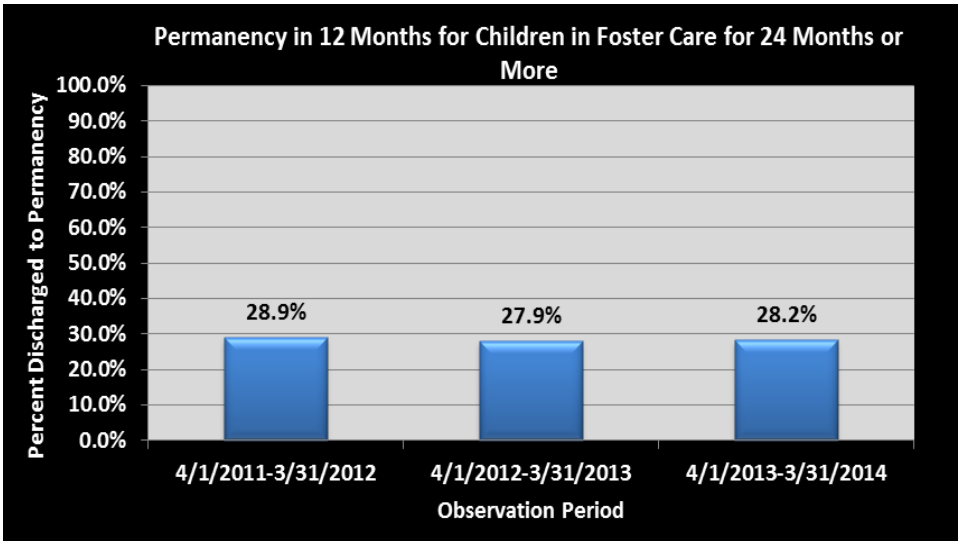
CPOE Stage 9 results indicated practices which supported achieving permanency for this population group, including the following:

- Conducting Reunification Assessments prior to making recommendations to the court.
- Expanding the frequency and duration of parent/child visits as case plan progress builds safety.
- Sharing data and CPOE findings with the juvenile court judge to facilitate joint planning.
- Use of concurrent planning for substitute care cases – not waiting to begin planning for more than one possible avenue to permanency.
- Certifying applicants as foster-to-adoptive placements.
- Conducting matching conferences upon receipt of permanent custody.
- Conducting child specific recruitment.

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

Examination of State Data

Over the past three observation periods, Ohio has not achieved the National Standard of 30.3 percent as evidenced in the following table.



When examining Ohio's risk-adjusted performance for the period of April 1, 2013 through March 31, 2014, Ohio was at 27.0 percent. Our "true" performance is between 25.6 percent and 28.5 percent (based on a 95% confidence interval). In the last observation period, the median age for children achieving permanency in 12 months for children in foster care 24 months or more was twelve.

Examination of County Data

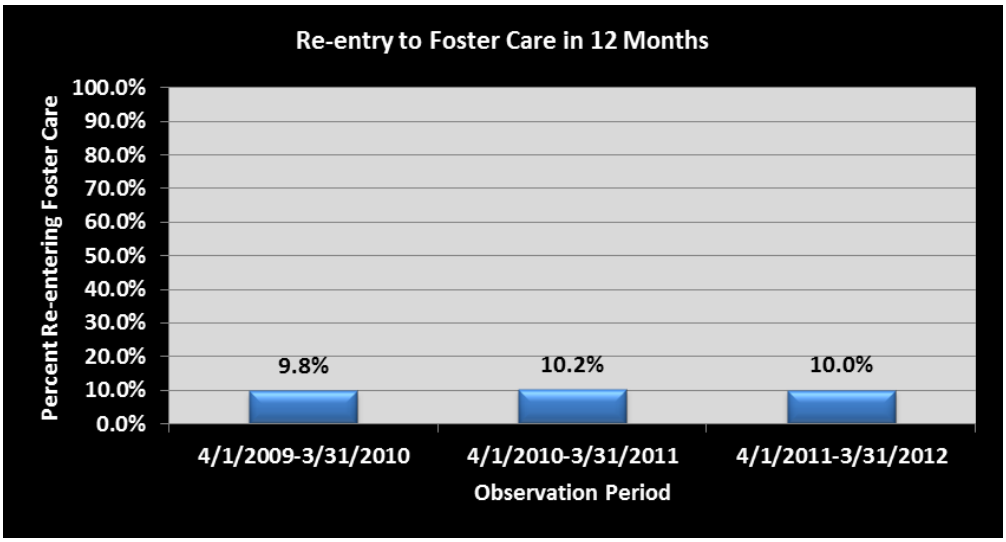
Examination of CPOE Stage 9 results identified the following practices which supported achieving permanency for this population group.

- Conducting thorough case mining to identify possible adoptive placements and use of Wendy's Wonderful Kids recruiters to conduct child-specific recruitment.
- Effective coordination and communication with the placement provider, the service provider and prospective adoptive family.
- Providing needed services post-adoption to ensure the adoption does not disrupt.
- Use of Permanency Roundtables for children/youth in the PPLA status to re-assess if this status continues to be an appropriate goal for the youth.

Re-entry to Foster Care in 12 Months

Examination of State Data

Over the past three observation periods, Ohio has not achieved the National Standard of 8.3 percent as evidenced in the following table.



When examining Ohio's risk-adjusted performance for the period of April 1, 2011 through March 31, 2012, Ohio was at 11.5 percent. Our "true" performance lies between 10.5 percent and 12.6 percent (based on a 95% confidence interval). In the last observation period, the median age for children re-entering foster care in 12 months was seven. As with all of the National Standards, federal code will be utilized to provide and examine county-by-county data.

Examination of County Data

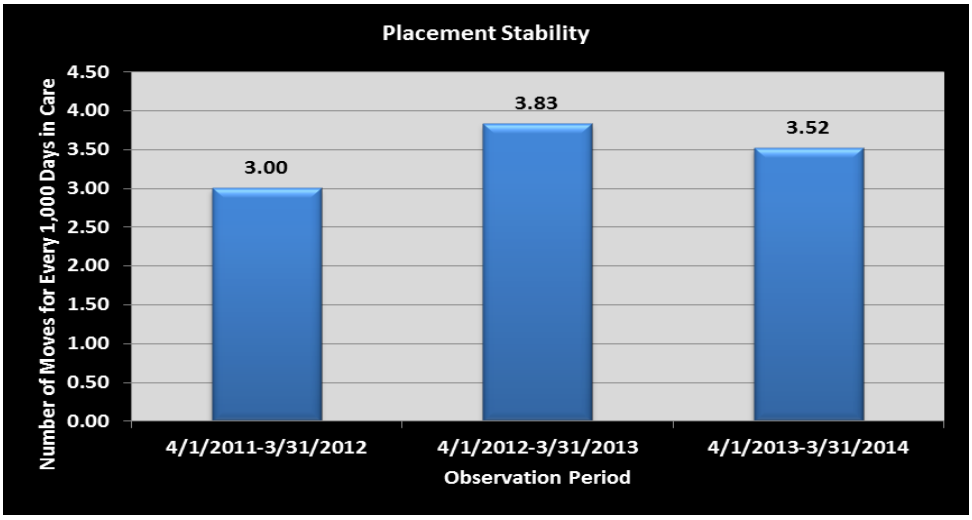
Practices identified during the CPOE Stage 9 review which resulted in children not re-entering foster care included:

- Planning overnight/extended visits between the parents and children in preparation for reunification.
- Working closely with service providers and families to ensure families are comfortable with reunification.
- Providing services to the family to support reunification and continuing to provide services following reunification to ensure re-entry did not occur.
- Engaging foster parents in providing additional support for parents and in aiding the child's transition from the foster home.

Placement Stability

Examination of State Data

During the three observation periods, the National Standard of 4.12 and below was achieved; however, as evidenced below, there was a slight increase in placement moves since the first observation period.



When examining Ohio's risk-adjusted performance for the period of April 1, 2013 through March 31, 2014, Ohio was at 3.43 placement moves per 1,000 days in care with a "true" performance between 3.33 and 3.52 (based on a 95% confidence interval).

Examination of County Data

The most effective strategies identified during CPOE Stage 9 reviews to ensure placement stability included:

- Visits completed consistently with the parents, children, and foster caregivers.
- Services and support provided to substitute caregivers to prevent placement disruptions.
- Diligent searches to locate both paternal and maternal relatives.
- Use of agency forms or tools to engage parents in discussions about relative placement options and record information about relatives at multiple points during the case.
- Siblings placed together when appropriate and in the same school district of the removal home.

An additional strength identified by counties includes:

- Implementation of a pilot to evaluate a level of care assessment model which would aid in the selection of appropriate placements for children and youth.

Permanency Item Measures

Three permanency item measures are contained within Permanency Outcome 1. The following table lists the items and the evaluation criteria used to assess performance. These items were monitored during CPOE Stage 9 and continue to be monitored during CPOE Stage 10.

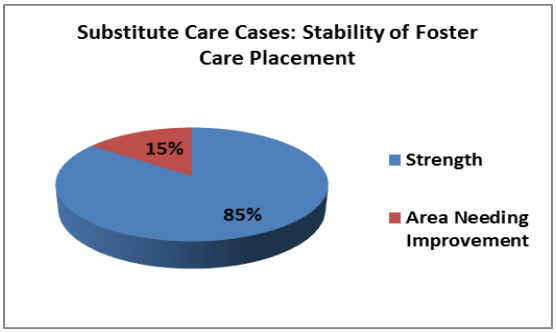
Items		Evaluation Criteria
4	**Stability of foster care placement**	Determine if the child in foster care is in a stable placement and that any changes in placement that occurred during the review period were in the best interest of the child and consistent with achieving the child's permanency goal (s). **Former item 6**
5	**Permanency goal of child**	Determine whether appropriate permanency goals were established for the child in a timely manner. **Former item 7**
6	**Achieving Reunification, Guardianship, Adoption or Other Planned Permanent Living Arrangement**	Determine whether concerted efforts were made, or are being made, to achieve reunification, guardianship, adoption, or other planned permanent living arrangement. **Former items 8,9,10**

Examination of County Data

CPOE Stage 9 utilized the CFSR Round 2 on-site review instrument to assess performance on the above three items.

Stability of foster care placement

A total of 432 substitute care cases were identified as applicable for review during CPOE Stage 9. Of the 432 cases reviewed, 85 percent (368 cases) were rated as a Strength, and 15 percent (64 cases) were rated as an Area Needing Improvement. The following graph depicts these results. Examination of CPOE Stage 8 results indicated that the state was at a 92 percent level of compliance; however during CPOE Stage 9 there was a significant decline in performance.



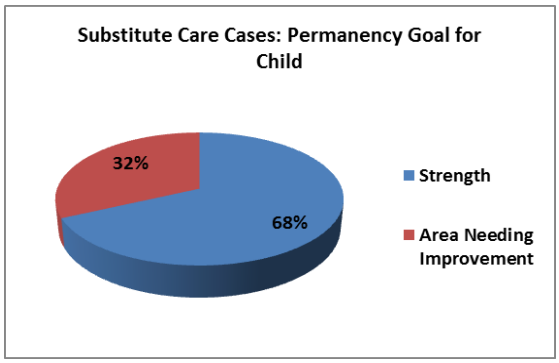
PCSAs have made concerted efforts to identify appropriate placements for the child initially by matching the child's needs with the skills, knowledge and strengths of the caregiver. As a result, children have been maintained in the same foster placement for the entire substitute care episode. Additionally,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

Change in placements were a result of one or more of the following factors:

- Allegations of child abuse and neglect in foster care.
- Inappropriate discipline by foster caregivers.
- Severe behavioral issues of adolescents in the placement setting.
- Youth bullied other foster children in the home.
- Multiple run away episodes and detention stays.
- Disruptions of adolescents in foster care resulted in removal from the setting.
- Violent acting act behavior – agency provided support to the foster caregiver but the caregiver could not address the needs of the child.
- Youth sexually assaulting a group home staff member resulted in multiple placement moves. The agency made every effort to provide services to protect the child from harming himself and others.
- Moved due to disrupted adoption.
- Agencies were not providing sufficient information to foster caregivers regarding problems between siblings, and the foster caregiver requested a child or all the children be removed.
- Foster caregivers were not provided with information prior to placement about the behavior of the children, and assistance from the agency on working with the children was not provided.
- Attempted relative placements and relatives were unable to deal with youth's behavior.
- Provided respite care to relatives but relatives asked for removal of the child.
- Delays in placement with relatives initially due to time needed to conduct a kinship homestudy.
- Appropriate step down from intensive to less intensive placement.

Permanency goal for child

Four hundred thirty-two (432) applicable substitute care cases were reviewed to determine whether appropriate permanency goals were established for the child in a timely manner during CPOE Stage 9. As depicted below, of the 432 applicable substitute care cases reviewed, 68 percent of the cases (295 cases) were rated as a Strength and 32 percentage of the cases (137 cases) were rated as an Area Needing Improvement. During CPOE Stage 8 the State was at a 76 percent level of compliance. This represents a steady decline in performance on this item.



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

- Utilized Family Team Meetings to establish permanency goals. This open forum offered families the chance to meet with the investigators and ongoing workers and discuss the need for and availability of local services.
- Agencies were establishing concurrent Case Plan goals.
- Agencies established appropriate Case Plan goals within required time frames, which were entered into SACWIS.
- Case Plans goals were developed timely with specified services linked to Case Plan goals. When goals were changed, services were revised to reflect the new Case Plan goal. Case Plan goals were achieved within required time frames.
- Concerted efforts were made to identify families for children with a goal of adoption through extensive recruitment efforts and conducting timely matching conferences.
- Agencies were actively working with families and children/youth to achieve the established Case Plan goal.

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

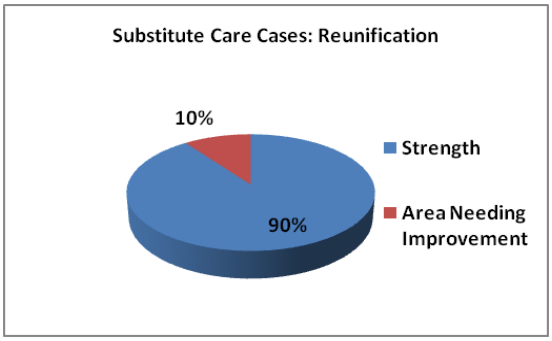
- There were no Case Plans developed or the initial Case Plan was completed late.
- Case Plan goals were established late. There were proposed Case Plans in SACWIS but no finalized Case Plans. In most of these cases the stated permanency goal was no longer appropriate to the child's needs or to the circumstances of the case.
- No compelling reasons for not filing for termination of parental rights.
- The Case Plan goal of adoption was not achieved in a timely manner by agencies and courts. Several of the delays cited were appeals of termination of parental rights. There were also several continuances of hearings.
- For children with a goal of adoption, permanency for the children was not being achieved and they were growing up in foster care.
- Agencies were not completing updates in SACWIS within prescribed time frames.

Achieving Reunification, Guardianship, Adoption or Other Planned Permanent Living Arrangement

1. Reunification, guardianship, or permanent placement with relatives

During CPOE Stage 9 of the 433 substitute care cases reviewed, two hundred twenty-nine (229) had an identified Case Plan goal of "reunification, return child to parent/guardian or custodian." Reviewers were to determine if the agency and court were making or did make concerted efforts to achieve the goal in a timely manner. As evidenced below, of the 229 cases reviewed, 90 percent of the cases (206 cases) were rated as a Strength and 10 percent of the cases (23 cases) were rated as an Area Needing Improvement. This was the same level of compliance found during CPOE Stage 8.

The following graph depicts these results.



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

- Established the permanency goal of reunification in a timely manner.
- Reunification Assessments were conducted prior to making recommendations to the court for reunification of the child with his/her family.
- Provided services to the family to support reunification and continued to provide services following reunification to ensure re-entry did not occur.
- Ensured regular visits between the biological parents and children occurred with overnight and extended visits built into their reunification efforts.
- Agencies and their respective court were making concerted efforts to achieve permanency in a timely manner.
- Diligent efforts were being made to locate fathers, conduct relative searches, and work with parents to provide permanency for their children.

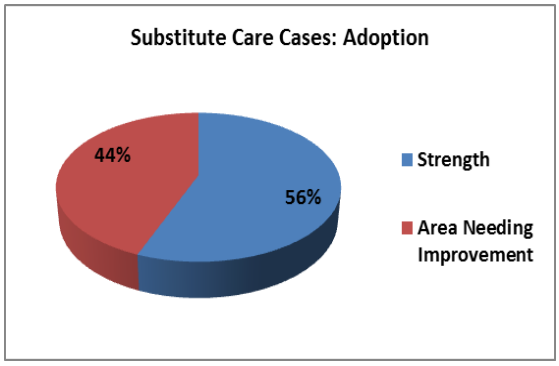
Cases rated as an Area Needing Improvement were a result of one or more of the following findings:

- Case Plan was not amended timely when children were returned home.
- Case Plan was not filed with the court timely due to delays in transferring the case.
- Case Plan goal was reunification but the agency had a PPLA custody status for an extended period of time.
- Efforts were made to provide services to the mother to support reunification; however, the father was not provided with services.
- No documentation for requesting two extensions of temporary custody or compelling reasons for not requesting termination of parental rights.
- Post reunification services were not provided and youth re-entered care.
- Case Plan goal should have been changed to adoption following termination of parental rights.

- Case Plan was not amended when the child was removed from his home and placed in substitute care. The Case Plan goal was still "maintain the child in his own home".

2. Adoption

Of the 433 substitute care cases reviewed during CPOE Stage 9, 124 cases had a case plan goal of adoption. As depicted below, of the 124 adoption cases reviewed, 56 percent of the cases (70 cases) were rated as a Strength and 44 percent (54 cases) were rated as an Area Needing Improvement.



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

- Agency uses a *Placement Search Team* to recruit and select placements for children.
- Agency has a team which reviews whether it would be appropriate to separate siblings for the purpose of adoption.
- Concerted efforts were made to identify adoptive placements which would keep siblings together.
- Agency shared adoption findings with the juvenile court judge prior to the CPOE Exit review. Based upon the meeting, the juvenile court plans to add a docket day specifically for children services cases to ensure achievement of child welfare time frames.
- Agencies conducted case mining to identify possible adoptive placements.
- Upon receipt of a court order granting permanent custody of a child, agencies commenced conducting pre-adoptive staffings and matching conferences.
- Excellent quality services noted in which there was coordination with the placement provider, the service provider and prospective adoptive family which resulted in a successful adoptive placement of an adolescent.
- Utilized Wendy's Wonder Kids recruiters to do child specific recruitment.
- Agencies were addressing children's intensive treatment needs while searching for an adoptive placement.
- While an agency did not achieve timely adoption for the child, the agency was providing needed services to the child and family to ensure the adoption would not disrupt.
- Agencies look at concurrent planning at the inception of placement for their substitute care cases.

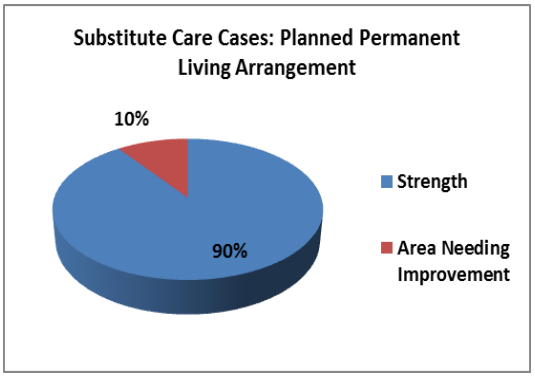
- Work had begun prior to termination of parental rights to look for a permanent placement for the child, including exploration with relatives and the current substitute caregiver of their interest in adopting the child.
- Agencies were partnering with Adopt America to locate families for youth.

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

- The motion for termination of parental rights was filed in a timely manner and the agency received permanent custody; however, the adoptive parents took several months to identify an attorney to represent them in finalizing the adoption.
- Delays in the foster-to-adopt parent completing the required paperwork in order to proceed with adoption of the child.
- Court continuances contributed to the lengthy period of time between the filing of the motion and receipt of permanent custody.
- Not completing required matching conferences which would have facilitated permanency options for the child.
- Lengthy period of time negotiating adoptive assistance.
- Delays by the sending and receiving agencies throughout the ICPC process.
- No concerted efforts made to do child specific recruitment.

3. Planned Permanent Living Arrangement

During CPOE Stage 9, eighty-six cases were identified for review that had the goal of Planned Permanent Living Arrangement (PPLA). Of the cases reviewed 90 percent were rated as a Strength (77 cases) and 10 percentage (9 cases) were rated as an Area Needing Improvement. There was a two percent level of improvement between CPOE Stage 8 and CPOE Stage 9. The following graph depicts CPOE Stage 9 results.



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

- Compelling reasons not to pursue termination of parental rights and request PPLA were contained in case documentation.
- Agencies were using Permanency Roundtables to conduct on-going assessments of children in the PPLA custody status to ensure that the needs of these youth were being addressed and to re-assess if this custody status continued to be an appropriate goal for the youth.
- Concerted efforts were made to ensure children were in a living arrangement that was considered permanent.

- Independent Living Assessments and Independent Living Plans were completed for youth in the agency's custody who were age 16 and over.
- Transition Plan included services post-emancipation.
- Interviews conducted with youth indicated Independent Living services had been provided to assist them in transitioning out of care.
- Ensured that transitional housing and long-term housing were secured for adolescents prior to termination of agency custody.

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

- Children who had PPLA custody status did not have PPLA as a Case Plan goal.
- No documentation of Independent Living services being provided.
- No Transition Plan for a youth who had emancipated.
- Independent Living Plan was not signed by the youth.
- No Independent Living Assessments or Plans were done for youth who had a Case Plan goal of PPLA.
- Did not provide youths with credit report.
- Independent Living Plan was not completed within 30 days of the completion of the Independent Living Assessment and IL Plans were not consistently reviewed every 90 days.

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

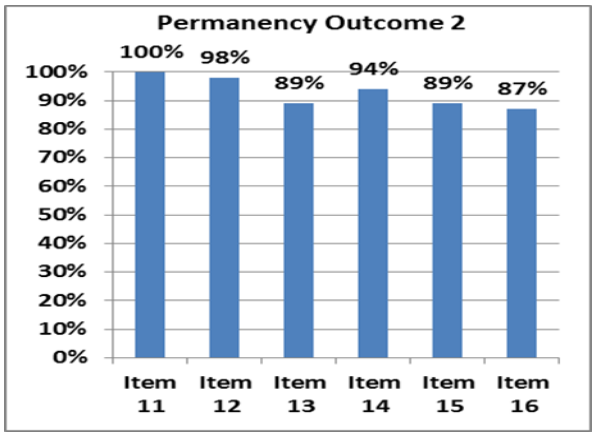
There are no data indicators used to determine compliance with this Permanency Outcome; instead, a review of case records occurs to examine the following five permanency item measures: (1) placement with siblings; (2) visiting with parents and siblings in foster care; (3) preserving connections; (4)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

Item		Evaluation Criteria
7	**Placement with siblings**	Determine if concerted efforts were made to ensure that siblings in foster care are placed together unless a separation was necessary to meet the needs of one of the siblings. **Former item 12**
8	**Visiting with parents and siblings in foster care**	Determine if concerted efforts were made to ensure that visitation between a child in foster care and his or her mother, father, and siblings is of sufficient frequency and quality to promote continuity in the child's relationship with these close family members. **Former item 13**
9	**Preserving connections**	Determine if concerted efforts were made to maintain the child's connections to his or her neighborhood, community, faith, language, extended family, tribe, school, and friends. **Former item 14**
10	**Relative placement**	Determine if concerted efforts were made to place the child with relatives when appropriate. **Former item 15**
11	**Relationship of child in care with parents**	Determine whether concerted efforts were made to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregiver(s) from whom the child had been removed through activities other than just arranging for visitation. **Former item 16**

Permanency Item Measures

Examination of County Data

During CPOE Stage 9, a high level of performance was seen across all items in Permanency Outcome 2 with a minimum level of 87 percent compliance. The following graph depicts these results.



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

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

WELL-BEING OUTCOMES

There are no data indicators used to determine compliance with the three Well-Being Outcomes. CPOE Stage 9 data was used to assess performance on: Well-Being Outcome 1: *Families have enhanced capacity to provide for their children's needs*; Well-Being Outcome 2: *Children receive appropriate*

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

Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.

All items within Well-Being Outcome 1 were determined to be in substantial nonconformity during the CFSR 2008 review. Ohio was required to establish improvement goals for each item. The baseline for establishing the improvement goal was based on roll-up quarter 1-quarter 4 CPOE Stage 8 results. The following were the improvement goals established and the status for achievement of each goal at the conclusion of the CFSR PIP non-overlapping year:

Item	Improvement Goal	Status of Achievement of Goal
17	80.6%	Achieved during roll-up of Quarter 5 - Quarter 8
18	79.0%	Achieved during roll-Up Quarter 3 - Quarter 6
19	82.7%	Not achieved – missed achievement by 1 case during roll-up Quarter 5-Quarter 8
20	66.1%	Not achieved – missed achievement by 1 case during roll-up Quarter 8-Quarter 11.

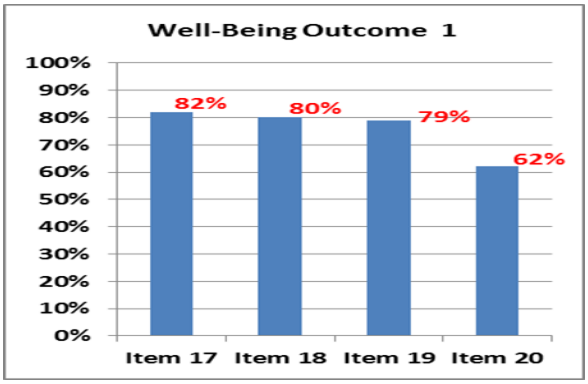
Well-Being Item Measures

The following well-being item measures constitute Well-Being Outcome 1. These items are being reviewed during CPOE Stage 10 and were reviewed during CPOE Stage 8 and CPOE Stage 9.

Item		Evaluation Criteria
12	**Needs and services of child, parents, foster parents**	Determine if concerted efforts were made to assess the needs of children, parents, and substitute caregivers or pre-adoptive parents at entry into foster care or on an ongoing basis to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family, and provide appropriate services. **Former Item 17**
13	**Child and family involvement in case planning**	Determine if concerted efforts were made to involve parents and children in the case planning process on an ongoing basis. **Former Item 18**
14	**Caseworker visits with child**	Determine whether the frequency and quality of visits between caseworkers and the child in the case are sufficient to ensure the safety, permanency, and well-being of the child and promote achievement of case goals. **Former Item 19**
15	**Caseworker visits with parents**	Determine whether the frequency and quality of visits between caseworkers and the mothers and fathers of the children are sufficient to ensure the safety, permanency, and well-being of the children and promote achievement of case goals. **Former Item 20**

Examination of County Data

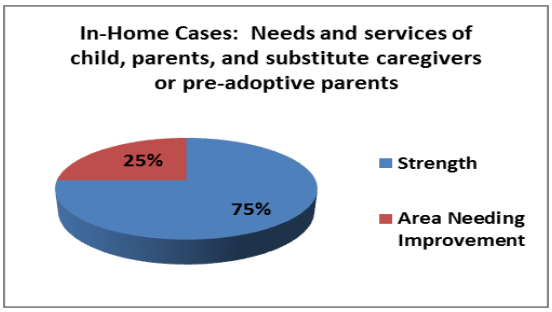
During CPOE Stage 9, performance across all items within Well-Being Outcome 1 was the lowest when compared to results within other outcomes. Counties were experiencing challenges in engaging families and children in assessing service needs and enhancing the capacity of families to provide for their children's needs. In particular, case reviews indicated significant difficulty in effectively engaging fathers in case planning. Additionally, the quality and frequency of caseworker visits with children and with parents had a significant impact on Well-Being Outcome 1 results. The following graph depicts these results:

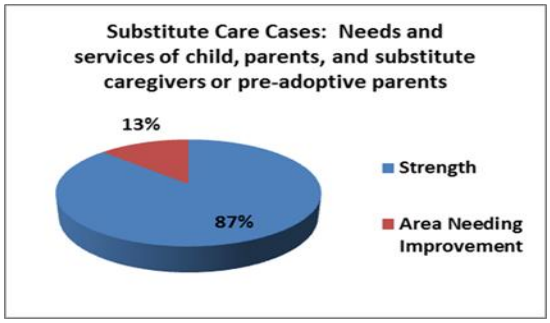


Needs and services of child, parents, and substitute caregivers or pre-adoptive parents

During CPOE Stage 9, this item was applicable for 324 in-home cases reviewed and 432 substitute care cases reviewed. When examining all 756 applicable cases reviewed it was determined that 82 percent of the cases (617 cases) were rated as a Strength and 18 percent (139 cases) were rated as an Area Needing Improvement.

Further analysis indicated that in-home cases had fewer cases rated as a Strength (75 percent) when compared to substitute care cases (87 percent). The following graphics depict the results of in-home case findings and substitute care case findings.





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

- Agencies assessed the needs of children and provided or arranged for appropriate services.

- Needs were assessed for children as part of the CAPMIS Family Assessment and re-assessed informally during regular visits with children. This was confirmed by several youth and foster parents interviewed during CPOE.
- Needs were assessed informally and formally on the CAPMIS Family Assessment Tool and were addressed in the Case Plan. Additionally, needs were assessed at case transfer.
- Parent's needs were assessed during Family Team Meetings.
- There is a strong collaboration among community service providers to address the service needs of families and children coming to the attention of the children services agency.

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

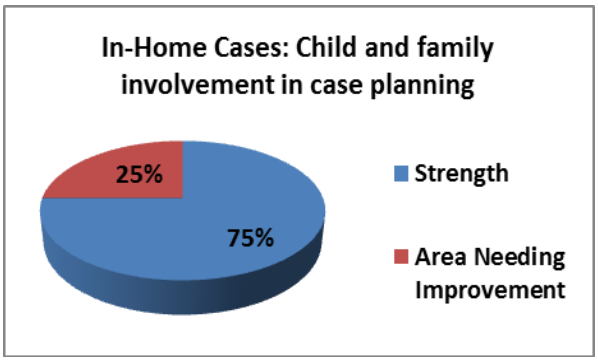
- Safety Assessments and Family Assessments indicated a need for a specified assessment and/or services but there was no follow up on the identified need when the case was transferred to on-going.
- Father's needs were assessed at intake; however, there was no evidence that services were provided.
- No efforts to locate non-custodial fathers and case files indicated that the mother knew the father's whereabouts.
- Did not assess the needs of non-residential father, even when the father was very involved in the child's life.
- Non-custodial parents were not being identified and involved in case planning where services needs would be assessed and identified.
- Incarcerated parents' needs were not assessed following their release from prison.
- Parents had identified services needs and there was no follow-up by the agency.
- Needs of mother and father were assessed but services were not provided for in-home cases.
- Child's service needs were not assessed, and for in-home cases, agencies did not assess needs of all children in the home.
- Service needs of children were identified by others rather than asking children/youth directly what their service needs were.
- Services were provided which were not listed in the Case Plan.
- Services were not being updated during Case Reviews and Semi-annual Administrative Reviews.
- Family Assessments were not utilized in case planning.
- No required Independent Living Assessment, Independent Living Plan or Transition Plan were being completed.
- No indication the agency contacted services providers to determine case progress.
- Needs of the child or parent were not sufficiently addressed with the services provided.

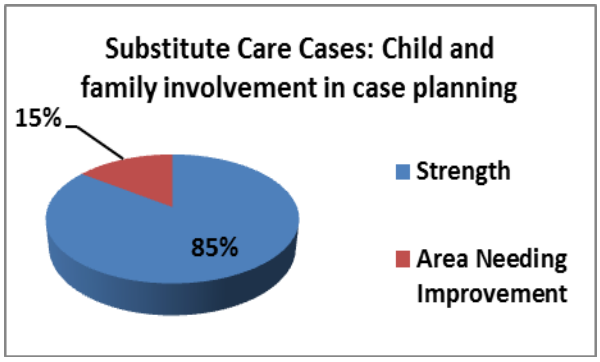
Child and family involvement in case planning

During CPOE Stage 9 there were 323 applicable in-home cases and 429 applicable substitute care cases for a total of 752 applicable cases reviewed. Cases rated as a Strength were at an 80 percent level (580 cases). Twenty percent of the cases (142 cases) were rated as an Area Needing Improvement.

Further examination of results revealed that 75 percent of the in-home cases (242 cases) were rated as a Strength, and 25% of these cases (81 cases) were rated as an Area Needing Improvement. Results for the review of substitute care cases revealed that 85 percent of the cases (338 cases) were rated as a Strength, and 15 percent of the cases (61 cases) were rated as an Area Needing Improvement. The

following graphics present results of review of this item by case type. These findings were similar to CPOE Stage 8 findings.





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

- Agencies were developing Case Plans with families during Family Team Meetings or Family Conferences.
- Case Plans were amended frequently to reflect changes as they occurred.
- Agencies invited parents with known addresses to Semi-Annual Administrative Reviews through letters sent to parents as well as providing verbal notifications during contacts with parents.
- Mothers, step-fathers, custodial fathers were invited to participate in case planning, which also included Family Team Meetings and Semi-annual Administrative Reviews. Interviews conducted with parents during the CPOE review indicated that they had been an active participant in development of the Case Plan during Family Team Meetings. Parents were able to provide input into the types of services for the family and child in care.
- Agencies maintained frequent face-to-face and telephone contact with outside community service providers to assess families' progress on Case Plan objectives.

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

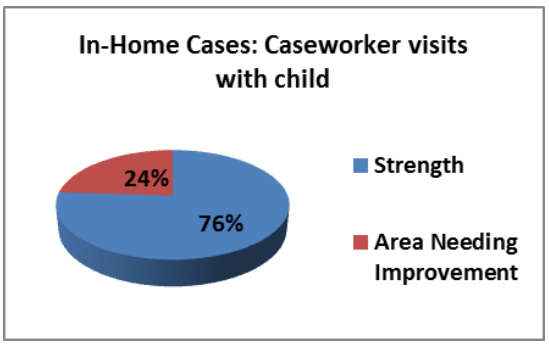
- Case Plans were not always developed with the involvement of the parents and the child, if appropriate.
- Case Plans were not individualized for the child and parents and did not address risk contributors.
- Non-custodial parents were not involved in case planning.
- Lack of engaging fathers in case planning, including incarcerated fathers.
- Did not actively search for absent or non-custodial fathers.
- Did not routinely involve children in case planning and case reviews.
- Parents were not being invited to Semi-annual Administrative Reviews.
- Case record reviews and Semi-annual Administrative Reviews were not completed timely or with the involvement of the child and the family.

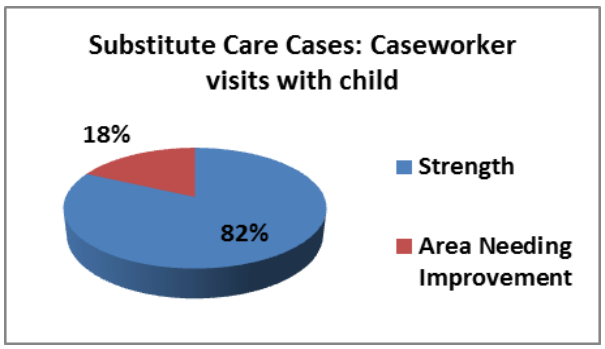
Caseworker visits with child

During CPOE Stage 9, there were 753 in-home and substitute care cases reviewed. Seventy-nine percent of the cases reviewed were rated as a Strength (596 cases) and 21 percent of the cases reviewed (157 cases) were rated as an Area Needing Improvement.

Examination of in-home cases revealed that 76 percent of the cases (243 cases) were rated as a Strength and 24 percent of the cases (78 cases) were rated as an Area Needing Improvement. Eighty-two percent of the substitute care cases (353 cases) were rated as a Strength and 18 percent of the cases (79 cases) were rated as an Area Needing Improvement. Review of CPOE Stage 8 findings revealed that there was a decline in performance for substitute care cases by 7 percent while in-home cases increased by two percent.

The following graphs depict the results for both in-home and substitute care cases reviewed during CPOE Stage 9.





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

- Ensured that the frequency and quality of face-to-face contact was sufficient to address issues pertaining to the safety, permanency and well-being of the child and promote achievement of Case Plan goals. For in-home cases, face-to-face contact was made at least monthly and always in the child's home. For younger children, caseworkers documented attempts to engage the child and described the child's reaction.
- Based upon conversations with the youth and substitute caregivers, workers were assessing the youth's safety in the placement setting during monthly visits.
- Made concerted efforts to assess the needs of the children and their parents at the initial involvement with the family as well as on an ongoing basis. Agencies made attempts to involve children in the case planning process as appropriate to their age and functioning.
- Agency staff made monthly visits with children in their homes or in their substitute care setting. Documentation indicates the quality of the visits was sufficient to address and assess issues pertaining to safety, permanency, and well-being as well as case goals, as appropriate to the age and functioning level of the children.
- Workers spoke alone with children about safety issues.
- For non-verbal children, workers provided detailed descriptions of the child's development, activities observed, and interactions between the child and caregiver.

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

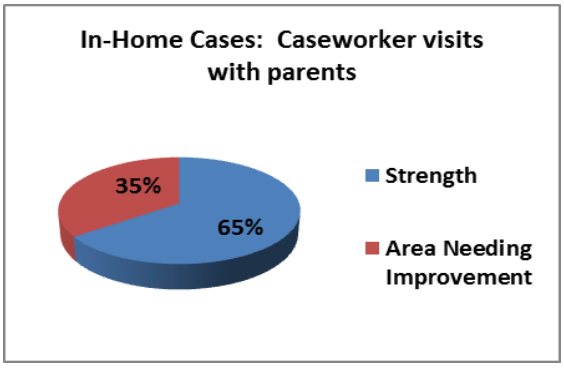
- Agencies relied on the network's caseworker visits to meet the requirement of one visit in the placement setting every two weeks for children placed in treatment foster care homes. However, the documentation of the visits provided to the agency did not reflect that the network caseworker was addressing the child's safety, permanency, well-being and progress on the Case Plan objectives.
- Frequency of visits between the caseworker and the child was not sufficient to address issues pertaining to the safety, permanency or well-being of the child and promote achievement of case goals.
- Missing documentation of visits.
- Caseworker visits for in-home cases focused on the identified victim and not all children in the home.
- Documentation reviewed did not support the completion of face-to-face contacts.

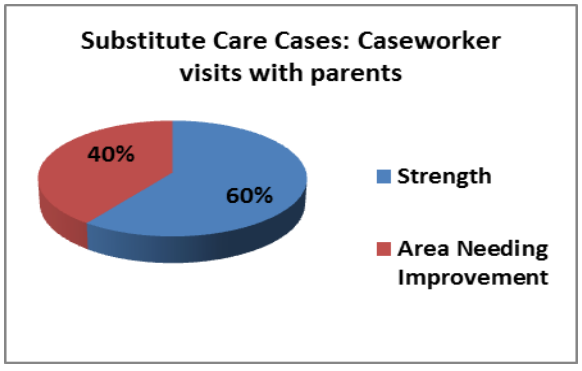
Caseworker visits with parents

During CPOE Stage 9, there were 621 cases applicable cases reviewed. Of the 621 applicable cases, 62 percent of the cases (388 cases) were rated as a Strength and 38 percent of the cases (233 cases) were rated as an Area Needing Improvement. Statewide compliance for this item was the same as statewide compliance found in CPOE Stage 8.

Further examination of the results indicated that 65 percent of the in-home cases (207 cases) were rated as a Strength, and 35 percent of the in-home cases (110 cases) were rated as an Area Needing Improvement. Sixty percent of the substitute care cases (181 cases) were rated as a Strength, and 40 percent of the cases (123 cases) were rated as an Area Needing Improvement. Findings from the CPOE Stage 9 review revealed that there was a five percent level of improvement in visits with parents in cases where children remained in their own homes; however, there was also a 5 percent decline in caseworker visits with parents whose children were in substitute care.

The following graphs present findings of in-home and substitute care case reviews for this item.





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

- Visits were more frequent than monthly to work with parents on achievement of their Case Plan goals and to assess service needs.
- Completed home visits outside of traditional business hours in order to assure the safety of the children and monitor Case Plan progress.
- Complied with visitation/documentation requirements to assure the safety, permanency and well-being of children and promote achievement of Case Plan goals.
- Visits with mothers, fathers and legal custodians were made at least monthly and appeared to be of high quality. Case activity logs contained detailed information related to the specific progress made on Case Plan objectives, and the quality of visits with parents was continuously evidenced in SACWIS activity logs.
- Vists were made with incarcerated mothers and fathers.

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

- Did not conduct visits with incarcerated parents.
- Fathers and/or non-custodial parents (mothers, fathers, legal custodian) were not visited.
- No efforts were made to locate the whereabouts of parents, although the youth in care had regular contact with his parents.
- Poor documentation regarding what occurred during visits with the parents.
- No attempts were made to contact parents again if they were not home for the caseworker visit.
- Documentation did not support the completion of face-to-face contacts with parents and/or discussion of Case Plan goals.

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

Well-Being item measure 16 is reviewed during CPOE to assess compliance with Well-Being Outcome 2.

Item		Description
16	**Educational needs of the child**	Determine if concerted efforts were made to assess children's educational needs at the initial contact with the child and whether identified needs were appropriately addressed in case planning and case management activities. **Former Item 21**

Well-Being Item Measure

Examination of County Data

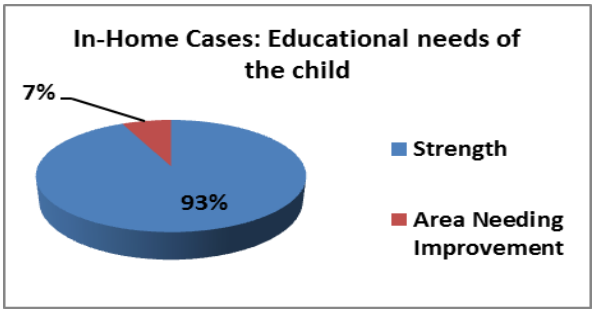
Educational needs of the child

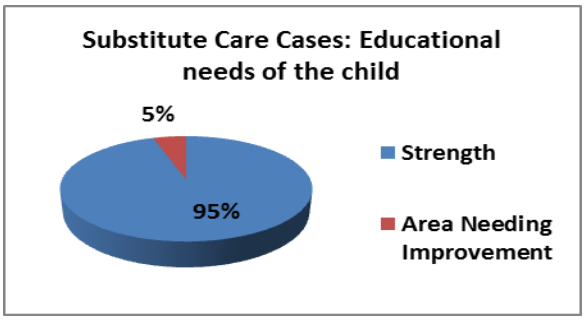
During CPOE Stage 9, reviewers assessed compliance with this item in 406 applicable cases. Of the 406 applicable cases, 95 percent (385 cases) were rated as a Strength and 5 percent of the cases (21 cases) were rated as an Area Needing Improvement.

Examination of the 73 applicable in-home cases reviewed revealed that 93 percent of the cases (68 cases) were rated as a Strength, and 7 percent of the cases (5 cases) were rated as an Area Needing Improvement. Of the 333 applicable substitute care cases, 95 percent of substitute care cases (317

cases) were rated as a Strength, and 5 percent (16 cases) were rated as an Area Needing Improvement. Statewide data for CPOE Stage 8 also revealed that PCSAs are responsive to meeting the educational needs of children/youth coming to the attention of the agency.

The following graphs depict the results of review for this Item.





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

- Educational needs of the child/youth were being discussed during regular Family Team Meetings.
- Assisted parents in participating in IEP meetings.
- Foster parents reported during interviews that they attended all educational meetings and shared the information with agency staff.
- Consistently monitored child's progress in school with regular contacts made with the school.
- Updated and reviewed education progress during Semi-annual Administrative Reviews.
- Caseworkers attended IEP meetings.
- Documented phone conversations with teachers.
- Obtained all school records.
- When maltreatment had impacted children's school performance, agencies appropriately addressed their educational needs.

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

- No contacts were made with the school to determine the child's educational progress and educational needs.
- Early intervention preschool assessments were not conducted.
- The JFS 01443 educational section was not being updated at every Semi-annual Administrative Review.
- Missing educational stability plan.

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

During CPOE 9, the following two well-being item measures for Well-Being Outcome 3 were reviewed.

Item		Evaluation Criteria
17	**Physical health of child**	Assess whether the agency addressed the physical health needs of the child, including dental health needs. **Former Item 22**
18	**Mental/ behavioral health of the child**	Assess whether the agency addressed the mental/behavioral health needs of the child. **Former Item 23**

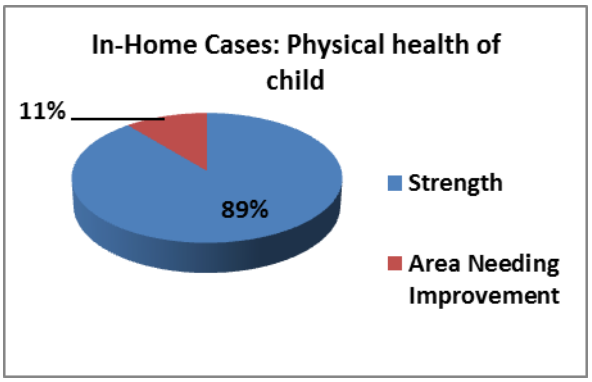
Examination of County Data

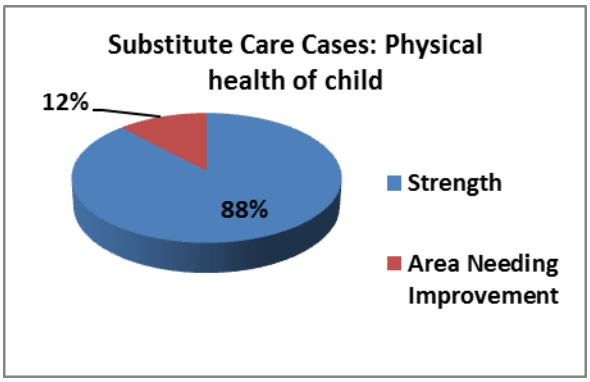
Physical health of child

During CPOE Stage 9, five hundred seven (507) applicable cases were reviewed. Of the 507 applicable cases reviewed, 88 percent of the cases (448 cases) were rated as a Strength, and 12 percent of the cases (59 cases) were rated as an Area Needing Improvement.

Examination of in-home cases revealed that 89 percent (72 cases) were rated as a Strength, and 6 percent of the cases (9 cases) were rated as an Area in Need of Improvement. Eighty-eight percent of the substitute care cases (376 cases) reviewed were rated as a Strength, and 12 percent (50 cases) were rated as an Area Needing Improvement. Compliance fell during CPOE Stage 9 for in-home cases and slightly improved for substitute care cases when compared to statewide findings from CPOE Stage 8.

The following graphs depict these findings.





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

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

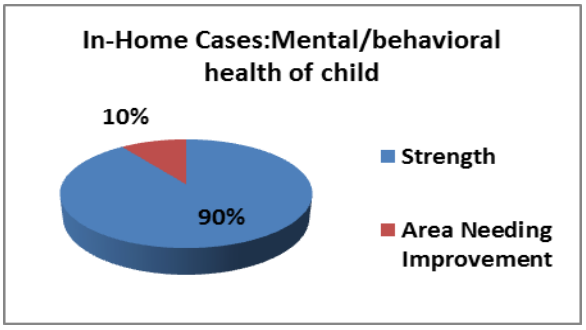
Cases rated as an Area Needing Improvement were a result of the following findings:

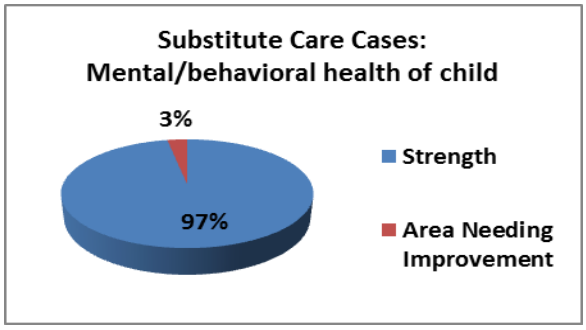
- Annual comprehensive exams and dental exams were not provided.
- No medical information was in the case file where children had been in substitute care for a while.
- Did not obtain 5 day health screening.
- No indication agency had assessed health care needs of the child.
- Agency did not attempt to secure medical records.
- Agency did not secure dental exams for children/youth in care.
- Did not contain the appropriate documentation of the child's health screening within SACWIS. The medical section of the JFS 01443, *Child's Education and Health Information,* was not reviewed and updated at the most recent Semi-annual Administrative Review.

Mental/behavioral health of the child

During CPOE Stage 9, 410 applicable cases were reviewed. Of the applicable cases reviewed, 95 percent of the cases (388 cases) were rated as a Strength, and 5 percent of the cases (22 cases) were rated as an Area Needing Improvement.

Review of in-home case results revealed that 90 percent of the cases (123 cases) were rated as a Strength, and 10 percent (14 cases) were rated as an Area Needing Improvement. Of the 273 applicable substitute care cases reviewed, 97 percent were rated as a Strength, and 3 percent of the cases (8 cases) were rated as an Area Needing Improvement. These findings reflect similar results evidenced in CPOE Stage 8. The following graphs depict the results of this review for in-home and substitute care cases.





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

- Assessments were made of the mental health needs of children, and services were immediately provided.
- Invited service providers to Semi-annual Administrative Reviews.
- Mental/behavioral health needs of children involved in in-home cases were assessed, and services designed to address these needs were documented in the case record.
- Provider reports and documentation of the agency's contact with the service provider were evident in case records.

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

- Lack of written service provider reports and follow-up with providers.
- Needed services for the child were identified in the assessment, but either services were not planned to address the need on the Case Plan or there was no follow up to ensure that the services were being provided.

Systemic Factors

A. Statewide Information System

Item		Description
19	**Statewide Information System**	Ensure that the statewide information system is functioning statewide and the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is in foster care.

Ohio's SACWIS system is live in all 88 Public Children Services Agencies (PCSAs), approximately 81 Private Child Placing Agencies (PCPAs), and 17 of 41 Title IV-E Juvenile Courts. While most PCPAs currently have limited access (they may enter activity logs to the child's case record as well as foster/adoptive parent trainings to process reimbursements), the SACWIS team is currently working on an initiative to roll out expanded access to the PCPAs and enable access to directly enter demographic or homestudy/licensing information.

The federal SACWIS compliance review was held the week of August 11, 2014. The team is currently involved in significant system improvement efforts in the following areas: SACWIS system performance/connectivity; implementing AFCARS corrective action items related to medical/educational and client characteristics; developing a new interface with Ohio's Integrated Eligibility System; coding the SACWIS screens to support the mandated child support interface; automating the fingerprint retention foster parent exchange process in collaboration with the Ohio Attorney General's Office; designing the replacement of the Optimal J code generator; creating streamlined additional mobile functionality to support field work activities and providing functionality to enable document imaging/management.

SACWIS projects and schedule are reviewed regularly with ACF through the Advance Planning Document Update process, which is due annually on October 1. The SACWIS team implements monthly deployments to keep pace with changing policies, rules and county requests. Ohio partners with vendor staff to ensure SACWIS is adequately supported.

Summary SACWIS Data

The tables on the following pages demonstrate that Ohio's statewide information system is able to identify the status, demographics, location and goals for the placement of all children in foster care. (Note: All tables are based on May 2015 SACWIS data.)

Children in Foster Care 5/1/2014 - 4/30/2015		
Basic Information		
Agency	**Frequency**	**Percent**
Adams County Children Services Board	125	0.54
Allen County Children Services Board	155	0.67
Allen County Juvenile Court	2	0.01
Ashland County Department of Job and Family Services	115	0.49
Ashtabula County Children Services Board	247	1.06
Ashtabula County Juvenile Court	13	0.06
Athens County Children Services Board	150	0.64
Auglaize County Department of Job and Family Services	20	0.09
Belmont County Department of Job and Family Services	77	0.33
Belmont County Juvenile Court	24	0.1
Brown County Department of Job and Family Services	163	0.7
Butler County Children Services	669	2.88
Carroll County Department of Job and Family Services	15	0.06
Champaign County Department of Job and Family Services	13	0.06
Clark County Department of Job and Family Services	176	0.76
Clark County Juvenile Court	13	0.06
Clermont County Department of Job and Family Services	491	2.11
Clermont County Juvenile Court	33	0.14
Clinton County Job and Family Services- Child Protection Unit	82	0.35
Columbiana County Department of Job and Family Services	119	0.51
Columbiana County Juvenile Court	2	0.01
Coshocton County Job & Family Services	38	0.16
Crawford County Department of Job and Family Services	116	0.5

Children in Foster Care 5/1/2014 - 4/30/2015		
Basic Information		
Agency	**Frequency**	**Percent**
Cuyahoga County Division of Children and Family Services	2619	11.26
Cuyahoga County Juvenile Court	254	1.09
Darke County Department of Job and Family Services	44	0.19
Defiance County Department of Job and Family Services	62	0.27
Delaware County Department of Job and Family Services	62	0.27
Erie County Department of Job and Family Services	198	0.85
Erie County Juvenile Court	3	0.01
Fairfield County Department of Job and Family Services	265	1.14
Fairfield County Juvenile Court	5	0.02
Fayette County Department of Job and Family Services	55	0.24
Franklin County Children Services Board	3993	17.17
Fulton County Department of Job and Family Services	23	0.1
Gallia County Children Services Board	30	0.13
Gallia County Juvenile Court	4	0.02
Geauga County Department of Job and Family Services	105	0.45
Greene County Department of Job & Family Services	205	0.88
Greene County Juvenile Court	9	0.04
Guernsey County Children Services Board	63	0.27
Guernsey County Juvenile Court	8	0.03
Hamilton County Department of Job and Family Services	2225	9.57
Hamilton County Juvenile Court	137	0.59
Hancock County Job and Family Services	71	0.31
Hardin County Department of Job and Family Services	25	0.11
Hardin County Juvenile Court Agency	3	0.01

Children in Foster Care 5/1/2014 - 4/30/2015		
Basic Information		
Agency	**Frequency**	**Percent**
Harrison County Department of Job and Family Services	38	0.16
Harrison County Juvenile Court	2	0.01
Henry County Department of Job and Family Services	50	0.21
Highland County Job & Family Services- Children Services Division	203	0.87
Hocking County Children Services Board	75	0.32
Holmes County Department of Job and Family Services	33	0.14
Holmes County Juvenile Court	3	0.01
Huron County Department of Job and Family Services	44	0.19
Jackson County Department of Job and Family Services	44	0.19
Jefferson County JFS- Children Services Division	103	0.44
Jefferson County Juvenile Court	15	0.06
Knox County Department of Job and Family Services	53	0.23
Lake County Department of Job and Family Services	127	0.55
Lawrence County Department of Job and Family Services	43	0.18
Lawrence County Juvenile Court	1	0
Licking County Department of Job and Family Services	589	2.53
Licking County Juvenile Court	7	0.03
Logan County Children Services Board	36	0.15
Logan County Family Court	2	0.01
Lorain County Children Services Board	203	0.87
Lorain County Juvenile Court	69	0.3
Lucas County Children Services	991	4.26
Lucas County Juvenile Court	16	0.07
Madison County Department of Job and Family Services	26	0.11

Children in Foster Care 5/1/2014 - 4/30/2015		
Basic Information		
Agency	**Frequency**	**Percent**
Mahoning County Children Services Board	285	1.23
Mahoning County Juvenile Court	4	0.02
Marion County Children Services Board	105	0.45
Medina County Department of Job and Family Services	91	0.39
Meigs County Department of Job and Family Services	51	0.22
Meigs County Juvenile Court	2	0.01
Mercer County Department of Job and Family Services	47	0.2
Miami County Children Services Board	68	0.29
Miami County Juvenile Court	16	0.07
Monroe County Department of Job and Family Services	8	0.03
Monroe County Juvenile Court	5	0.02
Montgomery County Job & Family Services	1103	4.74
Montgomery County Juvenile Court	50	0.21
Morgan County Department of Job and Family Services	20	0.09
Morrow County Department of Job and Family Services	41	0.18
Multi-County Juvenile Attention System	22	0.09
Muskingum County Children Services Board	216	0.93
Muskingum County Juvenile Court	3	0.01
Noble County Department of Job and Family Services	16	0.07
Ottawa County Department of Job and Family Services	40	0.17
Ottawa County Juvenile Court	1	0
Paulding County Department of Job and Family Services	27	0.12
Perry County Children Services Board	179	0.77
Pickaway County Department of Job and Family Services	1	0
Pickaway County Juvenile Court	56	0.24

Children in Foster Care 5/1/2014 - 4/30/2015		
Basic Information		
Agency	**Frequency**	**Percent**
Pike County Children Services Board	78	0.34
Portage County Department of Job and Family Services	308	1.32
Preble County Department of Job and Family Services	141	0.61
Putnam County Department of Job and Family Services	17	0.07
Richland County Children Services Board	107	0.46
Ross County Job and Family Services, Children's Division	218	0.94
Ross County Juvenile Court	14	0.06
Sandusky County Department of Job and Family Services	70	0.3
Scioto County Children Services Board	263	1.13
Seneca County Department of Job and Family Services	20	0.09
Shelby County Department of Job and Family Services	27	0.12
Shelby County Juvenile Court	1	0
Stark County Job and Family Services	792	3.4
Stark County Juvenile Court	6	0.03
Summit County Children Services	1316	5.66
Summit County Juvenile Court	13	0.06
Trumbull County Children Services Board	304	1.31
Trumbull County Juvenile Court	1	0
Tuscarawas County Job and Family Services	150	0.64
Union County Department of Job and Family Services	84	0.36
Van Wert County Department of Job and Family Services	5	0.02
Vinton County Department of Job and Family Services	57	0.25
Warren County Children Services	226	0.97
Warren County Juvenile Court	2	0.01
Washington County Children Services Board	67	0.29

Children in Foster Care 5/1/2014 - 4/30/2015		
Basic Information		
Agency	**Frequency**	**Percent**
Wayne County Children Services Board	248	1.07
Williams County Department of Job and Family Services	82	0.35
Williams County Juvenile Court	3	0.01
Wood County Dept. JFS	71	0.31
Wood County Juvenile Court	1	0
Wyandot County Department of Job and Family Services	12	0.05

Placement Type		
Placement	**Frequency**	**Percent**
Adoptive Placement - AP	1660	7.14
Certified Approved Non Relative	747	3.21
Certified/Approved Relative -CAR	4982	21.42
Certified Children's Residential Center-CRC	2622	11.27
Certified Emergency Shelter Care Facility - ESC	50	0.21
Certified Foster Home	11628	49.99
Certified Group Home - GH	1038	4.46
Detention Facility - DET	118	0.51
Independent Living - IL	341	1.47
Licensed Medical/Educational Facility - MEF	53	0.23
Own Home	12	0.05
Residential Parenting Facility - RPF	9	0.04

Permanency Goal		
Goal	**Frequency**	**Percent**
Adoption	4332	19.5
Independent Living	27	0.12
Independent Living/Emancipation	838	3.77
Maintain in own home; prevent removal	4541	20.44
Permanent Placement with Relative	1161	5.23
Placement of child(ren) in a planned, permanent living arrangement, excluding adoption (PPLA)	886	3.99
Return the child(ren) to parent/guardian/or custodian (Reunification)	10434	46.96

Frequency Missing=1055

Oldest Age		
Oldest Age	**Frequency**	**Percent**
0	1649	7.09
1	1845	7.93
2	1493	6.42
3	1335	5.74
4	1185	5.09
5	1168	5.02
6	1088	4.68
7	1027	4.42
8	866	3.72
9	905	3.89
10	774	3.33
11	771	3.31
12	742	3.19
13	918	3.95
14	1151	4.95
15	1379	5.93

Oldest Age		
Oldest Age	**Frequency**	**Percent**
16	1644	7.07
17	1646	7.08
18	1250	5.37
19	258	1.11
20	121	0.52
21	41	0.18
22	2	0.01
23	1	0

Frequency Missing=1

Gender		
Gender	**Frequency**	**Percent**
FEMALE	10772	46.32
MALE	12483	53.68

Frequency Missing=5

Single Race		
Race	**Frequency**	**Percent**
AMERICANINDIAN	24	0.1
ASIAN	31	0.13
BLACKAFRICANAMERICAN	7275	31.39
MULTIPLE	2	0.01
NATIVEHAWAIIAN	2291	9.89
OTHERPACIFICISLANDER	1	0
UNDETERMINED	8	0.03
UNKNOWN	74	0.32
WHITE	59	0.25

Frequency Missing=85

Stakeholder Feedback

SACWIS has many stakeholders including PCSAs, PCPAs, IV-E Juvenile Courts, ACF and state users (monitoring, policy, quality improvement and financial staff). A brief overview of various avenues for user feedback is described below:

- SACWIS Usergroups – onsite and webinar overviews on project priorities and system functionality. Meetings generally occur quarterly and are well attended (more than 150 participants). County SACWIS Coordinators attend and provide feedback on priorities as well as functionality preferences.

- SACWIS Surveys – SACWIS leadership provides users with the opportunity to give feedback on the usability of specific functionality changes as well as project priorities. Surveys are typically administered approximately every 18 months to coincide with the state's budget cycle/request.

- PCSAO Directors' Meetings – breakout groups generally include SACWIS topics and metro agency directors provide feedback on functionality needs/use.

- Private Agency Council – focus group of 18 Private Child Placement Agencies that review system functionality and guide planning for system changes to support private agencies. The group meets monthly. This group was involved in the planning process for the Private Agency - Phase II initiative referenced above.

- IV-E Juvenile Court Roundtable Meetings – group meets twice annually to discuss changes in policy and procedure as well as facilitates an open dialogue between the Office of Families and Children and the IV-E Juvenile Court agencies. SACWIS representatives have presented, answered questions and gathered feedback at the last three consecutive Roundtable meetings.

- Build Calls – the SACWIS team implements monthly build calls to review functionality and respond to concerns/questions from users.

- CQI Workgroups – targeted focus groups that suggest changes to support CQI priorities and system improvements, groups were meeting bi-weekly during 2014 - 2015.

- Partners for Ohio's Families Regional Teams – teams meet regularly; SACWIS technical assistance has been provided during scheduled group sessions, and SACWIS members have taken back feedback for incorporation in development work/deployment planning.

- Protect Ohio – Ohio's participating counties frequently recommend SACWIS changes to ensure the system supports the fidelity of program interventions; the group meets monthly.

- Ohio Child Welfare Training Program (OCWTP) Supervisory Manager Report Work Group – a group of child welfare managers has partnered with the OCWTP and SACWIS to develop online day-to-day management reports in SACWIS. The group recommends reports that are implemented and reviewed with the group quarterly.

Summary of Item

The SACWIS system is web-based and available to staff through multiple mobile devices. Over the past year, approximately 704 enhancements/development items were completed in the following areas: 36% screening/intake, 22% case management, 22% resource management, 13% finance and 7% administration. System enhancements were deployed based upon user feedback, rule changes, federal requests, business needs, technical dependencies and budget considerations. ODJFS has implemented real time online data quality utilities to assist counties with monitoring data quality for federally required reports: NCANDS, AFCARS and NYTD.

Priorities for state fiscal year 2016 include:

- Additional work to optimize the native screen size of the specific device the user is accessing the application through for more efficient use of the system on mobile devices;
- Further development of functionality to email summary management reports to agency directors and other stakeholders to support Continuous Quality Improvement priorities; and
- New functionality to enable documents to be uploaded, stored and accessed via SACWIS.

B. Case Review System

Item		Description
20	**Written case plan**	Determine what statewide information and data are being used to show whether each child has a written case plan developed jointly with the child's parents that includes the required provisions.

Ohio utilizes a variety of methods to ensure each child and family has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions. These methods include the SACWIS system, the Ohio Administrative Code rules, required training on the case plan for all new caseworkers and supervisors and regular monitoring of agencies in the form of CPOE reviews. Many agencies at the local level also have continuous quality improvement staff (CQI) to self-monitor the quality of their work.

The SACWIS system provides the state a means to assess and ensure the case plan requirements are met. Data from SACWIS can be pulled to see what percentage of case plans are completed within the required timeframe. Data pulled from the SACWIS system for ongoing cases that opened on or after May 1, 2014 showed that 48 percent of the case plans were completed within the required timeframes. A breakdown of the data shows that for court-involved cases, 70 percent of the case plans were completed timely versus 22 percent timeliness on voluntary cases.

SACWIS also provides ticklers, which are alerts to workers and supervisors for when work items are coming due. A tickler is generated whenever one of the following occurs:

- Recording of a placement record
- Recording of the filing of the original complaint
- 30 days from the date of a disposition
- 60 days from the opening of a case if there is no disposition

The tickler alerts the worker of the case plan due date. The tickler escalates fifteen days before the due date to the worker's supervisor and once again to the supervisor's supervisor on the day before the due date.

Red (three feathers)	Today's date is past the due date.
Gold (two feathers)	Today's date is past the first escalation date, but before the due date.
Green (one feather)	Today's date is before the first escalation date.

On voluntary case plans (cases with no court involvement), the system also has a tickler when the case plan is approved with no signature information captured. This tickler remains until the user enters at least one required signature into the case plan. As the case plan itself is completed in SACWIS the

system ensures all the required provisions are included before the user can mark the plan as completed. The sections of the case plan include:

- Identifying Information
    - Children participating in the case plan
    - Each child's permanency goal
    - Adults participating in the case plan
    - If the plan could not be completed within the timeframes, the justification is listed here.
- Strengths and Concerns
    - Strengths based on the family assessment are listed here for each member of the plan.
    - Concerns based on the family assessment are listed. In addition to listing the concerns, the case plan team develops activities and services that case plan members must complete in order to reduce the risk and address safety issues of the children. The agency must also detail the agency's role in assisting the family as well as detail how and when the family's progress will be measured.
- Placement Information (only required for children in agency custody)
    - Setting –the agency must detail the reasons why the child cannot be in a less restrictive placement setting, including the child's own home. Each least restrictive placement must be addressed, and the system determines which to require based on the child's current placement setting.
    - The system lists the date the health and educational information was completed by the agency.
    - Placement – the agency must answer the following questions:
        - How was it determined this was a safe and appropriate environment for the child?
        - How will the placement meet the best interest of the child?
        - How will the placement meet the special needs of the child?
        - How will the placement meet the case plan goals of the child?
        - What is the proximity of the placement to the parent, guardian and custodian? What transportation problems might create obstacles to visitation? How will the agency resolve these obstacles?
        - When selecting a substitute care placement setting, describe how the agency considered proximity to the school in which the child was enrolled prior to placement?
        - Is this an out-of-state placement?
- Visitation Plan (only required for children in agency custody)
    - Agency must complete a visitation plan that includes visits between the child, parents and any siblings not living with the child.
- Caregiver Services (only required for children in agency custody)
    - The agency must link services it will provide to the caregiver.
- Exception Information (only required for children in agency custody)
    - For children who have been in temporary custody of the agency for 12 or more of the past 22 consecutive months and the agency has made a determination not to seek termination of parental rights, the agency must document the reasons by answering the following:
        - Document the compelling reasons for determining the termination of parental rights would not be in the best interest of the child.

        - Document the reason for determining that the termination of parental rights shall not be pursued because the agency has not provided the child's parent, guardian or custodian or the child with services outlined in the case plan which were deemed necessary for the safe return of the child to the child's home.
- Permanency Information (only required for children in permanent custody or PPLA)
    - The agency must document the steps taken to find an adoptive home, relative, legal guardian or other permanent placement for the child.
    - If in permanent custody, the agency can also detail recruitment activities performed by the agency to locate an adoptive home as well as the outcomes of those activities.
- Independent Living Information (only required for children in agency custody aged 16 and up – due to PL 113-183 this will soon be required for children aged 14 and up).
    - The agency identifies programs and life skill services which will assist the child for independent living.
- Court/Signature Details
    - The status of the case plan at court is detailed here (for court involved cases).
    - All persons listed in the case plan as well as agency staff involved - for each person the worker indicates the following:
        - If the person's signature was captured
            - If it was, the date captured is required
            - If it was not, the reason not captured is required
        - If the person agreed with the plan
        - If the person participated in the plan
        - The relationship to the children
        - The date a copy of the plan was given to the person
- Family Participation
    - The worker is required to describe how the parent, guardian, custodian and child (if appropriate) were given the opportunity to participate in the development of the case plan.

SACWIS removes the previous response to the Family Participation response when a case plan is amended to reinforce the ongoing documentation of how the family or child participated in the development of the case plan. Additionally, SACWIS requires the user to readdress each child's permanency goal at case plan amendments by removing the Permanency Goal from the case plan Identifying Information topic.

The state of Ohio also has several Ohio Administrative Code (OAC) rules that detail to public children services agencies (PCSA) and private child placing agencies (PCPA) the requirements of the written case plans:

- 5101:2-38-01 Requirements for PCSA Case Plan for In-Home Supportive Services Without Court Order
- 5101:2-38-05 PCSA Case Plan for Children in Custody or Under Protective Supervision
- 5101:2-38-06 Required Contents of a PCPA Case Plan Document
- 5101:2-38-07 PCPA Case Plan for Children In Custody or Under Court-Ordered Protective Supervision

In addition to the OAC rules, the state has developed a Child Protective Services Manual Field Guide for agency staff. One section of the field guide is devoted to case planning. The guide discusses basics of a

case plan including the purpose of the plan, the times a case plan needs to be created, the time frame of creating a plan and what to do if the plan cannot be completed timely. The manual also has a section on how to engage the family in case planning that includes techniques for building rapport and how to engage a resistant client. Finally, the guidebook goes into detail on developing a well-written case plan. In addition to the guidebook, the state has created case plan instructions on completing a case plan. The instructions include examples on addressing aspects of the plan.

The state of Ohio also uses the findings from the Child Protection Oversight and Evaluation (CPOE) on-site case review to measure statewide performance on the written case plan. The results of applicable items are detailed below:

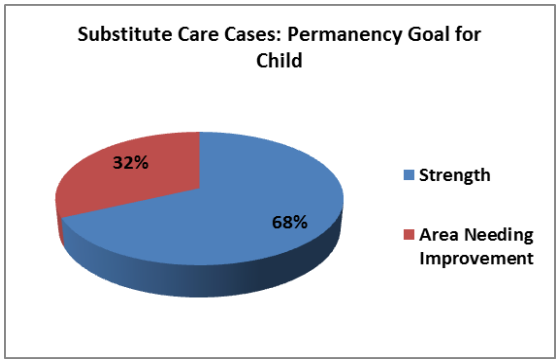
Monitoring Compliance with Case Plan Requirements

Monitoring compliance with Case Plan requirements occurs during CPOE reviews of in-home and substitute care case records. The review items which addressed case plan compliance during CPOE Stage 9 included:

- Item 7: Permanency goal for child (substitute care cases only)
- Item 18: Child and family involvement in case planning

Item #7: Permanency goal for child

Four hundred thirty-two (432) applicable substitute care cases were reviewed to determine whether appropriate permanency goals were established for the child in a timely manner. As depicted below, of the 432 applicable substitute care cases reviewed, 68 percent of the cases (295 cases) were rated as a Strength, and 32 percentage of the cases (137 cases) were rated as an Area Needing Improvement. During CPOE Stage 8, the state was at a 76 percent level of compliance. This represents a steady decline in compliance with this item.



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

- Utilized Family Team Meetings to establish permanency goals. This open forum offered families the chance to meet with the caseworkers and ongoing workers and discuss the need for and availability of local services.
- Concerted efforts were being made to achieve Case Plan goals in a timely manner.

- Agencies were establishing concurrent Case Plan goals.
- Agencies established appropriate Case Plan goals within required time frames, which were entered into SACWIS.
- One child was in custody for 4 days. Although a Case Plan was not required in this case, the child's permanency goal was stated verbally at the court hearing where it was discussed with both parents.
- Utilized a template to ensure OAC compliance. Categories included: current behavior, emotional/social functioning, child vulnerabilities, protective capacities of the caregiver, child/youth's progress toward goals in the case plan, permanency planning and changes in the household. Caseworkers enter documentation for monthly contact with children using the categories on the template.
- Case Plans goals were developed timely with specified services linked to Case Plan goals. When goals were changed, services were revised to reflect the new Case Plan goal. Case Plan goals were achieved within required time frames.
- Concerted efforts were made to identify families for children with a goal of adoption through extensive recruitment efforts and conducting timely matching conferences.
- Agencies were actively working with the family and youth to achieve the established Case Plan goal.

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

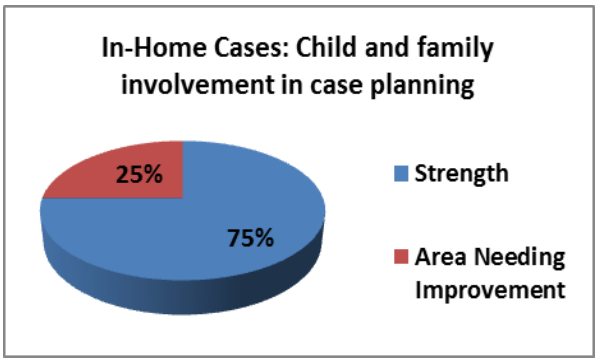
- There were no Case Plans developed or the initial Case Plan was completed late. Some youth did not have a permanency goal while in substitute care.
- Case Plan goals were established late. There were proposed Case Plans in SACWIS but no finalized Case Plans. In most of these cases, the stated permanency goal was no longer appropriate to the child's needs or to the circumstances of the cases.
- Case Plans had a goal of maintain in own home but the child was in substitute care.
- Youth with a legal status of PPLA had a Case Plan goal of "maintain in own home."
- Case Plans were not being amended to reflect a PPLA status.
- Case Plan amendments were not being filed to reflect the child's change in goal from "reunification" to "maintain in own home" when the child exited foster care.
- Case Plan amendments were not being filed to reflect the child's change in goal from "reunification" to "adoption."
- Case Plan goal was identified as reunification but services to achieve this goal were not being provided.
- No compelling reasons for not filing for termination of parental rights.
- The Case Plan goal of adoption was not achieved in a timely manner by agencies and courts. In one situation, the agency requested termination of parental rights six weeks after the child entered care. However, the child was not legally free for adoption until three years later. Several of the delays cited were appeals of termination of parental rights. There were also several continuances of hearings.
- For children with a goal of adoption, permanency for the children was not being achieved and they were growing up in foster care.
- Agencies were not completing updates in SACWIS within prescribed time frames.
- An agency had a large number of children in PPLA status who were between 2 years of age and up to 13 years of age. PPLA was not appropriate for these children since the agency was not working toward providing permanency for the children.

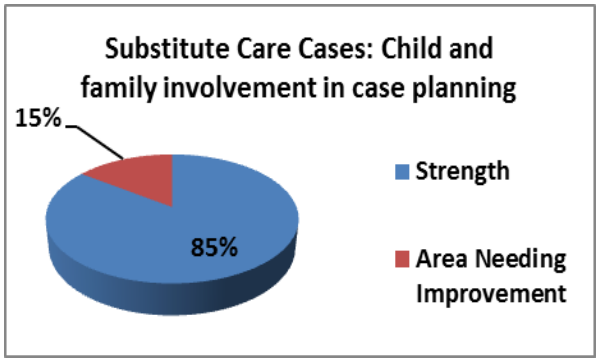
Item #18: Child and family involvement in case planning

In assessing Item #18, reviewers determined whether concerted efforts were made to involve parents (both the mother and father) and children, when developmentally appropriate, in the case planning process on an ongoing basis. Additionally, reviewers verified whether the agency provided verbal or written notification to the mother and father of their responsibility to work with the agency on the development, implementation and review of the Case Plan.

Item #18 was applicable for 323 in-home cases and 429 substitute care cases for a total of 752 applicable cases reviewed for this item. Cases rated as a Strength were at an 80 percent level (580 cases). Twenty percent of the cases (142 cases) were rated as an Area Needing Improvement.

Further examination of results revealed that 75 percent of the in-home cases (242 cases) were rated as a Strength, and 25% of the in-home cases (81 cases) were rated as an Area Needing Improvement. Results for the review of substitute care cases revealed that 85 percent of the cases (338 cases) were rated as a Strength, and 15 percent of the cases (61 cases) were rated as an Area Needing Improvement. The following graphics present results of review of this item by case type. These findings were similar to CPOE Stage 8 findings.





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

- Agencies were developing Case Plans with families during Family Team Meetings. Letters were sent to invite the parties to participate. The majority of involved parents elected to participate in the process. Older children were sometimes included in Case Plan development meetings. Agencies generally did not have younger children participate in the meetings, but instead discussed the family's issues and needs with the younger children on an individual basis.
- Case Plans were developed during Family Conferences.
- Case Plans were amended frequently to reflect changes as they occurred.
- Agencies invited parents with known addresses to Semi-Annual Administrative Reviews through letters sent to parents as well as providing verbal notifications during contacts with parents.
- Mothers, step-fathers, custodial fathers were invited to participate in case planning which also included Family Team Meetings and Semi-annual Administrative Reviews. Interviews conducted with parents during the CPOE review indicated that they had been an active participant in development of the Case Plan during Family Team Meetings. Parents were able to provide input into the types of services for the family and child in care.

- Agencies maintained frequent face-to-face and telephone contact with outside community service providers to assess families' progress on Case Plan objectives.
- One agency has an active father engagement program. Ninety-three percent of cases open for services are involving fathers in their cases.
- Reviewed Case Plan document with families during all home visits to ensure progress and barriers were thoroughly discussed.

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

- Non-custodial parents were not involved in case planning.
- Lack of engaging fathers in case planning, including incarcerated fathers.
- Did not actively search for absent or non-custodial fathers.
- No attempt to contact the father was made following the court sending the father a letter.
- Agencies were not involving fathers in case planning even in situations in which the biological father had custody of the child. The agency only had the biological mother on the Case Plan.
- Biological fathers within the home were excluded from the opportunity to develop or receive services through the Case Plan.
- Did not routinely involve children in case planning and case reviews.
- Case Plans were being developed by caseworkers and presented to parents for signature.
- Case Plans were not always developed with the involvement of the parents and the child, if appropriate.
- Case Plans were not individualized for the child and parents and did not address risk contributors.
- Parents were not being invited to Semi-annual Administrative Reviews.
- Agencies were filing Case Plans with the court without involving mothers and fathers in their development.
- Case record reviews and Semi-annual Administrative Reviews were not completed timely or with the involvement of the child and the family.

When agencies did not meet case plan requirements, technical assistance was provided to support the development of a QIP to address the issues of concern.

Other methods for determining the written case plan requirements include:

- Court involved cases – the court also reviews and approves the case plans.
- Local agency CQI efforts that include reviewing of case plans at peer reviews or by quality improvement staff.
- Discussion of the case plans at Family Team Meetings as well as case reviews and SARs.

Summary of Item

Data from the CPOE elements as well as SACWIS indicate that statewide, Ohio continues to struggle with this aspect of the case review system. As shown above, the state does utilize an assortment of methods and data, including SACWIS data and CPOE reviews, to show whether each child has a written case plan developed jointly with the child's parents that includes the required provisions. Data from SACWIS and CPOE are accurate and of good quality. The SACWIS data is simply a calculation looking at a required start date and calculating the completion date of the case plan. The CPOE review is conducted by highly

trained state staff utilizing the federal CFSR onsite review instrument to rate items throughout the life of the case. The data gathered is then analyzed by state staff trained in statistical analysis. All 88 counties in Ohio are monitored using the tool. Each CPOE item lists the number of cases reviewed. The greatest barrier that exists is ensuring the written case plan is developed jointly with the parents. The SACWIS system does capture in a yes/no question form whether the parent participated and requires agencies to describe involvement of the parents in the development of the plan. This could mean many different things to each agency. As indicated in item 18, 80% of the cases reviewed during CPOE revealed this to be a Strength.

Item		Description
21	**Periodic Reviews**	Determine how well the case review system functions statewide to ensure that that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review.

As with the written case plan, Ohio utilizes a variety of methods to ensure that a periodic review for each child occurs no less frequently than once every 6 months. These methods include the SACWIS system, the Ohio Administrative Code rules, required training on the case review system for all new caseworkers and supervisors and regular monitoring of agencies in the form of CPOE reviews. Many agencies at the local level also have continuous quality improvement staff (CQI) to self-monitor the quality of their work.

SACWIS provides the state the ability to examine whether the periodic review requirement is met. Data from SACWIS can be pulled to see what percentages of reviews are completed within the required timeframe. On May 7, 2015, a review of the SACWIS data system showed that for case reviews since April 1, 2014, over 89 percent of periodic reviews occurred in a timely manner.

SACWIS also provides ticklers on the required reviews. A tickler is generated whenever one of the following occurs:

- Case plan approval
- Recording of a removal record
- Recording an agency legal status
- Filing of the original complaint

The tickler begins to display 30 calendar days before it is due. The tickler escalates to the supervisor 15 days before it is due and to the supervisor's supervisor on the day it is due. SACWIS also has an SAR/Case Review Due Report that agency staff can utilize to track upcoming reviews. The Identifying information page of all reviews also displays the trigger date and activity as well as the last SAR and case review held dates. This helps agencies determine if they are compliant.

The state of Ohio also has created tools and OAC rule 5101:2-38-10 *Requirements for completing the semiannual administrative review* to ensure the requirements of the periodic reviews are met. As stated above, the state has developed a Child Protective Services Manual Field Guide for agency staff. One section of the field guide is dedicated to the semiannual administrative review. The manual details all aspects of the review including who needs to be involved in the review, the requirement that it be completed at least every six months and must include a written summary. The summary component

requirements are then described including the case progress review, placement moves and legal status changes, permanency goal status, case review update, child well-being assessment, independent living services review (if applicable) and permanency planning. In addition to the guidebook, the state has created instructions on completing an SAR.

The state of Ohio also uses the findings from the Child Protection Oversight and Evaluation (CPOE) on-site case review to measure statewide performance on the periodic review. The results of applicable items are detailed below:

Monitoring Compliance with Periodic Review Requirements

Monitoring compliance with conducting periodic reviews occurs during CPOE reviews of in-home and substitute care case records. The four review items that address compliance with conducting periodic reviews include:

- Item 4: Risk Assessment and Safety Management
- Item 7: Permanency Goal for Child (only substitute care cases)
- Item 17: Needs and services of child, parents, and substitute caregivers or pre-adoptive parents.
- Item 18: Child and family involvement in Case Planning

For cases rated as a Strength in CPOE Stage 9, agencies assessed safety and risk during face-to-face visits, home visits, case conferences, Family Team Meetings, formal Case Reviews, and Semi-annual Administrative Reviews.

Review of CPOE Stage 9 results indicated the following concerns for cases rated as an Area Needing Improvement:

- Case Reviews and Semi-annual Administrative Reviews (SAR) were not being conducted or held timely.
- SARs were not being completed according to required timeframes.
- Required case plan participants were not involved in SARs.
- Services were not being updated at SARs.
- Required paperwork necessary to reflect completion of SARs was not being done.
- Case plan goals were not being amended and submitted to the court following SARs.

When agencies did not meet the requirements for conducting periodic reviews and SARs, technical assistance was provided to support the development of a QIP to address the issues of concern.

Summary of Item

Data from SACWIS indicates that statewide, Ohio is doing well with this aspect of the case review system. As shown above, the state utilizes an assortment of approaches to show whether each child has periodic reviews conducted in a timely manner. Data from SACWIS and CPOE are accurate and of good quality. The SACWIS data is simply a calculation looking at a required start date and calculating the completion date of the semiannual review. The CPOE review is conducted by highly trained state staff utilizing the federal CFSR onsite review instrument to rate items throughout the life of the case. The

data gathered is then analyzed by state staff trained in statistical analysis. All 88 counties in Ohio are monitored using the tool. As indicated above, the SACWIS data involved case reviews since April 1, 2014. The CPOE review is timely as the review covers the timeframe from September 2012 to September 2014. One barrier is that the CPOE tool does not specifically address the timeliness of the SAR. Thus, state reviewers will comment if the reviews are not timely, but do not appear to comment when they are timely, so the results weigh towards the untimely occurrences. The state has added a question to the CPOE 10 tool that specifically asks if the semiannual administrative review is completed at least every six months. It is anticipated that the state will be able to utilize the CPOE 10 data in the next APSR update in addition to the SACWIS data.

Item		Description
22	**Permanency Hearings**	Determine how well the case review system functions statewide to ensure that a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

An attempt to pull effective data from SACWIS on permanency hearings was not successful. The system is capable of pulling data on annual court reviews, but it was discovered that users are not entering the data in correctly. The Supreme Court of Ohio also indicated they do not track permanency hearings in their system. The CPOE Stage 9 review did not directly address timeliness of permanency hearings.
The following strengths with regards to permanency hearings were found in the review of CPOE Stage 9 reports for cases rated as a Strength:

- An agency developed a QIP to address timeliness of custody hearings during CPOE Stage 8. As a result of their QIP, which established ongoing procedures for conducting case staffings with their attorney, cases are moving through the legal system quicker, and the agency is establishing permanency for children timelier.
- Agencies and their respective court were making concerted efforts to achieve permanency in a timely manner.
- Agency shared adoption findings with the juvenile court judge prior to the CPOE Exit review. Based upon the meeting, the juvenile court plans to add a docket day specifically for children services cases to ensure achievement of child welfare time frames.

Review of CPOE Reports for CPOE Stage 9 indicated the following concerns with regards to permanency hearings for cases rated as an Area Needing Improvement:

- There were several continuances of hearings.
- Goal of reunification was not achieved in a timely manner. The child remained in care for an extended period of time while no safety concerns were identified in the mother's home, and the child had frequent unsupervised visitation with the mother while in substitute care. No review hearings were being held in the case by the court.

The Ohio Administrative Code rules, specifically rule 5101:2-42-68 *Necessity for Continued Substitute Care Placement: Court Reviews and Hearing Requirements,* addresses the need for timely permanency hearings.

Summary of Item

As indicated, Ohio has not done well with pulling data on this item measure. The SACWIS system does have data fields available in order to pull the data; the barrier appears to be user entry. ODJFS is planning to work on resolving the issue with two different approaches. Policy staff and SACWIS will conduct a webinar to review not only this data item of the case review system, but the entire case review system to ensure a better understanding of the process and need for consistent, accurate and timely data entry. The state has developed a separate tool used during CPOE Stage 10 that specifically asks if a motion was filed by the custodial agency and a permanency hearing was conducted by the court within the required timeframes. It is anticipated that the state will be able to utilize this data and SACWIS data in the next APSR update.

Item		Description
23	**Termination of Parental Rights**	Determine how well the case review system functions statewide to ensure the filing of termination of parental rights proceedings occurs in accordance with required provisions.

Monitoring Compliance with Filing for Termination of Parental Rights

Compliance with requirements for the filing for Termination of Parental Rights is conducted during CPOE Reviews. 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.

The following practices were found in the review of CPOE Stage 9 reports for cases rated as a Strength:

- An agency looks at concurrent planning at the inception of placement for all their substitute care cases. At the point the agency decides that permanent custody is the necessary case direction, multiple meetings are held prior to the agency filing for termination of parental rights.
- Compelling reasons not to pursue termination of parental rights and request PPLA were contained in case documentation.

Review of CPOE Reports for CPOE Stage 9 indicated the following concerns for cases rated as an Area Needing Improvement:

- No compelling reasons cited for not filing for termination of parental rights.
- The Case Plan goal of adoption was not achieved in a timely manner by agencies and courts. In one situation, the agency requested termination of parental rights six weeks after the child entered care. However, the child was not legally free for adoption until three years later. Several of the delays cited were appeals of termination of parental rights. There were also several continuances of hearings.
- No documentation for requesting two extensions of temporary custody or compelling reasons for not requesting termination of parental rights.
- Received Permanent Custody 12 months from filing the motion for termination of parental Rights.

When agencies did not meet the termination of parental rights provisions, technical assistance was provided to support the development of a QIP to address the issues of concern.

Ohio Administrative Code rule 5101:2-42-95 *Obtaining Permanent Custody: Termination of Parental Rights* states the mandates regarding filing to terminate parental rights. It also lists the circumstances when the agency is not required to file a motion for permanent custody of a child:

1. The agency has documented in the case plan a compelling reason for determining that the filing of a motion to seek permanent custody and terminate parental rights is not in the best interest of the child.
2. The agency has documented in the case plan that the agency has not provided the child's parents with services outlined in the case plan that were deemed necessary for the safe return of the child.

SACWIS does have fields agencies must use to indicate compelling reasons for not filing a motion to terminate parental rights. When creating and amending the case plan, the agency is required to complete the Exceptions Details page as detailed in the above case plan section. During the semi-annual administrative reviews, the agency must also answer the following questions:

- Explain the agency's recommendation regarding the termination of parental rights for any child who has been in the temporary custody of an agency for twelve (12) or more of the past twenty-two (22) consecutive months. If the agency is not recommending termination of parental rights, state the compelling reasons and what the permanency plan will be for the child.
- Describe the agency's recommendation regarding: (1) maintaining the child in a planned permanent living arrangement; or (2) proceeding to file a motion with the court to terminate parental rights. If the decision is for the child to remain in a planned permanent living arrangement, document the reason for not reunifying with family or proceeding with the termination of parental rights.

Supreme Court of Ohio Tracking

Local courts report to the Supreme Court of Ohio (SCO) on the number of motions that are made for Permanent Custody (PC) of children. From the time the court receives a motion, it must be heard/determined within SCO time frames. The following table shows the number of PC motions pending in court for each month, using a 12-month rolling average (where each value represents the average of the 12 month period ending with the month shown). The Overage figure is the number of cases that were pending each month for longer than SCO's nine-month time standard for disposition of Permanent Custody cases. The Overage Rate figure represents the percentage of pending cases that were reported as Overage.

PC Motions Over Recommended Time Frames

Metric	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Pending	1,071	1,122	1,178	1,238	1,295	1,354	1,340	1,320	1,291	1,266	1,240	1,213
Overage	113	111	109	102	99	98	97	98	99	100	105	106
Overage Rate	11%	11%	10%	9%	8%	7%	7%	8%	8%	9%	9%	10%

Summary of Item

Ohio has made improvements with this case review measure. As evidenced by the data presented above, about 10% of the PC motions have exceeded the timeframes when compared to the previous year's December figure of 14%; this is down by 4%. In order to further improve, the state has developed a separate tool used during CPOE Stage 10 that specifically asks if the agency or court summarized in writing the recommendation regarding termination of parental rights for the child who has been in the temporary custody of the agency for 12 or more of the past 22 consecutive months. It is anticipated that the state will be able to utilize this data as well as the Supreme Court of Ohio data in the next APSR update.

Item		Description
24	**Notice of Hearings and Reviews to Caregivers**	Determine how well the case review system functions to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child.

Monitoring Compliance with Notice of Hearings and Reviews to Caregivers

In 2010, OFC agreed to use the CFSR On-Site Review Tool in lieu of its prior CPOE monitoring instruments in order to establish baselines and improvement goals for those items which were determined in substantial non-conformity during the CFSR Round 2 review. As a result, notification to foster parents, pre-adoptive parents and relative caregivers of children in foster care is no longer included in CPOE case reviews. While reviewing the files, the reviewers do check about notifications and provide comment on many items regarding whether it was a strength or area needing improvement for the agency:

The following practices were found in the review of CPOE Stage 9 reports for cases rated as a Strength:

- Invites service providers to SARs when appropriate.
- Agency invites parents, substitute caregivers and GALs to participate in three month case reviews.
- One agency invites case plan participants, service providers and foster care providers to all Case Reviews and Semi-annual Administrative Reviews. This ensured that all parties have frequent

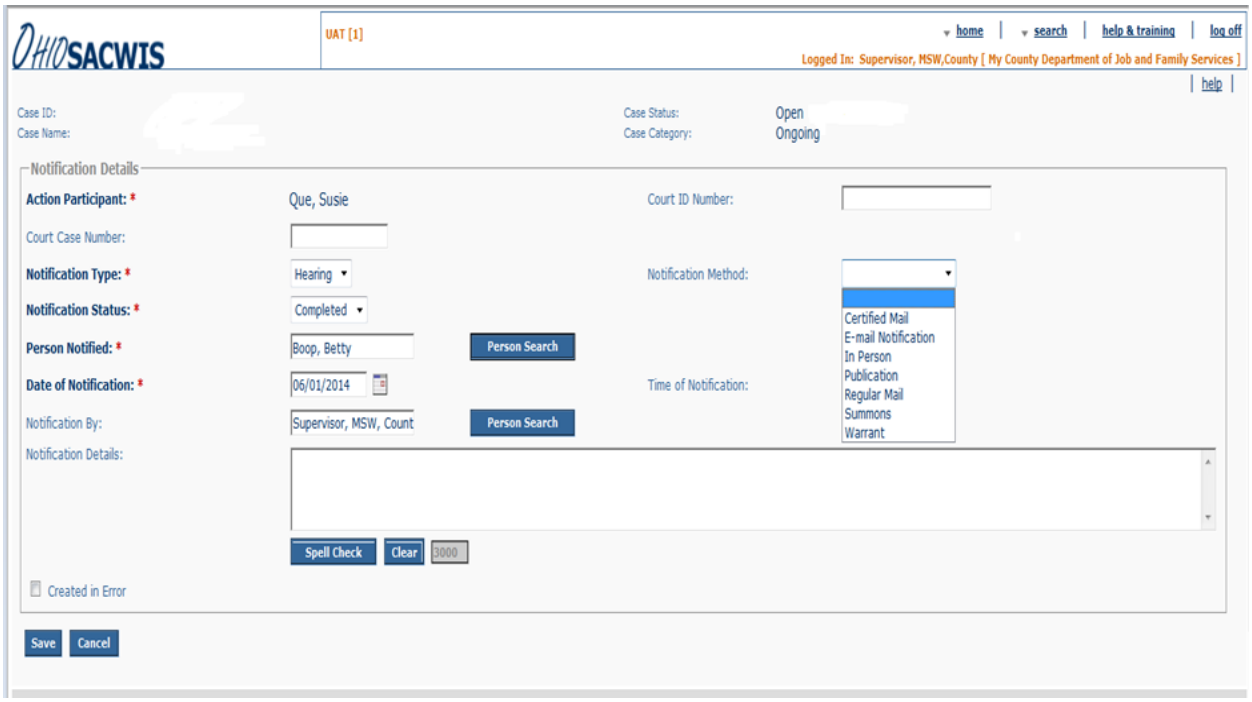
opportunities to discuss strengths and concerns of the family and focus efforts toward achieving Case Plan goals. During all reviews, each family was assessed to determine if they were eligible for Emergency Social Service Assistance and the funds were made available as needed.

- Agencies invited parents with known addresses to Semi-Annual Administrative Reviews through letters sent to parents as well as providing verbal notifications during contacts with parents.
- Mothers, step-fathers, custodial fathers were invited to participate in case planning which also included Family Team Meetings and Semi-annual Administrative Reviews. Interviews conducted with parents during the CPOE review indicated that they had been an active participant in development of the Case Plan during Family Team Meetings. Parents were able to provide input into the types of services for the family and child in care.
- One agency holds monthly Primary Care Team Meetings for all on-going cases and includes staff, family members, school personnel, CASAs, foster parents and service providers. During each meeting, the team discusses Case Plan services, the child's adjustment to placement, medical issues, visitation, court hearings, Case Plan goals and agency assistance. Meetings conclude after a round-robin question and answer session.

Review of CPOE Reports for CPOE Stage 9 indicated the following concerns for cases rated as an Area Needing Improvement:

- Foster parents and youth were in another county, and the custody-holding agency did not facilitate transportation in order for the youth and foster parent to be able to participate in Semi-annual Administrative Reviews.
- Substitute caregivers were not invited to court hearings.

Agencies are required to enter information in SACWIS regarding notification to all case plan participants of SARs and court hearings. The screen shot below displays information agencies are required to enter.



Stakeholder Feedback

The Supreme Court of Ohio Subcommittee on Responding to Child Abuse, Neglect and Dependency (CAND) established a workgroup charged with examining factors that impact notification given to caregivers and meaningful participation of caregivers in court hearings. CAND is jointly staffed by the CJA coordinator (Ohio Department of Job and Family Services) and SCO's Court Improvement Program Coordinator. Research and support services are provided to CAND and workgroups through the Family and Youth Law Center (FYLaw), Capital University Law School (Columbus). The team was charged with ensuring that information --valuable to the judicial handling of cases of child abuse and neglect-- held by foster parents, pre-adoptive parents, and relative caregivers be made accessible to courts. The work group examined statutory language granting the right to "present evidence," implying a formal, adversarial proceeding. A follow-up survey identified that a number of Ohio courts interpreted this to require that foster caregivers be subpoenaed. The work group concluded that the language and process could have a chilling effect on participation by caregivers and that, in many proceedings, a less formal means of providing relevant information to the court would be preferable. In addition, because Ohio law does not provide a process for how such notice is to be given, resulting in spotty compliance with the law, the workgroup established development of recommendations for statutory and/or administrative rule revisions as a priority.

In addition to looking at the function of the statute and how courts may more effectively and consistently ensure that notice is provided, the work group also considered strategies to support caregivers in providing meaningful and useful information to courts. Ohio caregivers were surveyed in relation to how they are notified of hearings, as well as the extent and substance of their participation in court proceedings. The review of this information was informed by research on the notice and hearing process in other jurisdictions. It was determined that one of the most effective supports for caregivers would be the development of an information form that caregivers may complete and submit to the court either electronically or by mail. Such a form was developed and offered for comment to various stakeholder groups and caregivers. The form was revised pursuant to valuable suggestions offered in the review process.

In October 2014, the work group offered its final recommendations for changes to Ohio law and practice in this area. Recommendations included amendments to ORC 2151.424 aimed at making the law consistent with federal guidelines requiring that caregivers be given notice and the right to "be heard" and at clarifying the caregivers to whom such notice should be given. The workgroup also recommended that an online toolkit be developed to include its draft model local rule and model notice to assist courts in providing notice to caregivers, as well as a child placement form to track children's placements, and a "Caregiver Information Form" and associated information and directions to assist caregivers in providing information to the court about the children in their care.

The Advisory Committee reviewed the materials over a two month period and offered suggestions for additional materials and some modifications to proposed forms. Suggestions were incorporated and toolkit components were accepted by the Subcommittee early in 2015. The toolkit will be finalized and submitted to the Supreme Court of Ohio by the end of June, 2015. Plans for implementing statutory change have been transitioned to SCO and ODJFS. The Subcommittee's charge will be considered completed with the posting of the toolkit.

Summary of Item

As shown above, the state utilizes an assortment of methods including SACWIS, the OAC and CPOE reviews to ensure this measure is addressed. ODJFS also works closely with the courts to make improvements to the systems to ensure foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child. One barrier is having quantitative data on the measure. In order to further improve, the state has developed a separate tool used during CPOE Stage 10 that specifically asks if the agency provided written notification to foster parents, pre-adoptive parents and relative caregivers as well as others to the semiannual review. It is anticipated that the state will be able to utilize this data in the next APSR update.

C. Quality Assurance System

Item		Description
25	**Quality Assurance System**	Determine how well the quality assurance system functions statewide to ensure that it is: (1) operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures.

Child Protection Oversight and Evaluation Process

The Ohio Child Protection Oversight and Evaluation (CPOE) system was implemented more than twenty years ago as a systematic and consistent method to review child welfare practice at the county level. The CPOE quality assurance system provides a continuous cycle for assessment and improvement of performance. Each of Ohio's eighty-eight (88) PCSAs is required by Ohio Revised Code (ORC) to make case records available for review and assessment by ODJFS staff. On a twenty-four month cycle, CPOE is designed to improve services and outcomes for Ohio's families and children through a coordinated review between the PCSAs and ODJFS. CPOE includes regular data collection, analysis and verification, and continuous feedback to PCSAs over the twenty-four month period. On-site activities focus on joint case record review by PCSA and ODJFS staff, reconciliation, and technical assistance. In addition to providing PCSAs with ongoing data reports, management letters and correspondence, CPOE staff meet with PCSAs to offer technical assistance and to review any Quality Improvement Plans (QIP) developed as a result of the CPOE review. Following the onsite case record review and issuance of the final CPOE report, efforts to assist each PCSA to strengthen practice and address areas needing improvement continue during the two year CPOE cycle. These include:

- A scheduled PCSA self-assessment five months after the CPOE report is issued and a second on-site case review by ODJFS staff ten months post-CPOE report.

- Provision of county-specific data and outcome reports from:
  - Statewide Automated Child Welfare Information System (SACWIS)
  - Business Intelligence Channel (BIC)
  - Results Oriented Management (ROM)

- Training by ODJFS staff and regional training centers throughout the state.

- Sharing of national, state and PCSA best practices.

CPOE Stage 10 Changes

CPOE Stage 10 commenced in October 2014. For this CPOE cycle, Ohio will use the Child and Family Services Review (CFSR) On-site Review Instrument. By using the CFSR On-site Review Instrument, the state will be better prepared for the federal CFSR onsite review scheduled for 2017. In an effort to maintain fidelity to the federal review tool, each county's outcome ratings will not be affected by the

Ohio Administrative Code (OAC) rule citations relating to specific review items. However, a Quality Improvement Plan (QIP) may be required for OAC non-compliance identified during the review.

Beginning with CPOE Stage 9 and continuing in CPOE Stage 10, PCSA staff now participate in reviewing case records alongside ODJFS staff. The review includes interviews with caseworkers, supervisors, children, parents, substitute caregivers, and service providers. CPOE places emphasis on the federal outcome indicators and provides a method to check the integrity of SACWIS data entered by PCSA staff.

In addition to transitioning to use of the federal CFSR Round 3 case review tool, there are several other important changes for CPOE Stage 10:

- Alternative Response cases are included in the review sample – cases must have been open for at least 45 consecutive days.
- Title IV-E juvenile courts will be reviewed (for provision of technical assistance only).
- More cases are to be reviewed for each county.
- Ohio's CFSP and the CPOE Stage 10 Framework include several strategies aimed at increasing inter-rater reliability among reviewers (please see Update to Plan for Improvement in Section III).

The table below reflects the makeup of the case sample for each county size category.

County Size	**Number of Cases by Type or Universe**			
	Alternative Response	**In Home**	**Substitute Care**	**IV-E**
Small	3	3	3	1
Small/Medium	3	3	4	1
Medium	4	4	5	3
Large	5	5	5	3
Metro	5	5	5	6
Major Metro	6	6	6	12

CPOE not only provides an opportunity for in-depth case review with counties, but also a forum to discuss statewide and county-specific performance on the CFSR national standards and other critical data measures. For CPOE Stage 10, county CPOE conferences will include a focus on each of the following data elements and/or data management tools:

- Investigations completed within the required timeframe
- Recurrence Reports[2]
  - Safe From Maltreatment Recurrence for 6 months
  - Safe From Maltreatment by Foster Parents

[2] Please note, these items are currently provided to counties from data reports developed for CFSR Round 2. Ohio plans to provide county-specific performance data utilizing the federal risk-adjusted methodology for CFSR Round 3 when federal coding is made available to states.

- Comprehensive Visitation Report
- AFCARS exception report

The Technical Assistance Specialists who conduct the reviews facilitate discussions with county administrators and supervisory staff on various management tools and reports that may be helpful to counties in tracking areas in need of improvement. For larger counties 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 Review Process.

<table>
<tr><th colspan="4">CHILD PROTECTION AND OVERSIGHT EVALUATION (CPOE)</th></tr>
<tr><th colspan="4">24-Month Cycle Review Process</th></tr>
<tr><th>PRE ON-SITE ACTIVITIES</th><th>ON-SITE ACTIVITIES</th><th>POST ON-SITE ACTIVITIES</th><th>QUALITY IMPROVEMENT PLAN (QIP) IMPLEMENTATION & OVERSIGHT</th></tr>
<tr>
<td>Notification
➢ Random sample list /# cases to be reviewed in-home and sub care
➢ Dates of review on-sight
➢ Period under review
➢ County/ODJFS review team determined</td>
<td>Entrance Conference
➢ Progress since last CPOE review
➢ Review Federal Child and Family Services Review (CFSR) measures - statewide and PCSA
➢ Discuss county-specific data reports
➢ Ohio CFSR Program Improvement Plan</td>
<td>Report & Technical Assistance
➢ CPOE Stage 10 Report Development (Draft Report)
➢ Provide Draft Report to PCSA for review
➢ Provide Technical Assistance (TA)</td>
<td>Five (5) Month QIP Assessment
➢ Five (5) Month QIP Self-Assessment
➢ Technical Assistance as requested</td>
</tr>
<tr>
<td>Data Preparation: Ohio Department of Job and Family Services (ODJFS)
➢ County-specific data reports
➢ SACWIS case review
➢ Review previous CPOE reports and QIPs</td>
<td>Case Record Review and Reconciliation
Number of cases reviewed by PCSA size:
➢ Small – 9 cases
➢ Small/Medium 10 cases
➢ Medium – 13 cases
➢ Large – 15 cases
➢ Metro – 15 cases
➢ Major Metro 18 cases
➢ Additional cases to be reviewed in Title IV-E courts in each county where applicable.</td>
<td>Exit Conference
➢ Review of Draft CPOE Stage 10 Report & Findings
➢ Attended by Regional Training Center staff
➢ Final CPOE report released to PCSA director, judge, elected county officials</td>
<td rowspan="2">Ten (10) Month QIP Oversight
➢ Ten (10) Month Case Record Review (SACWIS Review by TAS)
➢ Ten (10) Month QIP Implementation Discussion (On-Site)
➢ Ten (10) Month QIP Progress Review Report
➢ TA as needed</td>
</tr>
<tr>
<td>Data & Other Preparation: Public Children Services Agency (PCSA)
➢ Prepare cases to be included in CPOE review
➢ Select staff to co-review cases</td>
<td>Stakeholder Interviews and Reconciliation</td>
<td>Quality Improvement Plan
➢ PCSA Quality Improvement Plan (QIP) Development and Submission
➢ ODJFS QIP review Approval/ Disapproval</td>
</tr>
</table>

CPOE Stage 9 Results

CPOE Stage 9 began in September 2012 and concluded in September 2014. The results of CPOE Stage 9 were compiled in a comprehensive statewide report, which was distributed to all OFC staff and PCSA directors. This report included statewide trends related to practice strengths as well as areas rated in need of improvement. The report also noted innovative and effective strategies that had a positive impact on outcomes and provided county contact information in an appendix. Data gathered through CPOE Stage 9 was instrumental in updating Ohio's Statewide Assessment for this APSR.

As a result of the CPOE Stage 9 on-site review activities, 75 PCSAs had an approved QIP to address Areas in Need of Improvement. Twelve PCSAs were not required to develop QIPs based on their review. These included the following PCSAs: Allen CSB, Auglaize CDJFS, Delaware CDJFS, Fairfield CDJFS, Lake CDJFS, Lucas CSB, Monroe CDJFS, Sandusky CDJFS, Shelby CDJFS, Summit CSB, Trumbull CSB, and Wood CDJFS. Franklin County Children Services was required to work on benchmarks within the State's Child and Family Services Review, Program Improvement Plan.

Three primary approaches were identified by agencies in their QIPs: (1) training (both internal and external); (2) developing internal forms and revising internal agency procedure manuals; and (3) tracking and monitoring for compliance. The following chart reflects the number of counties having QIPs in effect to address items noted as an Area Needing Improvement.

CPOE Review Item	Number of agencies addressing the QIP Item
Safety Outcome 1: Children have permanency and stability in their living situations.	
Item #1:Timeliness of initiating investigations of reports of child maltreatment	**12**
Item #2: Repeat Maltreatment	**5**
Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate	
Item #3: Services to family to protect child (ren) in the home, and prevent removal or re-entry into foster care.	**12**
Item #4: Risk Assessment and safety management	**43**
Permanency Outcome 1: Children have permanency and stability in their living situations	
Item #5: Foster care re-entries	**4**
Item #6: Stability of foster care placement	**19**
Item #7: Permanency goal for child	**38**
Item #8: Reunification, guardianship, or permanent placement with relatives	**10**
Item #9: Adoption	**22**
Item #10: Planned Permanent Living Arrangement	**6**
Permanency Outcome 2: The continuity of family relationships and connections is preserved	
Item # 11: Proximity of foster care placement	**0**
Item #12: Placement with siblings	**2**
Item #13: Visitation between parents and siblings in foster care	**5**
Item #14: Preserving connection	**11**
Item #15: Relative placement	**7**
Item #16: Relationship of child in care with parents	**2**
Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs	
Item # 17: Needs and services of child, parents, and substitute caregivers or pre-adoptive parents	**39**
Item #18: Child and family involvement in case planning	**38**

CPOE Review Item	Number of agencies addressing the QIP Item
Item #19: Caseworker visits with child	**43**
Item #20: Caseworker visits with parents	**44**
Well-Being Outcome 2: Children receive appropriate services to meet their educational needs	
Item #21: Educational Needs of the child	**5**
Well-being Outcome 3: Children receive adequate services to meet their physical and mental health needs	
Item #22: Physical health of the child	**18**
Item #23: Mental/behavioral health of the child	**9**

Numerous activities within Ohio's Title IV-B Child and Family Services Plan were designed to address the areas in need of improvement that are most prevalent across the state, including: caseworker visits with parents and children; child and family involvement in case planning; needs and services of parents, children and substitute caregivers or pre-adoptive parents; permanency goal for the child; and risk assessment and safety management. In addition, as noted above, OFC is taking a proactive approach in CPOE Stage 10 to engage PCSA staff in examining data and management reports connected to these items.

Measuring the Effectiveness of Ohio's QA System

As part of Ohio's overall CQI strategy, changes in performance are tracked across CPOE cycles. Such performance changes are an indicator of progress made through the CPOE review process and resulting Quality Improvement Plans. In addition, tracking this data provides an opportunity to examine which QIP strategies have been the most and least effective in impacting performance improvement.

To assess if PCSA's QIPs made a difference and resulted in improved individual agency performance, an item by item analysis was conducted to compare the results of CPOE Stage 8 and CPOE Stage 9. For this analysis, OFC examined the review items for which the highest number of PCSAs were required to develop a QIP (20 and above). As an indicator of progress, OFC tracked whether agencies that were required to develop a QIP for one of these items in CPOE Stage 8 were again required to QIP the same item in CPOE Stage 9. For example, there were 22 agencies that were required to develop a QIP on Item #1 – Initiation of investigations – during CPOE Stage 8. Of the 22 agencies that developed QIPs on this item, 17 agencies did not have to do a QIP for CPOE Stage 9 on this item. The remaining 5 counties had to develop a QIP again for Item 1. Thus the % of improvement was: Strengths/Total QIPs. 17/22=77%

The following graphs present information on the percent of agencies showing improvement after completing a QIP by Safety, Permanency and Well-Being Outcomes measured.

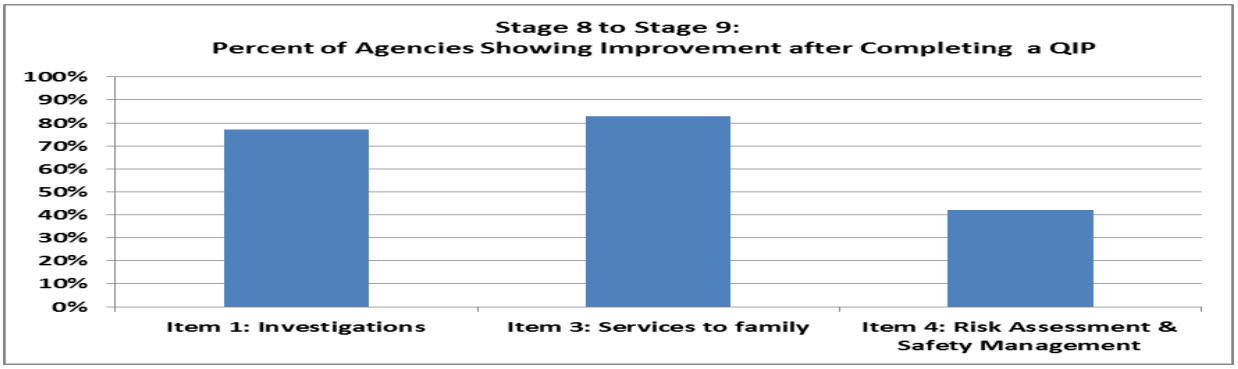


Figure 1: Safety Outcomes

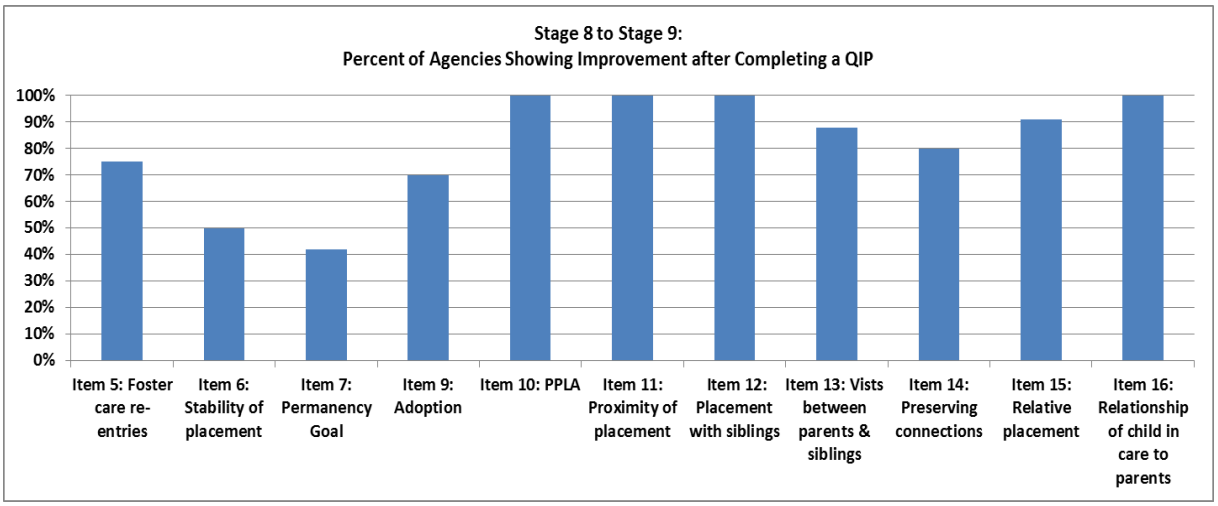


Figure 2: Permanency Outcomes

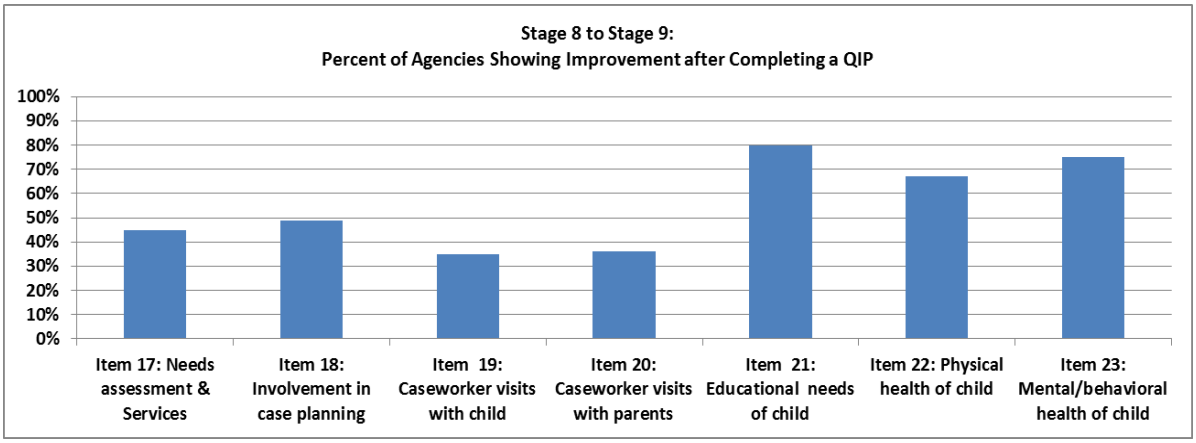


Figure 3: Well-Being Outcomes

Some measure of improvement was observed across all items. Agency QIPs were most successful in driving significant improvement on the following items:

- Timeliness of initiating investigations of reports of maltreatment
- Services to the family to protect child(ren) in the home and prevent removal or re-entry into foster care
- Foster care-reentries
- Adoption
- Planned Permanent Living Arrangement
- Proximity of foster care placement
- Placement with siblings
- Visitation between parents and siblings in foster care
- Preserving connections
- Relative placement
- Relationship of child in care with parents
- Educational needs of the child
- Physical health of the child
- Mental/behavioral health of the child

Fewer than half of the agencies that developed QIPs showed improvement (i.e., did not have to develop another QIP) on the following items:

- Risk assessment and safety management
- Permanency goal for the child
- Needs and services of child, parents, and substitute caregivers or pre-adoptive parents
- Child and family involvement in case planning
- Caseworker visits with child
- Caseworker visits with parents

During CPOE Stage 10, which commenced in October 2014, OFC technical assistance staff will examine with PCSAs which strategies in QIPs were most and least effective in improving performance. Data will be shared with PCSAs on these performance trends as QIPs are negotiated with ODJFS.

CQI Goals & Planned CQI Enhancements

As noted in last year's CFSP submission, CPOE is a central component of Ohio's overall approach to Continuous Quality Improvement (CQI). However, Ohio's CFSP includes a robust plan for enhancement of overall statewide CQI that extends beyond CPOE's quality assurance activities. As noted in last year's CFSP submission, OFC formed a CQI Advisory Team to guide the development of Ohio's CFSP, including the plan for statewide CQI enhancement. As Ohio has moved forward with implementation of its CFSP, the CQI Advisory Team has been expanded to advance the objectives in the statewide CQI plan.

The CQI Advisory Team's thirty-five members include representation from all OFC bureaus, public children services agency partners, private agency partners, the Supreme Court of Ohio, the Ohio Child Welfare Training Program, the Public Children Services Association of Ohio, and the Ohio Association of

Child Caring Agencies. The Advisory Team is chaired by Carla Carpenter of OFC, Linda Peters with Franklin County Children Services, and David Earley with the Village Network.

Four subcommittees of the Advisory Team have been formed to focus on the following areas of Ohio's statewide CQI plan:

- ***CQI Framework:*** This Subcommittee is responsible for developing a written CQI Framework to include a description of Ohio's overarching CQI process and detailed recommendations based on CQI best practices, Children's Bureau recommendations, the recommendations of national child welfare organizations (such as NAPCWA), and local CQI methods.

- ***Statewide CQI Community****:* This Subcommittee is responsible for establishing a mechanism for ODJFS, counties and private agencies to share CQI policies, protocols, tools and resources. Along with information-sharing, this Subcommittee will be responsible for recommendations to support a statewide "CQI Community of Practice."

- ***Peer Partnership:*** This Subcommittee is responsible for designing a multi-county and/or regional Peer Review structure to be implemented on a pilot basis. This will include gathering feedback from local partners to inform the design of the peer review process and standards. This Subcommittee is also exploring the feasibility and utility of integrating peer review within the state's Child Protection Oversight and Evaluation process and/or Ohio's federal Child and Family Services Review Round 3 case reviews.

- ***Data Reports:*** This Subcommittee is responsible for making recommendations to guide the development of user-friendly, standardized data reports; make data more accessible to practitioners, supervisors and agency administrators; and strengthen statewide use of performance data.

Further information on Ohio's statewide CQI enhancement is included in Sections III and X of this report.

Summary of Item

Several notable enhancements to CPOE Stage 10 will result in a larger sample size that is more representative of the statewide mix of case types. A specified number of Alternative Response and Title IV-E Court cases will be reviewed for each county size category along with In-home and Foster Care cases served through the Traditional Response pathway. CPOE Stage 10 includes an even stronger focus on county administrative data. The CPOE Stage 10 Framework requires OFC's Technical Assistance Specialists to provide a core set of data reports to PCSAs and Title IV-E courts. As noted in the Update to Ohio's Plan for Improvement (Section III), the Bureau of Child and Adult Technical Assistance has implemented a number of strategies to support increased inter-rater reliability among reviewers in CPOE Stage 10. Moreover, Ohio has successfully engaged a wide variety of local and state partners in the work of enhancing statewide CQI through its CQI Advisory Team and subcommittees. The Team has made significant strides in implementing the CQI plan outlined in Ohio's CFSP.

D. Staff and Provider Training

Item		Description
26	**Initial Staff Training**	Determine how well the staff and provider training system functions statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP that includes the basic skills and knowledge required for their positions.

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

In 2014, the OCWTP:

- Served over 4,580 public child welfare staff, supervisors and managers and over 5,900 foster parents and adoptive parents across the state through eight regional training centers (RTCs).[3]
- Launched over 4,600 training sessions through E-Track, Ohio's learning management system, delivering 22,300 hours of training to 70,000 participants.[4]
- Arranged for 1,700 Foster Parent College courses that were completed by foster parents and child welfare staff.
- Arranged for 94 Relias Learning courses that were completed by child welfare staff.

The map on the next page shows the number of staff, foster parents, and adoptive parents served in 2014, by region.

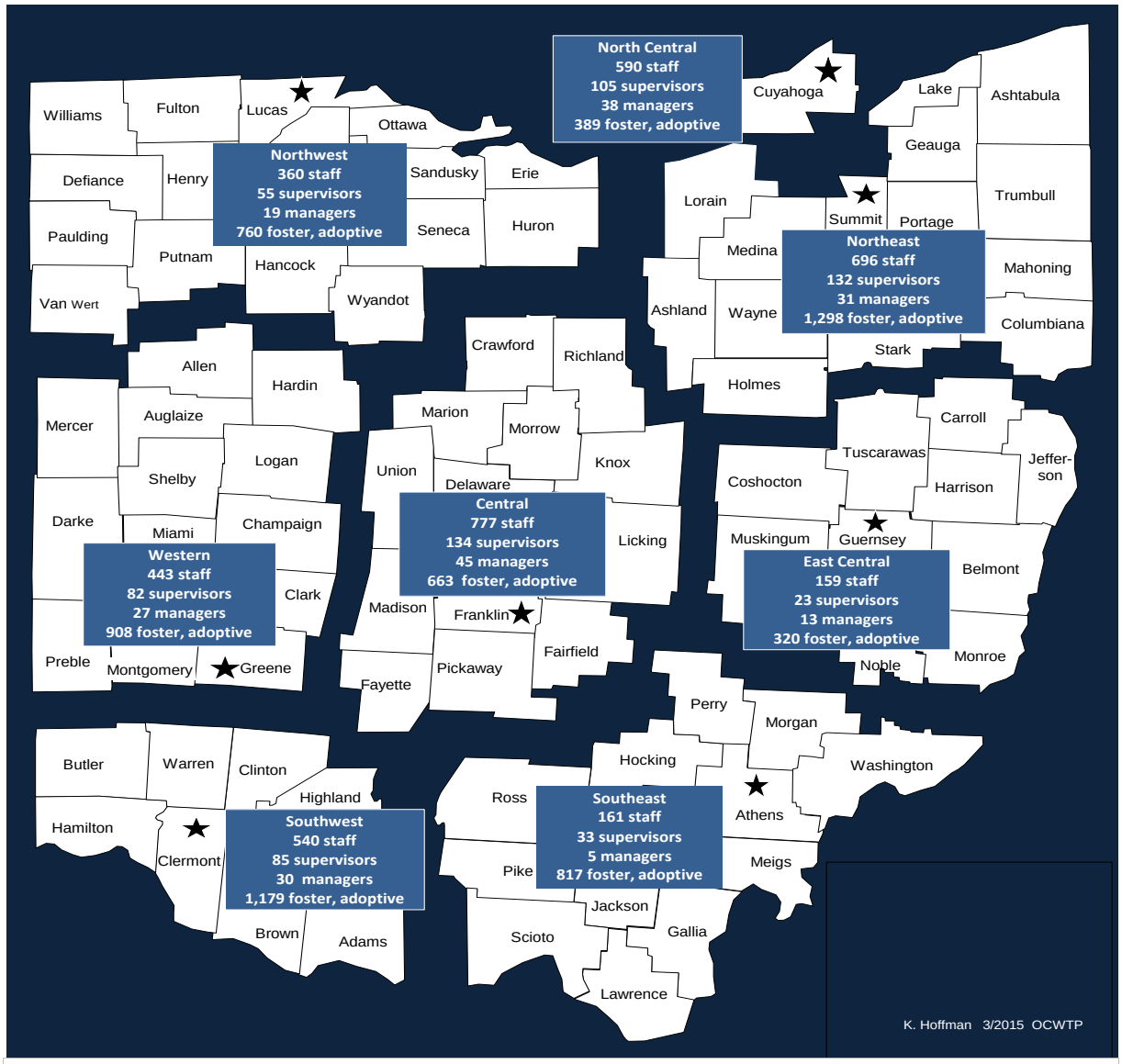
The Ohio Revised Code requires newly hired caseworkers to complete 102 hours of Core training within their first 12 months of employment. The Caseworker Core series has eight modules, listed below, with the total number of caseworkers who attended each Module in 2014.

Caseworker Core Modules	Statewide Attendance
Module I Family-Centered Approach to Child Protective Services (12 hours)	438
Module II Engaging Families in Family-Centered Child Protective Services (6 hours)	431
Module III Legal Aspects of Family-Centered Child Protective Services (12 hours)	532
Module IV Assessment in Family-Centered Child Protective Services (12 hours)	451
Module V Investigative Processes in Family-Centered Child Protective Services (6 hours)	472
Module VI Case Planning and Family-Centered Casework (18 hours)	454
Module VII Child Development: Implications for Family-Centered Child Protective Services (18 hours)	468
Module VIII Separation, Placement, and Reunification in Family-Centered Child Protective Services (18 hours)	395

[3] RTC Census Data submitted to ODFJS July, 2014
[4] This includes a limited number of trainings offered "statewide" that do not fall under any particular RTC.

In 2014, the Caseworker Core series was offered 24 times across Ohio. Four of the RTCs offered the Casework Core series twice, and four of the RTCs (those located in Cleveland, Akron, Cincinnati, and Columbus) offered the Caseworker Core series four times in 2014.

This map shows the number of staff and foster parents/adoptive parents the RTCs could serve in 2014.
★ = RTC Host County



Data Source: RTC Census Data, July 2014
"Staff" includes case aides/parent aides, vacancies, managed care staff, and youth leaders ; "supervisors" includes vacancies

The Caseworker Core series includes three optional learning labs, following Modules II, IV, and V, for in-depth practice on applying the training content. Although attendance at the learnings labs is optional, in 2014 86% of all new caseworkers attended the practice learning labs:

Caseworker Core Learning Labs	Statewide Attendance
Module II (Engagement)	382
Module IV (Assessment)	365
Module V (Investigation)	416

In addition to Caseworker Core, some new caseworkers are graduates of the University Partnership Program (UPP) and are not required to complete all modules of Caseworker Core upon hire at an Ohio PCSA. Through a collaboration between eight of Ohio's public universities, the OCWTP, ODJFS and the Public Children Services Association of Ohio (PCSAO), those graduates completed college courses based on seven of the eight Caseworker Core Modules (Module III Legal Aspects of Family-Centered Child Protective Services, is not taught through UPP). In 2014, 18 of Ohio's county child welfare agencies hired 47 UPP graduates.

Addressing Basic Skills and Knowledge for New Caseworkers

The OCWTP determines the basic skills and knowledge needed by new caseworkers through:

- Feedback collected from E-Track evaluation surveys and RTC onsite visits with county agencies.
- The latest research on child welfare practice.
- Recent revisions to state law and ODJFS rules governing Ohio's child welfare program.

The OCWTP collects feedback from new caseworkers on whether their work performance will improve as a result of attending Caseworker Core training. In 2014, when asked if Caseworker Core training would improve their job performance, caseworkers responded:

	Module I	Module II	Module III	Module IV	Module V	Module VI	Module VII	Module VIII
Strongly agree	56%	51%	68%	57%	63%	56%	59%	64%
Agree	39%	45%	28%	37%	34%	38%	38%	32%
Disagree	3%	3%	3%	5%	2%	4%	2%	3%
Strongly disagree	1%	1%	1%	1%	0	1%	1 %	1%

After each training module, the OCWTP also collects feedback through online evaluation surveys from new caseworkers on key knowledge learning objectives, asking them to rate their perception of their own learning on key learning objectives.

Below are key Caseworker Core learning objectives, by Module, and the percent of caseworkers who stated they learned new knowledge, or that training was a good refresher for them, or that they learned little of value from the Module.

Module I Family-Centered Approach to Child Protective Services (12 hours) – 438 caseworkers attended Module I; 318 provided feedback through E-Track, for a 73% response rate

Survey Item	Learned new knowledge & skills	It was a good refresher	Learned little of value
What did you learn about the family-centered approach to child welfare?	70	27	2
What did you learn about a caseworker's responsibility to prevent placement, reunify families or find alternative placements?	64	32	3
What did you learn about the role of the child welfare agency in a community-based approach to child protection and family support?	54	31	3
What did you learn about behaviors that are considered child sexual abuse?	58	37	4
What did you learn about the parent, family and environmental factors that contribute to child maltreatment?	56	40	3
What did you learn about indicators of abuse and neglect?	63	34	2
What did you learn about cultural competence, ethnocentrism, and stereotyping?	47	46	5
What did you learn about how your cultural background affects your values, perceptions, behaviors and identity?	45	49	5

Module II Engaging Families in Family-Centered CPS (6 hours) – 431 caseworkers attended Module II; 304 provided feedback through E-Track, for a 71% response rate

Survey Item	Learned new knowledge & skills	It was a good refresher	Learned little of value
What did you learn about engaging parents in a casework relationship while using authority to protect the child?	73	25	2
What did you learn about strengthening relationships and reducing resistance with families?	72	25	2
What did you learn about cultural considerations when engaging a client?	50	42	6
What did you learn about identifying and reducing cultural barriers to building relationships?	54	39	6
What did you learn about collecting assessment information by asking close-ended, yes or no, and open-ended questions?	53	43	3
What did you learn about the difference between content and process and how they affect interviews?	71	25	3
What did you learn about the types and sources of client resistance towards caseworkers?	64	33	3
What did you learn about how a caseworker's behavior and agency environment can increase a client's resistance?	61	36	3

Module III Legal Aspects of Family-Centered Child Protective Services (12 hours) – 532 caseworkers attended Module III; 377 provided feedback through E-Track, for a 71% response rate

Survey Item	Learned new knowledge & skills	It was a good refresher	Learned little of value
What did you learn about court procedures to obtain custody of a child?	**87**	**8**	**4**
What did you learn about reasonable efforts requirements for caseworkers?	82	15	2
What did you learn about protecting a parent's right to due process and equal treatment under the law, and preventing warrantless search and seizure?	83	15	2
What did you learn about the roles and responsibilities of all parties involved in court hearings?	84	12	3
What did you learn about the legal definitions of child maltreatment to help determine the type of complaint to file?	85	13	2
What did you learn about admissible and inadmissible evidence in court?	85	10	4
What did you learn about maintaining your composure during direct testimony and cross-examination?	76	19	4
What did you learn about working with prosecutors and agency attorneys to prepare for court?	82	12	5

Module IV Assessment in Family-Centered Child Protective Services (12 hours) - 451 caseworkers attended Module IV; 284 provided feedback through E-Track, for a 71% response rate

Survey Item	Learned new knowledge & skills	It was a good refresher	Learned little of value
What did you learn about involving family members in conducting assessments?	71	23	6
What did you learn about identifying when a child is in immediate danger of serious harm?	70	27	4
What did you learn about creating a safety plan with a family when children are at high risk of immediate harm?	75	20	5
What did you learn about the steps in using assessment information to make conclusions about a child's safety?	76	21	3
What did you learn about the purpose and components of risk assessment?	70	26	4
What did you learn about exploring individual, family, and environmental conditions when conducting a family assessment?	71	25	4
What did you learn about how a worker's cultural perspective and preferred learning methods affects gathering & evaluating information?	65	28	7

Survey Item	Learned new knowledge & skills	It was a good refresher	Learned little of value
What did you learn about using family assessment information for case planning, providing services, placement activities, and reunification?	70	24	6

Module V Investigative Process in Family-Centered CPS (6 hours) – 472 caseworkers attended Module V; 288 provided feedback through E-Track, for a 61% response rate

Survey Item	Learned new knowledge & skills	It was a good refresher	Learned little of value
What did you learn about respecting parents' constitutional rights during investigations?	74	24	2
What did you learn about reducing resistance and engaging family members during investigative interviews?	72	25	3
What did you learn about linking families with community or agency services at the time of the investigation/assessment?	63	31	6
What did you learn about the similarities and differences between a "family assessment" and an "investigation"?	73	22	5
What did you learn about the role of other community agencies, professionals and providers when conducting investigations?	70	27	3
What did you learn about exploring individual, family, and environmental conditions when conducting a family assessment?	70	25	5
What did you learn about ensuring your safety during the initial family assessment or investigation?	63	33	4
What did you learn about who to interview and what information to gather during investigations?	76	22	1
What did you learn about determining the sequence, timing, and location of investigative interviews?	79	17	3

Module VI Case Planning and Family-Centered Child Protective Services (18 hours) – 454 caseworkers attended Module VI; 313 provided feedback through E-Track, for a 69% response rate

Survey Item	Learned new knowledge & skills	It was a good refresher	Learned little of value
What did you learn about steps in the case planning process and periodic case reassessment with the family?	75	21	4
What did you learn about writing observable, behavioral and measurable case objectives?	81	18	2
What did you learn about supporting families in choosing their own culturally appropriate services?	65	29	5

Survey Item	Learned new knowledge & skills	It was a good refresher	Learned little of value
What did you learn about interviewing strategies that support the involvement of family members in case plan development?	69	27	4
What did you learn about the purpose, process, and preparation for making home visits?	59	33	7
What did you learn about the importance of supplemental case planning in assuring timely permanence for children?	76	21	4
What did you learn about conducting regular reassessments to identify and document changes and/or completion of case objectives?	72	24	4
What did you learn about factors that determine when a case should be closed?	62	22	13

Module VII Child Development—Implications for Family-Centered Child Protective Services (12 hours) – 468 caseworkers attended Module VII; 336 provided feedback through E-Track, for a 72% response rate

Survey Item	Learned new knowledge & skills	It was a good refresher	Learned little of value
What did you learn about developmental stages of children and adolescents?	63	34	2
What did you learn about recognizing the effects of abuse and neglect in children and adolescents?	70	28	1
What did you learn about recognizing developmental delays in children?	70	28	2
What did you learn about the role culture plays in child development?	70	27	3
What did you learn about recognizing attachment problems between children and their families?	68	29	3
What did you learn about recognizing emotional problems in children?	67	32	1
What did you learn about community resources available for children with developmental delays?	58	32	9
What did you learn about considering developmental factors during interviews with young children?	70	26	3

Module VIII Separation, Placement, & Reunification in Family-Centered Child Protective Services (18 hours) – 395 caseworkers attended Module VIII; 273 provided feedback through E-Track, for a 69% response rate

Survey Item	Learned new knowledge & skills	It was a good refresher	Learned little of value
What did you learn about effects of separation, placement, and impermanence on attachment, child development and family stability?	78	17	4
What did you learn about emotional and behavioral traumatic indicators of separation?	76	19	4
What did you learn about reducing stress and strengthening children's coping capacity?	77	19	4
What did you learn about the importance of placing siblings together?	66	30	4
What did you learn about foster and kinship caregivers as potential permanent placement resources for children in care?	74	23	3
What did you learn about preparing children, their families and caregivers for placement?	82	14	4
What did you learn about visitation between children in care and family members?	71	25	4
What did you learn about caregivers participating in case plan development and working directly with families?	71	26	3
What did you learn about determining readiness and/or the factors associated with successful reunification?	75	19	5

2014 – 2015 Revisions to Caseworker Core

Each of the Caseworker Core Modules is being revised to:

- Include the feedback collected from E-Track evaluation surveys and RTC onsite visits with county agencies.
- Include the latest research on child welfare practice.
- Incorporate Ohio's multiple pathway system, Differential Response.
- Incorporate relevant information and application of activities specific to Ohio's assessment and service planning model, CAPMIS.
- Reflect recent revisions to ODJFS rules governing Ohio's child welfare practice.
- Incorporate SACWIS so that new caseworkers will be introduced to key SACWIS functions. Follow-up learning labs also give caseworkers a chance to practice developing and entering quality case documentation into SACWIS.

All Caseworker Core revisions will be implemented by June 2016.

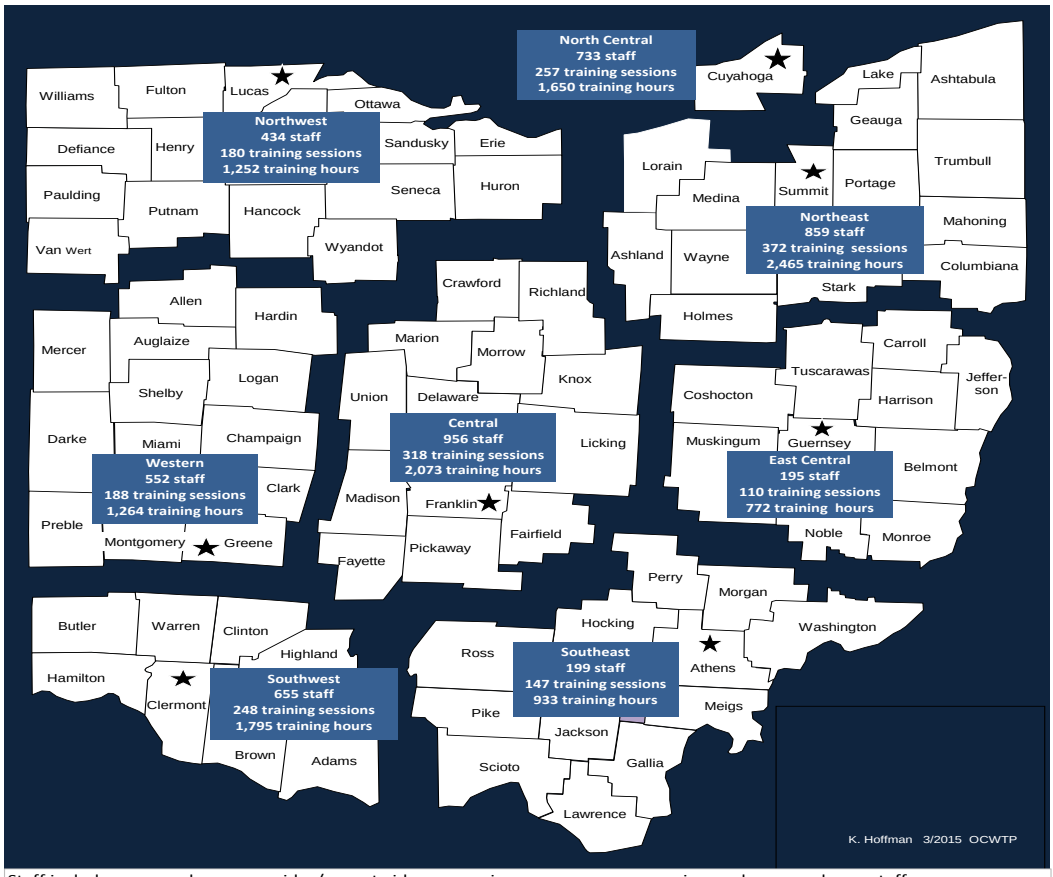
Item		Description
27	*Ongoing Staff Training*	*Determine how well the staff and provider training system functions statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP.*

The OCWTP's "ongoing training" meets the training requirements of the Ohio Revised Code and the ODJFS administrative rules that require public children services agency staff be trained in certain topic areas and within specific timeframes. The table below lists these key mandatory training requirements:

Population to be Trained	ORC Requirement	OCWTP Offerings
New Supervisors	New supervisors complete a minimum of 60 hours of training in their first year of employment in their supervisory position.	Supervisor Core
New Adoption and Foster Care Assessors	New Adoption Assessors complete Tier I Assessor training (six days of training) within one year of taking first assessor training session.	Adoption Assessor Tier I
New Adoption and Foster Care Assessors	Assessors are required to complete Tier II Assessor training within three years of completion of Tier I.	Adoption Assessor Tier II
Adoption and Foster Care Assessors out-of-the field for three years	Assessors must take a refresher course on changes in policies and practice.	Assessor Refresher Training
Ongoing training for caseworkers	Caseworkers are required to attend 36 hours of ongoing training each year.	Specialized and Related
Ongoing training for supervisors	Supervisors are required to attend 30 hours of ongoing training each year.	Specialized and Related
Ongoing training for Adoption and Foster Care Assessors	Assessors must take six hours of Post Tier II adoption or foster care-specific training within two years of the completion date of the Tier II training.	Specialized and Related
Ongoing training for Adoption and Foster Care Assessors	Assessors must take an additional six hours of ongoing adoption or foster care training within each subsequent two-year period from the completion date of the previous six hours of training.	Specialized and Related

The map displayed below shows the number of staff served and the number of sessions and training hours offered for staff, including new caseworkers, by RTC, in 2014.

This map shows the number of staff training sessions and training hours offered in 2014, by RTC.
★ = RTC Host County



Staff includes caseworkers, case aides/parent aides, supervisors, managers, vacancies, and managed care staff.
NOTE: some of these trainings are for caregivers and agency staff.
Data sources:

1. RTC Census Data, July 2014
2. E-Track Session Delivered Report 1/1/2014 - 12/31/2014 Revenue Code: Staff
3. E-Track Session Delivered Report 1/1/2014 - 12/31/2014 Revenue Code: Adoption Worker

Supervisor Core Training

In 2014, the Supervisor Core series was offered six times across Ohio. RTCs located in Cleveland, Cincinnati, Toledo each offered the Supervisor Core series once, and three Supervisor Core rounds were offered in central Ohio and open to any new supervisor in the state. The Supervisor Core Modules are listed below with the total number of supervisors who attended each Module in 2014.

Supervisor Core Module	Statewide Attendance
Module 1 Supervising Casework Practice (12 hours)	66
Module 2 Leadership in child Welfare (12 hours)	71
Module 3 Communication, Conflict and Change (12 hours)	61
Module 4 Improving Individual Staff Performance (12 hours)	76
Module 5 Professional Development of Staff (12 hours)	66
Module 6 Collaboration and Teamwork (12 hours)	83

The Supervisor Core series includes an optional learning lab, *Promoting Critical Thinking in Casework Practice*, following Module 1 Supervising Casework Practice. Twenty-three of the 66 supervisors, or 35% of those who attended Supervisor Core Module 1, also attended the follow-up learning lab.

The Supervisor Core series also offers a hands-on learning lab on how to run basic SACWIS reports, titled: *Managing for Outcomes: Using SACWIS Data to Improve Performance*. In 2014, this SACWIS learning lab was offered 10 times, and was attended by 62 participants.

Addressing Basic Skills and Knowledge for New Supervisors

The OCWTP determines the basic skills and knowledge needed by new supervisors through:

- Consultation with the Supervisor Advisory Team, which includes 20 current supervisors.
- Feedback provided on evaluation surveys.
- Surveys initiated through the Ohio child welfare supervisor newsletter, *The Forum,* distributed four times each year to over 1,500 child welfare supervisors, caseworkers, and others in the field.
- Interviews with current Ohio child welfare supervisors, including follow-up phone interviews with supervisors six months after they complete the Supervisor Core series.

After training, the OCWTP collects feedback from new supervisors on their perception of their own learning on critical Supervisor Core learning objectives and asks new supervisors if their work performance will improve as a result of attending Supervisor Core training.

When asked if Supervisor Core training would improve their job performance, supervisors responded:

	Module 1	**Module 2**	**Module 3**	**Module 4**	**Module 5**	**Module 6**
Strongly agree	No data	41%	54%	64%	44%	44%
Agree	No data	43%	41%	35%	53%	52%
Disagree	No data	10%	2%	2%	2%	3%
Strongly disagree	No data	3%	2%	0	0	0

Below are key Supervisor Core learning objectives, by Module, and the percent of supervisors who stated they learned new knowledge, or that training was a good refresher for them, or that they learned little of value from the Module.

Module 1 Supervising Casework Practice (12 hours) – 66 supervisors attended Module 1; 53 provided feedback through E-Track, for an 80% response rate

Survey Item	Learned new knowledge & skills	It was a good refresher	Learned little of value
What did you learn about scheduling regular meetings with staff to discuss case activities?	70	28	2
What did you learn about assuring caseworker safety?	32	66	2
What did you learn about family-centered, culturally-competent and strengths-based casework practice?	58	42	0
What did you learn about the importance of regular discussions with staff about family centered casework practice?	68	32	0
What did you learn about the criteria to use in assigning cases to staff?	60	32	6
What did you learn about the importance of good worker/client relationships for positive case outcomes?	45	53	2
What did you learn about the importance of a supportive work environment to positive case outcomes	66	43	0
What did you learn about promoting cultural competence in everything you do?	43	55	2

Module 2 Leadership in Child Welfare (12 hours) – 71 supervisors attended Module 2; 58 provided feedback through E-Track, for an 82% response rate

Survey Item	Learned new knowledge & skills	It was a good refresher	Learned little of value
What did you learn about leading your unit to develop a mission statement?	74	19	7
What did you learn about advocating for staff in administrative meetings?	40	31	24
What did you learn about strategies to build self-esteem and confidence in your staff?	50	34	16
What did you learn about including staff in setting unit goals?	64	31	5
What did you learn about accepting and appreciating diversity of staff and clients?	40	52	10
What did you learn about modeling honesty and fairness with staff, colleagues and clients?	29	62	9
What did you learn about the characteristics of effective leaders?	64	29	7
What did you learn about the characteristics that distinguish leadership from management?	74	22	3

Module 3 Communication, Conflict and Change (12 hours) – 61 supervisors attended Module 3; 41 provided feedback through E-Track, for a 67% response rate

Survey Item	Learned new knowledge & skills	It was a good refresher	Learned little of value
What did you learn about using active listening skills when communicating with staff?	66	32	2
What did you learn about adjusting your communication style to adapt to the communication styles of others?	76	24	0
What did you learn about using conflict to promote growth?	71	27	2
What did you learn about managing conflict in your unit?	76	20	5
What did you learn about intervening in conflict that negatively affects the unit?	76	15	10
What did you learn about the role communication in improving relationships and increasing collaboration?	68	29	2
What did you learn about helping staff implement and accept change?	68	29	2

Module 4 Improving Individual Staff Performance (12 hours) – 76 supervisors attended Module 4; 55 provided feedback through E-Track, for a 72% response rate

Survey Item	Learned new knowledge & skills	It was a good refresher	Learned little of value
What did you learn about using behavioral language to describe staff performance?	85	13	2
What did you learn about assessing the performance of individual staff members?	85	15	0
What did you learn about using strengths-based language to communicate with staff about their performance?	73	27	0
What did you learn about discussing performance issues every time you meet with staff?	84	16	0
What did you learn about providing timely feedback to staff about their performance strengths and areas needing improvement?	82	18	0
What did you learn about setting and communicating expectations for staff performance?	89	9	2
What did you learn about documenting discussions on corrective action and other performance problems?	80	16	4
What did you learn about the elements of effective performance evaluations and job descriptions?	85	13	2

Module 5 Professional Development of Staff (12 hours) – 66 supervisors attended Module 5; 45 provided feedback through E-Track, for a 68% response rate

Survey Item	Learned new knowledge & skills	It was a good refresher	Learned little of value
What did you learn about identifying if performance problems are due to a lack of knowledge or skill?	84	13	2
What did you learn about using the ITNA to assess staff learning needs?	76	20	2
What did you learn about helping staff select learning activities that meet their learning needs?	82	16	2
What did you learn about creating individual development plans with staff?	87	11	2
What did you learn about using a strengths-based approach to help staff build confidence in their abilities?	64	31	4
What did you learn about developing a coaching plan for staff?	84	11	4

Module 6 Collaboration and Teamwork (12 hours) – 83 supervisors attended Module 6; 64 provided feedback through E-Track, for a 77% response rate

Survey Item	Learned new knowledge & skills	It was a good refresher	Learned little of value
What did you learn about promoting unit teamwork to enhance performance and achieve outcomes?	70	27	3
What did you learn about collaborating with stakeholders to achieve agency mission?	55	44	1
What did you learn about allowing staff to make decisions within their capability and scope of authority?	66	31	3
What did you learn about adapting your supervisory style to match the different styles of your staff?	72	27	1
What did you learn about your unit's contribution to the success of the agency's mission?	58	38	5
What did you learn about evaluating unit performance?	61	30	9
What did you learn about developing a plan to improve unit performance?	70	23	6

<u>2014 – 2015 Revisions to Supervisor Core</u>

Supervisor Core Module 1 Supervising Casework Practice is currently being revised to include:

- Feedback collected from E-Track evaluation surveys, the Supervisor Advisory Team, and RTC onsite visits with county agencies.
- The latest research on child welfare practice.
- Integration of Ohio's Child Welfare Practice Model and pathway system, Differential Response.

- Relevant information and application activities specific to Ohio's assessment and service planning model, CAPMIS, particularly in association with Differential Response assessment.
- Recent revisions to ODJFS rules governing Ohio's child welfare practice.
- The seven steps of critical thinking.

Revised Supervisor Core Module 1 will be implemented statewide June 2015.

Adoption and Foster Care Assessor Training

Below are the mandatory Adoption and Foster Care Assessor trainings, number of sessions offered, and number of participants attending in 2014:

Adoption and Foster Care Assessor Training	Number of Sessions	Number of Participants
Family and Child Assessment (12 hours)	17	228
Birth Parent Services (6 hours)	18	225
Post-Finalization Adoption Services (6 hours)	18	206
Adoption Assistance (3 hours)	18	237
Placement Strategies (3 hours)	18	228
Pre-Finalization Adoption Services (6 hours)	18	222
Achieving Permanency Through Interagency Collaboration (6 hours)	11	141
Cultural Issues in Permanency Planning (12 hours)	15	147
Openness in Adoption (12 hours)	15	145
Gathering and Documenting Background Information (6 hours)	14	163

Addressing Basic Skills and Knowledge for Adoption and Foster Care Assessors

The OCWTP determines the basic skills and knowledge needed by adoption and foster care assessors through:

- Consultation with the Foster Care, Adoption, and Kinship Care work team
- Feedback collected from E-Track evaluation surveys and RTC onsite visits with county agencies
- The latest research on child welfare practice, caregiving, and adoption
- Recent revisions to ODJFS rules governing Ohio's child welfare practice

After training, the OCWTP collects feedback from adoption and foster care assessors on their perception of their own learning on critical assessor training learning objectives and asks assessors if their work performance will improve as a result of attending Adoption and Foster Care Assessor training. The table below reports the percent of assessors who responded when asked if the training would improve their job performance:

Adoption and Foster Care Assessor Training	My performance will improve as a result of attending this training.			
	Strongly Agree	Agree	Disagree	Strongly Disagree
Family and Child Assessment	72	28	1	0
Birth Parent Services	66	32	1	0
Post-Finalization Adoption Services	64	34	1	1
Adoption Assistance	59	41	0	0
Placement Strategies	56	43	1	0
Pre-Finalization Adoption Services	61	37	1	0
Achieving Permanency Through Interagency Collaboration	51	45	3	1
Cultural Issues in Permanency Planning	62	38	0	0
Openness in Adoption	71	28	1	0
Gathering and Documenting Background Information	52	45	2	1

Below are key Assessor learning objectives, by Module, and the percent of assessors who stated they learned new knowledge, or that training was a good refresher for them, or that they learned little of value from the Module.

Family and Child Assessment (12 hours) 88% Survey Response Rate

Survey Item	Learned new knowledge & skills	It was a good refresher	Learned little of value
What did you learn about the effect of personal values on assessment work?	70	31	0
What did you learn about the effects of cultural factors in assessing and selecting a placement for a child?	69	31	1
What did you learn about the categories used in Ohio's joint foster care/adoption assessment tool?	93	7	1
What did you learn about the indicators associated with successful foster or adoptive parenting?	83	17	0
What did you learn about the types of concerns or situations that warrant additional and more thorough assessment	87	13	0
What did you learn about techniques for interviewing foster and adoptive parents?	79	20	1
What did you learn about assessing and prioritizing a child's needs in a foster or adoptive placement?	81	20	1
What did you learn about the Indian Child Welfare Act and the Multiethnic Placement Act as Amended?	63	35	1

Birth Parent Services (6 hours) 87% Survey Response Rate

Survey Item	Learned new knowledge & skills	It was a good refresher	Learned little of value
What did you learn about the social and emotional issues for birth parents who have permanently lost their rights?	82	17	1
What did you learn about ways to help birth parents cope with the grief of losing their children?	83	16	1
What did you learn about empowering birth parents to make decisions throughout the adoption process?	79	19	1
What did you learn about informing birth parents of parenting options available to them?	78	20	2
What did you learn about involving the extended birth family in adoption planning?	75	22	3
What did you learn about collecting and recording birth family information?	77	23	0
What did you learn about helping birth families give their children permission to be adopted?	81	16	3

Post- Finalization Adoption Services (6 hours) 87% Survey Response Rate

Survey Item	Learned new knowledge & skills	It was a good refresher	Learned little of value
What did you learn about the emotional responses of adopted children and adoptive family members to adoption?	82	18	0
What did you learn about a child's developmental responses to adoption?	79	21	0
What did you learn about how adoption issues can be triggered by life events or developmental stages?	77	23	1
What did you learn about why adopted individuals or birth families might search for one another?	73	27	1
What did you learn about the psychological risks of searching for adopted persons, adoptive families and birth families?	80	19	1
What did you learn about types of and strategies to provide post adoption services?	83	15	2
What did you learn about supporting adoptive families during periods of distress or crisis?	75	23	2
What did you learn about the legal limitations to sharing information about adopted children and birth families?	22	39	2

Adoption Assistance (3 hours) 88% Survey Response Rate

Survey Item	Learned new knowledge & skills	It was a good refresher	Learned little of value
What did you learn about why families or adopted children may need adoption subsidies?	86	13	0
What did you learn about how a lack of financial resources can contribute to stress in adoptive families?	74	25	1
What did you learn about the four adoption subsidy programs and their benefits?	93	6	1
What did you learn about eligibility requirements for adoption subsidy programs?	91	7	2
What did you learn about providing information about subsidies to foster/adoptive families?	88	11	1

Placement Strategies (3 hours) 86% Survey Response Rate

Survey Item	Learned new knowledge & skills	It was a good refresher	Learned little of value
What did you learn about the stress that placement might cause for a child or the foster/adoptive family?	68	31	1
What did you learn about reducing stress and increasing coping skills for children and adults?	71	29	0
What did you learn about the information a family needs about a child at the time of placement?	71	29	1
What did you learn about the strategies to provide information to a family at time of placement?	74	26	1
What did you learn about the emotional conflict foster/adoptive families might feel when a child leaves their home?	71	29	1
What did you learn about supporting foster/adoptive families when children are entering or leaving their home?	74	26	0

Pre-Finalization Adoption Services (6 hours) 89% Survey Response Rate

Survey Item	Learned new knowledge & skills	It was a good refresher	Learned little of value
What did you learn about helping resource families receive coordinated support?	77	22	1
What did you learn about the problems faced by resource families when adjusting to placement of children in their home?	79	20	0

Survey Item	Learned new knowledge & skills	It was a good refresher	Learned little of value
What did you learn about emotional responses to adoption finalization experienced by children and adoptive family members?	78	21	0
What did you learn about early signs of placement stress and typical stages of foster or adoptive placement disruption?	83	16	0
What did you learn about the dynamics of placement disruption?	81	31	0
What did you learn about how adoptive families typically progress through predictable stages prior to disruption?	87	12	0
What did you learn about providing support and crisis intervention for resource families to prevent disruption?	78	21	0

Achieving Permanency through Interagency Collaboration (6 hours) 84% Survey Response Rate

Survey Item	Learned new knowledge & skills	It was a good refresher	Learned little of value
What did you learn about the roles and perspectives of public and private child-placing agencies?	72	25	3
What did you learn about inter- and intra-agency collaboration on foster and adoption cases?	69	30	2
What did you learn about the differences in roles, agency culture, and values between public and private agencies?	58	31	2
What did you learn about promoting collaboration between public and private agency staff?	67	31	2
What did you learn about reducing barriers to collaboration among child-placing agencies?	69	29	3
What did you learn about how personal work styles affect interagency and intra-agency collaboration?	75	23	2

Cultural Issues in Permanency Planning (12 hours) 89% Survey Response Rate

Survey Item	Learned new knowledge & skills	It was a good refresher	Learned little of value
What did you learn about the importance of culture in foster care and adoption work?	77	19	2
What did you learn about the effects of culture on child development?	73	26	1
What did you learn about racial identity formation?	76	23	1
What did you learn about how culture affects the way people communicate with each other?	68	31	1

Survey Item	Learned new knowledge & skills	It was a good refresher	Learned little of value
What did you learn about the effect of culture on the assessment categories in the JFS family assessment tool?	84	14	2
What did you learn about your agency's policies and practices reflecting cultural sensitivity and competence?	75	23	2
What did you learn about the effect of international, transcultural, and transracial placements on children and resource families?	84	16	0
What did you learn about the provisions of ICWA and MEPA?	72	28	0
What did you learn about complying with MEPA requirements?	71	28	1

Openness in Adoption (12 hours) 88% Survey Response Rate

Survey Item	Learned new knowledge & skills	It was a good refresher	Learned little of value
What did you learn about options for openness in adoption?	94	5	1
What did you learn about advantages and disadvantages of openness in adoption?	83	17	0
What did you learn about emotional conflicts for children and adoptive families following an open adoption?	83	17	1
What did you learn about factors to consider when determining level of openness for an adoptive placement?	85	15	0
What did you learn about possible changes in desired levels of child and birth parent contact over time?	84	15	1
What did you learn about helping birth and adoptive family members in open adoption relationships?	90	9	1
What did you learn about factors to consider when opening a closed adoption?	94	6	0
What did you learn about choosing the best openness option for different situations?	89	10	1

Gathering and Documenting Background Information (6 hours) 86% Survey Response Rate

Survey Item	Learned new knowledge & skills	It was a good refresher	Learned little of value
What did you learn about gathering complete background information for case and placement planning?	74	24	3
What did you learn about information sources about birth parents and children?	74	24	3

Survey Item	Learned new knowledge & skills	It was a good refresher	Learned little of value
What did you learn about legal and ethical requirements of agencies when sharing information?	74	24	2
What did you learn about providing resource families with thorough information about a child's history and special needs?	62	36	1
What did you learn about gathering and recording background information about children placed in out-of-home care?	59	38	4
What did you learn about providing information to help children understand their background and reasons for placement?	61	36	2
What did you learn about informing resource parents about a child's family situation, development, functioning and special needs?	64	36	1
What did you learn about laws and regulations governing disclosure of identifying and non-identifying information?	79	17	4

2014 – 2015 Revisions to Adoption and Foster Care Assessor

The OCWTP is currently revising the Adoption and Foster Care Assessor modules, including developing a new learning lab to follow the Adoption and Foster Care Assessor Module on Family and Child Assessment. This new learning lab allows assessors to practice documenting the homestudy in SACWIS.

The new SACWIS learning lab will be implemented statewide July 2015.

Specialized and Related Trainings

Caseworkers, supervisors and managers can choose from over 1,000 different learnings in the E-Track system to meet their skill and knowledge needs, or attend courses through the Relias Learning System or Foster Parent College. There are an additional 850 foster parent and adoptive parent trainings in E-Track that agency staff may attend.

As a result of Ohio's CFSP, the OCWTP is currently focusing on the following specialized and related trainings:

Learning Activity	Delivery Method & Audience	2014 Sessions Offered	2014 Participants	Survey Item: This training will benefit my work.			
				SA	A	D	SD
CAPMIS							
Safety Planning	Face-to-Face PCSA Staff & Supervisors	**13**	176 138 responses	22%	50%	20%	8%

Learning Activity	Delivery Method & Audience	2014 Sessions Offered	2014 Participants	Survey Item: This training will benefit my work.			
				SA	A	D	SD
SACWIS							
Managing for Outcomes: Using SACWIS Data to Improve Performance	Face-to-Face PCSA Supervisors	**30**	62 31 responses	61%	39%	0	0
Trauma							
Overview of Trauma and Its Effect on Children	Face-to-Face PCSA Staff & Caregivers	**0**	0	N/A			
The Impact of Trauma and the Importance of Safety	Face-to-Face PCSA Staff & Caregivers	**10**	124 56 responses	29%	61%	11%	0
Identifying Trauma-related Needs and Enhancing Well-Being	Face-to-Face PCSA Staff & Caregivers	**7**	101 42 responses	29%	62%	7%	2%
Worker Well-Being and the Importance of Partnering	Face-to-Face PCSA Staff	**7**	96 34 responses	32%	62%	6%	0
Family Search and Engagement							
Family Search and Engagement: An Online Overview	Distance Learning PCSA Staff	N/A	41	N/A			
Family Search and Engagement	Face-to-Face PCSA Staff	0	0	N/A			
Supervision of Differential Response							
Group Supervision that Supports Family Engagement	Face-to-Face Supervisors	2	20 11 responses	18%	73%	9%	0
Coaching in Child Welfare: Using the Practice Profiles	Face-to-Face Supervisors	0	0	N/A			
Differential Response-Lessons Learned	Face-to-Face GAP Session PCSA Staff	1	4 4 responses	75%	25%	0	0
Differential Response-What is Next?	Face-to-Face GAP Session PCSA Staff	1	10 8 responses	25%	63%	13%	0

Learning Activity	Delivery Method & Audience	2014 Sessions Offered	2014 Participants	Survey Item: This training will benefit my work.			
				SA	A	D	SD
Independent Living							
Youth Development: The Vital Link	Face-to-Face PCSA Staff & Caregivers	6	56 24 responses	54%	38%	4%	4%
Life Long Connections: Permanency for Older Youth	Face-to-Face PCSA Staff & Caregivers	9	54 76 responses	63%	39%	3%	0
Engaging Youth in Transition Planning	Face-to-Face PCSA Staff & Caregivers	8	129 60 responses	42%	50%	8%	0
Visitation							
Effective Home Visits	Distance Learning PCSA Staff	0	0	N/A			
Relating to Primary Families: Understanding Challenges, Issues and Strategies for Success	Face-to-Face PCSA Caregivers	14	126 68 responses	43%	49%	8%	0

The training system will continue to focus on and prioritize offering these trainings to help the state improve practice in these areas.

Item		Description
28	**Foster Parent Training**	Determine how well the staff and provider training system functions to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

The Ohio Revised Code (ORC) requires training for prospective foster parents and adoptive parents, and requires ongoing training for foster parents. The table below identifies these key requirements.

Trainees	Preservice Hours	Ongoing Hours
Prospective adoptive parents	**36**	**NA**
Prospective foster parents	**36**	**NA**
Infant-only foster care	**36**	**24 hours of training within a two-year certification period**
Family foster care	**36**	**40 hours of training within a two-year certification period**
Specialized foster care	**36**	**60 hours of training within a two-year certification period**

In 2014, the OCWTP offered over 2,640 sessions for foster caregivers and adoptive parents, totaling 9,300 training hours, and over 41,300 participants (duplicated people) attended these sessions.

The map on the next page shows the number of foster parents and adoptive parents served in each RTC, and the number of sessions and training hours offered by each RTC for foster parents and adoptive parents.

Addressing Basic Skills and Knowledge for Foster and Adoptive Parents

The OCWTP determines the basic skills and knowledge needed by foster and adoptive parents through:

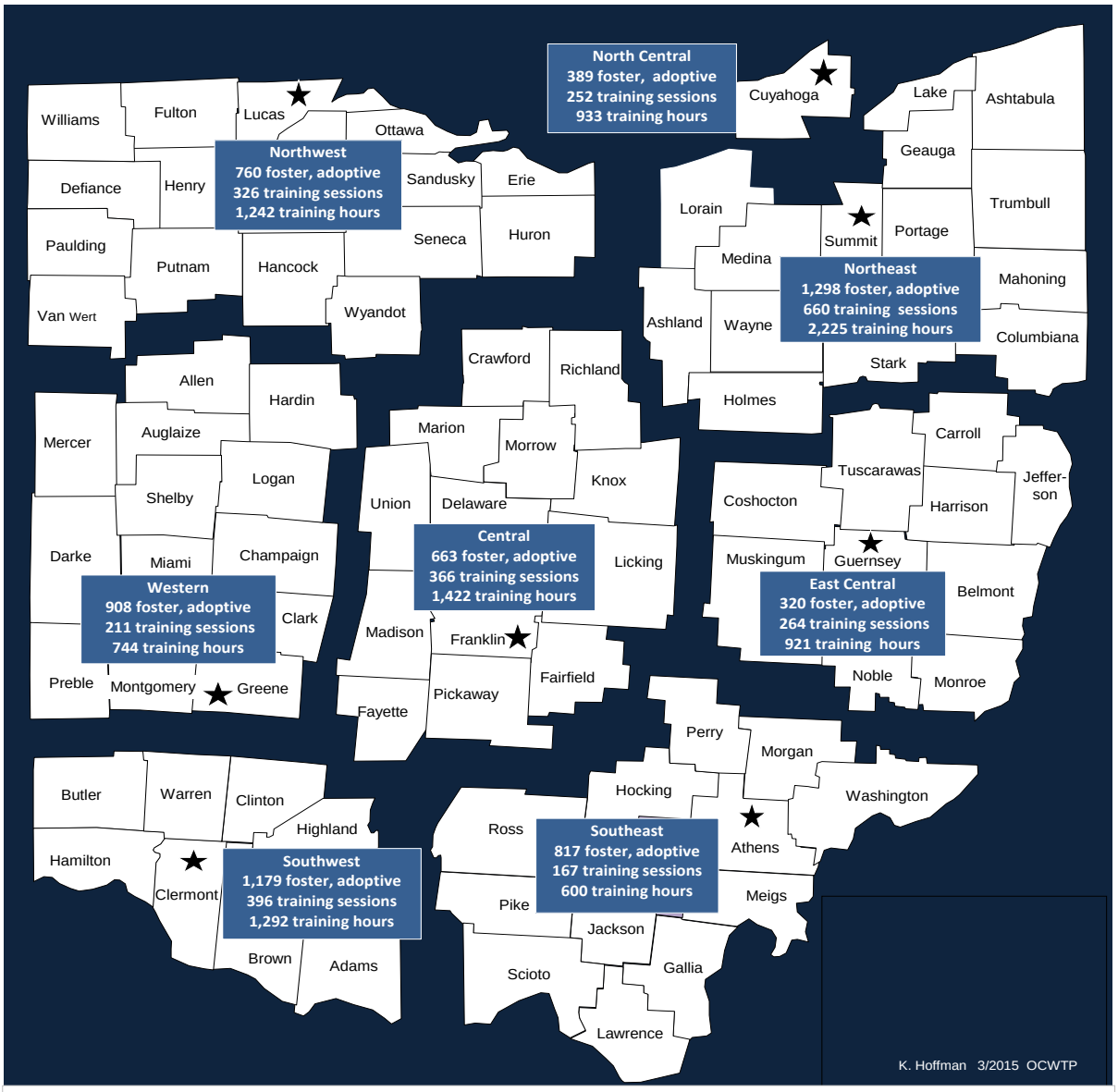
- Key informant interviews with foster and adoptive parents, caseworkers, assessors, and ODJFS staff.
- A review of state law and administrative code.
- Needs identified in Ohio's CFSP 2015 – 2019.
- Literature reviews, presentations by content experts at conferences.
- Feedback from OCWTP trainer, RTC onsite visits, and Foster, Adoptive and Kinship Work Team.

Preservice Training

The ORC requires prospective foster and adoptive parents to attend 36 hours of "preservice" training, and identifies the topic areas to be covered in Preservice training. Preservice training consists of the following 12 three-hour modules:

Module 1 Orientation to Foster Care, Adoption and Kinship	**Module 7 Transcending Differences in Placement**
Module 2 The Child Protection Team	**Module 8 Helping the Child Manage Emotions and Behaviors**
Module 3 Child Development	**Module 9 Understanding Primary Families**
Module 4 Trauma and Its Effects	**Module 10 The Effects of Caregiving on the Caregiver Family**
Module 5 Sexual Abuse	**Module 11 Long Term Separation from Birth Families**
Module 6 Minimizing the Trauma of Placement	**Module 12 Post Adoption Issues for Families**

This map shows the number of foster parents and adoptive parents each RTC could serve, and training sessions and training hours offered, in 2014.
★ = RTC Host County



NOTE: The OCWTP is mandated to provide training to all adopted families, public and private.
Data sources:

1. RTC Census Data, July 2014
2. E-Track Session Delivered Report 1/1/2014 - 12/31/2014 Revenue Code: Caregiver
3. E-Track Session Delivered Report 1/1/2014 - 12/31/2014 Revenue Code: Adoptive Parent

In 2014, over 100 rounds of Preservice training were offered statewide, with approximately 2,000 individual participants attending the Preservice modules. The OCWTP does not track the number of participants who complete Preservice and go on to become license foster parents, kinship caregivers, or approved adoptive parents.

2014 – 2015 Revisions to Preservice Training

Preservice Modules have been revised to include content on:

- Trauma-informed caregiving, including brain development and toxic stress.
- How the child welfare system functions and the role of caregiver in reunification efforts.
- The role of the caregiver in juvenile court.
- Normalcy and the Prudent Parent Standard.

In addition, OCWTP strengthened content in specific areas identified in the CFSP Visitation Goals, including:

- The importance of encouraging the parent/child relationship in Modules 1, 2, 6, 7, 9, 10, 12.
- The necessity of participating in the case plan goal of reunification in Modules 1, 2, 4, 9.
- Mentoring biological parents in the process in Modules 1, 2, 9.

Revised Preservice will be implemented across the state July 2015.

Foster parents and adoptive parents can choose from over 850 different learnings in the E-Track system designed to address their skill and knowledge needs.

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

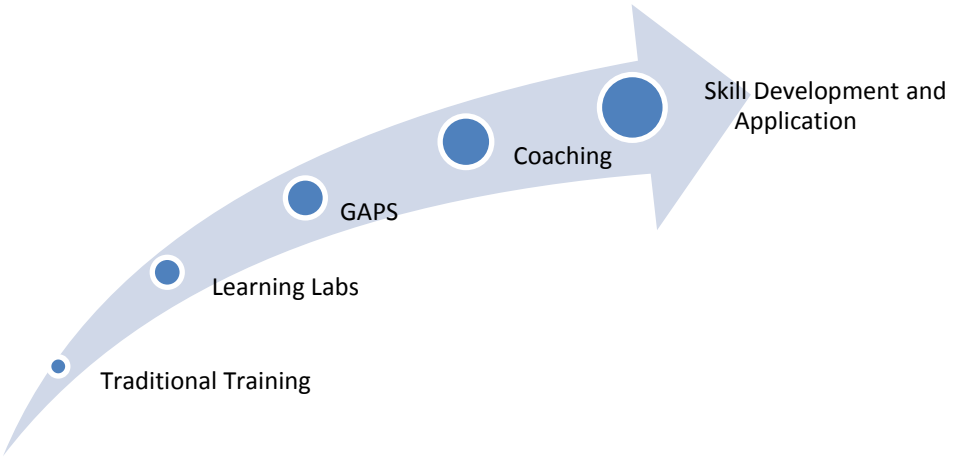
The table below lists each of the Foster Care Fundamentals modules, the number of times it was offered in 2014, the number of people who attended, and percent of attendees who responded to the question of whether or not the training would improve their caregiving.

Foster Care Fundamentals	**# of Sessions**	**# of Attendees**	**Survey Item: This training will improve my caregiving.**			
			SA	**A**	**D**	**SD**
Cultural Issues in Foster Care: Dealing with the Dynamics of Differences	3	27	46	54	0	0
Defusing Crisis Situations Safely and Sanely	6	65	59	41	0	0
Development of Adolescents: The Effects of Abuse and Neglect	4	69	77%	23%	0	0
Development of Infants and Toddlers: The Effects of Abuse and Neglect	4	46	38%	55%	0	6%
Development of Preschoolers and School-Age Children: Effects of Abuse and Neglect	7	65	43%	49%	3%	6%

Foster Care Fundamentals	# of Sessions	# of Attendees	Survey Item: This training will improve my caregiving.			
			SA	A	D	SD
Discipline in Foster Care: Managing Our Behavior to Manage Theirs	13	151	46%	52%	2%	0
Foster Families and How They Grow: Understanding the Effects of Fostering	10	125	60%	40%	0	0
Fostering Self-Foster Reliance in Children and Youth: Roots and Wings	4	27	50%	50%	0	0
Healthy Sexual Development of Children and Teens	2	19	20%	60%	20%	0
Recognizing and Responding to Children who have been Sexually Abused	15	219	48%	48%	3%	0
Relating to Primary Families: Challenges, Issues, and Strategies for Success	14	126	43%	49%	9%	0
The Caregiver's Voice: Being a Valuable Part of an Effective Child Welfare Team	2	30	63%	25%	13%	0
Understanding and Building Attachment	5	59	36%	49%	8%	8%

Developing Skill

The Ohio Child Welfare Training Program has developed a variety of innovative training methods to help develop the skills of agency staff and foster parents after traditional training. Skill building activities include: hands-on learning labs, Guided Application and Practice Sessions (GAPS), and coaching activities implemented in a number of formats.



Learning Labs

Learning labs focus on practice and development of skills introduced in a previous workshop. Labs usually have fewer participants than a traditional classroom to allow for hands-on skill practice, such as entering case documentation or an adoption home study into SACWIS, or participating in an investigation simulation.

The OCWTP offers these standardized learning labs:

- Caseworker Core training – four optional learning labs, following Module II (Engagement), Module IV (Assessment), Module V (Investigation) and Module 6 (Case Planning).
- Supervisor Core training – two optional learning labs, following Module 1 (Supervising Casework Practice) titled: *Promoting Critical Thinking in Casework Practice*, and a learning lab offered during the Supervisor Core series, but not tied to any particular Supervisor Core Module. This learning lab, *Managing for Outcomes: Using SACWIS Data to Improve Performance,* introduces supervisors to 10 basic SACWIS reports and allows supervisors to practice running these reports using their own data.
- Adoption and Foster Care Assessor training has one optional learning lab titled, *Family and Child Assessment* that helps assessors practice documenting the homestudy in SACWIS.

In 2014, 112 learning labs were held across the state, with over 1,370 participants attending, as summarized below.

Learning Lab Title	# Sessions Delivered	# Total Participants	My job performance or parenting skills will improve because of what I learned in this training.			
			SA	A	D	SD
Caseworker Core Learning Labs						
CW2 Learning Lab- Engagement Skills	32	382	53%	43%	3%	1%
CW4 Learning Lab- Interviewing Skills for Assessment	28	366	61%	35%	4%	0
CW5 Learning Lab- Interviewing Skills for Investigations	27	416	66%	31%	3%	0
NEW PILOT SACWIS Learning Lab- CW6 Case Planning	4	53	60%	40%	0	0
Assessor Learning Labs						
Learning Lab – Assessor Tier 1 Skill- Building Activities	1	2	50%	50%	0	0
NEW PILOT Documenting the Assessment for Child Placement in SACWIS	3	30	41%	50%	9%	0
Supervisor Learning Labs						
Managing for Outcomes: Using SACWIS Data to Improve Performance	10	62	61%	39%	0	0
Learning Lab: Promoting Critical Thinking in Casework Practice	4	23	79%	21%	0	0

Guided Application and Practice Sessions (GAPs)

GAPs are designed to avoid lecture-focused presentations and instead facilitate an interactive atmosphere of collaboration and support through sharing and learning from each other. GAPs provide a forum for child welfare professionals to discuss problems or struggles and solicit feedback and advice from others in the field doing the same work. The sharing of each practitioner's knowledge, skills, and abilities can reap viable solutions to complex challenges.

In 2014, there were 73 total GAP Sessions, attended by 948 participants. The GAP Sessions offered most frequently in 2014 were:

GAP Title	# Sessions Delivered	# Total Participants	My job performance or parenting skills will improve because of what I learned in this training.			
			SA	A	D	SD
Staff						
GAP: CAPMIS Refresher Applied to SACWIS	5	40	20%	68%	12%	0
GAP: Myths and Mindsets of Addictions	6	45	39%	61%	0	0
GAP: Casework Practice in a SACWIS World	3	19	43%	57%	0	0
GAP: Fostering Resiliency, Healing, and Hope for Traumatized Children	10	83	30%	64%	6%	0
Supervisors						
GAP: Shared Agency Responsibilities for Quality CAPMIS Documentation	4	85	19%	72%	6%	2%
Foster Parents						
GAP: Meeting the Needs of a Newly Placed Child	7	112	28%	62%	11%	0
GAP: Myths and Mindsets of Addictions	11	271	61%	35%	4%	0

Coaching

Coaching is a personalized approach to helping individuals develop or enhance identified skill sets from a strengths-based perspective and in a safe learning environment. Whether the "learner" is new or experienced, a coach can help that person work on the identified skill sets. Coaching is available for caseworkers, supervisors, foster caregivers, or executive directors.

To date, the OCWTP has had 78 staff and caregiver coaches and an additional eight executive coaches who work with county agency directors attend the six-hour OCWTP training on how to be a coach.

In 2014, the OCWTP provided over 674 hours of coaching support across the state:

Population Coached	# of Coaching Hours
Child welfare staff	296
Foster caregivers	76
Executive directors	302

Summary of Items

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

Although rich data on the quality and utility of staff and provider training is available through the Ohio Child Welfare Training Program, currently, data on the completion of required staff (caseworker and supervisory) training hours is documented and tracked at the local level by individual agencies. Agencies may utilize E-Track for this function or their own individualized method of tracking. This presents challenges for statewide tracking of training completion rates. ODJFS is currently revising Ohio Administrative Code training rules to require entry of all caseworker and supervisor initial and ongoing training into E-Track. This data will be included in future APSRs.

E. Service Array and Resource Development

Item		Description
29	**Array of Services**	Determine how well the service array and resource development system functions to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP: • Services that assess the strengths and needs of children and families and determine other service needs; • Services that address the needs of families in addition to individual children in order to create a safe home environment; • Services that enable children to remain safely with their parents when reasonable; and • Services that help children in foster and adoptive placements achieve permanency.

Ohio's PCSAs conduct a safety assessment and a comprehensive family assessment to identify family strengths and needs in response to screened-in reports of child maltreatment. One consistent assessment tool set is utilized for all screened-in reports of child abuse or neglect, regardless of the initial pathway assignment to Alternative Response or Traditional Response. As noted under the Case Review Systemic Factor, strengths and concerns (or needs) that are based on the family assessment are included on the Case Plan or Alternative Response Family Services Plan. In addition to listing the concerns, the worker and case plan members jointly identify activities and services that are designed to reduce the risk and address safety issues of the children. The Case Plan or Family Services Plan also addresses the agency's role in assisting the family as well as details how and when the family's progress will be measured.

Services to enable children to remain safely with their parents, or help children in foster and adoptive placement achieve permanency are identified by the caseworker and family throughout the life of the case, including any of the following phases: (1) Safety Assessment; (2) Safety Planning; (3) Family Assessment; (4) Ongoing Assessment; (5) AR Family Services Planning/Case Planning; (6) Case Reviews; (7) Semiannual Administrative Reviews; (8) Reunification Assessment; and/or (9) Risk Re-assessment.

Per Ohio Administrative Code 5101:2-40-02, PCSAs are required to provide client access to the following services:

- Adoption Services;
- Case management Services;
- Counseling;
- Diagnostic Services;
- Emergency Shelter;
- Help Me Grow (for children ages 0-3);
- Homemaker Services (unless a waiver is granted by ODJFS);
- Home Health Aid Services (unless a waiver is granted by ODJFS);
- Information and Referral;
- Life Skill Services;
- Protective Day Care (unless a waiver is granted by ODJFS);
- Substitute Care;

- Therapeutic Services; and/or
- Unmarried Parent Services.

PCSAs must also make at least three of the following services available to the families they serve:

- Community Education;
- Crisis Services;
- Day Treatment;
- Emergency Caretaker Services;
- Employment and Training;
- Environmental Management;
- Parent Aid Services;
- Parent Education; and/or
- Volunteer Services.

When a PCSA identifies that a child is in immediate danger of serious harm because the parent, guardian, or custodian of the child has a chemical dependency problem or substance abuse is the basis for a court adjudication of child abuse, neglect or dependency, the agency is responsible for referring the caregiver for screening, assessment, treatment or testing. Referrals must be made to an alcohol or drug addiction program certified by the Ohio Department of Mental Health and Addiction Services.

PCSA directors are required to submit a Letter of Assurance to ODJFS, OFC by January first of every year which asserts all of the following:

- All mandated supportive services are available to children and families in need of services without regard to income, race, color, national origin, religion, social status, handicap, or sex.
- There is a commitment to maintaining and improving the quality of services designed to support families and protect children.
- There is a commitment to meeting staff resource requirements of the state and/or county civil service system.
- There are written policies and procedures for reviewing and resolving complaints concerning the provision of supportive services.

During CPOE reviews, ODJFS and the PCSA determine if concerted efforts were made to provide services to the family to prevent the children's entry into foster care, or re-entry following reunification. Results from CPOE Stage 9 indicated that of the 514 applicable cases reviewed, 95 percent of the cases (486 cases) were rated as a Strength, and 5 percent (28 cases) were rated as an Area Needing Improvement.

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

- Services were provided to families to increase protective capacities of parents and to reduce child vulnerability.
- Agency records contained evidence of regular communication between workers and service providers to assess and reassess the value and effectiveness of services.
- Agencies engaged family members in identification of services to assure safety and prevent removal of children from the home.

- Services were identified and provided specific to the needs presented by the families. These included:
  - Mental health and substance abuse diagnostic assessments and treatment:
    - 12-Step program,
    - Family Recovery Services,
    - Psychological assessments,
    - Individual counseling and family counseling,
    - In-home therapeutic services,
    - In-home parenting education and/or therapist,
    - Help Me Grow (for children 0-3),
    - Home based counseling for youth at risk of school failure,
    - The PATH Program which provides services for homeless individuals,
    - Domestic violence treatment for victims and batterers,
    - Psychiatric services,
    - Psychiatric hospitalization, and
    - Sexual offender treatment.
  - Medication Management;
  - Parenting education;
  - Alternative caregivers;
  - Protective child care;
  - Paternity testing;
  - Educational assistance and advocacy;
  - Independent Living assessments and services;
  - Employment assistance;
  - Specialized therapies (e.g., speech, physical, and occupational therapy);
  - Household and financial management;
  - Crime victim assistance;
  - Transportation;
  - Provision of diapers, clothing, food; and
  - Assistance with rent and utilities.
- Services were regularly assessed during Case Reviews and Semiannual Administrative Reviews and modifications occurred to the Case Plan if other service needs were identified.
- When children were removed from their home without provision of services, the action was necessary to ensure safety.
- Excellent quality services noted in which there was coordination with the placement provider, the service provider and prospective adoptive family which resulted in a successful adoptive placement for an adolescent.
- Agencies were providing substance abuse and domestic violence treatment services to ensure reunification was feasible and would be stable.
- Developed Safety Plans in which relatives agreed to care for the child until the parents could ensure safety and participate in services.
- One agency conducts clinical staffings with members of the Family and Children Services team when the following recommendations are being made or the following events occur:
  - Consideration for a case to be opened for ongoing services;
  - To determine the need to remove a child;
  - Recommendations for child placement including searching for relatives and kinship families;
  - To determine the need to file for protective supervision of a child;

- To determine the appropriateness of returning a child home;
- To develop recommendations for case plan goals, services and collaboration with other community agencies and organizations;
- When an active Safety Plan is still in effect and the investigation is nearing the completion date;
- To determine permanency planning;
- Prior to case closure;
- When there are barriers in a case and problem solving is needed; or
- Prior to court reviews.

The outcome of the staffing is documented on a Clinical Staffing form and kept in the case file.

- Interviews conducted with case participants during CPOE Stage 9 indicated that services were helpful and all needs were addressed. Agencies continued to provide services six months following reunification to ensure safety.
- Interviews conducted with youth during CPOE Stage 9 indicated Independent Living services had been provided to assist them in transitioning out of care.

Collaborative Initiatives to Ensure a Robust Service Array

Many families served by PCSAs are eligible for Medicaid. As such, PCSAs can work with Medicaid providers to access a full array of services when identified as medically-necessary for the family members they serve. These include, but are not limited to, diagnostic screening and assessments and treatment across the continuum of community-based, residential and inpatient settings. Providers include generalists and specialists in the fields of physical health care, behavioral health care, oral health, and specialized therapeutic supports.

Stakeholders indicate core services are generally available to families. To specifically address specialized or emerging service needs, ODFJS continues to partner with other state agencies and/or the Supreme Court of Ohio to establish holistic interventions. Some of these collaborative initiatives are described below.

- Trauma-Informed Care promotes effective interventions and treatment for those who have experienced trauma.

- The Maternal Opiate Medical Support (MOMS) program holistically addresses the needs of pregnant women addicted to opioids and their children.

- Ohio Minds Matter promotes safe and appropriate use of psychotropic medications.

- The Addiction Treatment Pilot Project provides medication-assisted treatment to offenders participating in select certified drug court programs.

- Screening, Brief Intervention and Referral to Treatment (SBIRT) reduces morbidity and mortality of alcohol and other drug use through early intervention and the integration of medical and behavioral health approaches.

- Engaging the New Generation to Achieve Goals through Empowerment (ENGAGE) utilizes a system of care approach to address the multiple needs of youth and young adults in transition who have behavioral health conditions and are/were at risk of involvement with child welfare, juvenile justice, and/or homelessness.

- Mental Illness-Developmental Disabilities Coordinating Center of Excellence enhances local communities' capacity to effectively treat individuals with co-occurring diagnoses.

- Substance Abuse and Mental Illness Coordinating Center of Excellence provides technical assistance for implementation of best practices that improve outcomes for people with addiction, mental illness, and co-occurring disorders.

- The Center for Innovative Practices Coordinating Center of Excellence promotes implementation of evidence-based practices for youth and their families to reduce use of costly out-of-home care.

- Family-Centered Services and Supports provide flexible funding to local partners to support needed non-clinical services and supports to families of children with multi-system needs.

- Ohio's Early Learning and Development Standards support comprehensive development and well–being of young children (birth-kindergarten) and foster learning.

- The Ohio Intimate Partner Violence Collaborative increases the safety and well-being of children exposed to domestic violence by enhancing the skills of child welfare professionals working with families impacted by domestic violence and building collaborative relationships among child welfare agencies and their community partners.

For additional information regarding these and other projects, see Section III: Update to the Plan for Improvement and Appendix B, *Ohio's Health Care Oversight and Coordination Plan*.

Item		Description
30	**Individualizing Services**	Determine how well the service array and resource development system functions statewide to ensure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency.

At the completion of the Round 2 CFSR, HHS highlighted Ohio's ongoing efforts to ensure services provided to children and families served by the child welfare system were individualized so as to best meet their unique needs. As previously noted, these services are identified and reviewed throughout the life of the case (i.e., during risk and safety assessments, family assessments, case planning, case reviews, and establishment and implementation of support activities, and when preparing for family reunification).

Child and family involvement in identification of individualized strengths and needs is the foundation upon which a tailored case plan and subsequent effective service delivery are built. To this end, ODJFS requires that case plans include documentation of:

- Identified strengths for each member of the case plan;

- Concerns identified through the family assessment;
- Specific activities and services to be completed by each member of the case plan;
- The agency's role in assisting the family;
- How a placement meets the child's unique needs and meets case plan goals (when applicable);
- Identified services for the caregiver and the agency's role in ensuring provision of them (when applicable);
- Independent living programs and targeted skill development (when applicable); and
- A description of how the parent, guardian, custodian and child (if appropriate) were given the opportunity to participate in the development of the case plan.

ODJFS monitors local case planning and service delivery via various components of the CPOE review. Should an agency not address all case plan requirements, ODJFS provides technical assistance to address identified concerns and a Quality Improvement Plan (QIP) may be required.

Under a state-supervised, county-administered structure, Ohio has the flexibility to implement and test different models to facilitate the development of individualized case plans and service delivery. ODJFS continues to partner with other state agencies and/or the Supreme Court of Ohio to increase family engagement and individualized service provision. Some of the initiatives designed to meet these objectives are highlighted below.

- ProtectOHIO, Ohio's Title IV-E Waiver program, targets use of Family Team Meetings and enhanced kinship caregiver supports to increase family involvement in Case Plan activities:
  - Family Team Meetings (FTM) bring immediate family members, social service professionals, and other important support resources (e.g., friends and extended family) together to jointly plan for and make crucial decisions regarding a child in or at risk of placement.

  - Kinship Supports ensure kinship caregivers have the resources they need to meet the child's physical, emotional, financial and basic needs. The strategy includes a set of core activities specifically related to the kinship caregiver, including home assessment, needs assessment, support planning, and service referral and provision.

  While only 16 of 88 Ohio public children services agencies participate in ProtectOHIO, they comprise more than one-third of Ohio's child welfare population. Ohio's CFSP includes several activities that are integrated with the state's Title IV-E Waiver project and aim to build on the successful practices implemented through the waiver. For additional information, refer to Section III: Update to the Plan for Improvement and Section IX: Child Welfare Waiver Demonstration Activities.

- Differential Response (DR), which began as a pilot initiative and is now a statewide practice in Ohio, utilizes a non-adversarial approach to family engagement and best practice strategies to facilitate family-driven service delivery. Individualizing case plans is foundational to effective DR implementation. Ohio has published *Ohio Differential Response* which outlines the principles and core element of the state's two-track child protective services (CPS) system. Some of the underlying tenets include:
  - CPS practice is based on safety-focused engagement and partnership with families and communities.

- Families have strengths and resources; it is the job of CPS to tap into them and help the family apply them to keep their children safe.
- Families' values and cultural traditions must be identified, understood, and respected.
- Families are the experts; honor the family's wisdom about its circumstances, strengths, and needs.
- Most families can be partners in achieving child safety.
- Families are more than the presenting concerns that brought them to the attention of the child protection agency.
- Families are helped through connections with their natural support networks and with community services and resources, when appropriate.
- Services are provided based on need, child safety, and risk of maltreatment.
- Efforts are expended to fill service gaps in order to be responsive to the needs of families.
- Service plans and case plans are developed in partnership with the family and written in language that the family understands.
- Services are family-driven and family requests are honored, unless child safety is compromised.

During this past year, ODJFS and the Differential Response Leadership Council have made concerted efforts to provide guidance to the counties in regard to developing workers' skills necessary for effective DR practice. The *Ohio Differential Response* booklet contains ten "Practice Profiles" that provide behavioral descriptions of practice expectations for the following ten essential skill areas:

- Engagement: How to effectively join with the family to establish common goals concerning child safety, well-being, and permanency.
- Assessment: How to gather information about reported concerns and family needs, evaluate the relevance of that information, and identify family strengths and community resources that may be applied to address those concerns and needs.
- Partnership: How to be respectful and have meaningful collaboration with families to achieve shared goals.
- Planning: How to set goals, develop strategies, and schedule tasks to accomplish goals.
- Implementation: How to identify and apply the most effective and culturally appropriate services, resources and processes to meet the goals.
- Evaluation: How to monitor outcomes of services plans and system programs to determine if desired goals are being achieved; and if not, how to use this information to appropriately revise goals and strategies.
- Advocacy: How to recognize individual or group needs; provide intervention on behalf of a client/client group; communicate with decision-makers; and secure needed services.
- Communication: How to effectively send and receive information within the appropriate context.
- Cultural Competency: How to interact with the family without making assumptions; respect and learn from the family's unique characteristics and strengths; acknowledge and honor the diversity within and across cultures; and apply skills to the partnership with the family.
- Collaboration: How to establish and maintain mutually beneficial relationships with community partners to achieve safety, permanency, and well-being of children and families.

Together, ODJFS and the Ohio Differential Response Leadership Council are promoting development of these skill sets through training, coaching, mentoring, technical assistance, and the development of Practice Profile companion tools for caseworkers and supervisors to further embed the Profiles in supervision and staff development. These activities are included in Ohio's CFSP strategies. For further information, please see Section III: Update to the Plan for Improvement. ODJFS has also hosted monthly conference calls throughout this reporting period to address case-related issues identified by county partners. These include, but are not limited to: domestic violence, opioid addiction, engagement of fathers and mental illness.

- The Parent Advocacy Connection provides assistance to parents of multi-system involved children to increase family "voice" in service selection, improve care coordination, and reduce caregiver stress. During this past year, PAC exceeded expected service provision levels while maintaining a high rate of client satisfaction. Between July 1- December 31, 2014:
    - 822 families and 2,045 children received PAC services.
    - Of the 254 cases closed during that period, only 5 were due to the child being placed in out-of-home care.
    - Empowerment surveys at case closure indicated:
        - An increase in parental optimism about their child's future, from 3.1/5 to 3.7/5.
        - An increase in parents' perception of their ability to effectively advocate for their children, from 1.9/5 to 4.0/5.
        - A high level of client satisfaction with PAC services received. 4.9/5 was the average rating given to the survey response: *my advocate provided me with valuable information, support and taught me new advocacy skills*.

- Helping Ohio Parent Effectively (HOPE) trains parents who were formerly involved with the child welfare system to serve as peer mentors to parents with open cases. In addition, the HOPE parents provide training to system personnel to improve program policy design and increase use of effective family engagement practices. Ohio currently has four HOPE pilot counties (Cuyahoga, Richland, Stark and Trumbull) implementing parent partner programming. Outcomes from other jurisdictions implementing similar parent partner programs reflect strengthened family engagement, increased family participation in case planning, and markedly improved outcomes for children and families, including increased likelihood of successful reunification. Ohio seeks to achieve similar outcomes through the HOPE project.

- Family-Centered Services and Supports (FCSS) provide local communities with flexible funding to improve access to needed non-clinical interventions by families of children with multi-system involvement. To be utilized, services must be identified on an *Individualized Family Services Plan,* which is jointly written by the youth, parents/caregivers and members of a multi-disciplinary team. The children and youth (ages 0-21) served through FCSS are of the highest risk for failure within traditional service delivery systems, and are often on the verge of out-of-home placement. The total number of children served during the first half of SFY15 was 3269. This is 276 more children than were served during the first half of SFY14 (2,993). Since its establishment 10 years ago, **95% of all children served through FCSS avoided removal and were able to safely remain in their homes** though provision these family-driven, community-based services and supports.

- Engaging the New Generation to Achieve their Goals through Empowerment (ENGAGE) utilizes a system of care approach to address the multiple needs of youth and young adults in transition who

have behavioral health conditions and who are/were at risk of involvement with child welfare, juvenile justice, and/or homelessness. This past year, two statewide youth and family advisory councils have been established to promote active participation in public policy development, program design, and shared decision-making practices in regard to treatment decisions. In addition, ENGAGE promotes use of effective youth- and family-driven services via implementation of the High Fidelity Wrap Around model of care coordination and the Transition to Independence Process (TIP) program. To ensure consistent practice, standardized training has been developed and implemented via structured, phased-in process based on community-readiness evaluation results. To date, 39 counties have received this training. Ohio is currently in year 2 of this federally-funded project. Training and technical assistance will continue throughout the grant period to ensure statewide implementation by 2017.

- Ohio Minds Matter (OMM) promotes safe and effective use of psychotropic medications by children enrolled in Medicaid, particularly those in foster care. OMM features a multi-pronged design, including:
    - Development and use of prescription guidelines;
    - Professional development regarding use of alternative, non-pharmaceutical interventions;
    - Establishment of three, multi-county demonstration sites to address local issues associated with psychotropic medication use, and to test implementation of recommended strategies;
    - Educational opportunities for youth, parents/caregivers, and child-serving system personnel regarding behavioral health conditions, treatment options, and medication use; and
    - In partnership with former foster youth, development and promotion of shared-decision making tools to increase patient involvement in health care decisions.

  The preliminary results of this project have been positive. 862 children receiving psychotropic medication by providers in the demonstration site projects were followed from October 2013 to October 2014. Among those children whose prescriptions exceeded the pre-established clinical thresholds, **47% improved to be within clinical targets or without further psychotropic prescriptions.**

Summary of Items

Ohio has in place statewide policy, a comprehensive assessment and case planning model that is utilized in all 88 counties, and a robust SACWIS application that supports the assessment and case planning processes statewide. Qualitative data from Ohio's Child Protection Oversight and Evaluation process reflects that Ohio's PCSAs perform well in providing services to the family to protect the child (ren) in the home, and to prevent removal or re-entry into foster care. ODJFS also has invested considerable efforts in developing effective cross-system collaborations to enhance the state's service array. Furthermore, the state has implemented several strategies to promote and support individualized service planning and delivery to meet each family's unique needs.

For additional information regarding these projects, please see Section III: Update to the Plan for Improvement, Section IV: Update on Service Description, and Appendix B, *Ohio's Health Care Coordination and Oversight Plan.*

F. Agency Responsiveness to the Community

Item		Description
31	**Agency Responsiveness to the Community**	Determine how well the agency responsiveness to the community system functions statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP.

OFC has engaged in significant efforts over the past five years to improve the organization's responsiveness to the community we serve – Ohio's public and private child welfare agencies. In 2010, ODJFS was awarded a federal grant for a three-year implementation project with the Midwest Child Welfare Implementation Center (MCWIC). This project, known as Partners for Ohio's Families (PFOF), aimed to improve outcomes for the children and families who come into contact with Ohio's child welfare system by enhancing OFC's work with local public and private agencies across the state.

Although OFC's work with MCWIC ended in September 2013, the Partners for Ohio's Families initiative continues on as a result of the significant outcomes achieved to date. OFC continues to engage public and private agency partners through the PFOF Advisory Board and through the Regional Technical Assistance model. The internal OFC Solutions through Empowerment and Partnership (STEP) team also continues to meet monthly to address issues of organizational culture and climate that could impact the office's ability to sustain innovation and adhere to its vision, mission and principles.

In addition, OFC has established a permanent vehicle for stakeholder input on the states' child welfare administrative rules available online at: http://www.ohiorulereview.org/. This website offers stakeholders the opportunity to comment on the Ohio Administrative Code Rules that govern programs for Ohio's families and children, including child and adult protection, substitute care, adoption and related funding and administrative functions. This process allows for ongoing feedback from local public children service agencies, private network agencies, private child placing agencies, IV-E Courts and other associations and community agencies, resulting in more effective policies.

Collaboration in Implementing the State's CFSP

As discussed in Ohio's 2015-2019 CFSP submission, OFC employed a highly collaborative process for the development of the CFSP. State and local partners and stakeholders were involved at each level of the process. OFC has carried this collaborative process forward in implementing the CFSP. As noted in the General Information section of this report (Section I), OFC has engaged stakeholders in the implementation of Ohio's CFSP in a variety of ways, including:

- The formation of implementation workgroups to address each of the overarching goals of Ohio's CFSP and subcommittees of the workgroups to focus on specific activities pertaining to each goal;
- Utilization of Ohio's extensive, existing infrastructure for collaboration to support various activities included within the plan; and

- Initiation of education and dialogue with partners and stakeholders about the Child and Family Services Review and assessment of Ohio's strengths and areas needing improvement as we prepare for CFSR Round 3.

Refer to page 7 for a diagram of Ohio's CFSP implementation workgroup structure. PCSAs of all size categories and regions of the state are represented on the workgroups (see Appendix A CFSP Workgroup & Subcommittee Membership). When the workgroups were formed, data from CPOE and SACWIS, ROM and BIC reports, and other applicable data were shared to help inform how each group would approach its work (e.g., CPOE Stage 8 and CPOE Stage 9 quantitative and qualitative data on Parent/Child/Sibling Visits and Caseworker Visits with Parents and Children; SACWIS Visitation Report; survey of child welfare staff to determine what should be addressed in Family Search and Engagement training). The workgroups and their subcommittees have had broad discretion to make recommendations about how particular activities are implemented as well as recommendations for needed modifications to the plan. These recommendations have been incorporated in the "Update to the Plan for Improvement and Progress Made to Improve Outcomes" section (Section III) of this Annual Progress and Services Report.

In addition to the CFSP implementation workgroups, OFC continues to engage a wide array of local and state child welfare stakeholders through other channels. As noted in Section I of this report, Ohio has developed a strong collaboration infrastructure with multiple avenues for partnership that are well-institutionalized. This collaboration infrastructure includes a number of different leadership bodies and feedback loops involving: PCSAs, private agencies, the courts, tribal representatives, youth, primary (birth) parents and caregivers. In addition, the Ohio Child Welfare Training Program; the Supreme Court of Ohio; and state agency partners, including the Ohio Departments of Mental Health and Addiction Services, Medicaid, Health, and Education, are all part of the ongoing collaboration infrastructure. ODJFS is also working to develop an ongoing partnership with the Native American Indian Center of Central Ohio (see Section VI - Consultation and Coordination with Tribal Representatives). As noted in Section I, Ohio's robust infrastructure for collaboration provides many avenues to assess the state's progress in implementation of its CFSP and to make adjustments as needed to the objectives, interventions and benchmarks contained in the plan.

ODJFS recognizes that supporting programs that aim to build on the experience of former foster youth and child welfare families informs effective child welfare policies and practices. As a result, ODJFS has taken particular care to engage youth, parents and resource families (foster, kinship, respite and adoptive families) in systems improvement efforts as noted below.

Consultation with Youth:

In recent years, ODJFS has made a concerted effort to involve youth voice within decision making activities. The Ohio Youth Advisory Board (OYAB) is a group of young adults who have experienced the foster care system. ODJFS has supported OYAB efforts including publishing a Youth Rights Handbook created by former foster youth for foster youth. The handbook helps inform youth in the foster care system about their rights and responsibilities, and teaches them how to talk to someone if they feel that their rights have been violated. The handbook was originally published in June of 2014 and is currently being amended after receiving additional input from youth in foster care, as well as service providers that work directly with these youth.

ODJFS has also been actively involved in the Ohio Department of Mental Health and Addiction Services' System of Care Expansion Implementation Grant from SAMHSA. "Engaging the New Generation to Achieve their Goals through Empowerment" (ENGAGE) encourages and supports youth voice in matters of public policy, program development and personal treatment decisions. An ENGAGE Youth Advisory Council was formed for the project, and a partnership with YouthMOVE has been developed to ensure long-term sustainability of the council following the conclusion of the ENGAGE grant. For more information on ENGAGE, please see the Update to the Plan for Improvement (Section III) and Appendix B, Ohio's *Health Care Oversight and Coordination Plan*.

Consultation with Parents:

As described in Section III (Update to the Plan for Improvement), OFC is partnering with Casey Family Programs to support county child welfare agencies in developing successful primary parent partner programs. Primary parent partners are birth, adoptive or foster parents who were previously involved with the child welfare system and who now serve as mentors or supports for other child welfare-involved parents. They can use their own experiences to connect as advocates and mentors with parents who currently have open child welfare cases and help in a way that is affirming, fear-reducing and solution-focused. In developing their primary parent partner programs, Ohio's pilot sites convened "Listening Sessions" with parents and others who would be integral to a successful primary parent partner program. Each site conducted separate sessions with staff, resource parents, and primary parents that previously had an open case with the children services agency. These sessions were designed to elicit feedback from participants regarding their experiences with the child welfare system. The Listening Sessions gave county administrators an opportunity to hear strengths within their agency practice as well as possible barriers to engaging families. Questions for each session were crafted for the particular audience. While the discussion varied depending on the group type, the end result in each group was a list of prioritized ideas for increased primary parent engagement.

Also within the scope of this project, a primary parent workgroup was formed, which has adopted the name Helping Ohio Parent Effectively (HOPE). Through this workgroup, OFC partners with primary parents, members of the Ohio Primary Parent Advisory Council (OPPAC), the Ohio Family Care Association (OFCA), the Public Children Services Association of Ohio (PCSAO), Parent Advocacy Connection (National Alliance on Mental Illness Ohio), the Ohio Children's Trust Fund, Lucas County Children Services, Cuyahoga County Department of Children and Family Services, Richland County Children Services, Trumbull County Children Services, Stark County Job and Family Services and Casey Family Programs. The HOPE workgroup meets on a quarterly basis. The workgroup has provided guidance and support for Ohio's primary parent pilot counties and worked to implement new programming to strengthen engagement of primary parents and partnerships between the child welfare system and the parents it serves.

One example is the implementation of the *Building a Better Future* (BABF) curriculum. BABF is a training curriculum originally developed by a New York primary parent partner with support from the Annie E. Casey Foundation. The training is designed to assist parent partners, child welfare professionals and resource parents in improving communication and collaboration to better address children's safety and stability. ODJFS was granted permission by the Annie E. Casey Foundation to modify the curriculum to use Ohio-specific language and to reduce the training from four days to three days. In February, the BABF training was presented to 27 birth parents who were being trained to become parent partners, children services staff, resource parents and former foster youth from Cuyahoga, Richland and Trumbull Counties. The training was well-received by participants, and Ohio's HOPE Partner sites are eagerly

awaiting the next step – a training of trainers (TOT) session to prepare their parent partners and staff to deliver this curriculum in their communities. A TOT is being provided to primary parents and child welfare professionals from Cuyahoga, Richland, Stark and Trumbull Counties in June of 2015.
Throughout the past year, Ohio's primary parent partners have participated in a number of other forums where they have been powerful champions for system change. In September, primary parents and representatives from Cuyahoga County and Lucas County facilitated a workshop at the 2014 PCSAO conference. In March 2015, HOPE workgroup members and ODJFS staff presented on a panel for the Ohio Association of County Behavioral Health Authorities' Conference on Opiates and Other Drugs. SACWIS data was presented to help the audience understand the scope and prevalence of addiction issues in the child welfare population, and panelists shared information about different ways that child welfare and the substance abuse recovery community could work with parents and families. In June, two primary parent partners will be presenting to an audience of judges, child welfare agency leadership, drug court administrators, and county Alcohol, Drug Addiction and Mental Health Services Board staff at the *Judicial Symposium on Addiction and Child Welfare*. Participants will have an opportunity to hear how behavioral health, child welfare and the courts can communicate more effectively, and attendees will have an opportunity to design community-specific strategies when working with court-involved children and families. This coming October, primary parents, ODJFS staff and representatives from Cuyahoga and Richland County will provide a workshop at the 2015 PCSAO Conference. This workshop will promote primary parent partner mentoring and engagement as a promising practice in child welfare to achieve timely permanence (reunification, legal custody and adoption) in the best interests of the child. Panelists will provide parent perspective, strategies for success and the "how to's" of overcoming barriers to fully engage primary parents.

Consultation with Resource Families:

ODJFS has also partnered with the Ohio Family Care Association (OFCA) which serves adoptive, foster, kinship, primary and respite families throughout Ohio. Financial assistance has been provided to OFCA to support the enhanced development of this state-level membership association. Believing that all parties benefit when each is educated and well-represented, ODJFS has charged OFCA with providing the following services to membership and interested parties in order to promote recruitment and retention of resource families and facilitate system-wide understanding of how resource families can best support children in care and their families:

- Monitor pertinent legislation, attend legislative sessions and hearings as appropriate to educate and inform on behalf of membership, and participate in state-level legislative and policy work groups as requested by ODJFS contract manager to ensure that resource families' interests are represented in decision-making.
- Disseminate information about the changing role of foster care through workshops or speaking engagements and produce educational materials about the changing role of foster care for distribution at these and other events.
- Develop and disseminate a quarterly publication that supports resource parents' ability to promote an environment of care that improves the well-being of children.
- Sponsor regional training forums directed to current and prospective resource parents, primary parents, stakeholders and community partners.
- Maintain and provide ongoing support for 10 regional support group leaders that, including:
    - Regularly scheduled opportunities for peer exchange;
    - Consultation and solution-focused opportunities;

- Skill-development opportunities as needed and appropriate; and
- Marketing of support groups through outreach to stakeholder organizations that work with resource families and families that may benefit.

Summary of Item

Concerted efforts have been made on the part of OFC to improve its working relationships with public and private agency partners in order to improve outcomes for children and families. The Partners for Ohio's Families (PFOF) initiative has demonstrated results in strengthening the relationship between OFC and local partners. (See Ohio's 2015-2019 CFSP submission.) Additionally, a diverse array of stakeholders has been engaged in the implementation of Ohio's CFSP in a variety of ways, including review of the state's progress and outcomes in order to make adjustments to the plan as needed. Ohio has demonstrated a strong commitment to cultivating avenues for collaboration with parents, youth and resource families.

	Item	Description
32	**Coordination of CFSP Services with other Federal Programs**	Determine how well the agency responsiveness to the community system functions statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

As a state-supervised and county-administered child welfare system, all child welfare costs in Ohio are funded through a blend of federal, state and local funds. ODJFS allocates federal and state funds to county agencies, which can be used to support child welfare programs in their communities. Funds allocated are Title IV-B Part I and Part II, Title XX, TANF Title XX Transfer, TANF, Title IV-E Chafee/ETV and state General Revenue Funds, which can be used as a portion of match for required federal funds. In addition, Title IV-E Foster Care and Adoption Funds are passed through to the county agencies as partial reimbursement for placement costs and administrative costs. Local commissioner appropriation and county-specific levy funds are used to match required federal funds or used to pay for children and/or services not eligible under the aforementioned federal funding streams. In SFY 2013, child welfare costs in Ohio equaled approximately $1.163 billion all funds. (Federal = $402M, State = $94M, Local = $667M).

Ohio has taken significant steps to ensure effective coordination of CFSP services with other state, federal and federally-assisted programs. Through Ohio's mid-biennial budget review process in June of 2014, an additional $10 million in state child welfare funding was allocated to counties through House Bill 483 of the 130th Ohio General Assembly. This included $3.2 million to match eligible federal Title IV-B funds and federal Title IV-E Chafee funds. These state matching funds have been provided according to controlling allocation methodology to all 88 county public children services agencies. These funds provide the match for approximately $9.6 million in federal funds.

In addition, H.B. 483 established a Child Welfare Funding Workgroup to make recommendations to the Director of the Ohio Department of Job and Family Services about a distribution method for the remaining $6.8 million in funding. The Workgroup was instructed to "…investigate children service programmatic or financial gaps; identify best practices currently employed at the county level; identify human service program areas of overlap and linkages and coordinate with the Adult Protective Services funding Workgroup in ODJFS." The Workgroup was asked to focus its recommendations on targeted

areas including adoption, visitation, re-entry and recurrence. Workgroup membership included the Directors of the Ohio Departments of: Job and Family Services, Aging, Developmental Disabilities, Medicaid, and Mental Health and Addiction Services; the Governor's Office of Health Transformation; the Office of Budget and Management; members of both chambers of the state legislature; the Office of the Governor; the Public Children Services Association of Ohio; the Ohio Job and Family Services Directors' Association; the County Commissioners Association of Ohio; a county PCSA representative; and the Assistant Director of ODJFS and Deputy Director of the Office of Families and Children.

The Workgroup considered several options and recommended that all $6.8 million be allocated to an Efficiency and Innovation Fund. Through this fund, grants would be made to public children services agencies following a brief application submission. Per the Workgroup's recommendations, the proposals were to be "scored and evaluated based on the extent to which the proposal reflects an efficiency or innovation to address a clearly stated concern, contains a thoughtful implementation plan, a method to benchmark the project and demonstrate value."

ODJFS received 83 applications from both individual agencies and multiple agencies applying together with regional proposals. Counties of all sizes submitted a variety of requests, reflecting both applicants' creativity and the tremendous diversity of the state. Each county was allowed to apply individually for up to $250,000; counties could apply jointly for another $250,000. To maximize the use of these state funds, ODJFS asked counties to review and adjust their budgets as appropriate to include any federal matching funds.

Below are the 51 counties or joint county proposals that received Efficiency and Innovation funding:

Allen	Clinton	Gallia, Meigs	Madison	Richland
Allen, Hardin	Columbiana	Guernsey	Marion	Sandusky
Athens	Coshocton	Hancock, Seneca, Wood, Wyandot, Putnam	Medina	Summit
Auglaize	Crawford	Henry	Meigs	Trumbull
Belmont, Monroe	Cuyahoga	Highland	Miami	Tuscarawas
Butler	Defiance/Paulding	Jackson	Southwest Region (lead agency – Montgomery)	Union
Carroll	Defiance/Paulding, Auglaize	Jefferson	Morrow	Williams
Carroll, Columbiana, Jefferson	Erie	Lake	Morrow, Knox	
Champaign	Fairfield	Licking	Ottawa	
Clark	Fairfield Perry	Logan	Pickaway	
Clermont	Gallia	Lucas	Portage	

Examples of the types of strategies funded through the Efficiency and Innovation Grants include:

- Expanded use of mobile technology to provide maximum flexibility for caseworkers to input documentation in SACWIS while working in the field and to utilize as a tool in working with

families (e.g., helping link families with benefits through online application processes completed in the field).

- Upgrades to visitation centers to promote greater frequency and quality of visits between parents and their children (e.g., purchase of a camper to utilize as a mobile visitation center in a rural area without public transportation; video equipment to record parent/child interactions and use as a coaching tool with parents).
- Transportation services to facilitate access to services.
- Staff training in Trauma-Informed Care.

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

Summary of Item

ODJFS has worked closely with the state legislature, other state agencies and local PCSAs to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population. Ohio has demonstrated its strong commitment to fostering innovation, improving service coordination to achieve the best outcomes for children and families, and maximizing efficient use of state and federal funds.

G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item		Description
33	**Standards Applied Equally**	Determine how well the foster and adoptive licensing, recruitment and retention system functions statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds.

The Foster Care Licensing/Certification Section within the OFC is responsible for ensuring the adequate and competent management of agencies that offer care to children in out-of-home settings. Particularly, ODJFS through the Licensing/Certification Section must pass upon the fitness of agencies that provide foster care, adoption, and residential services to children and/or their families. Public Children Service Agencies (PCSA), Private Noncustodial Agencies (PNA), and Private Child Placing Agencies (PCPA) are monitored by the Section to ensure compliance with administrative, governance, fiscal, child services and treatment, and operational standards as prescribed by the Ohio Revised Code (ORC) and Ohio Administrative Code (OAC) in:

ORC Chapters: 5103 and 3107;

OAC Chapters: 5101:2-01, 5101:2-05, 5101:2-7, 5101:2-9, 5101:2-48; and

OAC Chapters: 5101:2-33; 5101:2-39, 5101:2-42, 5101:2-44, 5101:2-47, and 5101:2-52.

Foster Care Licensing Standard Operating Procedures Manual (SOPM) – Compliance Scope

Compliance is measured against applicable areas of the Ohio Revised Code and Ohio Administrative Code that govern the functions for which each agency is certified or approved to operate. The SOPM defines how the Licensing/Certification Section collectively manages its responsibilities of ensuring adequate Code compliance and agency "fitness" (ORC 5103.03). The SOPM is a compilation of procedures established to assist Agency Licensing/Certification staff. The SOPM consists of fifteen chapters which define every aspect of the Licensing and Certification process. Staff are required to follow the process defined in the SOPM.

The SOPM was first created in 1991 and has been utilized since then to provide instructions to Licensing/Certification staff on how to complete and process compliance "studies". The SOPM is arranged by chapters and covers the various tasks conducted and completed by staff relative to the ODJFS agency certification and approval processes. The SOPM refers to studies as a series of announced and unannounced inspections and/or investigative reviews. Studies are conducted by Agency Certification Specialists throughout the agency's certification/approval period. The SOPM is utilized by the Licensing/Certification Section to promote consistency in conducting and completing compliance studies and defining the process for corrective action when non-compliance is found. Agency Certification Specialists and their managers rely on information obtained through studies to determine whether an individual agency meets the acceptable level of Code compliance.

Annually, all 255 agencies certified by ODJFS to operate in Ohio are visited by Agency Certification staff to conduct recertification studies, complaint investigations, an additional visit during year one of the two year certification period, foster home visits or to provide technical assistance. These visits may include physical site inspections, policy and/or record reviews, and interviews of child residents, foster parents, and/or agency staff. All inspections and onsite agency visits are conducted during business

hours between 8:00 am and 5:00 pm, excluding travel time in most cases. At each entrance conference, the length of time needed to complete each review is established with the agency. At the conclusion of each on-site inspection and other activities listed above, the assigned certification specialist completes the relevant documents and shares a copy of the review findings with the agency. An official record of the visit and related materials is placed in the Ohio Foster Care Licensing (OFCL) FileNet system. Licensing/Certification management staff are responsible for the review and approval of work performed by the Agency Certification specialists to ensure accuracy, completeness, and consistency.

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

ODJFS is responsible for ensuring the fitness of agencies to provide foster care, adoption and residential services to children and/or their families throughout the licensing/certification process, as well as after the license/certification is obtained. These services are largely provided by Public Children Service Agencies (PCSA), Private Child Placing Agencies (PCPA) and Private Non-custodial Agencies (PNA) in collaboration with ODJFS. In Ohio, the responsibility for administering foster care, adoption and residential services for children and families rests with public and private agencies certified by ODJFS. The role of ODJFS is to ensure compliance with administrative, governance, fiscal, program and treatment standards as required by Ohio Revised Code and Ohio Administrative Code.

The audit measured if standardized management controls were present to identify incomplete or inaccurate information and to final approve the work of staff. The results of the audit were that both the Initial Licensing/Certification Process and the Recertification Process are well controlled with few needed improvements. During calendar year 2014, Foster Care staff and management completed the following volume of work with internal controls intact and working:

Amendments – 23
Certifications – 5
Closure – 3
Complaints – 125
PCSA Reviews – 14
Policy Revisions – 27
Recertification – 43
Recruitment Plan – 9
Training Plan – 59
Visits – 81

Summary of Item

Statewide policy and a standardized system to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds is in place. The Foster Care Licensing Standard Operating Procedures Manual (SOPM) guides ODJFS Licensing/ Certification Staff in applying standards consistently. All 255 agencies certified by ODJFS to operate in Ohio are visited by Agency Certification staff at least annually.

Item		Description
34	**Requirements for Criminal Background Checks**	Determine how well the foster and adoptive parent licensing, recruitment, and retention system functions statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

In 2014 ODJFS established new protocols to enhance Ohio's practices of monitoring background checks on caregivers who are certified and/or approved by the Department and staff employed in certified residential programs. The *Retained Applicant Fingerprint Database Information Exchange aka* RAPBACK process was automated and linked to SACWIS as RAPBACK 2.0, and OFC staff developed a new procedure to receive and securely store state and federal background check information for foster parents, adoptive parents and certified residential agency staff, including group homes.

Retained Applicant Fingerprint Database Information Exchange (RAPBACK)

The RAPBACK process was created in Ohio law in 2009. Since the initial implementation of the RAPBACK process ODJFS, OFC submitted a file to the Ohio Bureau of Criminal Identification and Investigation (BCII) with the names and identifying information of known certified foster caregivers, current approved adoptive parents and other adults in the foster care household. The information is maintained by BCII in a databank and used to exchange information with ODJFS about caregiver arrests, criminal charges and convictions. OFC is notified of RAPBACK hits by BCII on a daily basis. From the RAPBACK notification, ODJFS identifies the public and/or private agency which recommended the foster home or adoptive home for certification or approval. ODJFS then notifies the agency and the OFC licensing staff responsible for the agency, advising the agency to complete the JFS 01301 *RAPBACK Notification* form and send it to the licensing specialist and the enforcement coordinator. All notifications are logged and tracked by the enforcement coordinator.

In the RAPBACK process, BCII notifies the Department of any arrests or convictions related to any name on a file of certified foster and adoptive parents submitted to BCII from OFC. When OFC receives criminal or arrest information from BCII or a "hit," OFC notifies the agency that completed the foster or adoptive home study and recommended the family for certification; the recommending agency must contact BCII within two business days of receiving the notification to request additional information about the criminal event. If BCII information indicates a person in the household has been arrested, convicted, or plead guilty to any offense, the agency must take appropriate action within twenty-four hours of receiving the additional information from BCII. The required appropriate actions the agency must conduct include:

- Contacting the local law enforcement agency that made the arrest;
- Notifying, within twenty-four hours, any other agency that holds custody of a child in the home and informing the agency of the information received; and
- Re-evaluating the household to ensure the placement will not jeopardize the health, safety or welfare of the children in the home.

Since the inception of RAPBACK in 2009, there have 1,488 hits. Of those numbers, 706 were on closed foster homes; 435 were on active foster homes; 118 were old charges that the agency knew about; 347

were closed after the RAPBACK notification; 98 were adult household members not in the home; and 18 resulted in the revocation of the foster home.

RAPBACK Results 2010-2014

Year	No. of Old Hits	Voluntary WD	Revocations
2010	103	2	2
2011	183	0	7
2012	315	0	4
2013	353	0	0
2014	379	6	4

In 2014, the RAPBACK process was automated with notification of hits in SACWIS. The difference between the old RAPBACK process (RAPBACK 1.0) and RAPBACK 2.0 is that the new RAPBACK process grants agencies (PCSAs as well as private agencies) direct access to a special web portal maintained by the Attorney General's Office where they will have timely access to rap sheet information about any person in the population (certified foster/adoptive provider members/placements over the age of 18) who is charged, convicted of, or plead guilty to a crime. Additionally, agencies will be able to record/maintain the Retained Applicant Fingerprint Database Post-Notification Report (JFS 01301) as required by rule (5101:2-33-80) in SACWIS.

Criminal Background Checks

Ohio Revised Code (ORC) and Ohio Administrative Code (OAC) require criminal records checks for certain prospective employees and certified foster caregivers. Background checks are required during any initial certification or recertification for foster parents, home study approval for adoptive parents and prior to employment for staff in residential agencies. The Office of Families and Children's (OFC) Foster Care Licensing Section (FCL) historically reviewed a random sample of state and federal background check for new staff who care for children in residential settings, foster care and adoptive initial applicants, and those being recertified as required in OAC 5101:2-5-09.1 and 5101:2-48-09. The findings of a 2013 federal Title IV-E audit called for Ohio to implement a process to review 100% of BCII (Ohio) and FBI (federal) background check results, rather than the random sample required by FCL procedure. In order to implement a review of 100% of background checks two changes in FCL process must occur:

1. Develop a process to electronically transfer Bureau of Criminal Identification & Investigations (BCII) and FBI information on private agency staff in facilities certified by the State of Ohio and foster/adoptive parents, as required in OAC 5101:2-5-09.1 and 5101:2-48-09, to OFC staff for review.
2. Develop a process to receive and securely store Bureau of Criminal Identification & Investigations (BCII) and FBI information on private agency staff in facilities certified by the State of Ohio and foster/adoptive parents, as required in OAC 5101:2-5-09.1 and 5101:2-48-09, to OFC staff for review by August 2015.

In September of 2014, ODJFS, OFC began a process to create a new protocol to enhance Ohio's monitoring of background checks on certified and/or approved foster and adoptive homes and staff employed in certified residential programs. The *Retained Applicant Fingerprint Database Information*

Exchange aka RAPBACK process was automated and linked to SACWIS as RAPBACK 2.0. The new expanded background check procedure would follow a similar process with the electronic transfer of BCII and FBI background check documents directly from BCII to ODJFS/OFC. Staff from the ODJFS Office of Information Systems developed a new procedure to receive and securely store state and federal background check information for foster parents, household members, adoptive parents and certified residential agency staff, including group homes. The background check data will be stored in a secure FileNet system. FCL staff will have the ability to review and approve background check documents at any time during the certification period without waiting for a scheduled on-site visit to an agency. The new process will be finalized after testing and development of a contract with the Ohio Attorney General to provide the new service. A manual process of scanning background check documents from agencies to OFC will be implemented in the interim.

When an agency fails to demonstrate compliance with any part of the federal and/or state background check standards, it is required to develop a corrective action plan. The purpose of corrective action plans is to ensure future compliance. Public and private agencies have been cited for failure to meet or properly document time lines for ensuring compliance with background check requirements relative to prospective foster/adoptive parents, residential child care workers, certified foster parents (renewals). As a result, corrective action plans were written by each agency to address specific citations and to document ways in which each agency would prevent further noncompliance. Each corrective action plan (CAP) submitted specified:

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

CAPs are submitted to the FCL staff person assigned to the agency, reviewed for adequacy and rule compliance, and either approved or disapproved. When a corrective action plan is disapproved, the agency must submit a new corrective action plan within ten working days of receipt of the ODJFS written notification that the corrective action plan was disapproved. The action of ODJFS to approve or disapprove a corrective action plan has no effect on the decision of ODJFS to deny or revoke an agency's certification (for failing to maintain adequate compliance).

Summary of Item

ODJFS has developed a robust Title IV-E Program Improvement Plan (PIP), which includes activities to ensure that all federal requirements for criminal background clearances are met. ODJFS has engaged its system partners from the Ohio Department of Mental Health and Addiction Services, the Ohio Attorney General's Office, and the Ohio Supreme Court in developing, implementing and monitoring the results of the state's Title IV-E PIP. Results of Ohio's Title IV-E PIP will be shared in future APSRs.

Item		Description
35	**Diligent Recruitment of Foster and Adoptive Homes**	Process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statement.

State Recruitment Efforts

The Dave Thomas Foundation for Adoption (DTFA) Partnership

To keep adoptable children with lengthy placement histories from lingering in the foster care system in Ohio and further assure the population of adoptive families reflect the ethnic and racial diversity of children needing permanency, ODJFS began a partnership with the Dave Thomas Foundation for Adoption in July, 2012. ODJFS allocated $2.3 million, including $1.1 million in state funding, to hire specialized, child-focused recruiters whose sole mission is to find adoptive families or other permanency (legal custody/reunification) for older children in foster care. In state fiscal year 2013, the amount allocated was increased to just over $3.4 million per fiscal year. The contract has just been renewed for state fiscal years 2016 and 2017. Using the renowned child-focused, *Wendy's Wonderful Kids* (WWK) program model, recruiters across Ohio work to match and place children in foster care between the ages of 9 and 17, who have been awaiting adoption for more than two years or who are in PPLA custody. WWK strategies include: an initial referral process; relationship building; in-depth case record reviews; child-specific family search efforts; assessments; child readiness efforts; network capacity building; and child-focused recruitment plans.

Outcomes directly relating to the WWK are continuing to be realized. To date, forty-five recruiters under contract work to implement an aggressive, statewide recruitment strategy aimed at moving Ohio's longest-waiting children from foster care into adoptive families and other types of permanency. The model has been successful in finalizing 77 adoptions from July 1, 2014 through March 31, 2015, bringing the total to 141 finalization adoptions since the inception of the ODJFS contract, including several sibling groups. As of March 31, 2015, 902 children were enrolled in Ohio's WWK program. 134 children have been matched since July 1, 2014, bringing the total to 382 since inception. Sixty-five children are in pre-adoptive placement. Just under 12% of the children on current caseloads are in PPLA status.

The program benefits the children who are most at risk of aging out of care. Children referred to the program include:

- older youth (the average age is 14 and 33% are sixteen or older)
- sibling groups (over 60% are part of a sibling group)
- 66% represent a minority race or ethnicity
- children who were in care many years before Wendy's Wonderful Kids (on average, 2,300 days)
- 10% had 10 or more placements prior to being referred to WWK
- 40% of the children being served are in a group home, institution or are incarcerated
- 9% experienced a failed adoption prior to WWK

County Adoption Incentive Payments

The Ohio Adoption Incentive Program was also created in 2012. This program provides up to $1.5 million per year in financial incentives to PCSAs for finalizing adoptions for the target population of youth under 9 and youth who are 9 and over. Each county's adoption finalizations for the target populations are averaged for the previous three-year period, and if counties exceed this baseline, they receive a funding allocation that may then be reinvested in future adoption recruitment and finalization efforts.

Casey Family Programs Partnership

In state fiscal year 2015, Ohio began piloting Youth-Centered Permanency Roundtables in six counties. Ohio's pilot targets youth ages 12 and older that have been in care for 17 months or longer. Under this model, an initial Permanency Roundtable (PRT) is held with a trained facilitator leading a structured meeting that includes the caseworker, supervisor, and other agency and external consultants in a process designed to break down barriers to permanency. About a month later, a Youth-Centered Permanency Roundtable (YCPRT) is convened with the child and a support person of the child's choosing, along with the original stakeholders, to further shape the permanency action plan with the input of the youth. Follow-up Roundtables every 90 days after the initial YCPRT ensure accountability and allow the team to track its progress. The launch of the pilot has been successful, and Casey Family Programs and ODJFS will expand the pilot to five additional counties in state fiscal year 2016.

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

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

OAPL highlights waiting children who are in the permanent custody of Ohio public children services agencies and for whom families are being sought. A photo and brief profile are listed for each child as well as caseworker contact information. FYLaw reviews new profiles as they are added to the photolisting to ensure all information provided about the children is appropriate and safe and also arranges for Spanish translations of profiles as they are added to the site. FYLaw's other OAPL responsibilities include responding to questions from OAPL administrators regarding use of the site, setting up usernames and passwords for new users, and maintaining monthly site usage statistics. In September of 2014, FYLaw began preparing a monthly set of 14 profiles of waiting children from OAPL for circulation within the ODJFS internal broadcast network. In October of 2014, FYLaw added a new feature to the site that tracks deleted child profiles, including data about the deleted child and the reason for removal from the site. FYLaw has planned a June 2, 2015 webinar for OAPL administrators to cover topics including: general introduction information about the photolisting, how to post and delete profiles, how to write effective profiles, how to increase the exposure of kids listed on OAPL, and other technical assistance-related information.

General information such as who may adopt, the adoption home study process, adoption subsidies available, costs associated with adopting, access to adoption records and information on interstate adoptions can also be found on this website. In addition, OAPL provides links to Ohio Department of Job and Family Services publications such as the "Ohio Adoption Guide" and the "Adoption Subsidies Guide" and lists information about ongoing events, trainings and meetings.

As of April 29, 2015, there were 435 total individual child listings (321 active) and 65 total sibling group listings (31 active) posted on OAPL.

FYLaw responds to all new Ohio AdoptUSKids inquiries about adoption or foster care by telephone, email, and/or letter, and continues follow-up calls, emails, and letters to individuals with pending cases. A FYLaw staff attorney also serves as a direct resource for clients who contact AdoptUSKids directly with specific questions and conducts research to respond to these inquiries and provides appropriate

referrals as needed. From June 1, 2014 to April 29, 2015, 694 new Ohio AdoptUSKids inquiries were made.

It is expected ODJFS will continue to collaborate with FYLaw, whose mission is to work within child welfare, adoption, and juvenile justice systems to support positive outcomes for children, youth, and families.

General Foster Care and Adoption Recruitment Update

In May, 2014, ODJFS updated the "Ohio Adoption Guide." ODJFS is currently collaborating with the Ohio Family Care Association (OFCA) to develop the "Guide for Ohio Resource Families," which will be published by the end of 2015. This guide will provide a variety of information and resources for foster, adoptive and kinship families in Ohio.

Local Agency Recruitment Efforts

In addition to utilizing the above services, Ohio agencies employed several other strategies to recruit families for waiting children during this past year. Some of these included:

- Registering children with FYLaw and the U.S. Health and Human Services' AdoptUSKids Website;
- Placing the children on the local agency's website;
- Distributing child-specific recruitment flyers at adoption events;
- Participating in the Statewide Matching Expo on July 18th, 2014 hosted by the Northeast Ohio Adoption Resource Exchange. Due to the event's success, it is being held again on July 18th, 2015;
- Hosting virtual mixers designed to provide information to potential adoptive families about children available for adoption;
- Partnering with faith-based organizations to recruit families;
- Conducting searches for significant adults noted in the child's case file;
- Sponsoring "Foster and Adoption Parties" designed to provide information to potential families about foster care and adoption programs and the need for resource homes;
- Hosting foster and adoptive parent recognition banquets and other honorary events;
- Participating in adoption fairs;
- Profiling waiting children in newspapers and on television and radio spots;
- Publishing agency calendars which feature harder to place youth who are available for adoption;
- Collaborating with community partners (e.g., schools, churches, service organizations) to promote recruitment events; and
- Working with foster parent associations to identify recruitment strategies and ensure retention of existing resource families.

Foster Care and Adoption Proclamation Months

As of March 1, 2015 Ohio had over 13,100 children residing in foster homes or other out-of-home placement settings. Of that number, nearly 2,800 children, are waiting to be adopted. Many of the approximately 1,100 young adults who "age-out" of care each year are without permanent connections, though many are placed in relative care or in one of the 7,100 foster homes certified by ODJFS. The data is significant in that it demonstrates the need to continually raise the public's awareness, to recruit additional foster and adoptive homes for the state of Ohio and to support existing resource families, particularly those willing to care for foster youth on a permanent basis if needed.

Ohio has annually recognized May as National Foster Care Month and November as National Adoption Month. The purpose of the recognition is to acknowledge the efforts of child welfare practitioners and caregivers across the state responsible for providing care to children that have been abused, neglected or dependent. Public service announcements were prepared to recognize and celebrate both months. PCSA, PCPA, and PNAs are encouraged to continue to support their resource families. The Governor acknowledged adoptive and foster families and kinship families for the work and service provided. Across the state, events were held to honor foster and adoptive parents for their dedication to vulnerable children, including the statewide adoption advocacy day, held in Columbus, Ohio, on November 6, 2014.

Comprehensive Recruitment Plans

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

In circumstances of non-compliance, ODJFS provides technical assistance to the agency which includes, but is not limited to: the issue of noncompliance and needed revision(s), discussions about the basis of the regulation, and sharing information about other agencies' successful recruitment efforts. ODJFS also monitors MEPA compliance via announced and unannounced onsite agency visits and recruitment plan implementation reviews. During these visits, ODJFS staff reviews the agency's data profiles and compares that information with state-level data to determine whether changes are needed in the recruitment plan's design or implementation.

MEPA Biennial Comprehensive Self-Assessment Report

PCSAs, private child placing agencies (PCPA) certified to perform the foster/adoption function and private non-custodial agencies (PNA) certified to perform the foster/adoption function are required to submit a *MEPA Biennial Comprehensive Self-Assessment Report* by March first of every even numbered year. One of the components of the self-assessment requires the agency to address the following:

- Whether its foster care and/or adoption recruitment plan includes information on efforts to diligently recruit foster caregivers and/or adoptive parents that reflect the racial and ethnic backgrounds of the population of children in foster care and available for adoption.
- Methods for targeting individuals as foster caregivers/adoptive parents where there is a disparity between the racial and/or ethnic groups of children in care and the racial/ethnic groups of foster or adoptive parents certified/approved currently.

The *MEPA Biennial Comprehensive Self-Assessment Report* is discussed during MEPA reviews of public and private agencies, which occur on a 24-month cycle. The discussion of recruitment efforts with PCSAs includes a presentation of data on children in the temporary and permanent custody of the agency by race and ethnicity as well data on foster parents/adoptive homes by race and ethnicity. OFC staff and agency staff then determine if a disparity exists between the racial and/or ethnic groups of children in care and the racial/ethnic groups of foster or adoptive parents. If a disparity exists, further discussion occurs on what recruitment efforts will be used to reduce the disparity.

MEPA reviews conducted with private agencies (agencies that have contracts with PCSAs to provide foster and/or adoptive services) include a discussion of statewide data on the number of children in the temporary and permanent custody of the PCSAs by race and ethnicity as well data on foster parents/adoptive homes by race and ethnicity licensed/certified by the agency. OFC staff and agency staff then determine if a disparity exists between the racial and/or ethnic groups of children in care and the racial/ethnic groups of foster or adoptive parents. If a disparity exists, further discussion occurs on what recruitment efforts will be used to reduce the disparity.

As noted above, child specific recruitment efforts are required when the custodial agency has yet to identify a family for the child. MEPA Cycle 5 runs from March 1, 2014 through February 28, 2016. Thus far, 423 child case records have been reviewed to determine if there were families presented at the most recent matching conference. If there were no families presented, the reviewers assessed whether the agency engaged in child-specific recruitment efforts prior to the most recent matching conference. Failure to engage in child-specific recruitment efforts would require the agency to develop a Corrective Action Plan (CAP). Seven PCSAs were required to develop a CAP to address how they would come into compliance with the requirement to engage in child-specific recruitment efforts prior to the most recent matching conference.

Summary of Item

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

Item		Description
36	**State Use of Cross-Jurisdictional Resources for Permanent Placements.**	Process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide.

In FFY 2014, Ohio submitted a total of 673 home study requests to other states. Compared to FFY 2013 this is an increase of 117 (21%) requests to other states. The primary reason for requests was completion of a relative or parent home study. The top states Ohio sends referrals to are Kentucky, West Virginia, Indiana, Texas, Pennsylvania, and Michigan.

A total of 689 incoming home study requests were received from other states in FFY 2014. This is an increase of 61 (10%) from the previous federal fiscal year. The majority of interstate requests made by other states into Ohio continue to be for parent and relative home studies. The top states Ohio receives requests from are Kentucky, Florida, West Virginia and Indiana.

The following table presents information by Quarter on the type and number of incoming home study requests received and the type and number of outgoing home studies requested.

	Quarter 1 October 1, 2013 – December 31, 2013				**Quarter 2 January 1 2014 – March 31, 2014**				**Quarter 3 April 1, 2014 – June 30, 2014**				**Quarter 4 July 1, 2014 – September 30, 2014**			
	Number of Incoming Home Study Requests		Number of Outgoing Home Study Requests		Number of Incoming Home Study Requests		Number of Outgoing Home Study Requests		Number of Incoming Home Study Requests		Number of Outgoing Home Study Requests		Number of Incoming Home Study Requests		Number of Outgoing Home Study Requests	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Parent	34	22%	31	19%	46	27%	26	15%	43	29%	21	14%	47	23%	38	20%
Relative	74	47%	64	40%	73	42%	83	49%	58	37%	83	54%	70	35%	81	43%
Public Adoption	11	7%	18	11%	20	12%	22	13%	21	13%	14	9%	34	17%	22	12%
Private Adoption	26	16%	34	21%	26	15%	31	18%	10	6%	23	15%	32	16%	35	19%
Foster	12	7%	12	8%	8	4%	9	5%	24	15%	12	8%	19	9%	13	7%
Non ICPC Study Requests	1	1%	1	1%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Total	158	100%	160	100%	173	100%	171	100%	156	100%	153	100%	202	100%	189	100%

To assess compliance with P.L. 109-239, requirements for completion of home studies requested/received from another State within 60 days, the following data was analyzed:

Time Frame	Quarter 1 October 1, 2013 – December 31, 2013	Quarter 2 January 1 2014 – March 31, 2014	Quarter 3 April 1, 2014 – June 30, 2014	Quarter 4 July 1, 2014 – September 30, 2014
% of studies done in 30 days	11%	12%	18%	10%
% of studies done in 60 days	15%	16%	11%	22%
Total % completed in under 60 days	26%	28%	29%	32%

Compared to last year's figures, these percentages are lower (average for each year: 32.25% to 28.75%). The data is gathered from the SACWIS system and the "Date Home Study narrative sent" field is user entered. ODJFS suspects that the user is often entering the date when the entire home study is completed and approved as opposed to the required compliance date of the home study narrative. This error would result in lower compliance rates.

Summary of Item

ODJFS uses the data available in SACWIS to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placement for waiting children is occurring statewide. With regards to the Interstate Compact on the Placement of Children (ICPC), the State of Ohio is one of three decentralized states. This means that each county PCSA is its own ICPC office and the ODJFS office handles non-PCSA cases. When an agency either needs to initiate a request to another state or receives one from another state, the agency enters certain data into the SACWIS system. The data above indicates that agencies are considering and following through on making requests when placement resources are located out of state. As indicated above, in FFY 2014, there was an 21% increase in making out of state requests. Ohio experienced a 10% increase of incoming requests. The overall percentage of all home studies completed by Ohio within 60 days for FFY 2014 is 28.75%. One barrier identified with the data is that the user may be entering the date the entire home study was approved as opposed to the date the home study narrative was submitted, which is actually the required date. ODJFS is also aware not all counties are entering enough information in SACWIS to gather accurate statistics on the number of incoming and outgoing requests. The ODJFS State ICPC office holds quarterly meetings with local county offices and has addressed these issues in the past but will continue to address this with the counties in order to improve entry of this data.

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

Introduction

This update to Ohio's Plan for Improvement includes a progress report on all activities scheduled for year one of the Child and Family Services Plan. Unless otherwise noted, interventions and benchmarks for years 2 through 5, which were not scheduled to commence during Year 1, are not included in this update. Revisions are noted within this section and included in an updated chart of Goals, Objectives, Interventions and Benchmarks (Appendix H).

ODJFS has also updated the measures of progress for each goal to align with the revised CFSR data indicators. As noted in the Program Instruction, performance improvement during this initial year of the five-year CFSP is limited due to the fact that the objectives and interventions associated with the goals of the plan are not yet fully implemented in many cases. ODJFS has included baseline performance data for this initial year of the CFSP based on the state's current performance on the CFSR data indicators and the results of the state's most recently completed cycle of its Continuous Quality Improvement case review process (CPOE Stage 9). The state's performance on the CFSR data indicators and updated results for CPOE Stage 10 will be included in subsequent APSRs and compared to this baseline data. Wherever possible throughout this section of the APSR, interim data or related performance measures are included under the subheading ***Progress Measures*****.**

For each objective and intervention identified in the CFSP, updates on Ohio's progress on its Year 1 Benchmarks are noted under the subheading ***Progress Report***. Significant activities or accomplishments falling outside of the scope of particular benchmarks, but impacting the overall success of an intervention, are noted as ***Implementation Milestones***. Finally, where *new* feedback loops were established in support of the goals and objectives of the CFSP, these are identified under the subheading ***Feedback Loops.*** Other, ongoing avenues for stakeholder feedback are also noted throughout this section within the progress reports for each benchmark.

Implementation Supports

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

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

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

Measures:	Year 1 Baseline Performance:
1.) Development of a CQI Action Plan to track specific issues, identify action steps and anticipated results, and to document the actual results of the action steps and lessons-learned over time.	1.) Development of Ohio's CQI Action Plan is in progress. See narrative below.
2.) Improved performance on targeted case review items and data indicators to be determined by Ohio's CQI Advisory Team.	2.) Baseline data for Year 1 are included for each CFSP Goal. These baseline measures reflect Ohio's performance on the revised CFSR National Standards and CPOE Stage 9 final results. Progress in years 2-5 will be evaluated in comparison to these Year 1 baseline measures.

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

Update on Progress Made to Improve Outcomes

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

Feedback Loops:
As noted in last year's CFSP submission, Ohio formed a CQI Advisory Team in early 2014 to assist in the development of Ohio's five-year strategic plan. The team's initial charge was to:

- Develop recommendations to strengthen Ohio's statewide CQI system in order to improve outcomes for children and families served by the child welfare system;
- Provide leadership for nine workgroups established to develop recommendations for the CFSP; and
- Ensure consistent application of the CQI Framework to the development of strategies included in the CFSP.

As the state has moved forward with implementation of the CFSP, membership of the CQI Advisory Team has been expanded, and new subcommittees of the team were established to accomplish the objectives and interventions contained in the plan. The CQI Advisory Team has adopted a charter articulating the purpose and goals of the team and terms of operation. The Advisory Team includes representatives of county public children services agencies of all CPOE size categories and regions across the state, private child welfare services agencies, the Supreme Court of Ohio, the Ohio Child Welfare Training Program, the statewide associations for Ohio's public and private agencies, and all bureaus within the Office of Families and Children.

Four subcommittees of the CQI Advisory Team with balanced representation from the above noted groups have been established to focus on the following areas of Ohio's CQI plan:

- ***CQI Framework:*** This Subcommittee is responsible for developing a written CQI Framework to include a description of Ohio's overarching CQI process and detailed recommendations based on CQI best practices, Children's Bureau recommendations, the recommendations of national child welfare organizations (such as NAPCWA), and local CQI methods.

- ***Statewide CQI Community****:* This Subcommittee is responsible for establishing a mechanism for ODJFS, counties and private agencies to share CQI policies, protocols, tools and resources. Along with information-sharing, this Subcommittee will be responsible for recommendations to support a statewide "CQI Community of Practice."

- ***Peer Partnership:*** This Subcommittee is responsible for designing a multi-county and/or regional Peer Review structure to be implemented on a pilot basis. This will include gathering feedback from local partners to inform the design of the peer review process and standards. This Subcommittee is also exploring the feasibility and utility of integrating peer review with CPOE and/or Ohio's CFSR Round 3 case reviews.

- ***Data Reports:*** This Subcommittee is responsible for making recommendations to guide the development of user-friendly, standardized data reports; make data more accessible to practitioners, supervisors and agency administrators; and strengthen statewide use of performance data.

Benchmarks:

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

2) Ohio's CQI Advisory Team will formalize its recommendations based on CQI best practices, Children's Bureau recommendations, the recommendations of national child welfare organizations such as the National Association of Public Child Welfare Administrators, and local CQI methods. (Years 1-2; Please note the timeframe on this benchmark was revised to cross into Year 2 – see narrative below.)

3) CQI Advisory Team will develop a draft framework document. (Years 1-2; Please note the timeframe on this benchmark was revised to cross into Year 2 – see narrative below.)

Progress Report:

The CQI Framework Subcommittee has reviewed federal CQI recommendations, CQI best practices detailed by organizations such as Casey Family Programs, JBS International, and the National Association of Public Child Welfare Administrators. In addition, the subcommittee has collected and reviewed CQI plans from local public and private agencies in Ohio. Utilizing this information, along with stakeholder feedback gathered during the development of Ohio's CFSP, the subcommittee has developed an outline of Ohio's Statewide CQI Framework. The Framework will include:

- A statement of Ohio's CQI vision and CQI principles;
- A detailed description of the CQI process;
- A detailed description of each of the components of a statewide infrastructure that sustains continuous cycles of evaluation and improvement; and

- Examples of model local CQI plans for agencies of varying sizes and at different stages of CQI development.

Although completion of the draft Framework was initially scheduled for Year 1, the subcommittee has determined that additional time is needed, as components of the Framework are dependent upon recommendations made by the other CQI Advisory Team subcommittees whose work is also ongoing. In the interim, the CQI Framework subcommittee has made significant progress, including the development of a CQI Vision Statement and Principles for Statewide CQI. The subcommittee is currently in the process of developing detailed descriptions of each recommended component of Ohio's statewide CQI system. These components include:

- ***Statewide CQI Advisory Team*** - Once the initial work to develop a more cohesive statewide CQI infrastructure is complete, the Advisory Team's focus will shift to the ongoing work of CQI. It is recommended that the Advisory Team will regularly review statewide data, CPOE and/or Peer Review results, and feedback from the field to make recommendations for pathways to improvement. The Advisory Team may make recommendations about the formation of ad hoc statewide workgroups on specific topics, such as CFSR measures targeted for improvement or particular areas of practice in need of improvement.
- ***Statewide CQI Work Teams*** – As noted above, it is proposed that the Advisory Team would make recommendations concerning the formation of time-limited, topic-specific teams to address targeted areas for improvement. Teams would be comprised of state and local child welfare partners (public and private) as well as other system partners, depending on the particular topic of focus.
- ***Feedback Loops*** – Opportunities for dialogue and continuous feedback loops with public and private agencies and other stakeholders are critical to a successful CQI system. The subcommittee recommends the use of periodic regional CQI meetings to bring together public and private agencies, state staff and stakeholders with a specific focus on data-driven discussion, increasing understanding of issues behind the data that impact outcomes, and gathering feedback to inform the work of the CQI Advisory Team. These meetings should be aligned with the work of OFC's regional teams. Additionally, existing platforms like Ohio's Differential Response regional meetings or Metro County Strategy Days should be utilized for CQI discussions.
- ***Local CQI Leads*** – The subcommittee recommends that each public and private agency identify a CQI Lead to be the designated contact for updates and information related to statewide CQI efforts.
- ***Child Protection Oversight and Evaluation (CPOE)*** - CPOE will continue to be a foundational component of Ohio's CQI Framework. The Framework will address how CPOE will be integrated more fully with statewide CQI efforts – for example, how CPOE results will be shared and discussed through regional CQI meetings; how CPOE will be used to inform the recommendations of the CQI Advisory Team; and how the CPOE process will connect to any recommendations for a peer review process.

As noted above, other components of the statewide CQI Framework are being developed in partnership with the other CQI Advisory Team subcommittees. These components include recommendations related to data reports and tools and recommendations for a robust peer review process.

Over the next year, the subcommittee will complete the draft Statewide CQI Framework; present the Framework for stakeholder feedback through additional channels, such as the Partners for Ohio's Families Advisory Board and OFC's Regional Technical Assistance Teams; and finalize any changes needed to the Framework based on additional stakeholder feedback.

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

Benchmark 1: Gather stakeholder feedback from county and private agency partners about preferred mechanisms for information-sharing. (Years 1-2; Please note the timeframe on this benchmark was revised to cross into Year 2 – see narrative below.)

Progress Report:

The Statewide CQI Community Subcommittee is working on two significant projects for sharing CQI information and gathering stakeholder feedback. These projects include a statewide CQI webinar series and a statewide CQI survey. The webinar series, which is currently in development, will introduce statewide CQI efforts, provide foundational information on the CQI process, and include a focus on the different roles and responsibilities within a robust CQI system held by state and county entities, agency directors and administrative staff, supervisory staff and caseworkers. The webinar series will include examples of "CQI in action" that demonstrate CQI successes. In addition, the webinar series will provide an opportunity to outline the work of Ohio's CQI Advisory Team and introduce the draft Statewide CQI Framework.

The subcommittee will also utilize the webinar series to introduce a statewide survey that will gather feedback from counties, private agencies and other stakeholders as Ohio moves forward with the implementation of a fully-integrated statewide CQI system. Each of the four CQI Advisory Team subcommittees has identified prospective survey topics or questions needed to inform their work. A small workgroup comprised of representatives of each of the four subcommittees was formed to construct the survey.

During the next year, the Statewide CQI Community Subcommittee will complete development and implement the proposed CQI webinar series and complete the statewide survey. In the development of the CFSP, the survey was initially envisioned as a year 1 benchmark. Upon further consideration, the CQI Advisory Team and Statewide CQI Community Subcommittee recommended a revision to the plan to begin the webinar series prior to disseminating the survey. The team felt this course of action would yield greater participation in the survey and potentially richer information to be gathered.

In addition to these activities, OFC has added a "CQI" section to its website. The site currently houses information about the CQI Advisory Team and Ohio's CFSP Implementation Workgroups. As the Advisory Team's work progresses, OFC plans to update the site with new developments, additional CQI Resources, and links to the CQI webinar series.

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

Benchmark 1: Gather stakeholder feedback to inform the development of Peer Review recommendations and standards. (Years 1-2; Please note the timeframe on this benchmark was revised to cross into Year 2 – see narrative below.)

Progress Report:
The Peer Partnership Subcommittee is working on the development of recommendations for a regional or multi-county peer review process. Although some counties and agencies in Ohio have implemented peer review processes as part of local CQI efforts, no such structure has been created on a county-to-county or inter-agency level. A regional or multi-county/multi-agency peer review process would promote shared learning, build local CQI capacity, and inform statewide CQI priorities. The subcommittee has discussed how to effectively build such a peer review process within the existing case review structures for CPOE and the federal CFSR. The subcommittee has begun developing the plan, including:

- Requirements for peer reviewers and a process for selection of reviewers;
- Methods for recruiting peer reviewers and communicating the benefits of participation in peer review with local partners; and
- Action steps for piloting the peer review process on a small scale to inform the state's decision about whether to conduct its own CFSR Round 3 review.

During the next year, the subcommittee and OFC will continue discussions with stakeholders about the options for state self-review or federal review for CFSR Round 3. Information will be shared through the Public Children Services Association of Ohio's Executive Meetings, First Fridays, IV-E Court roundtable meetings, statewide licensing meetings, and through the Ohio Association of Child Caring Agencies to engage partners in the pilot process and gather additional stakeholder feedback.

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

Update on Progress Made to Improve Outcomes

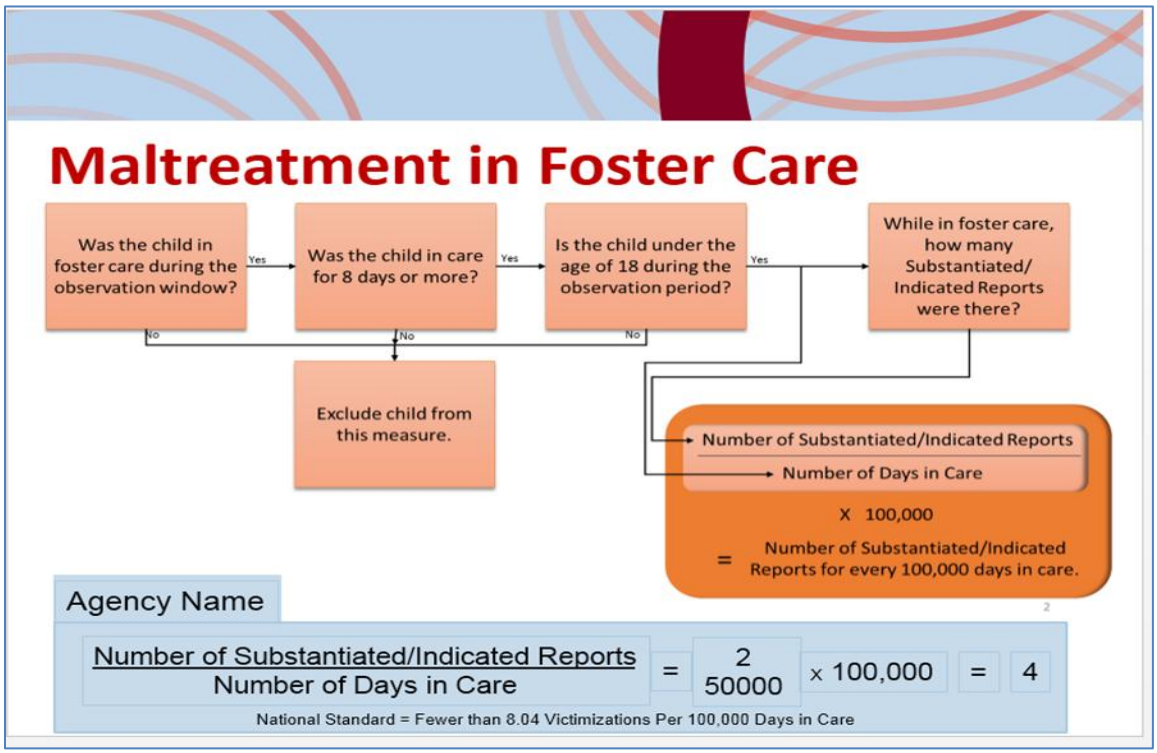
Intervention 1: Update standardized data reports for new federal CFSR measures and develop user friendly reports on state and county performance on critical child and family outcomes to be shared regularly with stakeholders.

Benchmark 1: Modify existing CFSR report modules in the Business Intelligence Channel (BIC)/Results Oriented Management (ROM) to reflect new federal measures. (Years 1-2)

Progress Report:
In our efforts to train agencies on the structure of the new federal measures, a series of training materials has been developed. These materials have been shared broadly through a number of presentations with county PCSAs, private agencies, and the courts. In addition, OFC has featured a

regular "CFSR Measure of the Month" piece in its *First Friday* newsletters. These articles can be viewed online at: http://jfs.ohio.gov/PFOF/OFC_First_Friday_Updates.stm.

A key piece of these training materials is a PowerPoint slide deck showing one federal measure per slide. Each slide shows an easy to understand flow chart of how the measure is constructed and the constraints that are applied to yield the performance. With the recent release of the code used by HHS to calculate states' performance, Ohio plans to deploy agency-level performance reports on the new measures. Our goal is to blend portions of the training materials already developed with data reports for each county. Agency-level performance will be inserted (e.g., numerator, denominator, performance, risk-adjusted performance, performance status) on the respective area on the flow chart. Below is a sample of what this report could look like.



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

Progress Report:

The primary data delivery methods that are currently available include BIC, ROM, and SACWIS Reports. These vehicles have a flexible structure to respond to a variety of query options. However, these methods also require that the user run the query to obtain the needed information. County agencies have frequently stated that time required to run these reports and expertise with these systems can be a barrier to obtaining actionable data, and they would prefer that the state directly share some data with them in the form of emailed reports. Of the three data delivery vehicles, SACWIS has the best structure for emailing, and ODJFS has created a plan to begin deploying reports in this manner.

As a starting place, OFC will utilize the Comprehensive Visitation Report in SACWIS to send an agency-specific summary report to all PCSA directors and children services administrators on a monthly basis beginning in June 2015. This report will include percentages of caseworker visits met with parents and children for both in-home and substitute care cases. Reports will be emailed on the 15th of each month, allowing agencies an opportunity to improve their performance for the month. In addition to the visitation report, OFC is also exploring the possibility of emailing reports that specify missing data and data entry errors in the AFCARS and NCANDS data sets. After these reports are deployed, ODJFS will survey agencies on the usefulness of the new strategy, ask for guidance on improving the delivery method, and recommendations for future reports to be emailed.

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

Progress Report:
As noted previously, ODJFS plans to apply the federal code utilized to calculate states' performance to generate county-specific performance reports on the new CFSR National Standards. This process will also aid in the identification of data trends regionally and across agencies of similar size or structure. In addition, as noted in the Update to our Statewide Assessment (Section II) and in benchmarks included later in this section, OFC has implemented an even stronger focus on county data within the CPOE process with specific measures included in discussions held with each PCSA throughout the review process and in each agency's CPOE report. Moreover, OFC is working to provide critical data and information to agencies through a variety of means, including presentations, the *First Friday*, and direct-emailed data reports as noted above.

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

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

Progress Report:
The SACWIS Integrated Project Team partnered with OCWTP to create a SACWIS Training Environment to allow trainees to engage in hands-on training. The environment was designed to be available outside of the ODJFS network, allow for seed data to be created and is updated following every new release to match the actual production environment. The SACWIS Training Environment is also used to create screen shots for training materials and self-guided help.

The OCWTP has developed Quick-start guides and online modules, using detailed screen shots and accompanying verbal and print instructions, for nine groups of SACWIS functions. The following is the list of topics covered and the links to the videos:

1. **Linking Case Services to Case Plan Concerns**
   http://screencast.com/t/vkT4bpa1
2. **Linking and Unlinking Visitation Plans to the Case Plan**
   http://screencast.com/t/ZeY0tTdwwo

3. **Recording and Copying Placement and Setting information in the Case Plan**
   http://screencast.com/t/wnc97N4QJAP
4. **Completing a Service Review within a Case Review**
   http://screencast.com/t/3EV0AA73
5. **Completing a SAR**
   http://screencast.com/t/rrtM6WBJ
6. **Recording a Case Service**
   http://screencast.com/t/sELZo21mdSP
7. **Completing a Case Review**
   http://screencast.com/t/NeJOIxZhH
8. **Adding a Service Referral within a Case Service**
   http://screencast.com/t/liLfllMuq
9. **Linking an Intake to an Adoption Case**
   http://screencast.com/t/nHcB0lydA8Hf

Additional online modules and corresponding printed directions and quick start guides are being developed as prioritized by the statewide SACWIS advisory group. The videos are immediately field tested. The videos receive final approval by ODJFS and are posted on the SACWIS Knowledge Base so that caseworkers will have access to the videos /pdfs on demand.

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

Progress Report:
Based on feedback from staff working as Assessors, the OCWTP developed a six-hour learning lab on how to document the adoption/foster care home study in SACWIS. (Note: In Ohio, only individuals who meet certain minimal criteria and are in the employ of, appointed by, or under contract with a court, public children services agency, private child placing agency, or private noncustodial agency may perform the duties of an Assessor. These duties include working with primary parents who express the intent to surrender their child for adoption, working with people seeking to adopt or provide foster care for a child, and working with the child in the permanent custody of an agency to prepare the child for adoption. Assessors have specific initial and ongoing training requirements.) The learning lab was piloted three times in different regions, then revised based on participant and trainer feedback.

The curriculum writers collaborated with ODJFS SACWIS staff to ensure the content was in-line with SACWIS policies and procedures. The final copy of the curriculum will be submitted to ODJFS for approval by June, 2015 and will be added to OCWTP's menu of offerings July, 2015.

A total of six PCSA Assessors have been recruited to train the curriculum statewide.

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

Progress Report:
Two of the PCSA Assessors who will train the SACWIS Assessor Learning Lab have indicated interest in being SACWIS Provider-Side coaches and will be processed and trained at their earliest convenience. The

OCWTP has developed eight SACWIS coaches who are available to provide SACWIS coaching to staff. The coaches are available to provide coaching to individuals face-to-face or virtually via GoToMeeting. It is anticipated that coaches will follow up on SACWIS competencies from Casework Core Learning Labs, coach basic SACWIS skills for new hires, and coach staff on SACWIS tasks completed infrequently.

Benchmark 4: OCWTP trainers will be provided with information and technical assistance to help them integrate SACWIS screens into identified and prioritized, trainer-oriented workshops. (Years 1-5; Please note, this benchmark was corrected from the original, which identified this as an activity for Years 3-5.)

Progress Report:
The SACWIS Team provided multiple key resources to the OCWTP in order to provide technical assistance and guidance on the SACWIS application. SACWIS representatives were made available formally in regular meetings, as well as informally, including assistance over the phone, email communication and in-person in support of training.

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

Progress Report:
A training entitled, *Managing for Outcomes: Using SACWIS Data to Improve Performance,* was developed and is currently available through OCWTP. This training provides hands-on experience viewing and interpreting SACWIS data through SACWIS online, BIC and ROM reports. The SACWIS Team assisted OCWTP in the development of the training and routinely provides support to assist users in gaining access to the various environments.

By June 30, 2015, the OCWTP will have offered 19 sessions of the three-hour *Managing for Outcomes: Using SACWIS Data to Improve Performance* learning lab. One-hundred participants completed the learning lab between July 1, 2015 and April 10, 2015. Six additional sessions are scheduled between May 1, 2015 and June 30, 2015. Due to the hands-on nature of this lab, each session can hold up to 12 participants.

For this reporting period, the lab was held in the following regions:

- NCORTC: 6 sessions
- SWORTC: 2 sessions
- Statewide: 11 sessions
  (Note: "Statewide" sessions were held in Columbus and were open to supervisors in all regions.)

ODJFS and the OCWTP provide support to workshop participants prior to and following the lab regarding reporting system access issues and answering questions about specific reports.

Two additional trainers were recruited, screened and approved to train the lab and are in the process of being trained on the content. One other person was identified as a prospective trainer and has begun the trainer application process.

ODJFS and the OCWTP met several times to discuss lab updates and revisions and to troubleshoot supervisor BIC and ROM access issues. This collaboration is essential to the success of this initiative.

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

Benchmarks:

1) In collaboration with the Ohio Differential Response Statewide Implementation Team and Leadership Council, identify select fidelity measures for critical practice skills from the Ohio Differential Response Practice Profiles.
2) Identify which activities/practice fidelity measures could be tracked through SACWIS (vs. field observation or case review). (Years 1-2)

Progress Report:

The Statewide Differential Response Implementation and Practice Advancement Team has drafted a *Caseworker Self-Assessment and Field Tools* workbook that allows the practitioner and his/her supervisor to examine whether their practice maintains fidelity to the behaviors and skills detailed in Ohio's Differential Response Practice Profiles. This companion piece to the Practice Profiles also includes helpful engagement tools and strategies that can be used to improve solution-focused casework practice across Ohio.

A similarly-structured supervisory workbook entitled, *Ohio Differential Response Coaching and Supervision Tools,* is also in development at this time. The supervisory workbook contains a field observation protocol and checklist to assist supervisors with in-field observation and coaching of their staff; a supervisory case documentation review tool to assist supervisors in assessing and coaching staff on quality case documentation; and a set of supervisory coaching tools and strategies.

In crafting these tools, the DR Implementation and Practice Advancement team invested significant time in honing in on specific elements of the Practice Profiles that are strong indicators of practitioners' skill-level and fidelity to Ohio's DR model. The indicators selected are inclusive of casework practice in both pathways of Ohio's DR system – Alternative and Traditional Response. Thus, these tools will be helpful for supervisors and caseworkers in a variety of roles from intake and assessment through ongoing services. Both the caseworker and supervisory workbooks will be released together when completed. It is anticipated that these products will be ready for release by ODJFS in fall 2015.

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

Implementation Milestones:

The SACWIS Team continues to enhance Ohio's SACWIS and to work to develop new reports to assist with timely and accurate reporting. In January of 2015, significant SACWIS enhancements related to the documentation of medical and educational information were released to the user community. One key change with this functionality is users will now have the opportunity to enter a child's medical or mental health diagnosis information at the time they input information related to medical appointments. Diagnostic information is found in a separate part of the application and there was previously no

linkage. It is anticipated that this will assist in allowing Ohio to more accurately report diagnostic information to AFCARS.

Another recent key enhancement is the addition of incident date to the intake module so users can report that an incident of abuse and neglect occurred before the time of the report to the children services agency.

Ohio continues to focus on improving reporting options for the user community. Twenty-two new reports have been added to Ohio's SACWIS over the last year. Additionally, in February of 2015, Ohio promoted extensive enhancements to the Results Oriented Management Reporting system (ROM). These ROM enhancements added reports related to disproportionality and disparity and children receiving services in their own homes.

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

Progress Report:
Ohio continues to work toward completing the AFCARS Improvement Plan (AIP). Significant progress was made on the plan in the January 2015 SACWIS build. This build linked medical appointment and diagnostic information, a key change needed for the AFCARS improvement plan. Additionally, changes to values for race and Hispanic were made in this build. It is estimated that 70 percent of changes recommended in the AIP are complete.

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

Progress Report:
Ohio continues to submit compliant AFCARS, NCANDS, NYTD, and Visitation reports in a timely manner. Ohio also continues to work to improve the quality of the data reported in these reports.

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

Progress Report:
Ohio's SACWIS Assessment Review (SAR) was held in August 2015, and the official SAR report was received in January 2015. Ohio has addressed two of the findings on the report related to Title IV-E program eligibility and ICWA functionality. Ohio is beginning to schedule internal meetings to discuss how to resolve SAR findings and is planning work for the next two state fiscal years. User feedback will be requested as Ohio's action plans are developed.

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

Update on Progress Made to Improve Outcomes

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

Benchmarks:

1) Building on the work described above to identify practice fidelity measures, identify which measures would best be tracked through case reviews. (Years 1-2)
2) Provide training and consultation to OFC regional teams on the use of the Practice Profiles in their role as TA providers. (Years 1-2; Please note the timeframe for this benchmark was revised to extend into Year 2 – see narrative below.)
3) Form a workgroup to integrate practice fidelity measures and CAPMIS (assessment model) review into CPOE framework. (Years 1-2)

Progress Report:

Differential Response (DR)

The DR Team met with the Technical Assistance Team in the Fall of 2014 to discuss the components of integrating the DR Practice Profile skills and DR practice model into the upcoming CPOE review process. It was determined that cases from the Alternative Response pathway would be included in the review process if they remained opened for assessment for more than 45 days. Cases assigned to the Alternative Response pathway will be reviewed using the CPOE review tool, which is the CFSR Round 3 on-site review instrument.

The DR Manager subsequently met with the Technical Assistance Team in April of 2015 to discuss several of the thematic practice issues that have been identified across the state from the Alternative Response case record reviews so far. During Regional DR meetings held with counties in May of 2015, practice concerns were discussed and technical assistance was provided to each region. OFC has provided joint technical assistance visits with counties and OFC technical assistance and DR program area staff upon request of the county or the assigned Technical Assistance Specialist (TAS)/Technical Assistance Manager (TAM).

In addition, as noted previously, a supervisory companion workbook for the Differential Response Practice Profiles is currently in development. This new resource will include a case review tool designed to assist supervisors in utilizing caseworkers' documentation to assess and coach fidelity to the practices detailed in the Practice Profiles. Along with the release of the Practice Profiles workbooks, ODJFS plans to offer training for both PCSA supervisors and OFC's technical assistance teams to promote effective use of these tools.

Comprehensive Assessment Planning Model – Interim Solution (CAPMIS)

The reliability and validity study of the Comprehensive Assessment Planning Model – Interim Solution (CAPMIS) protocol was implemented on January 26, 2015. Data collection and analysis will be completed during the first 18 months of the project; and a preliminary presentation on major evaluation conclusions and recommendations will be presented to ODJFS administrative and program staff in May 2016. The CAPMIS evaluation project will conclude in January 2017.

CPOE Stage 10 began October 1, 2014 and will end on September 30, 2016. Development of the CPOE Stage 11 framework (i.e., review criteria and compliance standards) is scheduled to occur through the summer of 2016. This will allow time for the major conclusions from the CAPMIS evaluation to be incorporated into the final CPOE Stage 11 framework. CPOE Stage 11 reviews will commence on October 1, 2016 and conclude September 30, 2018.

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

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

Progress Report:
Prior to commencing CPOE reviews for each stage, a Framework is developed to guide reviewers on what should occur during each component of the CPOE review. The following information was added to the CPOE Stage 10 Framework regarding data to discuss with agencies.

Data Discussion

The data discussion can be conducted during the entrance conference, exit conference or at a scheduled time during the onsite review that is amenable to both agency staff and TAS staff. BIC statistics will be included in the CPOE Stage 10 Report.

The TAS shall provide data reports for the period under review and any drill down information prior to the entrance conference via email to the PCSA or Court. The following reports are considered core reports that, at a minimum, must be addressed with the agency. Additional reports can be shared as needed.

1. Federal Child Welfare Performance Measures using the Dashboard report - The TAS will review the most current full year county specific Safety and Permanency outcomes with the agency. *

2. *Investigations Completed within the Required Timeframe* report .(ROM)

3. Recurrence Reports
   - *Safe From Maltreatment Recurrence for 6 months* report.(ROM)
   - *Safe From Maltreatment by Foster Parents* report. (ROM)

4. *Comprehensive Visitation Report* (SACWIS) for in-home and substitute care cases *
   (Discuss with the agency the report's strong points and areas needing improvement as well as how agency does or does not use this report in order to report the information back to SACWIS).

5. AFCARS exception report *

*Review these reports with the IV-E Courts

A summary of the overall data discussion will be captured in the final CPOE Stage 10 report.

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

Benchmark 1: Partner with stakeholders to develop the self-assessment tool, which would encompass a cohesive assessment of agency practice, including screening, decisions, CAPMIS assessments, family engagement, services to families, and the quality and timeliness of caseworker visits. (Years 1-2)

Progress Report:
PCSAs are required to develop a Quality Improvement Plan (QIP) as a result of outcome domains and items found as an Area Needing Improvement (ANI) identified during their CPOE review. Agencies complete a self-assessment report five months after their QIP approval. The self-assessment report is a universal ODJFS generated report template that all PCSAs utilize to report on implementation of the agency's QIP. The PCSA documents the following information on their self-assessment:

- How their agency has been monitoring progress made on their QIP;
- If there are any aspects of their QIP that have not been implemented;
- The timeframe for implementation of their QIP activities; and
- If there are any revisions to the original QIP.

The assigned TAS reviews the PCSA's five month self-assessment report once received from the PCSA. The TAS will provide the PCSA with an acknowledgement letter that the agency's self-assessment report was received and reviewed. The five month self-assessment is again reviewed and discussed with the PCSA during the PCSA's ten month CPOE QIP case reviews.

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

Benchmark 1: Devise methods of assessing consistency of reviewers during CPOE and other reviews.

Progress Report:
To address consistency issues during CPOE reviews the following activities occurred:

- Developed the *Child Protection Oversight and Evaluation Field Guide* which contains: (1) the HHS CFSR On-site Review Instrument; (2) Questions and Answers about the CFSR Instrument issued by HHS for specific items; (3) relevant Ohio Administrative Code (OAC) rule citations relating to specific items contained in the review tool; and (4) Child and Parent Visit Requirements.
- Piloting a consistency/inter-rater reliability section in the Akron/Toledo Field offices. Results will be incorporated into other field office supervision discussions.
- Scheduled a meeting to conduct an item by item review the Field Guide. Discussion will include where the information could be found in SACWIS or the case record and what is acceptable for compliance as well as boundaries to the use of professional judgment.
- A review was conducted of caseworker visits with children and parents to determine inconsistencies using CPOE Stage 9 review tools. The findings will be used to lead the discussion regarding caseworker visits with children and parents as part of the Field Guide discussion.
- Discussed preliminary findings of the review of AR cases during CPOE Stage 10 with the AR program manager to ensure consistency when reviewing cases from this point forward.
- Consistency and inter-rater reliability issues are addressed during monthly TAS meetings.

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

Progress Report:
Guidelines for development and monitoring of Quality Improvement Plans were included in the *CPOE Stage 10 Framework.* The following information is now contained in the Framework:

Quality Improvement Plans

Quality Improvement Plans (QIP) are developed by PCSAs to address changes that will need to occur in order to improve services in response to compliance-related issues identified in the CPOE Stage 10 Final Report. The QIP should contain a systemic approach to improving compliance with state and federal requirements for all areas identified as Needing Improvement in the CPOE Stage 10 Report. If an item has been identified in past CPOE reviews as an Area Needing Improvement and continues to be a compliance issue, the PCSA should examine what efforts the agency has previously engaged in and identify what were the underlying factors that continued to result in lack of compliance prior to developing their QIP. In some instances, Ohio has stricter requirements than the federal expectations of the CFSR, and although this may not impact a rating, a QIP may be required.

Negotiating a QIP

The PCSA representative can work with the TAS to "negotiate" what items need to be addressed in a QIP, if an agency can demonstrate that they are systemically meeting compliance with an item identified as an Area Needing Improvement by providing county-specific data (e.g., BIC reports, ROM reports, SACWIS reports; Quality Assurance Reviews conducted on specific compliance in other cases; procedures implemented by the PCSA on their own accord after the sampling period) to support current agency compliance. In addition, a QIP may be negotiated if the non-compliance continues to be an issue per OAC, but may not have been a compliance issue in this CPOE Stage 10 review, such as visits as mentioned above.

Developing and Monitoring a QIP

In developing the QIP, the PCSA should review the item of non-compliance, the applicable rule, their internal processes, and other factors to determine systemically what issues contributed to non-compliance. Once the systemic issues are identified, the PCSA is responsible for developing a plan that will ensure compliance with the item or rule, in its entirety, identify potential workflow issues and identify who will be responsible for implementing the plan.

In some instances, an agency may have areas of non-compliance in multiple areas, and upon review, the underlying factor impacting compliance may be deficiencies in caseworker and/or supervisor knowledge and skills, such as techniques for engaging families. In this instance, the QIP may address how the agency will develop caseworker engagement skills, how the supervisor will provide clinical supervision to caseworkers to learning how to engage families, and how this will improve overall agency performance in achieving safety, permanency and well-being outcomes.

An agency should look at overall agency performance over time (e.g., performance during the last CPOE review, performance between CPOE reviews) and not just each individual item identified in the CPOE Stage 10 Final Report. If an agency has not complied with an OAC requirement in the past, does the QIP need to address all facets of the rule or the outcome requirement? For example, a PCSA does not ask

about Indian heritage. In developing their QIP, they would need to develop a process that addressed not only what and when to ask about Indian heritage, but also what the next steps are if an affirmative response is received and what training the agency needs to provide to new staff about the Indian Child Welfare Act. In addition, training on the rule alone is not sufficient for a QIP, nor is stating that staff will comply with the rule as that is expected. The QIP needs to address how the agency (supervisors, QA staff, etc.) will ensure that the process or action will be implemented and identify who will be accountable for the integration of concepts learned in training into practice.

QIPs will not be approved unless they contain additional steps to address how or why the previous plan failed to achieve the intended results and what will be done to correct those shortcomings. The director will need to determine how the agency will ensure the new QIP will be adhered to. As applicable, agency progress in complying with its QIP should be supported by relevant reports and other tangible results. In addition, the QIP should address how supervisors or quality assurance staff will track successful implementation of the QIP.

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

Progress Report:
A discussion during supervision is being piloted which allows an individual TAS to bring up inter-rater reliability or systemic concerns they have identified during teaming with other TASs or in general discussions with other TASs. These issues will then be discussed with the other supervisors so that consistent directions/instructions can be addressed with the TASs during meetings and through updates to the *Child Protection Oversight and Evaluation Field Guide*. Updates to the guide will be made on a quarterly basis. TAS meetings will be the vehicle used to address concerns with inter-rater reliability and regularly review and discuss updates made to the *Child Protection Oversight and Evaluation Field Guide.*

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

Progress Report:
A review was conducted by two Technical Assistance Managers (TAMs) specific to the inter-rater reliability of the caseworker/child and caseworker/parent visits in CPOE Stage 9 - Quarters 5-8. The findings will be used to lead the discussion regarding caseworker visits with children and parents. In addition, clarification was addressed in the *CPOE Field Guide*, including the primary expectation of monthly visits, but allowing professional judgment regarding missed monthly visits and/or the need for more frequent than monthly visits.

Quarter 1 and Quarter 2 AR case review tools have been gathered and were scheduled to be reviewed by the three TAMS. However, due to a staffing change, this review has not begun. A new TAM has been selected, and the TAM review will begin in Year 2, which will allow the new TAM to complete probation.

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

Benchmarks:

1) Regional Technical Assistance Teams will regularly review data (e.g., county self-assessments, SACWIS data, CPOE and licensing site visit results) for the PCSAs and private agencies within their region. (Years 1-5)

2) Team members will proactively offer the counties and agencies in the region an opportunity to jointly review and discuss their data. (Years 1-5)
3) Per county and agency requests, the team will consult with the private agency or PCSA to develop an appropriate action plan and assess progress. (Years 1-5)

Progress Report:

OFC has aligned staff from the bureaus of Child and Adult Protective Services, Automated Systems, Child and Adult Technical Assistance, Fiscal Accountability and Federal and State Initiatives into cross-program area Technical Assistance Teams. These teams serve public and private agencies in five regions of the state: Central, Northwest, Northeast, Southwest and Southeast. Each of the Regional Technical Assistance Teams is required to meet on a monthly basis, and members also meet on an as-needed basis to address time-sensitive needs of the agencies in the region. Monthly meetings of the teams help members gain an enhanced knowledge about the counties that are located within the region, the successes and challenges they are experiencing, and the ways OFC can better support improved outcomes within the region.

To further integrate a Continuous Quality Improvement (CQI) approach to OFC's technical assistance process, the Regional Teams have incorporated a standing agenda item for an in-depth review of a different county during each meeting. These discussions provide an opportunity to review county data, CPOE results, practice strengths and challenges. The teams are utilizing these "county highlight" discussions in their planning efforts to meet agencies' needs for training or technical assistance and as the teams plan periodic region-wide events. OFC Technical Assistance Specialists, who are an integral part of each Regional Team, have incorporated these data discussions in the CPOE review process with counties as described above. Through this process, the TASs may proactively offer the services of the Team to assist counties with technical assistance and/or action planning around specific topics.

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

Update on Progress Made to Improve Outcomes

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

Benchmarks:

1) Evaluate CAPMIS to assess reliability and validity of the model. (Years 1-3)
2) Gather stakeholder feedback to better understand current utilization and barriers to the application of the CAPMIS tool set. (Years 1-2)

Progress Report:

On August 20, 2014, ODJFS issued a request for proposal to select a vendor to evaluate the validity and reliability of the *Comprehensive Assessment Planning Model – Interim Solution* (CAPMIS). The University of Cincinnati (UC) was selected as the project vendor and contract activities began on January 26, 2015.

Initial contract deliverables included finalization of the project work plan, and development of the data queries and data sharing agreement to pull case information from SACWIS. The project team has conducted several key informant interviews and has begun planning for stakeholder focus groups.

Caseworkers and supervisors using CAPMIS in practice will be invited to participate in the focus groups, which will be held regionally throughout the state. These stakeholder meetings will be used by the project team to gather information from PCSA staffs regarding current utilization of the CAPMIS toolset, as well as the barriers and challenges to applying the model in practice. The project team will also collect user input on the strengths of the CAPMIS protocol in supporting casework practice.

Benchmarks:

3) In collaboration with OCWTP, integrate CAPMIS, Differential Response, and SACWIS into Caseworker Core training modules. (Years 1-2)

4) In collaboration with OCWTP, develop enhanced CAPMIS training curricula for experienced practitioners and supervisors.

Progress Report:

CAPMIS, Differential Response, and SACWIS have been integrated into Caseworker Core Modules 2 and the corresponding Module 2 Learning Lab, Module 4 and two corresponding Module 4 Learning Labs, and Module 5. The two learning labs created to follow Caseworker Core Module 4 entitled, *Assessing Safety and Controlling Safety Threats* and *Assessing Family Strengths and Needs and Risk of Future Harm,* support documentation of safety and risk assessment into SACWIS. These learning labs provide participants the opportunity to access SACWIS and practice entering Safety Assessment, Safety Plan, and Risk Assessment information. Lab facilitators provide coaching and direction to participants about quality of documentation and how to efficiently enter documentation in the appropriate fields.

Whenever possible, language and content has been changed within Case Worker Core modules to align with the DR and CAPMIS models. SACWIS screen shots are also included throughout modules whenever a reference to documentation is included.

Additional revisions to Caseworker Core will occur in 2015 and 2016. At that time, the concepts will be integrated into the remaining five Core modules.

Three additional CAPMIS trainings will be developed in the next fiscal year. These training topics will include:

- Case Planning
- Case Review
- Reunification Assessment

In addition, IHS and ODJFS have worked collaboratively to ensure the CPS Worker Manual is updated to reflect the Field Guides for Assessing Safety and Assessing Risk. This includes encouraging trainers and practitioners to use new materials available on the ODJFS SACWIS Knowledge Base.

CAPMIS

OFC child protective services program staff have been working to strengthen the implementation of the CAPMIS through a variety of interventions including curricula development, trainer selection and approval, training on content for the CAPMIS trainers and targeted training on content for the end users. This increased collaboration between the Institute for Human Services (IHS), the statewide coordinator for the Ohio Child Welfare Training Program (OCWTP), and OFC child protective services staff has resulted in CAPMIS-focused curricula across the child welfare Core training continuum. A

CAPMIS Advisory Workgroup has been convened to provide guidance to the training program with respect to training content, materials and activities related to CAPMIS. The workgroup is comprised of ODJFS policy and field office staff, IHS staff, and all of the Regional Training Center (RTC) Directors.

As a result of this collaborative work, CAPMIS constructs have been integrated throughout the Core training modules. CPS staff has reviewed and provided feedback on IHS's Core training modules, and has also authored sections of the Core curricula to ensure the content accurately reflects the CAPMIS concepts and supports their application in the field. Additionally, the CPS program staff developed a series of CAPMIS-specific trainings and shared them with IHS to develop enhanced CAPMIS training workshops for casework and supervisory staff that have field experience. The three CAPMIS curricula provided to IHS by the CPS section include:

1. Safety Assessment
2. Safety Planning
3. Strengths and Needs

IHS worked with program staff to adapt the three curricula developed by the CPS team. CPS program staff have provided two CAPMIS Training of Trainer (TOT) sessions for prospective CAPMIS trainers. Program staff have also provided two Training on Content (TOC) sessions on the *Safety Planning* curriculum and one TOC session on the Safety Assessment curriculum to prospective CAPMIS trainers and field office staff. The *Safety Assessment* and *Safety Planning* trainings have been delivered to public children services agencies and positively received by their staffs. A *Strengths and Needs* TOC session was provided in May 2015 with an anticipated pilot of the training in summer 2015.

Training on Content (TOC) has been offered to six CAPMIS trainers for *Safety Planning* and *Assessing Safety*. Several Technical Assistance Specialists (TASs) attended the TOCs to support consistent implementation of Safety Assessment and Safety Planning throughout the state.

The Training on Content for *Assessing Strengths and Need*s was held May 21, 2015. TASs and CAPMIS trainers were invited to attend this TOC as well.

The *Safety Planning* training has been piloted 14 times around the state to 207 participants (caseworkers and supervisors) since June of 2014.

By enhancing the understanding of the CAPMIS model among caseworkers and supervisors in the counties it is believed implementation of Ohio's CAPMIS model can be strengthened. Moving forward, the incorporation of the CAPMIS concepts and constructs within the OCWTP Core training curriculum should assist with building knowledge of the model among the PCSA workforce. In the longer term, this should strengthen the application of CAPMIS as applied to the assessment of children and families.

Benchmark 7: As outlined above (in Objective #3), include a CAPMIS quality review tool in the CPOE framework. Through the CPOE process, Technical Assistance Specialists will work with agencies to identify needs for additional training or support for ongoing practice improvement. (Years 1-2)

Progress Report:
Refer to discussion under Objective #3 above.

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

Benchmarks:

1) Through the Differential Response Statewide Implementation Team, develop a companion tool set for caseworkers to accompany the Practice Profiles, which will include self-assessment tools to utilize in supervisory consultation.
2) Through the Differential Response Statewide Implementation Team, develop a companion tool set for supervisors to accompany the Practice Profiles, which will include supervisory assessment tools, such as a field observation checklist. (Years 1-2; Please note the timeframe for this benchmark was revised to extend into Year 2 – see narrative below.)
3) Through the Differential Response Statewide Implementation Team, develop a tool set for agency leaders and/or CQI staff anchored by the Practice Profiles. (Years 1-2; Please note the timeframe for this benchmark was revised to extend into Year 2 – see narrative below.)
4) Develop and provide web-based training to accompany the release of the above tools. (Years 1-2; Please note the timeframe for this benchmark was revised to extend into Year 2 – see narrative below.)

Progress Report:

All 88 counties have been provided with print copies of the Ohio Differential Response (DR) Practice Profiles for each of their casework staff and supervisors. The DR Practice Profiles were also presented at the PCSAO Conference and the National Differential Response Conference in the fall of 2014. Elements of the profiles have been featured in Ohio's quarterly DR Newsletter and discussed during regional DR meetings across the state.

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

A similarly-structured supervisory workbook entitled, *Ohio Differential Response Coaching and Supervision Tools,* is also in development at this time. The supervisory workbook contains a field observation protocol and checklist to assist supervisors with in-field observation and coaching of their staff; a supervisory case documentation review tool to assist supervisors in assessing and coaching staff on quality case documentation; and a set of supervisory coaching tools and strategies.

In crafting these tools, the DR Implementation and Practice Advancement team invested significant time in honing in on specific elements of the Practice Profiles that are strong indicators of practitioners' skill-level and fidelity to Ohio's DR model. The indicators selected are inclusive of casework practice in both pathways of Ohio's DR system – Alternative and Traditional Response. Thus, these tools will be helpful for supervisors and caseworkers in a variety of roles from intake and assessment through ongoing services. Both the caseworker and supervisory workbooks will be released together when completed

along with web-based training to support the effective use of these tools. Unexpected circumstances impacting the vendor assisting Ohio's DR Implementation and Practice Advancement Team with this work have created a brief delay in finalizing the supervisory workbook. However, it is anticipated that both workbooks will be ready for release by ODJFS in fall 2015.

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

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

Progress Report:
Over the past several years, the responsibility for providing training support for the statewide Differential Response initiative has transitioned from the AIM team (the national consultation team that partnered with ODJFS to implement DR throughout Ohio) to the OCWTP. Activities included developing Ohio trainers and coaches, standardizing curriculum originally developed by the consultation team, and developing Guided Application to Practice (GAP) sessions.

In the past year, following full implementation of DR throughout Ohio, the OCWTP focused on providing training and coaching opportunities for supervisors to assist them in implementing DR philosophy and practice in their supervisory units. A flyer to market these interventions was developed and distributed. The following is the set of the supervisory training interventions now offered by the OCWTP on an as-needed basis:

- *Clinical Group Supervision that Supports Family Engagement* (one-day workshop)
- *Coaching in Child Welfare Supervision: Using the Practice Profiles* (one-day workshop)
- *Guided Application and Practice: DR – What's Next* (three-hour GAP session)
- *Group Supervision using the Clinical Consultation Framework* (1 day workshop)
- *Supervising Differential Response* (1 day workshop)
- *Differential Response: 2-Day Primer* (for workers and supervisors new to Differential Response)
- Coaching intervention for workers, supervisors, managers, directors conducted for individuals or small groups

These courses were prioritized in Ohio's CFSP. As a result, the OCWTP developed work steps to expand offerings during a strategic planning retreat in October, 2014. At that time, the eight Regional Training Centers committed to offer these trainings on a yearly basis with first offerings occurring between April and December, 2015. To date the following three courses have been offered:

- *Clinical Group Supervision that Supports Family Engagement*
- *Coaching in Child Welfare Supervision: Using the Practice Profiles*
- *Guided Application and Practice: DR – What's Next*

During the past year, the OCWTP has also integrated concepts regarding Differential Response into Child Welfare Core workshops and Supervisor/Manager Core workshops (required foundation level courses).

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

Progress Report:
The one-day workshop, *Coaching in Child Welfare Supervision: Using the Practice Profiles* was developed by a national DR consultant through a contract with ODJFS. OCWTP assisted with finalizing the curriculum.

In 2014, the OCWTP recruited, screened and selected five Ohio trainers to train the curriculum statewide. The OCWTP provided Training on Content for those trainers in the fall of 2014. The course is now fully integrated into the OCWTP via E-Track. Although only offered once during this reporting period, OCWTP developed work plans to expand offerings during a strategic planning retreat in October 2014. The work plan calls for at least one offering of the training in all eight regions of the state starting April 2015.

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

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

Progress Report:
The PCSAO Child Welfare Workload Study team is finalizing the integration of the study's quantitative data and qualitative focus group results. Listed below are some of the preliminary highlights from the quantitative data:

- Children's protective services practice varies widely by county, including screen-out rates and the use of Traditional versus Alternative Response.
- Without taking case characteristics into account, there is wide variation across counties in how much caseworker time is devoted to the median intake case that has been screened-in, ranging from a low of 30 minutes to a high of 120 minutes (caseworker time is defined as time spent in direct contact with the client system, and excludes supervision, recording keeping, etc.).
- There was also wide variation (70 minutes to 449 minutes) across counties in how much caseworker effort was devoted during a month to the median ongoing case.
- Consistent data across the 18 counties participating in the workload study reflected that for both intake and ongoing cases, a caseworker spends 75% of her/his time on 35% of her/his caseload.

Thus, caseloads constitute a dynamic system, and caseload management requires something more dynamic than a static scoring system. Analogies are made to workload management practices in emergency rooms and in policing. The final product of this effort will be a workload calculator that agencies may utilize in making caseload management decisions. The preliminary product of this research will be ready for field testing this summer with a final product released in time for the PCSAO conference in October 2015.

Benchmark 4*:* Provide data on statewide performance on caseworker visits with parents and children in a standardized data report shared regularly with stakeholders. (Year 2)

Progress Report:
The SACWIS *Comprehensive Visitation Report* is a powerful management tool that assists agencies in tracking their data on caseworker visits with parents and caseworker visits with children. A SACWIS Knowledge Base article describing this report is available at this link:

http://jfskb.com/sacwis/attachments/article/511/Generating%20the%20Comprehensive%20Visitation%20Report_1_1.pdf

As Ohio strives to meet increased federal visitation standards under Title IV-B of the Social Security Act as revised by the Child and Family Services Improvement and Innovation Act [Public Law (P.L. 112-34)], OFC has developed a new CQI tool to keep caseworker visitation data at the forefront for agency leaders. Beginning in June 2015, a summary report of the SACWIS *Comprehensive Visitation Report* will be generated and emailed to each PCSA director and children services administrator across the state on a monthly basis. This report will provide agency-specific data on the percentages of visits met for children and parents for both in-home and custody cases each month. This emailed visitation summary report will only contain aggregate data for each agency. However, the full SACWIS *Comprehensive Visitation Report* allows agencies to "drill down" to generate additional reports identifying which children and/or parents need visits completed each month. OFC will send the summary report on the 15th of each month, so that there is time remaining in the month for agencies to use the data to improve performance for that month.

Benchmark 5*:* Collaborate with OCWTP to expand use of Effective Use of Home Visits training. (Years 1-2; Please note the correction to the title of the training. This was previously listed in Ohio's CFSP as *"Engaging Families in Planned and Purposeful Visitation"* but should have read *"Effective Use of Home Visits."*)

Progress Report:
The *Effective Use of Home Visits* training is a blended course which is divided into three sessions:

Session One: *Planning for the Home Visit*
Session Two: *Conducting the Home Visit*
Session Three: *Documenting and Debriefing the Home Visit*

For each session, caseworkers complete a short, self-directed online course at their desk, apply the concepts learned to current cases through a field application assignment, and discuss their experiences with a facilitator and colleagues during a two-hour Guided Application and Practice (GAP) classroom session.

The course includes a *Supervisory Companion Guide* to help supervisors support their caseworkers during this learning experience. This guide provides information about each computer module and suggestions about how to follow up with their worker after the computer sessions and during their field assignments. The guide provides a link to the online courses and field assignments so supervisors can see for themselves what their caseworkers are learning and doing.

This standardized curriculum has been available for offering since 2011, but was prioritized in Ohio's recent CFSP. As a result, the OCWTP developed work steps to expand offerings during a strategic planning retreat in October, 2014, and two statewide offerings were scheduled to begin in April, 2015 and conclude by the end of May, 2015.

Marketing included announcements via the eight Regional Training Centers (RTCs), distribution of flyers, and via four weekly announcements in the *PCSAO Weekly Update*, a newsletter distributed to all Ohio Public Children Service Agencies (PCSA). In addition, the course was highlighted in a document distributed to PCSA executive directors at a statewide meeting.

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

Update on Progress Made to Improve Outcomes

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

Implementation Milestones:
Statewide implementation of a Differential Response Child Protection System was completed in June 2014, with all 88 counties being trained in the model through a phased implementation process. Ohio is currently screening 45 percent of all child abuse and neglect reports to the Alternative Response pathway and 55 percent to the Traditional Response pathway. As implementation has been completed, many counties have scaled up their assignments to the Alternative Response pathway and have expanded their numbers of casework staff that are capable of being assigned both Traditional and Alternative Response cases.
Benchmark 1: Develop a data report that PCSAs and ODJFS can run to track categories or pathway assignment decisions.

Progress Report:
The *AR Intake Summary Report*, located in Ohio's Business Intelligence Channel (BIC) allows users to see the percentages of child abuse and neglect intakes for their agency that are screened in for Traditional Response and that are screened in for Alternative Response. The user is then able to drill down to access detailed information for each of these intakes. The report also provides information on whether an Alternative Response intake was transferred to the Traditional Response pathway and whether the case that the Alternative Response intake is linked to became an Alternative Response ongoing case.

Benchmark 2: Through stakeholder input and data analysis, identify barriers impacting Alternative Response pathway assignment. (Years 1-2)

Progress Report:
Cases from the Alternative Response pathway are included in the CPOE Stage 10 review process if they remained opened for assessment for more than 45 days. The DR Manager met with the Technical Assistance Team in April of 2015 to discuss several of the thematic practice issues that have been identified across the state from the Alternative Response case record reviews so far. During Regional DR meetings held with counties in May of 2015, practice concerns were discussed and technical assistance was provided to each region. OFC has provided joint technical assistance visits with counties and OFC technical assistance and DR program area staff upon request of the county or the assigned Technical Assistance Specialist (TAS)/Technical Assistance Manager (TAM).

Pathway assignment data is regularly presented to and discussed with Ohio's Differential Response Leadership Council. These discussions have yielded information about statewide training needs as counties seek to scale up the number of staff trained to deliver Alternative Response services. The Institute for Human Services, coordinator of The Ohio Child Welfare Training Program, is a member of Ohio's DR Leadership Council and has participated in these discussions.

The screening and pathway assignment workgroup described in Goal 2, Objective 1, Intervention 1, Benchmark 1 has also been evaluating screening and pathway assignment issues and will include AR Pathway Assignment in the *State Screening Guide*.

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

Progress Report:
Ohio has approached the implementation of its Differential Response system through a phased process grounded in the tenets of implementation science. Implementation supports provided to counties have included initial training in the Differential Response model followed by onsite coaching with a Differential Response expert consultant (approximately 3-6 months after initial implementation) and the opportunity for a sustainability consultation visit (1 year or more after initial implementation). All 88 of Ohio's counties have been offered these implementation supports. Counties are provided with a "menu" of options for different ways to structure their coaching and sustainability services to meet their individualized needs. Frequently, consultants have focused with counties on screening and pathway assignment questions and the implementation of new procedures around screening and pathway assignment, such as team consultation processes. Counties have had the opportunity to practice these new processes with their expert coach/consultant onsite. In addition, OFC has provided technical assistance to counties as noted above.

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

Progress Report:
Refer to update for Objective 4, Benchmark 2.

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

Benchmarks:

1) Continue to work with Ohio Intimate Partner Violence (IPV) Collaborative partners to train additional counties in the *Safe and Together* model. Expand implementation from the current 34 counties and provide the opportunity for all Ohio counties to be trained. (Years 1-3)
2) Provide "refresher" training options for counties that have already had initial training in the model but may have new staff that needs training. (Years 1-3)
3) Provide advanced training and technical assistance opportunities to strengthen implementation of *Safe and Together* in communities across the state. (Years 1-3)

Progress Report:
ODJFS continues to encourage and support the implementation of the *Safe and Together* model for working with families impacted by intimate partner violence. Ohio expanded the number of counties trained in the *Safe and Together* model of intervention to 41, and has provided several "refresher" training options for counties that have implemented the model but were in need of training for new staff. The Ohio IPV Collaborative has been featured regularly in the state's quarterly DR Newsletter and discussed during each meeting of the Ohio Differential Response Leadership Council and during regional DR meetings with counties. Advanced training days and supplemental webinars have been held with casework and supervisory staff throughout the past year, and four regional trainings for judges and judicial officers and their assembled local teams were held in May of 2015. In addition, through a statewide planning group of the Collaborative, a Model Community Response Protocol that is consistent with the philosophies and practices of *Safe & Together* is being developed. Please see Ohio's attached CAPTA Plan Update for additional details.

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

Benchmarks:

1) Complete pilot implementation of Permanency Roundtables and Youth-Centered Roundtables with 5 pilot sites.
2) Evaluate Permanency Roundtable Pilot in partnership with Casey Family Programs. (Years 1-2)
3) Partner with Casey Family Programs and OCWTP to expand implementation of Permanency Roundtables to additional cohorts of counties. (Years 2-5)

Progress Report:
Ohio is partnering with Casey Family Programs to expand the implementation of Permanency Roundtables (PRTs). PRTs provide counties with an opportunity for structured case consultation designed to generate solutions and overcome the barriers to permanency faced by youth in foster care. The objective of the PRT approach is to expedite permanency and ensure that all options have been exhausted. PRTs also seek to ensure that each child or youth has at least one permanent connection in his or her life.

In 2014, six counties volunteered to participate in the pilot project, led by the ODJFS and the Public Children Services Association of Ohio (PCSAO) with funding from Casey Family Programs. Athens County Children Services, Fairfield County Job and Family Services, Guernsey County Children Services, Hamilton County Job and Family Services, Montgomery County Job and Family Services, and Summit County Children Services have adopted the national Youth-Centered PRT model: a focused effort to find permanency for long-staying youth. The Youth-Centered PRT model is a two-step process. The first PRT is an internal agency meeting to discuss the youth's history and future and develop a draft *Permanency Action Plan*, and the second meeting is a "Youth-Centered" PRT that will include the youth and an advocate or support person of the youth's choosing. It is during the Youth-Centered PRT that the *Permanency Action Plan* is finalized with the youth's input. The model has demonstrated early success in Colorado. For Ohio's pilot, the target population selected is youth ages 12 and older who have been in care 17 months or longer. Ohio is currently not meeting the National Standard for achieving permanency within 12 months for youth who have been in care for 24 months or longer. PRTs have demonstrated potential to improve outcomes for this group.

Feedback Loops and Implementation Milestones:
Representatives of the pilot counties, ODJFS, PCSAO, Casey Family Programs, and other project partners, including the OCWTP and the Wendy's Wonderful Kids program of the Dave Thomas Foundation for Adoption, have come together to form a Permanency Roundtable Advisory Council to guide Ohio's pilot implementation. The last year has yielded significant progress for the PRT pilot. Accomplishments include:

- Provision of comprehensive PRT training for each of the six pilot counties: Each agency received Permanency Values training for its entire staff as well as PRT Skills trainings for those staff most closely involved in the implementation of PRTs and Youth-Centered PRTs.
- Community outreach within each of the six pilot counties: Each pilot site was provided training resources to assist in community education efforts on permanency and the PRT process with critical stakeholders, including their court, guardians' ad litem, CASAs, foster care provider agencies and foster parents.
- SACWIS Enhancements & Evaluation Plan: A pilot evaluation plan was developed to compare outcomes following the implementation of PRTs and Youth-Centered Roundtables with a baseline period prior to the pilot. In addition, evaluation activities will capture qualitative data on counties' experiences implementing PRTs and any resulting culture change as the counties fully integrate PRTs in their day-to-day practice. OFC's SACWIS team developed system enhancements to support improved data entry and documentation of PRTs. These enhancements will assist agencies in tracking success and will support project evaluation activities.
- Launch of Permanency Roundtables & Youth-Centered Roundtables in the Pilot Counties: All six pilot counties completed an initial wave of PRTs for youth in the pilot population. Across the six counties, PRTs were conducted for 313 youth during this initial wave. As of May 2015, 180 Youth-Centered Roundtables have also been completed with these youth. Following the initial PRT and Youth-Centered Roundtable, the pilot sites will conduct a follow-up Youth-Centered Roundtable every 90 days until the youth exits foster care.
- Completion of an Ohio Permanency Roundtable Implementation Guide: A comprehensive PRT "How To" manual was developed by Casey Family Programs and members of Ohio's Permanency Roundtable Advisory Council. This implementation guide will assist new counties as Ohio works to expand the practice of PRTs across the state. Five additional county sites have committed to joining the PRT pilot in 2015. They include: Butler, Clark, Mahoning, Stark and Trumbull Counties.

Progress Measures:
Through implementing the Youth-Centered PRT model in Ohio, all of these partners expect to see improvements: in the short term, less restrictive living environments for children, and in the long term, more children will move to permanency before they age out of the system. Just as important, the project supports the ongoing philosophical shift in Ohio to ensure that every child attains permanent connections – whether it be successful reunification with a birth family, permanent placement with kin, or adoption – before having to emancipate. The emphasis on instilling the values of permanency, not just in agency staff but also in judicial partners, providers, and foster caregivers, is designed to bring together multiple systems in support of permanency for Ohio youth.

Although it is relatively early in the pilot to report on outcomes, there is already encouraging data. Montgomery County was the first pilot site to launch PRTs. The county implemented Differential Response agency-wide in May of 2014 and then started PRTs in June of 2014. Since the implementation of these two system changes, the agency has seen promising outcomes, including:

1. A reduction in the number of children in placement from 740 children to 658. The agency reports that this represents its lowest child placement numbers within the last 20 years, if not longer.

2. Finalization of 90 adoptions in 2014, an increase of 50% over 2013 numbers.

3. A 20% reduction in cases transferring for ongoing services, resulting in a current average caseload of 11 for caseworkers in ongoing services.

4. Improvement in customer satisfaction survey results. The agency reported that it had seen a gradual decline in scores over the previous few years. The most recent survey composite score improved .5 points on a 5 point Likert scale. Every rating area improved from the previous two years' scores.

OFC will continue to work with the pilot counties, PCSAO and Casey Family Programs to track outcomes and evaluate the impact of the PRT pilot over the next year.

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

Benchmark 1: In partnership with ProtectOHIO counties, explore the feasibility of regionalization of FTM facilitation services to allow more counties to implement FTMs with a high degree of model fidelity. (Years 1-2)

Progress Report:
The Sustainability/Expansion Subcommittee of the ProtectOHIO Consortium conducted a survey in April 2014 of non-waiver participants to gauge interest in joining ProtectOHIO. Strong interest was demonstrated, however, following further consultation with ACF, the Consortium ultimately decided to maintain its focus on increasing fidelity to the intervention strategies and incorporating well-being measures into the Family Team Meeting evaluation strategy.

The ongoing evaluation of Family Team Meetings (FTM) has the ability to contribute to the growing extant literature and knowledge base of family meetings. While the model is unique to Ohio, elements of it are not dissimilar to Washington D.C.'s expedited Family Team Meeting model. Both models include the use of structured planning and decision making meetings that use trained independent facilitators to engage families, family supports, and professional partners in creating plans for children's safety and permanency. In addition, both models employ shorter meetings (ranging from approximately 30 minutes to two hours) than typical of Family Group Decision Making, a promising practice with meetings that typically last much longer (often ranging from a few hours to all day) . Because both Washington D.C.'s and Ohio's FTM models have shown some preliminary positive findings with the use of shorter, yet effective meetings, additional research is merited to further explore outcomes for children and families participating in these family meeting strategies. With an increasingly refined model,

considerable sample size, and a matched comparison group, ProtectOHIO FTMs contribute to conversations around family meeting implementation, fidelity, and the development of evidence-based child welfare practices.

Progress Measures:

Interim Report Outcomes Findings

In order to reliably attribute differences in outcomes to the FTM model, the evaluation examined the extent to which families received the intervention with fidelity to the model. For the interim report, the evaluation team classified each case as receiving high, medium, or low fidelity FTM, and examined outcomes of the entire group of families/children that received FTM (n =2,692 families, 5,599 children), and then separately of families/children that received high fidelity FTM (n = 445 families, 891 children). For each outcome analysis, the study team compared FTM families/children to families/children in comparison counties with similar characteristics (i.e., "matched" comparisons). The evaluation found that: 1) FTM as an intervention reduces case length, particularly when delivered with high fidelity, 2) children and families who receive high fidelity FTM are as safe as their matched comparisons, and 3) FTM, when delivered with high fidelity, reduces overall placement days for children. In sum, when differences were revealed in support of FTM as a useful intervention for working with families, those differences tended to emerge at higher levels of fidelity to the FTM model.

Fidelity Analyses Findings

Another key reason to measure fidelity to an intervention model is to explore whether there are elements of the model that are most important to achieving better outcomes. While there is no variation in certain fidelity components across, or within counties (e.g., all meetings are led by trained, independent facilitators), natural variation exists among other fidelity components. Given real life situations that PCSAs are faced with, FTMs may occur with or without the minimum attendee mix and/or within or not within the minimum specified timeframes. Subsequent to the interim report, the evaluation team conducted additional analyses to explore whether 'attendee' or 'timeliness' fidelity components have more bearing on positive outcomes.

The first set of analyses focused on children that had been placed (n=1,191), and demonstrated that attendee fidelity may be more important than timeliness fidelity in terms of reducing placement days. While there were no differences in the number of placement days between children that received low, medium, and high timeliness fidelity, there were significant differences between the attendee fidelity groupings. An analysis of variance showed that children who received high attendee fidelity FTM spent significantly less time in placement (m=173 days) than children who received medium attendee fidelity (m=222 days), and significantly fewer days in placement than children who received low attendee fidelity (m=243 days). Significant differences did not exist between low- and medium- attendee fidelity levels, suggesting that achieving high attendee fidelity is an important factor in reducing placement days. A follow-up analysis of covariance (ANCOVA) revealed that differences in placement days between the three attendee fidelity groups remained significant after controlling for the effect of timeliness fidelity.

Further analyses demonstrated that both the timeliness and attendee fidelity components of FTM fidelity are related to positive outcomes when examining the length of the case. Cases receiving high

timeliness fidelity FTM had significantly shorter case lengths (m = 252 days) than cases receiving medium timeliness fidelity (m = 309 days) and low timeliness fidelity (m = 336 days). Similarly, cases receiving high attendee fidelity had significantly shorter case lengths (m = 257 days) than cases receiving medium attendee fidelity (m = 312 days) and low attendee fidelity (m = 290 days). Results from both multiple regression analysis and ANCOVA suggest that each component of FTM fidelity is an important predictor of case length even after controlling for the effects of the other component. Taken together, the findings suggest that both meeting participants and the timeliness of meetings are important factors in reducing overall case length, yet securing a mix of attendees to participate in the FTMs may be a more important factor to consider once children are placed. Additional analyses on each fidelity component will allow the evaluation team to further explore the extent to which each timeliness and attendee fidelity component impacts waiver outcomes.

Since the interim report findings were disseminated, showing that high fidelity FTM is associated with positive outcomes, the facilitator workgroup has taken several steps towards increasing fidelity to the model, including developing a subcommittee focused on conceptualizing strategies that could be implemented across rural and urban counties, and continually strategizing methods to overcome barriers naturally associated with family meeting interventions. More recently, a new subcommittee was developed committed to identifying components of the model where implementation may vary and providing recommendations to promote a more consistent practice across counties. In the coming months, the evaluation team will further explore how fidelity components are tied to outcomes and disseminate those findings to this subcommittee.

A key reason to measure fidelity to Family Team Meeting (FTM) intervention models is to explore whether there are elements of the model that are most important to achieving better outcomes. The findings suggest that both meeting participants and the timeliness of meetings are important factors in reducing overall case length, yet securing a mix of attendees to participate in the FTMs may be a more important factor to consider once children are placed. Additional analyses on each fidelity component will allow the evaluation team to further explore the extent to which each timeliness and attendee fidelity component impacts waiver outcomes.

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

Benchmark 1: In partnership with Casey Family Programs, provide planning grants to counties interested in implementing a Parent Partner program. Planning grants will provide counties an opportunity to do intensive planning and convene family focus groups to inform the development of their program models.

Progress Report:

Primary parent partners are birth, adoptive or foster parents who were previously involved with the child welfare system and who now serve as mentors or supports for other child welfare-involved parents. For counties that seek their help, primary parents are an invaluable resource. They can use their own experiences to connect as advocates and mentors with parents who have open child welfare cases and help in a way that is affirming, fear-reducing and solution-focused. Counties that implement primary parent programming, recruit, train and prepare these parents to serve as resources for other parents.

During State Fiscal Year (SFY) 2015, Cuyahoga County Department of Children and Family Services, Richland County Children Services and Trumbull County Children Services applied and were selected as Primary Parent Partner planning grant recipients. OFC partnered with Casey Family Programs to support these agencies in developing successful primary parent partner programs. A new name for the initiative was adopted – "Helping Ohio Parent Effectively (HOPE) Partners" – as the Ohio Primary Parent Partner Workgroup felt this title best represented the overarching goal of this work.

ODJFS has committed significant staff resources to support the Primary Parent Partner Planning Grants, including a designated Project Coordinator, who co-facilitates quarterly HOPE workgroup meetings, provides local and statewide presentations on primary parent activities, and provides technical assistance to pilot counties.

Feedback Loops:

Listening Sessions

During the planning phase, grant recipients were required to convene Listening Sessions with parents and others who would be integral to a successful primary parent partner program. Each site conducted separate sessions with staff, resource parents, and primary parents that previously had an open case with the children services agency. These sessions were designed to elicit feedback from participants regarding their experiences with the child welfare system. Listening Sessions gave county administrators an opportunity to hear strengths within their agency practice as well as possible barriers to engaging families. Questions for each session were crafted for the particular audience. While the discussion varied depending on the group type, the end result in each group was a list of prioritized ideas for increased primary parent engagement.

Staff identified inconsistencies within their county's practices and were able to see how primary parent partners could help bridge communication among all parties of the case. They also identified bureaucratic barriers and challenges to providing timely services. Many staff felt that primary parent partners could speak with the parents and offer examples of positive experiences which could reduce some of the apprehension of being involved with the child welfare system.

Resource parents voiced an interest in bridging communication between primary parents and resource parents. They recognized that open communication could help youth through the transition to substitute care and through reunification efforts. Foster Parents also identified a lack of transition services as being a barrier to reunification.

Primary parents were excited to know that their opinions were appreciated and that their experience could help mold the county's primary parent partner program. Parents also supported building relationships with foster parents and other substitute caregivers. Parents felt that participation in a Family Orientation would have helped families have a better understanding of children services, juvenile court and the parent's role and responsibilities while their children were in care. Primary parents also felt that there were inconsistencies between caseworkers in regards to engagement efforts and their willingness to try to understand a family's specific needs.

Listening Sessions were well attended and participants provided valuable information and ideas. All three groups acknowledged the likelihood that a parent partner could improve communication and break down barriers to partnership among child welfare professionals, parents and resource parents in the child welfare process.

Implementation Milestones:

Planning Phase Deliverables

Cuyahoga County Department of Children and Family Services, Richland County Children Services and Trumbull County Children Services were required to establish a planning team which included primary parents and community partners along with agency staff. Counties also invited leaders in their foster parent associations, board members and other local leaders to participate. The county planning teams' charge was to develop a primary parent partner program that would meet the county's goals, be consistent with the recommendations of Ohio's HOPE Workgroup, and be sustainable.

Grant recipients were also required to submit three documents during the planning phase: an interim project status report, a detailed implementation plan, and a supplementary report that included: 1) an analysis of the process and steps taken to complete the Family Listening Sessions and a compilation of the feedback received; 2) any needed changes to existing policies or practices identified by the agency through the planning process; and 3) successes, challenges and recommendations agencies may have for other planning sites in the future.

Implementation Phase

In the next year, Casey Family Programs is partnering with OFC to provide implementation grants to these three counties. Each county has committed to developing primary parent partners and implementing the program models they created during the planning phase. The counties have also committed to documenting families that receive primary parent services by entering case specific services within SACWIS. Sites will also provide evaluations to families that have received these services to determine whether the services are meeting the needs of families.

Trumbull County Children Services plans to phase in family orientation sessions, a youth support group, a parent support group, and eventually family-to-family mentorship matching. The orientation sessions will be co-facilitated by Trumbull County's QA Supervisor and a HOPE Partner and will hopefully help families who are new to the child welfare system understand their rights and what they can expect of the agency. The support groups will be co-facilitated by a HOPE Partner and a mental health professional.

Similar to Trumbull County, Cuyahoga County Department of Children and Family Services plans to offer parent orientation sessions. During these sessions, HOPE Partners will share their involvement with the child welfare system, and families will have an opportunity to share their grief and loss. Child welfare staff will also participate and share their perspectives on how difficult it is to remove a child from a parent or caregiver, while substitute caregivers will offer insight into their role in providing temporary care for children. Cuyahoga County would also like to incorporate family-to-family mentorship matching as their program progresses.

Richland County Children Services plans to pair HOPE Partners with families that have not identified a support person to accompany them to Team Decision Making (TDM) and Family Team Meeting (FTM) sessions. HOPE Partners will also attend agency staff meetings to provide feedback on ways the agency could improve family engagement and provide better outcomes for ongoing cases.

County implementation deliverables will include:

1. Completion of initial training for county-identified primary parent partners;
2. Identification of a supervision process and a mechanism for development of primary parent partners;
3. Establishing an evaluation process for gathering parent feedback;
4. Submission of an interim report; and
5. Submission of a final status report that includes program qualitative and quantitative data for the first year of implementation.

Ohio's Primary Parent Partner Planning Grant was so successful that Casey Family Programs and ODJFS have also partnered with PCSAO to support an additional HOPE Partners Planning Grant site. Through the generous support of Casey Family Programs, Stark County has received a grant to plan a HOPE Program within their county. ODJFS has facilitated lessons- learned meetings between the initial three pilot sites and Stark County. Stark County will be completing all of the activities that Cuyahoga County Department of Children and Family Services, Richland County Children Services and Trumbull County Children Services completed this past year.

New Benchmark

Continue to partner with Ohio's Primary Parent Workgroup, 'HOPE Partners' to promote use of educational advocates for families in need. ODJFS is committed to ongoing collaboration with this workgroup as their experience informs child welfare policies and practice.

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

Benchmarks:

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

2) Explore possible expansion of WWK work plan to include recruitment efforts on behalf of children under age 5 who are at-risk of lingering in care.

3) Explore possible expansion of work plan to include recruitment efforts on behalf of youth with a permanency goal of "Planned Permanent Living Arrangement."

Progress Report:

ODJFS continues to explore ways to improve and expand upon the implementation of the Wendy's Wonderful Kids (WWK) model for child-specific recruitment efforts. As detailed in the foster and adoption diligent recruitment plan section, ODJFS continues its successful partnership with the Dave Thomas Foundation for Adoption (DTFA). Three benchmark strategies were identified to improve and possibly expand the WWK program.

The adoption policy staff met with DTFA administration on January 27, 2015 to discuss the partnership and plan for a statewide presentation of the program to increase awareness and provide a high level understanding of the model. Adoption policy staff attended the WWK training on February 4, 2015 and February 5, 2015 to become more familiar with the model and how adoption policies impact the model and vice versa. Additional communication between ODJFS adoption policy staff and DTFA

administration occurred throughout February and March to solidify details of the training presentation. General topics of the training included a model overview, file mining, information regarding children who have reservations about being adopted, as well as what happens in those cases, and the expectations regarding documentation and timeframes toward permanency. On March 13, 2015, invitations were sent to PCSA adoption contacts, as well as private agencies that are adoption providers or have a role in the adoption process, providing information about the training and asking individuals to register. A total of 43 individuals registered, including public and private agency workers, and 36 attended the training. The presentation received positive feedback from those who participated. Supplemental information, such as copies of the training documents, data referenced during the training, and videos presented during the training were sent to all adoption contacts the day after the presentation. Administration at DTFA is now working to create an online training for years 2-5 that will continue to get the word out about the WWK program to all adoption agencies, both public and private. Once the training is available, information regarding how to access the presentations will be shared statewide.

Feedback Loops:

The data in the 2015 to 2019 diligent recruitment plan showed on May 31, 2014 that just over twenty-five percent of children in permanent custody were under the age of five. Due to this, ODJFS decided to explore the expansion of the WWK work plan to include recruitment efforts on behalf of children under the age of five who are at risk of lingering in care. Many methods were used to determine the need to expand to this population.

On October 20, 2014, the Deputy Director invited staff from Ohio's PCSAs to participate in a variety of CFSP workgroups. One of the workgroups was the adoption group. The adoption workgroup was charged with exploring the expansion of the WWK program to youth under age five as well as developing a survey for PCSAs to provide input regarding practices impacting timely adoptions and highlighting those who are successful in finalizing adoptions. The kickoff meeting was held on January 13, 2015. The group consists of staff from 13 individual PCSAs and 9 state staff. The county staff represent small to large counties and includes a mixture of adoption caseworkers, supervisors, administrators and an agency attorney. State staff includes adoption policy, independent living policy, technical assistance specialists, licensing specialists, management and SACWIS staff. On January 8, 2015, the following data was pulled for the group:

Number of children under the age of five in Permanent Custody in Ohio as of 12/31/2014:

Permanent Surrender (PS):	23
Permanent Custody (PC):	645
Total PC/PS:	**668**

Placement type of PC/PS children under the age of five

Adoptive placement (AP) – 108
Non relative home – 11
Relative home – 37
Foster home – 512
Total children not in adoptive placement: 560

Children (under the age of five in PC/PS not in an adoptive home by year of the PC/PS):

Year		Number of Children	Percentage
2011		2	<1%
2012		18	3%
2013		88	16%
2014:			
January		9	
February		16	
March		15	
April		21	
May		43	
June		49	
July		55	
August		44	
September		51	
October		67	
November		38	
December		44	
Jan to June	Total:	153	27%
July to Dec	Total:	299	53%
2014	**Total:**	**452**	**80%**

The majority (80%) of the children under the age of five in permanent custody/surrender who were not already in an adoptive home had only been in that custody status since 2014 and over fifty percent within six months of the date the data was pulled. The members discussed the data in relation to the need to expand the WWK program to this population. All members agreed that expansion of the WWK work plan was not needed for this population except for children identified as medically fragile or a part of a large sibling group. Each of the counties reported the majority of children under the age of five in their respective county have an identified adoptive home at the time permanent custody or permanent surrender is obtained. Typically the home is the current foster or relative caregiver. Agency workers indicated that when a child does not have an identified home the agency has many resources available to locate and match the child quickly with an adoptive family. State staff who work with the county agencies agreed with the counties' assessment that expanding the WWK program to children under the age of five should be targeted to medically fragile children or children who are a part of a large sibling group.

On January 27, 2015, the adoption policy staff met with staff from the Dave Thomas Foundation for Adoption (DTFA) to discuss the possible expansion to youth under the age of five. They also identified that expansion to this population would be beneficial for children identified as medically fragile or who were a part of a large sibling group where the agency is looking for one adoptive home. The WWK work plan detailed currently allows for flexibility regarding the types of children referred to the program. ODJFS will work with the DTFA to expand recruitment efforts to medically fragile children and to large sibling groups of children of any age.

The last benchmark was to explore the expansion of the WWK work plan to include recruitment efforts on behalf of youth with a permanency goal of Planned Permanent Living Arrangement (PPLA). On February 19, 2015, seventy-one youth with a status of PPLA were actively being served by WWK recruiters. Some data on those youth include:

- Age range of those youth: 13 to 20
- Average age is 17 years old
- 56% are black, biracial or Hispanic
- 48% have special needs
- 54% have siblings
- 52% are not in a foster family (they are in group homes, residential facilities or independent living settings)
- Average number of placements before WWK involvement: 5
- Average days in care prior to WWK involvement: 2,392 (or 6 ½ years)
- 1 in 4 had a failed adoption or adoptive placement prior to referral to program

During the meeting with DTFA staff, it was discussed that the foundation did not track these PPLA youth separately from the PC/PS youth. The foundation staff has asked their data agency, Child Trends, to add a filter to their data system so the PPLA youth and their success can be tracked.

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

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

Progress Report:
For State Fiscal Year (SFY) 2015, the Ohio Children's Trust Fund (OCTF) is providing over $3.5 million in evidence-based prevention strategy funding across Ohio. The Trust Fund understands the importance of engaging key stakeholders and partners in reviewing the evidence-based child abuse prevention programming it is supporting.

During SFY 2015, the OCTF held regional application review workgroups in Canton, Columbus, Dayton and Toledo that were attended by over fifty participants representing multiple fields including: state and county agencies; Ohio Universities; foundations; statewide associations and organizations and; community non-profit agencies.

Application review workgroup participants included OCTF research partners, parents and evidence-based child abuse prevention providers from across Ohio who conducted thorough reviews of eighty-eight local funding applications containing over forty different evidence-based child abuse prevention programs.

In examining the program(s) proposed within each application, reviewers evaluated applicant compliance with OCTF funding guidelines and measured applicant adherence to evidence-based

program developer requirements. Each reviewer assessed whether the evidence-based program(s) proposed within each application for local implementation represented a logical and appropriate response to local child abuse and neglect prevention needs.

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

The regional application review workgroups greatly benefited the Trust Fund and we plan to continue utilizing them in SFY 2016.

In addition to the workgroups, the OCTF is engaging in a strategic planning process with a vendor who is developing strategic planning surveys. These surveys will be distributed to Trust Fund partners and stakeholders that possess knowledge of and experience in delivering evidence-based child abuse prevention programming throughout Ohio.

These surveys will yield valuable feedback concerning the quality of the evidence-based prevention programming the OCTF is currently funding as well as suggestions for improving the selection, funding and evaluation of that programming. It is also believed that the surveys will provide ideas for new evidence-based prevention programming.

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

***Progress Report*:**
In FFY 2014, the Ohio Children's Trust Fund provided support and technical assistance to grantees on the following topics.

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

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

Ongoing Individualized Technical Support and Technical Assistance

Grantees received one-on-one support and technical assistance to address specific challenges and opportunities related to service provision and program management. Topics addressed through technical assistance included: evidence-based practices, recruitment and retention, data collection, barriers, usage of Microsoft Access application database, FRIENDS Protective Factors Survey database, evaluation and continuous quality improvement and community-building/collaboration. OCTF staff also provided technical assistance to local grantees on the incorporation of the April 2014 and 2015 messaging into their local campaigns. Support was delivered via phone, email, GoToMeeting and site visits.

Online Webinars

The Trust Fund held a series of continuous quality improvement webinars for the evidence-based programs funded in FFY 2014: Incredible Years Basic Parent and Incredible Years Dina Classroom. Webinars were also held for both grantees and their vendors for the OCTF's new SharePoint application and reporting database. Through the webinars and individualized technical assistance, the Trust Fund ensured grantees were adhering to fidelity requirements. The webinars also served as a forum in which grantees could share best practices.

Trainings

The Trust Fund held trainings on six evidence-based programs funded with CBCAP dollars. These included: one Incredible Years Parent training, one Incredible Years Baby Training, one Incredible Years Dina Classroom Training, one Active Parenting Leader Training, one Nurturing Parenting Program Facilitator Training, 2 Parent Cafés Coordinator Trainings and one Parent Cafés Train-the-Trainer Training. These trainings were offered free of charge and helped offset the cost of implementing evidence-based programming at the local level.

The OCTF also held peer networking sessions for Incredible Years grantees, Wraparound grantees, Stewards of Children grantees as well as the Strengthening Families Learning Network. These sessions served as a venue to get support and feedback on how grantees were currently operating their programs, share success stories and discuss barriers they were having with their evidence-based programs and to address any other concerns or issues they may be having.

The Trust Fund held in-person outcome accountability and logic model development trainings for our grantees.

The Trust Fund also maintained the OCTF website as well as the OCTF Facebook page as a vehicle for all grantees to share information and resources. You can access the website at: http://jfs.ohio.gov/octf/ and the OCTF Facebook page at: https://www.facebook.com/OhioChildrensTrustFund.

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

Progress Report:
The Ohio Children's Trust Fund conducts peer review consultation calls at a minimum semi-annually to assess model fidelity of evidence based programs for several Incredible Years strategies and for the

Strengthening Families Framework. These evidence-based programs are being implemented in 26 counties throughout the state, and through the Trust Fund's coordination efforts, providers have access to a broad network of resources. These consultation calls are facilitated utilizing content experts who have detailed experience with the programming.

Specifically, the Ohio Children's Trust Fund has contracted with the Incredible Years, Inc. to deliver peer review consultation calls to grantees implementing this evidenced based program. These calls occur at a minimum 3 times per year and are open to current grantees and others in the community who are facilitating this program and are seeking additional information. Participants are asked to provide a list of questions that they would like addressed regarding program fidelity requirements, implementation best practices, and opportunities to overcome barriers. The content expert then addresses the submitted questions and allows for open conversation to discuss any additional topics. To help facilitate discussion between the Ohio peer groups, the Ohio Children's Trust Fund requests that one vendor implementing the program begin the consultation call to share their program implementation tactics and describe the successes and barriers they have encountered. Program facilitators have the opportunity to learn from each other alternative approaches to conduct the program while aligning with model fidelity.

Beginning in SFY 2014 and continuing through SFY 2016, the Ohio Children's Trust Fund has been working to develop and expand the Strengthening Families Learning Network, which is composed of child care resource and referral agencies and other early childhood organizations across the state of Ohio, by contracting with program experts. Through this work, representatives from each participating resource and referral agency convene multiple times per year for statewide network meetings regarding the implementation of the Strengthening Families Framework, in addition to participating in statewide consultation phone calls. On the local level, regional meetings are also conducted multiple times throughout the year. Through these peer group collaborations, providers have begun viewing each other as resources to share best practices and discuss model fidelity requirements. An Ohio Strengthening Families Framework Implementation Road map will be developed over the next fiscal year incorporating the input provided from the peer review groups that will help other organizations in the replication of this program, ensuring compliance to model fidelity.

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

Measures:	Year 1 Baseline Performance:
1.) Percentage of all children who were the subject of a screened-in report of child maltreatment during a 12-month period (regardless of disposition type) who are the subject of an additional screened-in report within 12 months of the initial report.	**1.) Recurrence of Maltreatment: 13.2% (federal risk-adjusted performance)**
2.) The rate of victimization per 100,000 days of all children in agency custody during a 12-month period.	**2.) Maltreatment in Foster Care: 16.56 victimizations per 100,000 days in care (federal risk-adjusted performance)**
3.) At a minimum, 95% of cases reviewed through CPOE, SACWIS desk reviews, or other specialized reviews will demonstrate timely investigations of reports of maltreatment.	**3.) 84% of cases reviewed demonstrated timely investigations of reports of maltreatment. (CPOE Stage 9 results)**
4.) At a minimum, 95% of cases reviewed will demonstrate concerted efforts to provide services to the family to prevent children's entry into agency custody or re-entry after a reunification.	**4.) 95% of cases reviewed demonstrated concerted efforts to provide services to the family to prevent children's entry into agency custody or re-entry after reunification. (CPOE Stage 9 results)**
5.) At a minimum, 95% of cases reviewed will demonstrate concerted efforts to assess and address risk and safety concerns relating to child (ren) in their own homes or while in out-of-home care.	**5.) 74% of cases reviewed demonstrated concerted efforts to assess and address risk and safety concerns relating to child (ren) in their own homes or while in out-of-home care. (CPOE Stage 9 results)**

Goal 2: Objective 1
Improve screening and pathway assignment practices to assure accuracy in decision-making and to support high-quality assessments.

Update on Progress Made to Improve Outcomes

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

Benchmark 1: Convene a workgroup with balanced representation from OFC and a diverse subset of PCSAs.

Progress Report & Feedback Loops:
A workgroup was formed to address screening and pathway assignment practices. Members of the workgroup include: twenty-two PCSA staff representing all Ohio CPOE county size groups (small, small-medium, medium, large, metro and major metro); seven OFC staff representing CPS Policy, Technical Assistance, Foster Care Licensing, and SACWIS; and one member representing OCWTP. PCSA representation included both front line staff and management.

Workgroup meetings began on January 13, 2015 with a subsequent meeting held on April 17, 2015. Meetings are scheduled at least every 60 days with sub-team meetings in between. Information is shared via in-person meetings and e-mail.

Benchmark 2: Report on workgroup progress and gather stakeholder input through established feedback channels.

Progress Report:
During the initial meeting, workgroup members discussed Ohio's strengths and opportunities related to screening for both county agencies and the state. Common themes identified are noted below:

- County agency strengths: guided screening process, group screening, checks and balances even if no group decision making is present, thorough documentation of screening decisions, experience of screeners, screeners who have been caseworkers, experience with DR and pathway assignment, use of solution-focused questions, agencies allowing staff to participate in this process.
- County agency opportunities: training, differences in decision-making, internal differences with screening, consistency, differences in large and small counties, reorganization, expectation of entering information in SACWIS while taking a report.
- State strengths: SACWIS, models to support consistency, TAS assistance, screening guidelines/CAPMIS Manual ("blue book"), TA provided from policy and TAS, now using the same intake categories, safety-focused screening tools.
- State opportunities: structured training, need expanded choices for information entered in intakes, improve guidelines/blue book information, increase requirements/professional classification of screener position, communication with counties and between counties, training for screeners, building and improving consistency with PCSAs/statewide practice.

The workgroup identified several areas within screening that needed to be addressed and/or clarified, thus expanding the scope of the workgroup's efforts beyond what was initially to be an exclusive focus on adding screening and pathway assignment questions/criteria to the screening guidelines. Additional areas flagged for discussion by the workgroup included:

- What role should an agency play in regard to a child's mental health? There is a need for more information to be included in the screening guidelines on parental responsibility (e.g., not providing medication other than ADD/ADHD).
- Gray areas in sexual abuse – guidelines need to be updated to address technology (sexting, etc.). There are differences in how counties handle reports of sexual abuse including the age that a child is classified as an AP, when Family in Need of Services (FINS) cases are being used, and making all children alleged child victims (ACV) with an unknown alleged perpetrator (AP). Request for guidance on what is considered "normal" child behaviors when there is sexual

behavior between children. Many counties are not using stranger danger and referring to law enforcement.

- More direction is needed with child fatalities. The group identified concerns that they are being coded as FINS, and these cases are not getting assessments because there is so little known information at the time of the decision. Some counties are screening in all fatalities as neglect, even though there are no specifics reported and screening in these cases. Some PCSAs are not categorizing fatalities as either a FINS or Child Abuse and/or Neglect (CAN) report, instead recording information as an Information and Referral (I&R) report or as an activity log.
- Domestic Violence (DV): Assignment of category differs between physical abuse, neglect and emotional maltreatment. Many counties report they do not make the victim/survivor an AP, while others report if they do. Questions over whether to screen in new DV incidents for an open case, specifically if children are not present but there is a history. Discussion centered on screening on/for the allegation and not the disposition.
- Concern over recurring reports for non-verbal children, and following the assessment/investigation determining that something did happen but still not being able to determine the AP. Possibly a need to provide guidance on practice with an unknown AP.
- Use of restraints in out-of-home care settings and determining when a third party investigation should be used.
- Ambiguity regarding cross referring screen outs and what is an out-of-home care screened out report and rule violation.
- Substance abuse/positive toxicology – what should occur with the meconium results when a baby is not experiencing withdrawal, and is the positive toxicology information being entered accurately and consistently in SACWIS?
- Request for discussion on educational neglect and truancy.

Information from the initial meeting will be used as a reference when enhancing the current state screening guidelines and developing specialized trainings. Some PCSA workgroup members submitted examples of their agency's screening guidelines/screening process.

The workgroup is in the process of reviewing the current state screening guidelines and identifying areas within the specific categories to enhance and clarify. The workgroup has completed its review of the categories of physical abuse, sexual abuse and neglect. Categories to finish are dependency and Family In Need of Services. The following categories that must be added within the screening guidelines are: Alternative Response Pathway Assignment, Out-of-Home Care Child Abuse and Child Neglect and Child Fatalities.

Smaller workgroup teams are being established to work on different screening guideline categories. These smaller teams will be meeting between meetings of the full Screening Workgroup. Information from the teams will be reviewed by the entire workgroup.

It was recommended that the state screening guidelines should be interactive by populating screening questions and SACWIS Knowledge Base articles specific to a screening category which would assist screeners when taking and documenting intake reports.

Intervention2: Develop and implement specialized training for screeners.

Benchmark 1: Develop brief online tutorials with content specifically designed for screeners. (Years 1-2)

Progress Report:
This benchmark has not occurred yet. Specialized screening training will occur during Year 2. Once the screening guidelines are enhanced, areas for specialized training will be identified. The workgroup will develop a survey to disseminate to all PCSAs which will solicit information on training needs for screeners.

The workgroup will work with OCWTP on curricula development. Additionally, the current specialized training on Screening that is offered by OCWTP will be observed, and key points that need to be integrated into the revised screening guidelines and/or future trainings will be shared with the workgroup.

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

Update on Progress Made to Improve Outcomes

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

Benchmark 1: See update for Goal 1, Objective 4, Intervention 1.

Progress Report:
Refer to update for Goal 1, Objective 4, Intervention 1.

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

Benchmarks:

1) Include a monitoring requirement related to the quality and timeliness of face-to-face contacts within Safety Outcome 1 in the CPOE Field Guide. (Please note the clarification of this benchmark from the original.)
2) Through CPOE and regional teams, provide technical assistance to identify barriers impacting quality and timeliness of initial contacts and work with agencies to develop Quality Improvement Plans on this item as needed. (Years 1-5)

Progress Report:
Instead of revising the CPOE 10 Framework, this issue was addressed in the *Child Protection Oversight and Evaluation Field Guide*. As noted earlier, the purpose of the guide is to incorporate guidance documents, management decisions, federal requirements as well as OAC requirements in one location in an effort to promote consistency and inter-rater reliability.
CPOE Stage 10 Quarter 1 and Quarter 2 reviews identified issues associated with the timeliness of face-to-face visits with the Alternative Response (AR) cases. A meeting with the TAS and the AR program manager was held to share and address these concerns. Regional Differential Response meetings were held across the state in May where the concerns noted in the AR case reviews were discussed. In addition, a document will be created by the program area and provided to the TASs and county staff to

assist with compliance reviews and will provide clarification regarding the intent of rules and fidelity to the AR model.

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

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

Progress Report:
Refer to update for Goal 1, Objective 4, Intervention 2, Benchmarks 1-4.

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

Progress Report:
Refer to update for Goal 1, Objective 4, Intervention 4, Benchmark 1.

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

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

Progress Report:
Refer to update for Goal 1: Objective 4, Intervention 4.

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

Benchmark 1: Gather data on current substitute care placement matching processes of public and private agencies.

Progress Report:
H.B. 483, introduced and passed in the Ohio 130th General Assembly, was signed into law by Governor Kasich on June 16, 2014. The act requires ODJFS to implement and oversee the use of a Child Placement Level of Care (LOC) Tool on a pilot basis. The bill defined "Child Placement Level of Care Tool" as an assessment tool to be used by participating counties and agencies to assess a child's placement needs when a child must be removed from the child's home and cannot be placed with a relative or kinship caregiver. The tool was to have the capability of being able to assess a child's functioning, needs and strengths, risk behavior and exposure to traumatic experiences. The pilot was to be 18 months in duration and include counties that agree to a partnership of a public children services agency (PCSA) and a private child placing agency (PCPA) or private non-custodial agency (PNA). One component of the pilot includes an evaluation of the pilot program to determine if the Level of Care tool improved: 1) placement stability, length of stay and other outcomes for children; 2) cost; 3) worker satisfaction; and 4) any other criteria ODJFS determines will be useful in the consideration of statewide implementation.

A preliminary survey of participating pilot counties (Athens, Clark, Franklin, Greene, Guernsey, Knox, Madison, Montgomery, Morrow, Stark and Summit) revealed a wide array of tools currently used by the pilot counties to assess placement. The tool most widely in use was a Cuyahoga LOC tool, and there were multiple versions that had been modified by counties to serve their unique county population and resources. Additional tools included the Achenbach Child Behavior Checklist, the Casey Family Programs tool and also a hybrid tool that was based on a tool from Illinois. Some counties did not use any tools.

Additional tool samples were collected from other counties not in the pilot by OFC's technical assistance staff. An additional tool was submitted from multiple counties in Southeast Ohio. It was a composite of behavioral/special needs assessment inquiries. The tool was developed by the counties in this region, which are generally more rural and share providers. Utilizing the same tool across these counties, assists the public agencies in the region with the rate-setting process.

Benchmark 2: Partner with stakeholders to identify a level-of-care placement assessment model.

Progress Report:
Prior to the passage of House Bill 483 OFC staff, in combination with private and public agency staff, had been meeting to discuss the importance of making informed placement decisions for youth coming into care that would potentially improve placement stability and child well-being during the course of a custody episode. A committee was established to review assessment tools used in other states for making placement decisions. Following review of several assessment tools, it was recommended the Child and Adolescent Strengths and Needs Assessment (CANS) tool be used during the pilot, since it best addressed the placement needs of youth and families involved in the child welfare system.

Pilot counties were recruited beginning in August of 2014. Ohio currently has eleven PCSAs (Athens, Clark, Franklin, Greene, Guernsey, Knox, Madison, Montgomery, Morrow, Stark and Summit) and ten private partners participating in the pilot, which was implemented on March 16, 2015. The team has met consistently after the initial kick-off meeting in September that featured the originator of the CANS tool, John Lyons, Ph.D.

Benchmark 3: Conduct and evaluate a pilot of the identified model. (Years 1-2)

Progress Report:
A Request for Proposals (RFP) was released to solicit an evaluator. Ohio University was selected as the evaluator, and a contract with the vendor is currently being finalized.

Goal 2: Objective 3
Enhance systemic capacity to track the safety of children in out-of-home care.

Update on Progress Made to Improve Outcomes

Intervention 1: Develop a standard means to document allegations of out-of-home care maltreatment and decrease data entry errors in recording incidents of child maltreatment in substitute care.

Benchmark 1: Provide technical assistance webinar on documentation of allegations where an out-of-home care provider is the alleged perpetrator.

Progress Report:
In lieu of conducting a separate webinar on documentations of allegations where an out-of home care provider is the alleged perpetrator SACWIS staff determined it would be more beneficial to include this topic in an upcoming "Intake" webinar/training with the goal of helping agencies become more efficient in recording intakes directly into SACWIS.

Benchmark 2: Develop a SACWIS Knowledge Base article providing step-by-step instruction on documentation of allegations where an out-of-home care provider is the alleged perpetrator.

Progress Report:
A SACWIS Knowledge Base article titled *Recording an Intake that Requires a Specialized Assessment/Investigation on an Out-of-Home Care Setting* was made available to the Ohio SACWIS user community on April 29, 2015. This article may be viewed at:
http://jfskb.com/sacwis/index.php/intake/570-recording-an-intake-that-requires-a-specialized-assessment-investigation-on-an-out-of-home-care-setting

Intervention 2: Provide timely technical assistance to public and private agencies on responding to incidents of child maltreatment where an out-of-home care provider is the alleged perpetrator.

Benchmark 1: Develop SACWIS notifications for Licensing Specialists for all allegations of child abuse or neglect by an out-of-home care provider, whether or not the referral is screened in for assessment/investigation. (Years 1-2)

Progress Report:
With input from CPS Policy and Licensing staff, specifications have been documented for new SACWIS generated email notifications to State Licensing Specialist Supervisors. Notification will be sent automatically when a referral of abuse/neglect involves an Alleged Perpetrator/Adult Subject who is a member of an out-of-home care provider for which ODJFS is the licensing authority, regardless of the screening decision. Implementation of this notification is planned for SACWIS build 3.03. Meanwhile, a SACWIS generated Cross-Referral Letter to Licensing Authority is available for this purpose.

Benchmark 2: Develop SACWIS notifications for Licensing Specialists of the disposition of all reports of child abuse or neglect by an out-of-home care provider. (Years 1-2)

Progress Report:
Specifications have also been documented to update the existing email notification of disposition of reports of abuse/neglect involving an ODJFS out of home care provider. Currently, notification is sent to workers assigned to the provider, however, the recipients will be updated to include State Licensing Specialist Supervisors. Implementation of this notification is planned for SACWIS build 3.03. Meanwhile, a SACWIS generated Licensing/Supervising Authority Disposition Letter is available.

Benchmark 3: Develop a data report to track provider trends concerning incidents of child abuse or neglect. (Years 1-2)

Progress Report:
The *Provider Maltreatment and Licensing Violation Report* was released in SACWIS in January of 2015. This report can be generated by the agency receiving the intake or by the agency licensing the provider. For non-state users, the report will return all screened-in licensing violation intakes and all screened-in child abuse and neglect reports associated to a licensed provider. The report includes screened-out reports for state users. A SACWIS Knowledge Base article on this report is available at this link: http://jfskb.com/sacwis/attachments/article/565/Generating%20Provider%20Maltreatment%20Report.pdf.

Intervention 3: Ensure that central registry and criminal background checks are completed for all licensed out-of-home care providers and residential facility staffs.

Benchmark 1: Successfully complete all activities detailed in Ohio's Title IV-E Program Improvement Plan when finalized and approved. (Years 1-3)

Progress Report:
The Children's Bureau conducted a primary review of the Ohio Department of Job and Family Services' title IV-E foster care program in September 2013. Ohio was found not in substantial compliance. Ohio developed a Program Improvement Plan (PIP) designed to correct areas of non-compliance. The PIP was approved by the Children's Bureau in September 2014. Areas in need of improvement are outlined below.

Outcome 1: Judicial determinations regarding efforts to finalize a child's permanency plan are adequately addressed and documented in court proceedings and orders

1. Strengthen court practices regarding reasonable efforts to finalize the permanency plan. 472(a)(2)(A) of the Act and 45 CFR 1356.21(b)(2)(i) require the State to obtain a judicial determination of whether the State made reasonable efforts to finalize the permanency plan for each child. The judicial determination must be: (1) made in a valid court order; (2) made on a case-by-case basis and child-specific; (3) explicitly stated in the court order; and (4) in conformity with Federal regulatory time frames to satisfy compliance with the title IV-E requirements.

   Action Step: Work with the Supreme Court – Court Improvement Program team to develop a sample court order to train the judiciary agency attorneys, prosecutors and agency staff on the federal requirements for judicial findings and documentation of the findings.

   A memo was sent to all of Ohio's Juvenile Courts and IV-E agencies regarding the judicial findings under the IV-E program with sample language and a chart detailing the requirements and time frames. **Still in progress**.

2. Ohio Revised Code to reflect requirements regarding content and documentation of reasonable efforts regarding permanency plans.

   Action Step: Policy staff recommended adding language to Ohio Revised Code regarding annual reasonable efforts to finalize the permanency plan.

Ohio Revised Code 2151.417 was changed with an effective date of September 2014 and now requires an annual reasonable efforts finding. **Completed.**

3. Provide guidance to county eligibility staff on court requirements including reasonable efforts requirements and court documentation.

   Action Step: Train IV-E agency staff (eligibility specialists, caseworkers, supervisors, administrators) on eligibility rules which will include rules 5101:2-39-01 and 5101:2-47-22 of the Ohio Administrative Code.

   A Statewide training for IV-E staff was conducted on November 17. **Completed .**

Outcome 2: Eligibility Specialists will base AFDC determinations on the correct specified relative's home.

1. Strengthen court practices regarding findings and clearly delineate to whom the finding applies.

   Action Steps: (1) Provide a letter from the Chief Justice of the Supreme Court of Ohio to court judges and magistrates on requirements to be addressed in court orders; (2) Present sample court order to the court judges and magistrates at the Judicial Conference. Address the need for transcripts of the court hearings.

   A memo was sent to all of Ohio's Juvenile Courts and IV-E agencies regarding the judicial findings under the IV-E program with sample language and a chart detailing the requirements and time frames. **Still in progress.**

2. Ensure Eligibility Specialists determine AFDC based on the home of removal, especially in situations where a relative is acting in the place of a parent.

   Action Steps: 1. Provide a summary of errors from the IV-E eligibility review and guidance on court documentation for IV- E requirements to IV-E agency staff; 2) Train IV-E agency staff (eligibility specialists, caseworkers, supervisors, administrators) on 5101:2-47-14 and 5101:2-47-14.1 Appendix (ADC rules) of the Ohio Administrative Code as it pertains to living with and removed from a specified relative.

   A statewide training for IV-E staff was conducted on November 17. **Completed.**

Outcome 3: Background and safety checks on placement providers are conducted as required for children in foster care.

1. Ensure that criminal background checks are in compliance with OAC provisions regarding safety checks for licensed foster homes and certified residential centers and group homes.

   Action Steps: 1) Office of Families and Children (OFC) Foster Care Licensing section will implement a new process to review 100% of BCII checks for new staff who care for children in group homes, residential settings as well as foster care applicants at initial licensure and at recertification as required in OAC 5101:2-5-09.1; 2) OFC Fiscal Accountability will work with BCII to arrange to have a duplicate copy of BCII checks sent to ODJFS.

In order to implement a review of 100 percent of background checks two changes in the FCL process must occur:

3. *Develop a process to electronically transfer Bureau of Criminal Identification & Investigations (BCII) and FBI information on private agency staff in facilities certified by the State of Ohio and foster/adoptive parents, as required in OAC 5101:2-5-09.1 and 5101:2-48-09, to OFC staff for review.* **Still in progress.**

AG staff is in the process of developing the electronic transfer process. Until this electronic transfer process is completed, a manual information transfer procedure was developed in order to meet the August 2015 deadline for implementation.

4. *Develop a process to receive and securely store Bureau of Criminal Identification & Investigations (BCII) and FBI information on private agency staff in facilities certified by the State of Ohio and foster/adoptive parents, as required in OAC 5101:2-5-09.1 and 5101:2-48-09, to OFC staff for review by August 2015.* **Still in progress.**

The *Retained Applicant Fingerprint Database Information Exchange aka* RAPBACK process was automated and linked to SACWIS as RAPBACK 2.0, and OFC staff developed a new procedure to receive and securely store state and federal background check information for foster parents, household members, adoptive parents and certified residential agency staff, including group homes.

Additionally, meetings were held with ODJFS, Office of Information Services staff to work on developing a FileNet system to receive and securely store background check documents sent to OFC from the AG's office. The current plan is to implement a manual, paper process with certified agencies sending a list of new staff to OFC on a quarterly basis. Foster Care Licensing staff will use the list of new staff to review BCII and FBI background check information from the AG's office.

Outcome 4: IV-E eligibility determinations and supporting documentation will be made consistently and accurately across the state.

1. Gauge accuracy of eligibility determinations and supporting documentation and determine if additional actions are needed.

Action Step: Office of Fiscal and Monitoring Services (OFMS) will review eligibility files to determine the adequacy of documentation and correct decision-making, focusing on court orders, living with and removed from criteria, and timely background checks.

OFMS Bureau of Program Integrity shared four (4) errors during the first quarter. Three of the 4 error findings were voluntary agreements for custody and one finding was a data entry error. There were six error findings during the second quarter with one improper payment outside the review period. All agencies have provided corrective action plans and repaid the ineligible funds. **Still in progress.**

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

Measures:	Year 1 Baseline Performance:
1.) Percentage of all children who enter agency custody within a 12-month period who are subsequently discharged to reunification, relative placement, or guardianship within 12 months.	**1.) Permanency in 12 months for Children entering foster care: 46.8% (federal risk-adjusted performance)**
2.) Re-entry: Percentage of the above population that re-enters agency custody within 12 months of their discharge.	**2.) Re-entry to foster care within 12 months: 11.5% (federal risk-adjusted performance)**
3.) At a minimum, 95% of cases reviewed through CPOE, SACWIS desk reviews, or other specialized reviews will demonstrate concerted efforts to assess and address service needs to prevent children's entry into agency custody or re-entry after a reunification.	**3.) 95% of cases reviewed demonstrated concerted efforts to assess and address service needs to prevent children's entry into agency custody or re-entry after reunification. (CPOE Stage 9 results)**
4.) At a minimum, 95% of cases reviewed will demonstrate child and family involvement in case planning.	**4.) 80% of cases reviewed demonstrated child and family involvement in case planning. (CPOE Stage 9 results)**

Goal 3: Objective 1
Promote safety-focused engagement and transparent partnering with families to assure safety, permanency and well-being.

Update on Progress Made to Improve Outcomes

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

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

Progress Report:
Refer to update for Goal 1, Objective 5, Intervention 1.

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

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

Progress Report:
Refer to update for Goal 1, Objective 5, Intervention 4.

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

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

Progress Report:
Refer to update for Goal 1, Objective 5, Intervention 2.

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

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

Progress Report:
Refer to update for Goal 1, Objective 5, Intervention 5.

Goal 3: Objective 2
Improve casework practice to assure that parents and children are involved in the development and ongoing review of case plans.

Update on Progress Made to Improve Outcomes

Intervention 1: Strengthen implementation of the CAPMIS assessment model and case planning tools as well as the Alternative Response Family Service Plan.

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

Progress Report:
Refer to update for Goal 1, Objective 4, Intervention 1.

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

Benchmark 1: Assess statewide training needs in relation to Family Search and Engagement.

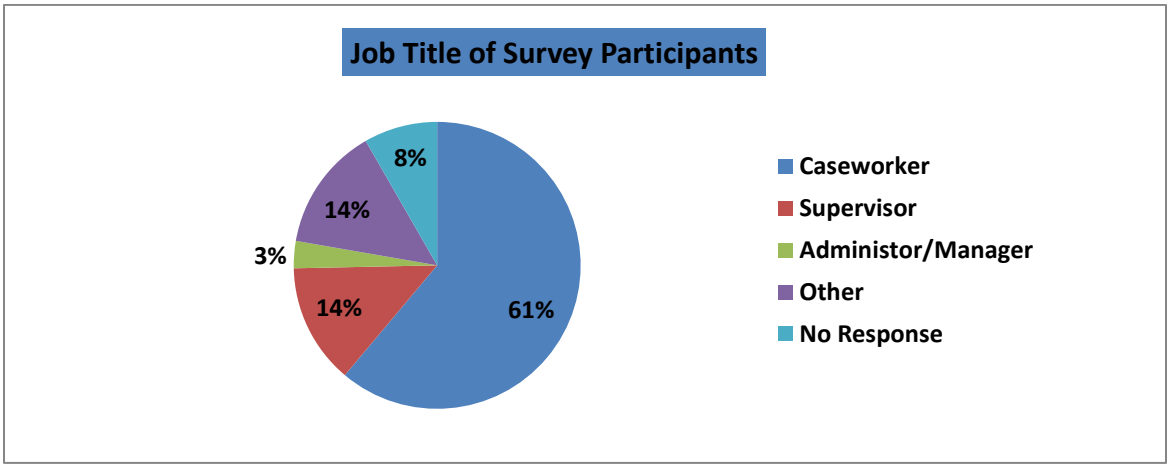
Progress Report:
The OCWTP assessed statewide training needs related to Family Search and Engagement (FSE) for public children service agency caseworkers, supervisors, and agency directors and managers. (**Note:** The OCWTP began focusing on FSE approximately five years ago. Unlike other states, the OCWTP decided to refer to this permanency initiative as FSE rather than Family Finding and specifically decided to emphasize the fact that FSE was a part of good practice rather than something new. Unlike Family

Finding, which heavily emphasized searching for permanent connections for children lingering in care, FSE focuses on all aspects of permanency and the notion that the process starts at the beginning of every case not just those lingering in care.)

The OCWTP used two strategies to gather the data:

1. Attendees of the Family Finding Convening (held October 30, 2015, at Cleveland State University) were asked to complete a paper survey.
2. Attendees of select RTC trainings between January 2015 and March 2015 were asked to complete a paper survey.

Two-hundred and twenty-nine people, from 39 different counties, completed the Family Search and Engagement Training Needs Assessment Survey. This survey will be used to direct current and future training initiatives for FSE. The charts found below provide further information on survey participants and the ranking of Survey Responses.



Ranking of Survey Reponses

Benchmark 2: Collaborate with OCWTP to develop an in-class training based on the current distance learning curriculum: Family Search and Engagement: An Overview (Year 2)

Progress Report:
Shannon Deinhart, co-founder of Waiting Child Fund, worked with OCWTP staff to develop content from the FSE online course into a classroom learning. Additional content on engagement was added to enhance this three-hour training.

The training was piloted in March 2015 and again in April 2015. Revisions will be made based on feedback from the pilots, and the curriculum will be finalized.

Benchmark 3: Launch the distance learning version of Family Search and Engagement: an Overview through E-Track, allowing OCWTP to track utilization of the course.

Progress Report:
Family Search and Engagement: An Overview was launched through E-Track. The table below includes information on the number of participants through E-Track by each Regional Training Center.

Name of Regional Training Center	Number of Participants
CORTC	15
ECORTC	3
NCORTC	3
NEORTC	9
NWORTC	1
SEORTC	1
SWORTC	4
WORTC	5
TOTAL	**41**

Participants have the option of taking the course for no credit by accessing it through www.OCWTP.net.

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

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

Progress Report:
Refer to update for Goal 1, Objective 4, Intervention 4.

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

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

Progress Report:
Refer to update for Goal 1, Objective 4, Intervention 2.

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

Update on Progress Made to Improve Outcomes

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

Benchmark 1: Develop statewide needs assessment protocol, which will utilize multiple sources of data to assess service needs and identify gaps in available services for Ohio's child welfare population.

Progress Report:
ODJFS, OFC is conducting a needs assessment to determine the appropriate and effective services for abused, neglected or dependent children and their families. This needs assessment combines: (1) SACWIS case profiles; (2) service data from statewide automated systems; and (3) knowledge of subject matter experts.

Most needs assessments rely on a sampling of cases. ODJFS' methodology utilizes statewide data to assure a more comprehensive view of statewide issues. The unit of analysis incorporates SACWIS case profiles. These profiles, reflective of the statewide caseload, are determined by identifying the risk factors and presenting problems that are impacting children's safety, permanency and well-being by utilizing assessment data.

The SACWIS case profiles will provide a wealth of descriptive data about the population served by Ohio's child welfare system. These profiles will be used by leading experts to tailor effective services for each profile. The resulting analysis will inform practice, resource allocation, service needs, and policy. The methodology is adaptive for future needs and is responsive to changing caseloads, improved practice, and treatment modalities.

Methodology

SACWIS is the primary vehicle used to track the needs of families and children and the delivery of responsive services. To supplement SACWIS primary data, we will use secondary data obtained from the Ohio Department of Medicaid, knowledge from subject matter experts, publications from the Administration for Children and Families (ACF), peer-reviewed publications, and other sources. The following narrative provides a multi-phase overview of how primary and secondary data will be used to establish future service needs.

SACWIS Data (Primary)

For the needs assessment, there are four pertinent areas within SACWIS: **Case** data, **Person** data, **Assessment** data, and **Service** data. Case data identify global features of cases. These data are used to identify family structure, domestic violence, abuse/neglect status, etc. Person data contain demographic information, the person's role on the case, flags denoting physical or mental illness, etc.

Assessment data are crucial in understanding the scope and magnitude of the challenges affecting parents, children, and families. Assessment data are captured **throughout the life of the case**, at intervals established by policy. Although no case is scored on every assessment, policy stipulates and SACWIS requires the use of the appropriate assessment at specific times. The following is a list of the various SACWIS modules, which capture assessment information:

- Safety Assessment
- Safety Plan
- Family Assessment
- Alternative Response (AR) Family Assessment
- Ongoing Case Assessment
- AR Ongoing Case Assessment
- AR Family Services Plan
- Case Plan
- AR Family Service Plan Review
- Case Review
- Semiannual Administrative Review
- Reunification Assessment
- Risk Re-assessment Scale of Abuse/Neglect

Lastly, Service data are useful in understanding the service delivery dynamics. For parents and children, these data specify who received which type of service. Service data specify the category and type of service, and related dates.

Secondary Data

An important secondary data source to augment the SACWIS service module data is the provider claim data from Ohio's Department of Medicaid. This data set contains all services that have been paid with Medicaid funds. A synthesis of the SACWIS service module data and the Medicaid claim data will enhance the knowledge and analytic results on actual service delivery patterns.

SACWIS provides a wealth of information on people and issues but does not provide recommendations of effective services or their dosages. We will obtain these secondary data by aligning the results from (1) a systematic research review and (2) a survey of national experts. The systematic research review uses peer-reviewed literature to identify evidence-based and evidence-informed services and interventions for families served in the child welfare system. A Request for Letterhead Bid was released for this literature search and a contract has been awarded. To conduct a survey of national experts, a series of vignettes from the case profiles is being constructed. These vignettes will be sent to national experts in child welfare and other social service areas (domestic violence, substance abuse treatment, etc.) who will recommend effective services and dosages. These recommendations will be compared to the service delivery patterns yielded from the SACWIS service module and Medicaid claims.

Baseline Time Period

The baseline time period serves as an observation window for analyzing the four SACWIS primary data types (i.e., person, case, assessment, service) and Medicaid claim data. Data on cases open between

July 1, 2013 and June 30, 2014 (one-year span) will be used for the analysis. The analysis and final report will be available by December 31, 2015.

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

Benchmark 1: Enhance data fields in SACWIS to allow improved documentation of educational, health care, and behavioral health needs and services as described in Ohio's AFCARS review. Once these enhancements are complete, review the Med/Ed Form to ensure that data is populating correctly on the form. (Years 1-3)

Progress Report:
The following is a summary of enhancements to the person records in SACWIS implemented February 10, 2015:

The Person Demographics page was reorganized, and two new race values were added (required for NYTD): Multi-racial (one or more races unknown) and Multi-racial (all races unknown). Person Characteristics that were previously listed as Medical/Mental Health Characteristics were divided into the following categories to make it easier to navigate: Medical, Mental Health/Substance Abuse, Developmental/Intellectual, and Prenatal/Birth. Names of diagnoses were updated and added to align with changes in the DSM 5. Characteristics can no longer be deleted but may be marked created in error.

Person Medical pages were enhanced to streamline data entry. Health Care Providers for the child are recorded once on the Provider tab, and then pull forward to the Treatment Detail records, which is where all medical, dental, mental health and vision treatments for a child are recorded. Narrative fields on the Treatment Detail records were consolidated, and a copy feature was added so recurring treatments can be documented more efficiently. In addition, Diagnosed Characteristics can now be recorded from and linked to a Treatment Detail record. The user can navigate directly from the Treatment record to the Characteristic Details page (some fields are prepopulated based on the Treatment Record) where they can record the diagnoses and then return to the Treatment record. By selecting from a list of all the child's current Characteristics, the user can 'link' the diagnoses resulting from a specific assessment, exam, etc. Medical records can no longer be deleted but may be marked created in error.

Medication records were enhanced by including the most commonly prescribed medications in a drop down field for selection, instead of the user having to type the name into a text field. This provides better data consistency as well as efficiency for the user. Psychotropic medications in the list are automatically flagged, and users can manually flag any 'Other' psychotropic medications prescribed. An administrative Medication Detail report is in development, which will include the medication names, total number of medications, and total number of psychotropic medications recorded for each child in the custody of the PCSA.

Previously, a checkbox could be selected to denote that a person was currently pregnant, with an optional due date field. This was replaced with a Pregnancy Detail record. Each pregnancy can be recorded with a Reported Date, Estimated Due Date, End Date, and Outcome, so the history is retained. The number of children one has can also be recorded for males or females, providing a way to document, for example, that a father has children even if they are not known to the system.

Additionally, the following indicators were added to the Person Profile page: Pregnant, Pregnant/Parenting Minor, and Pregnant/Parenting Youth in Custody.

Education records were also enhanced to include a copy feature for Academic Evaluation records, the ability to record a 504 Plan in addition to an IEP, and updated labels to match current terminology. Specific categories of eligibility for special education can now be documented as well. Records can no longer be deleted but may be marked created in error.

Benchmark 2: Conduct cross-system data analysis to identify educational, health care, and behavioral health care needs, service utilization, and gaps in programming for families in the child welfare system. (Years 1-3)

Progress Report:
This past year, the Ohio Departments of Mental Health and Addiction Services, Medicaid, and Job and Family Services entered into a collective data sharing and analyses process to determine:

- Service utilization of youth with behavioral health care claims in Medicaid;
- The frequency and cost of that care by intensity of service;
- Subset analysis of the cost, frequency, and intensity of care for youth with behavioral health care claims who were involved with child welfare;
- Subset analyses of the cost, frequency and intensity of care for youth with behavioral health care claims who were involved with child welfare and placed in out-of-home care settings.

In addition, the Ohio Department of Mental Health and Addiction Services (OhioMHAS) contracted with Vorys Health Care Advisors to conduct fiscal and policy mapping activities of all youth-serving state departments. Those participating in this process included: ODJFS, Office of Families and Children and the Office of Workforce Development; OhioMHAS; Ohio Department of Medicaid; Ohio Department of Education; Ohio Department of Youth Services; the Ohio Department of Developmental Disabilities; Opportunities for Ohioans with Disabilities; the Ohio Board of Regents; and the Ohio Department of Rehabilitation and Corrections. This work has been completed. At the time of this writing, the final report is under administrative review at OhioMHAS pending release.

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

Progress Report:
OhioMHAS' Office of Research and Evaluation conducts ongoing analyses of emerging trends, unmet needs and quality of services rendered. This information is then used to inform policy and program development. For additional information regarding specific projects undertaken by this Office, go to: http://mha.ohio.gov/Default.aspx?tabid=151 .
During this past year, ODJFS and OhioMHAS have partnered on several initiatives designed to effectively treat families in the child welfare system that are challenged by substance abuse. Some of these are described below; evaluators are identified within parentheses.

- **Trauma-Informed Care** promotes effective interventions and treatment for those who have experienced trauma.

- **The Maternal Opiate Medical Support (MOMS) program** holistically addresses the needs of pregnant women addicted to opioids and their children (Evaluator: University of Cincinnati, College of Education, Criminal Justice and Human Services).
- **Ohio Minds Matter** promotes safe and appropriate use of psychotropic medications (Evaluator: The Ohio State University).
- **The Addiction Treatment Pilot Project** provides medication-assisted treatment to offenders participating in select certified drug court programs (Evaluator: Case Western Reserve University).
- **Screening, Brief Intervention and Referral to Treatment (SBIRT**) reduces morbidity and mortality of alcohol and other drug use through early intervention and the integration of medical and behavioral health approaches (Evaluator: Wright State University).
- **Empowering the New Generation to Achieve Goals through Empowerment (ENGAGE)** utilizes a system of care approach to address the multiple needs of youth and young adults in transition who have behavioral health conditions and are/were at risk of involvement with child welfare, juvenile justice, and/or homelessness**.**
- **Mental Illness-Developmental Disabilities Coordinating Center of Excellence** enhances local communities' capacity to effectively treat individuals with co-occurring diagnoses (Evaluator: Wright State University).
- **Substance Abuse and Mental Illness Coordinating Center of Excellence** provides technical assistance for implementation of best practices that improve outcomes for people with addiction, mental illness, and co-occurring disorders (Evaluator: Case Western Reserve University);
- **The Center for Innovative Practices Coordinating Center of Excellence** promotes implementation of evidence-based practices for youth and their families to reduce use of costly out-of-home care (Evaluator: Case Western Reserve University).

For additional information regarding these initiatives see Appendix B, *Ohio's Health Care Oversight and Coordination Plan*.

Goal 3: Objective 4
Apply CQI principles to address child removals and timely reunification and to reduce re-entry of children into agency custody.

Update on Progress Made to Improve Outcomes

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

Benchmarks:

1) Conduct JAD (joint application design) sessions to develop a data report to track this item. Through JAD sessions, the requirements for the report will be identified in collaboration with stakeholders.

2) Complete development and testing of the report.

Progress Report:
Information related to children discharged to reunification, living with a relative and guardianship is available in the Results Oriented Management System (ROM) reporting system. With the release of the federal code for the new CFSR Round 3 National Standards, Ohio can now move ahead with plans to develop county-level performance data reports. In addition, further data analysis will occur during the next year.

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

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

Progress Report:
The CAPMIS Reunification Assessment is a decision support tool used to assess the family's reunification readiness. An evaluation of the CAPMIS Reunification Assessment tool will be a component of the overall CAPMIS Evaluation completed by the University of Cincinnati as outlined under Goal 1, Objective 4, Intervention 1.

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

Measures:	Year 1 Baseline Performance:
1.) Placement Stability: Of all children who enter agency custody in a 12-month period, what is the rate of placement moves per 1,000 days in care?	1.) Placement Stability: 3.43 moves per 1,000 days in care (federal risk-adjusted performance)
2.) Percentage of children who have been in foster care for 12-23 months that achieve permanency within 12 months.	2.) Permanency in 12 months for children in foster care 12-23 months: 44.2% (federal risk adjusted performance)
3.) Percentage of children who have been in foster care for 24 months or more that achieve permanency within 12 months.	3.) Permanency in 12 months for children in foster care 24+ months: 27.0% (federal risk adjusted performance)
4.) At a minimum, 95% of cases reviewed through CPOE, SACWIS desk reviews, or other specialized reviews will include appropriate permanency goals for each child in care.	4.) 68% of cases reviewed included appropriate permanency goals for each child in care. (CPOE Stage 9 results)
5.) At a minimum, 95% of cases reviewed will demonstrate concerted efforts to achieve reunification, guardianship, adoption or other planned permanent living arrangement.	5.) 90% of cases reviewed demonstrated concerted efforts to achieve reunification, guardianship, or other planned permanent living arrangement. (CPOE Stage 9 results)
6.) At a minimum, 95% of cases reviewed will demonstrate concerted efforts to ensure that visitation between a child in care and his or her mother, father, and siblings is of sufficient frequency and quality to promote continuity in the children's relationship with these close family members.	6.) 89% of cases reviewed demonstrated concerted efforts to ensure that visitation between a child in care and his or her mother, father, and siblings is of sufficient frequency and quality to promote continuity in the children's relationship with these close family members. (CPOE Stage 9 results)
7.) At a minimum, 95% of cases reviewed will demonstrate concerted efforts to assess and address the needs of children, parents and foster parents.	7.) 82% of cases reviewed demonstrated concerted efforts to assess and address the needs of children, parents and foster parents. (CPOE Stage 9 results)

Goal 4: Objective 1
Increase quality and frequency of visitation between parents and children and sibling groups while children are placed in out-of-home care.

Update on Progress Made to Improve Outcomes

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

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

Progress Report & Feedback Loops:
On October 20, 2014, the Deputy Director invited staff from Ohio's 88 public children services agencies (PCSA) to participate in a variety of CFSP workgroups. One of the workgroups was the Family and Caseworker Visits workgroup. The workgroup was charged with developing methods for providing technical assistance to PCSAs on: (1) policy requirements for visitation between parents and siblings and children in care, caseworker visits with children and caseworker visits with children; (2) documentation of visits in SACWIS; (3) successful program models or practices implemented by other PCSAs.

The kickoff meeting was held on January 13, 2015. The group consists of staff from 20 individual PCSAs and 6 state staff. County staff represent small to large counties and includes a mixture of caseworkers and supervisors. State staff includes CPS policy, a technical assistance specialist, and SACWIS staff. Additionally, there is a representative from OCTWP.

Prior to the initial meeting members were asked to provide: any tools they use in tracking visits; information/instructions their agency uses to guide caseworkers in entering information in SACWIS; and other guides their agency uses when determining the frequency of parent-child-sibling visits. During the meeting, PCSA information and OCWTP information was reviewed. Additionally, CPOE Stage 9 data on compliance with parent-child-sibling visits (89 percent) and caseworker visits with parents (62 percent) and caseworker visits with children (79 percent) was reviewed.

Workgroup members discussed the strengths and opportunities of county agencies and the state as it pertained to visits. Information from each group was shared. The followed themes were noted:

Group #1: Caseworker Visits with Children/Youth	
Agency Strengths	*Barriers or Agency Opportunities for Improvement*
• Face-to-face contacts • Taking advantage of opportunities • Maintain sense of family • Facilitating sib visits • Matching staff with families • Case weighting	• Late documentation • Lack of quality engagement (e.g., having difficult discussions, not asking the right questions) • Budget constraints/resources • Time management • Caseload size • Number of children on caseload • Family dynamics

Group #2: Caseworker Visits with Parents	
Agency Strengths	*Barriers or Agency Opportunities for Improvement*
• Rapport/engagement • Drug Courts • Increasing other SOA programs • Alternative Response allows more options with addicted parents • Alternative Response = no labels • Kinship Programs – help with planning • Agency takes on transportation unit • Treatment assessor at PCSAO • Have some tools to help supervise visits/document visits, etc.	• Rapport/engagement • Heroin/Opiate addiction • Recycling families –we know them, they know us • Transportation limits • Safety plans- they go on for a long time because they are comfortable due to kinship doing a good job • Missing parents- "chasing shadows" • Resources – not enough of the right "stuff" • No control over other agencies

Group #3: Parent/Child/Sibling Visits	
Agency Strengths	*Barriers or Agency Opportunities for Improvement*
• Timely scheduling of first visit • Variety of locations – agency, visit center, community, home • Frequency, duration • Making visits meaningful – plan meals, activities, increasing parenting skills • Sibling visits	• Resources • Time • Money • Ages of children • Lack of guidelines therefore inconsistency • Court expectations • Frequency, duration – barriers – resources, court expectations

The second meeting of the workgroup was held on March 30, 2015, and the focus of work was on parent, child and sibling visits. The group began to identify what might be needed in the area of technical assistance to support the quality and frequency of visitation between parents and children and siblings. The following were mentioned:

- Identifying tools
- Developing prompts to develop and amend visitation plans in SACWIS.
- Identifying factors to consider in developing a visitation plan.
- Developing/revising checklists to use to identify information from staff who supervise visits.
- Tracking visits
- When and how often visits should occur?
- Develop best practice guidance

Based upon review of existing information and the discussion, the following action steps were identified:

1. Review the chart containing information on *OAC Parent-Child Sibling Visit Requirements* to make sure all rules were included and develop a companion chart to address caseworker visits with parents/child. (Consider if format should be revised).
2. Work on guidance for improved documentation (where to capture information and what is the expectation of documentation).
3. Identify best practices.

4. Establish a subcommittee to review the existing Knowledge Base article and update it (The Knowledge Base articles are now being incorporated in the Field Guide). This would serve as the foundation to link other resources (e.g., policy requirements identified in #1, documentation identified in #2 and best practices identified in item #3).
5. Develop methods for distribution.

Benchmark 3: Complete child support data system interface to enhance search capabilities to locate non-custodial parents. (Years 1-3; Please note there was a correction to this benchmark. The benchmark previously read "child care data system" but should read "child support.")

Progress Report:
The Child Support Enforcement and Tracking System (SETS) and SACWIS interface is currently under development. The SACWIS screen functionality is complete and awaiting development from the SETS system to test the interface. Once the interface is functioning, SACWIS will send custody, eligibility, absent parent, foster care maintenance payment and demographic information and receive child support and paternity information from SETS.

Ohio Child Support Enforcement (OCSE) has access to the Federal Parent Locator Service (FPLS) to electronically search for family members. OCSE is creating security profiles for IV-E agencies to be granted direct access to the State Service Portal of the FPLS for purpose of submitting locate requests. After the pilot completion, the fully implemented project will let child welfare staff use the portal to search for parents and relatives of children who have been removed from their home, without the need to involve the child support worker.

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

Benchmark 1: Collaborate with OCWTP to strengthen these elements within the foster parent pre-service training curriculum. (Years 1-2)

Progress Report:
Caregivers are required to complete 36 hours of training prior to licensure. This training has been offered in 12 three-hour modules through the OCWTP since 1996. The OCWTP is in the process of updating the Preservice curriculum and will submit the updated curriculum to ODJFS by June 30, 2015. The new curriculum will be launched in July, 2015.

The identified elements (the importance of encouraging the parent/child relationship; the necessity of participating in the case plan goal of reunification; and "mentoring" biological parents in the process) are addressed in the updated Preservice curriculum in the following modules:

- Importance of encouraging the parent/child relationship is addressed in modules 1, 2, 6, 7, 9, 10, 12.
- Necessity of participating in the case plan goal of reunification is addressed in modules 1, 2, 4, 9.
- Mentoring biological parents in the process is addressed in modules 1, 2, 9.

Note: Module 9 is entirely devoted to working with primary families.

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

Progress Report:
The workshop entitled *Relating to Primary Families: Challenges, Issues, and Strategies* was offered seven times across the state in FY15.

- Quarter 1 – ECORTC, NEORTC
- Quarter 2 – NEORTC (2x)
- Quarter 3 – ECORTC, NCORTC
- Quarter 4 - NEORTC

RTC foster care training coordinators meet several times a year to discuss training needs and issues through the Foster Care, Adoption, and Kinship Care Work Team. With publication of Ohio's CFSP, this group discussed ways to expand use of this course.

Goal 4: Objective 2
Improve services and supports for kinship caregivers to promote increased placement stability and permanency.

Update on Progress Made to Improve Outcomes

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

Benchmark 1: Partner with the Subcommittee to conduct educational sessions for stakeholders on the proposed statutory recommendations and gather stakeholder feedback. (Years 1-2)

Progress Report:
Over the past 18 months, ODJFS has actively participated with the Subcommittee to further refine its statutory recommendations and educate court and agency stakeholders on the need for consistency among the laws that govern kinship care relationships in Ohio courts with jurisdiction over these relationships: domestic relations courts, probate courts, and juvenile courts. When the Subcommittee's statutory recommendations were presented to the Supreme Court Advisory Committee on Children and Families for preliminary review, some concerns were identified in relation to the unique roles of the courts with jurisdiction over kinship providers and the challenges to uniformity and consistency in court practice those roles might pose. The Subcommittee reviewed the Advisory Committee's comments, made amendments responsive to their concerns, and circulated the recommendations for final review. Although the Advisory Committee suggested no additional amendments, the Subcommittee identified some areas of the domestic relations code to be considered for further review and discussion. ODJFS staff also worked with Supreme Court staff to informally assess court stakeholder receptivity to the

proposed changes and whether the climate was favorable for the legislative changes. The decision was made to defer implementation efforts for the present. In addition to assessing court stakeholder receptivity, ODJFS partnered in presentations and information-gathering sessions on the statutory and other project recommendations for family and agency stakeholders at the 2014 annual meeting of the Ohio Association of Child Caring Agencies and at the 2014 and 2015 annual meetings of the Ohio Family Care Association.

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

Benchmark 1: Develop a brochure that describes the different legal relationships available to kinship caregivers in Ohio, with information specific to each relationship: how it is formed and overseen, the court of jurisdiction, and resources available to caregivers.

Progress Report:
In order to avoid redundancy and to identify gaps in available resources, ODJFS worked with the Subcommittee to identify informational materials currently available to kinship caregivers, including ODJFS's Ohio Resource Guide for kinship caregivers and various county-specific materials. The brochure developed by the Subcommittee was thus was limited in scope to legal relationships, processes and resources available to kinship caregivers.

Benchmark 2: Develop informational narratives that describe the recent changes to statutes that govern powers of attorney and caregiver authorization affidavits. These statutory revisions offer grandparents a less formal option than legal custody or licensed foster care and allow for more permanency in the relationship.

Progress Report:
ODJFS participated in the development of a concise information sheet on the changes to Ohio law governing grandparent powers of attorney and caregiver authorization affidavits. In addition, Subcommittee members were provided with the information sheet and the legislative analysis of the changes to share with their constituents. This information was also contained in the project report provided to the Advisory Committee.

Benchmark 3: Collaborate with the Ohio Family Care Association on the development of a caregiver rights brochure and integrate this with other materials developed through the Subcommittee.

Progress Report:
ODJFS and the Subcommittee partnered with the Ohio Family Care Association in the development of a caregiver rights manual that is much more comprehensive than the brochure originally contemplated. This project was integrated into the work of the Subcommittee's task group on kinship participation in court proceedings, which culminated in the development of a toolkit for courts and caregivers aimed at ensuring that caregivers' voices are heard in hearings related to the children in their care. The Guide, which is in final draft, will join an array of tools and model forms and procedures that will be available online to courts and family stakeholders.

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

Benchmark 1: Review ProtectOHIO kinship caregiver survey findings gathered through Ohio's Title IV-E Waiver demonstration project.

Progress Report:
In order to improve services and supports for kinship caregivers to promote increased placement stability and permanency, the state of Ohio requested the ProtectOhio evaluators conduct a survey to gather data regarding kinship and other relative placements to identify trends.

Progress Measures:

Interview & Survey Findings

Ohio's kinship strategy has clearly impacted the number of staff designated to provide kinship services in demonstration counties. Compared to the waiver comparison counties, agencies in demonstration counties have more staff designated to providing a broader spectrum of services for kinship caregivers. While all demonstration counties have, at a minimum, a Kinship Coordinator who serves as an expert kinship resource and has responsibilities including both direct and indirect work with and for kinship caregivers, only four out of sixteen comparison counties have designated kinship staff beyond the traditional required services across the state (i.e., Kinship Permanency Initiative staff).

Additionally, agencies in waiver demonstration counties are more likely than agencies in comparison counties to provide kinship caregivers with statewide or local resource guides, with demonstration counties providing an array of forums, including printed and online materials. Agencies in demonstration counties are also more likely to have resources to provide day care for kinship caregivers. In both demonstration and comparison counties, access to day care for kinship caregivers who do not qualify for Ohio's child care subsidy was identified as a significant barrier to placing children with kin; however, demonstration counties are twice as likely as comparison counties to provide access or funds for day care.

Furthermore, Ohio's kinship strategy may also impact agency relationships with local court systems. While both demonstration and comparison counties indicated facilitating factors and barriers to court buy-in to kinship placement, demonstration counties were more likely than comparison counties to have engaged in intentional communication and education with their courts around caregiving and kinship placement.

Family Resource Scale Findings

A core component of the kinship strategy is the assessment of and subsequent support to kinship caregivers to address their needs as they become primary caregivers to their kin children. As a part of the strategy, caregivers complete the Family Resource Scale (FRS), a validated instrument for assessing family resource needs related to life quality, when children are first placed and every 90-days thereafter.

An assessment of growth in the 31 items comprising the FRS was conducted utilizing data collected on 691 kinship households in 14 counties. Information regarding each household's access to resources ranging from basic (e.g., stable housing) to luxuries (e.g., travel/vacation) was assessed on a 5-point scale across three time points. At each time point, caregivers were asked to rate how well each need

was being met on a regular basis (1 = Not at all, 2 = Seldom, 3 = Sometimes, 4 = Usually, 5 = Always). Multi-Level Modeling was used to identify significant increases and decreases in access to resources over time. In general, caregivers' access to resources remained relatively stable over time. A significant decrease was found in four items: heat for house/apartment, money for utilities, money for monthly bills, and time to socialize. However, although the results were statistically significant, practically speaking, there was very little change in access to these resources over time. For each of these items, the mean rating was between a 4 (Usually) and a 5 (Always) at both the initial and third assessment. Thus, even though caregivers were consistently rating themselves at a slightly lower level at the point of the third assessment, these resources were still readily available. Alternatively, a significant increase was found in six-items: public assistance, medical insurance for child, medical insurance for self/spouse, dental care for child, dental care for self/spouse, and childcare while at work. On the whole, resources appear to remain stable despite the addition of one or more children into a home, and it is possible that this may be attributable to the support given by the kinship coordinator. Kinship caregivers were largely able to maintain or increase access to the vast majority of resources necessary to maintain life quality.

Kinship Caregiver Focus Groups Findings

In the summer of 2014 the evaluation team conducted focus groups with kinship caregivers who had received kinship strategy services in six demonstration counties. A total of 39 caregivers with a range of family dynamics and child welfare exposure participated in the focus groups.

A major theme that emerged in the focus groups was the importance of the relationship that kinship staff and caregivers cultivate. While there was variability in the strength of the relationship, caregivers indicated satisfaction with kinship coordinators whom they viewed as accessible and approachable, supportive and understanding. Caregivers addressed the ease and timeliness of services, and reported that without this relationship, interactions with child welfare seem invasive and that they, in turn, are hesitant to ask child welfare for services for hard goods due to pride. Caregivers indicated that the supportive relationships, combined with prompt services and supports, are important not only to meet their physical needs, but also to allow them to focus on caretaking and maintaining their other professional or personal roles, contributing to the stability of the placement.

The following quotes emerged from caregivers who participated in the focus groups:

- "Whatever we need, we call [kinship staff]. They're our rock. They will find a way."
- "They've helped me with anything I've ever asked them for – if they can't do it, they go out of their way to direct you to agencies that can."
- "Every county or city in America deserves to have a program like this or similar to this."
- "You know you're not by yourself anymore."
- "Sometimes when they clock out, they don't clock out – they're dropping off milk at houses. I wouldn't trade them for the world. I would hope this is a national thing because everyone should feel like this. I've never, ever, ever, not even one time, heard a negative thing about this program.
- "I could not have survived without the Kinship program. They are there to help you help the kids. I felt 100% supported."

Kinship Supports Summary and Next Steps

The kinship strategy is relatively new, in comparison to FTM, and information analyzed thus far has primarily focused on the implementation of the strategy. Having recently completed the majority of the final round of site visits and telephone interviews with all demonstration and comparison counties, the coming months will be spent analyzing and disseminating a great deal of process information to the consortium and kinship coordinator workgroup. Simultaneously, an outcomes analysis on children and families who have received kinship strategy services will be conducted to be included in the final evaluation report. Taken together, the process and outcomes findings will help to inform decision-making regarding potential ways in which the strategy could be refined.

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

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

Progress Report:
See update for Goal 1, Objective 5, Intervention 4.

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

Update on Progress Made to Improve Outcomes

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

Benchmark 1: Partner with the Supreme Court of Ohio to offer four Caseflow Management courses for Dependency docket courts. (Years 1-2)

Progress Report:
The Supreme Court of Ohio's Case Management Section provides resources, consulting services, and educational instruction to judges and court personnel throughout Ohio regarding caseflow management and delay reduction. The Section accomplishes its work through two program areas: (1) caseflow and operations management training and consultation, and (2) the collection, analysis, and reporting of caseload statistics. Two staff were added this past year, with one targeted to support activities related to the Court Improvement Program. It continues to be the Supreme Court's intent to make abuse, neglect and dependency caseflow courses available over the next year.

Participants volunteer and/or are encouraged to participate. OFC staff will work closely with Supreme Court of Ohio staff to identify potential participants and to ensure active child welfare participation.

Benchmark 2: Provide applicable CPOE data to the Supreme Court to integrate within the Caseflow Management courses. (Years 1-2)

Progress Report:
CPOE data specific to participating counties will be provided to counties prior to each course.

Benchmark 5: Develop a dashboard report of core performance measures to be distributed quarterly to courts and PCSA directors (e.g., number of children in custody, length of stay, and number of children whose cases are beyond time limits).

Progress Report:
The Supreme Court of Ohio informed domestic relations and juvenile judges in May 2015 that electronic forms are now available to submit and view data online, eliminating the need to submit paper files that Supreme Court staff has to manually enter into its statistical database.

The addition of forms for domestic relations and juvenile judges adds 215 more judges to the system required to file electronically, and represents 32 percent of the case data the high court collects through eStats. Presently, 244 general division common pleas court judges began using the new online system in 2014, and 81 of them also have the responsibility of filing at least one of the other two forms. With the addition, 459 of the 646 trial court judges, or 71 percent, will be submitting their statistics online.

The streamlined statistical reporting stems from Amendments to Rule 37 of the Rules of Superintendence for the Courts of Ohio. While domestic relations and juvenile judges can begin using eStats to submit the forms, they won't be required to do so until July 15, 2015.

With the addition of the domestic relations and juvenile courts, 98 percent of the data collected from common pleas courts will be collected electronically. The Case Management Section is still preparing electronic forms for the probate division of common pleas, which provide 2 percent of the data and is collected from 95 judges. The final large segments to be addressed are from the 252 municipal and county court judges.

Tasha Ruth, manager of the Supreme Court's Case Management Section, said that when fully implemented, the new system will simplify the report submission process, eliminate redundancy in data entry and allow caseload statistics to be more readily available. This information forms the basis of the annual Ohio Courts Statistical Report. It is also used to analyze case filing patterns and trends to assist local courts in managing their resources.

With eStats soon including Ohio's juvenile judges, the intent now is to upload the dashboard directly into this repository. This will allow judges to view data as a function of the existing system. This is much preferred to a distinct and separate location. The Supreme Court of Ohio's Information Technology Division is working on the conversion process. When the elements are finalized, a data sharing agreement that establishes automatic exchange will be implemented.

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

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

Progress Report:
See update for Goal 1, Objective 5, Intervention 3.

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

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

Progress Report:
See update for Goal 1, Objective 5, Intervention 6.

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

Benchmark 1: Please see Goal 1, Objective 3.

Progress Report:
See update for Goal 1, Objective 3.

Intervention 5: Build skills in effective Family Search and Engagement practices. (Please see Training Plan and Goal 3, Objective 2, Intervention #2)

Benchmark 1: Assess statewide training needs in relation to Family Search and Engagement.

Progress Report:
See update for Goal 3, Objective 2, Intervention 2, Benchmark 1.

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

Update on Progress Made to Improve Outcomes

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

Benchmark 1: Develop a survey for public and private agencies to report information about effective practices, services and supports they provide for transitioning youth as well as any barriers experienced in serving this population.

Progress Report:
In light of new federal legislation to support greater normalcy for youth in foster care (Preventing Sex Trafficking and Strengthening Families Act, P.L. 4980), OFC decided to change the focus of this survey to specifically address agencies' efforts to promote normalcy for youth in their care. OFC's Transitional Youth (TY) Coordinators and Connecting the Dots (CTD) Project Coordinators assisted in the development of a "Normalcy Survey" that was provided to all 88 counties in October and November

2014. The Normalcy Survey was completed by 132 agencies: 75 of the respondents represented PCSAs; 51 of the respondents represented PNAs; 6 respondents were from PCPAs. PCPA's and PNA's responses were combined to compare to PCSA (the custodial agency) responses, when applicable.

The survey began by asking the agencies to indicate if they allow foster youth to participate in a variety of activities. The following activities were rated as the most allowable:

Community involvement (91%)
Complete soft skills in home (89%)
Extracurricular activities at school (88%)
Obtain employment (86%)
Travel out of state with foster parents (68%)

The following activities were rated as the least allowable:

Sleepover with a friend (23%)
Picture in school publications (23%)
Obtain a temporary driver's permit (20%)
Get a haircut without permission (20%)
Obtain a driver's license (10%)
Ride in cars with licensed teen drivers (9%)

The survey revealed that although a high percentage of agencies have policies and procedures in place to allow young people to participate in age and developmentally-appropriate activities, a significant minority do not. Barriers identified by respondents included: county policies (19%), driver's license/education issues (16%), background checks/licensure requirements (9%), parental permission (6%). One of the largest areas of need identified through the survey was the development of policies and/or procedures that address criteria to consider before a child can participate in the above activities. 78% of survey participants stated that they would be interested in training or technical assistance on addressing normalcy. The Coordinators will provide guidance to county agencies to help revise their policies to align with federal expectations to promote normalcy activities for foster youth.

Benchmark 3: Utilize regional stakeholder meetings to share survey and SACWIS data on service provision, to gather feedback to assist in the interpretation of the data, to highlight best practices, and to discuss challenges or barriers to effective service provision. (Years 1-2)

Progress Report:
OFC's Transitional Youth (TY) Coordinators and Connecting the Dots (CTD) Project Coordinators work together on the provision of technical assistance related to policy and programming for youth transitioning from foster care to adulthood. Coordinators have scheduled and co-facilitated five regional and an annual statewide meeting with Independent Living caseworkers and supervisory staff from both county and private foster placing agencies. They have coordinated with subject matter experts to facilitate topical discussions about transitioning and emancipating youth services and resources during these meetings (e.g., Medicaid benefits, secondary educational and vocational training and employment options, Ohio Means Jobs resources). They have also offered technical assistance related to programming, policy changes and/or casework practices impacted by federal legislation (P.L. 4980). The Coordinators will collaborate with the Institute for Human Services, statewide coordinator of

the OCWTP, to present a workshop at the PCSAO annual conference in September 2015 reporting on the results of the statewide normalcy survey.

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

Benchmark 3: Review program data and the evaluation findings on *Connecting the Dots* prepared by The Ohio State University and determine the feasibility of continuing or expanding the *Connecting the Dots* program. (Years 1-2)

Progress Report:
OFC's TY and CTD Coordinators have collaborated with the *Connecting the Dots* program evaluators from The Ohio State University on several activities to strengthen the evaluation, including:

- Regional site visits to assist the evaluator in gathering data.
- Entering survey and program evaluation data into OWCMS and other databases to analyze the demographics and needs of the youth being served by the *Connecting the Dots* service providers. Individualized reports have been provided to each of the five pilot sites reflecting their specific data needs/outcomes.
- Facilitating focus groups with *Connecting the Dots* youth and conducting interviews with casework and supervisory staff to gather information about program benefits and barriers.

CTD process evaluation results from the five pilot county sites' focus groups indicated that each pilot site developed its own, unique program model to best utilize existing community resources and collaborative relationships among service agencies in response to the unique needs of the youth in their community. This suggests that the Connecting the Dots "program" may be best characterized as a coalition of five unique, county-administered employment training and mentoring programs for emancipating foster youth supported by state grant funds and facilitated by an active collaboration of county workforce development and child welfare departments, and local youth-serving agencies (including Big Brothers Big Sisters).

Across the five pilot sites, common service needs identified were in the areas of employment/job skills, healthy relationships, housing, mentoring, education and overall positive development. All five pilot sites collaborated with community partners to meet these needs through an array of services.

CTD programming will be concluding in December 2015. A final program survey is in the planning phase for this fall 2015. The CTD youth that are currently enrolled will have the option of being transitioned to two similar statewide programs (TANF and WIOA) that are addressing these ongoing needs.

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

Progress Report:
Through its Children's Justice Act partnership with the Supreme Court of Ohio's Subcommittee on Responding to Child Abuse, Neglect and Dependency (CAND), ODJFS has actively promoted integration of the voices of youth who have experienced foster care into local and state-level decision-making. Believing that traditional methods of professional outreach are not sufficiently effective alone, CAND supports state-level (OYAB) and local Youth Advisory Boards (YAB). These boards provide youth the

opportunity to develop as leaders, acquire professional skills, including organizational and public speaking, and to recognize that, as individuals, they have both the capacity to affect their own future and the responsibility to do so for those who follow behind them. These boards provide a forum for youth to formulate their ideas and thoughts and to present them to decision-makers in appropriate venues. Correspondingly, child welfare professionals, policy makers, and other stakeholders benefit from the thoughtful insight that youth contribute, and from the accessibility of the boards as a resource. Support of this activity will transition to full state funding at the conclusion of this fiscal year, June 30, 2015.

OYAB has established six areas of focus within its 2014 Strategic Plan:

1. Outreach and Policy.
2. Transitional Housing.
3. Education.
4. Youth Voice in Court.
5. Independent Living.
6. Workforce Development.

In addition to financial support, OFC's TY Coordinators and CTD Coordinators have attended the quarterly Ohio Youth Advisory Board and Ohio Independent Living Association meetings and provided programming assistance and guidance to youth, county stakeholders, private placing agencies and community advocates on available resources and services such as ETV, Chafee and TANF funding for foster and/or emancipating youth. Additionally, the Coordinators assisted in the development of Ohio's Foster Youth Rights Handbook with Ohio Youth Advisory Board foster and emancipating youth. The handbooks have been disseminated to all PCSAs, OYAB, OCWTP foster parent trainers, private placing agencies and juvenile court systems (upon request).

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

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

Progress Report:
ODJFS asked the National Resource Center on Youth Development (NRCYD to provide training and technical assistance to Ohio as part of the state's PIP to address Goal 2 (Permanency), Action Step 3.1., and Benchmark 3.1.d. Between 2011 and 2012, the NRCYD provided training and technical assistance to Ohio, establishing a model for best practice through its Independent Living training series:

- *Youth Development: The Vital Link*
- *Life Long Connections: Permanency for Older Youth*
- *Engaging Youth in Transition Planning.*

OCWTP recruited and developed OCWTP trainers and foster care alumni to co-train the series throughout the state to caseworkers and foster caregivers who work with youth transitioning to adulthood.

Since the roll-out in 2012, OCWTP has offered workshops in the series 69 times statewide. To further this goal, the OCWTP has added a parallel training, *Fostering Self-Reliance in Children and Youth: Roots and Wings*, for foster caregivers. This course is one of the OCWTP's *Fundamentals of Fostering* offerings, developed for foster caregivers who work with transitioning youth.

Marketing strategies are underway to increase awareness of and enrollment in these course offerings statewide. Promotional material has been included in a weekly newsletter distributed throughout all 88 counties and distributed throughout Ohio via regularly scheduled meetings. Marketing also included massive distribution of a promotional flyer outlining the training's learning objectives to:

- Public Children Services Agencies
- Independent Living groups
- Teen Advisory Groups
- Ohio's Technical Assistance Specialists
- Youth Advisory Boards (YAB),
- Licensing specialists, caseworkers, supervisors, foster parents and alternate caregiver

The NRCYD Series will have been offered 20 times by June 2015; the Self-Reliance course has been offered three times:

NRCYD Series

	July-Sept. 2014	Oct-Dec 2014	Jan-Mar 2015	Apr-June 2015
NCORTC	2	1		
SEORTC			1	1
SWORTC				3
ECORTC				1
CORTC	1	2	2	
NWORTC	1		1	
WORTC				
NEORTC		2	2	

Self-Reliance*

NCORTC				1
SEORTC				
SWORTC				
ECORTC			1	
CORTC				
NWORTC				
WORTC			1	
* NEORTC				

Note: Two regions have scheduled this training in the fall.

Benchmark 4: Partner with Lighthouse Youth Services on federal planning grant activities to research risk factors that place youth exiting foster care at greatest risk of homelessness and develop an intervention model to address these risk factors effectively. (Years 1-2)

Progress Report:

Planning Phase

Youth at Risk of Homelessness (YARH) is a collaboration between ODJFS, Hamilton County Job and Family Services and Lighthouse Youth Services (LYS). LYS is a regionally-based organization serving transitional youth, homeless youth, and youth at risk of chronic homelessness in Hamilton County. LYS was awarded the *YARH Planning* Grant, funded by the Administration for Children and Families (ACF), in the fall of 2013. The three populations of youth identified as high risk for chronic homelessness include: 1) youth entering foster care between ages 14-17; 2) youth exiting foster care at age 18; and 3) young adults who are currently homeless with a history of foster care. The planning grant has focused on improving outcomes for these three populations in four core areas: stable housing, social and emotional well-being, permanent connections and education/employment. The YARH collaboration seeks to identify youth aging out of foster care that are at greatest risk of becoming homeless and to design effective strategies to address the needs of this population.

ODJFS has been a key partner in the YARH grant from the time LYS initially decided to apply for this planning grant. ODJFS has supported Lighthouse's efforts to prevent homelessness for youth who are currently or who have previously been involved in the child welfare system. ODJFS has actively participated in the project's monthly Steering and Planning Committee meetings. During several meetings, ODJFS staff provided presentations and information about policies and practices that impact youth in care.

Four workgroups were formed to identify current practices that address each of the four core areas: stable housing, social and emotional well-being, permanent connections and education/employment. The workgroups were tasked with conducting a service assessment to explore the services that are currently available in the community for the three target populations. Understanding the service array helped the YARH teams identify gaps in services that need to be filled or ways in which current services could be improved by adding evidence-based practices. Workgroups were also asked to discuss and record possible barriers to implementing specific services within the current community structure, as well as identify the target sub-populations (i.e. parenting youth) for each practice. ODJFS staff worked with LYS to co-facilitate the permanent connections workgroup for the project.

In addition to the above activities, ODJFS facilitated the formation of a data sharing agreement among project partners and has assisted in the collection and reporting of data needed for this project.

Implementation Phase

On March 25, 2015, The Administration of Children Youth and Families (ACF) released the funding opportunity announcement for the YARH Implementation Grant. Sites that received the planning grant are eligible to apply for the implementation grant. ODJFS has worked closely with Lighthouse Youth Services and Hamilton County Job and Family Services in the development of the grant application.

The Steering Committee has selected four evidence-based practices for all youth in the target populations. The four practices are Trauma Informed Care, Life Skills (Daniel Memorial Independent Living Assessment), High Fidelity Wrap Around, and Assertive Community Treatment (ACT).

1. **Trauma Informed Care** (TIC) sees trauma and loss as painful experiences with which a child is struggling to cope. TIC is an organizational structure and treatment model that involves recognizing and responding to the impact all types of trauma have on an individual. Interventions involve youth in their own healing so that they feel safe and empowered.
2. **Life Skills** help youth develop the interpersonal, domestic, vocational and daily living skills they need to thrive. Youth also develop their problem solving and critical thinking abilities. The Daniel Memorial Independent Living Assessment has been identified as a best practice and is widely administered.
3. **High Fidelity Wraparound** is an intensive, team-based, youth-centered care planning and management process. Youth identify their own team members which may consist of natural supports, such as family or community members, along with mental health professionals, juvenile justice workers and caseworkers. Wraparound is not a process for all; it is applicable and most effective for those with complex needs and histories of extensive and costly service utilization.
4. **Assertive Community Treatment** (ACT) is a client-centered, recovery-oriented mental health service delivery model that has received substantial empirical support for facilitating community living, psychological rehabilitation and recovery for persons who have the most severe and persistent mental illness. ACT provides a hospital treatment experience in the home and community. Services are delivered in an ongoing rather than time-limited framework to aid in the process of recovery and ensure caregiver continuity.

In addition to the above strategies, youth in the model intervention will have access to a variety of stable housing options. Other services or interventions will be provided to youth based on individualized risk and protective factors. Examples include:

- Evidence-based and supported substance abuse treatment such as Motivational Interviewing and Cognitive Behavioral Therapy.
- Child-specific recruitment of foster families to help youth step down from group home placement.
- Family Acceptance Project service referral for LGBTQ youth experiencing rejection.
- Educational support, including advocacy through Legal Aid.

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

Measures:	Year 1 Baseline Performance:
1.) At a minimum, 95% of cases reviewed through CPOE, SACWIS desk reviews, or other specialized reviews will demonstrate diligent efforts to meet children's educational needs.	**1.) 93% of cases reviewed demonstrated diligent efforts to meet children's educational needs. (CPOE Stage 9 results)**
2.) At a minimum, 95% of cases reviewed will demonstrate diligent efforts to address children's health needs.	**2.) 88% of cases reviewed demonstrated diligent efforts to address children's health needs. (CPOE Stage 9 results)**
3.) At a minimum, 95% of cases reviewed will demonstrate concerted efforts to address children's behavioral health needs.	**3.) 95% of cases reviewed demonstrated concerted efforts to address children's behavioral health needs. (CPOE Stage 9 results)**
4.) At a minimum, 95% of cases reviewed will demonstrate adherence to recommended policies and procedures for monitoring and oversight of psychotropic medication use by children in agency custody.	**4.) __% of cases reviewed demonstrated adherence to recommended policies and procedures for monitoring and oversight of psychotropic medication use by children in agency custody. (This is being monitored for the first time during CPOE Stage 10)**

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

Update on Progress Made to Improve Outcomes

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

Benchmarks:

1) Through OhioMHAS' Safe Schools/Healthy Students grant, conduct a statewide assessment of available school and community-based programming. This information will be incorporated into Ohio's statewide child welfare system needs assessment.

2) Identify gaps in needed services targeted to student and family members and develop strategies to address them. (Year 2-3)

Progress Report:

To begin implementation of Ohio's federal Safe Schools, Healthy Students (SSHS) grant, a State Management Team (SMT) was formed to develop a statewide needs assessment and to guide project activities. The team included state and local partners representing the following systems:

- Education: The Ohio Department of Education (ODE), a local high school guidance counselor, local education authorities, and school personnel;

- Mental Health and Substance Abuse: The Ohio Department of Mental Health and Addiction Services (OhioMHAS), a local mental health provider, the Ohio Suicide Prevention Foundation, substance abuse prevention coalitions, and community-based provider agencies;
- Juvenile Justice: The Ohio Department of Youth Services (ODYS) and the Juvenile Court Administrators Association;
- Child Welfare: Ohio Children's Trust Fund, ODJFS- Office of Families and Children;
- Early Childhood: Early Childhood Mental Health specialists, and Ohio Family and Children First (OFCF) staff;
- Family and Youth Representatives: Parent representatives and member of the ENGAGE Youth Advisory Council;
- Other representatives: The Ohio National Guard, and a National SSHS evaluator.

To ensure alignment with related collaborative initiatives, the State Management Team incorporated recommendations of existing plans into the foundation of the SSHS statewide needs assessment and environmental scan. These included, the:

- Ohio Adolescent Health Partnership Strategic Plan 2013-2020 (2013);
- Ohio Suicide Prevention Foundation Strategic Plan 2013-2016 (2013);
- ODE's Integrating Positive Behavior Interventions and Supports with Mental Health Systems (2013);
- Ohio Attorney General's Anti-Bullying Symposium Summary Report (2013);
- Ohio Statewide Prevention Framework Goals, Strategies, Priorities, and Action Steps (2012);
- Ohio's Early Learning and Development Standards (2012);
- ODE Ohio Head Start State Collaboration Office Needs Assessment Survey Results (2012);
- ODE Ohio Improvement Process Guide (2012);
- ENGAGE Final Report: Four-Year Implementation Plan to Expand System of Care Statewide for Youth and Young Adults in Transition (2012);
- OFCF Family Engagement Steering Committee Recommendations for Increasing Families' Awareness of Resources; Enhancing Family Advocacy; and Strengthening Parent/Professional Partnerships in Ohio (2012);
- Ohio Interagency Task Force on Mental Health and Juvenile Justice Report and Recommendations (2012);
- Quality Lives: Supporting Ohioans with Autism for Meaningful and Successful Lives (2012);
- OhioMHAS Strategic Prevention Framework State Incentive Grant Strategic Plan (2011);
- OFCF Youth and Young Adults in Transition Steering Committee Strategic Planning Report (2010);
- ODJFS Ohio Child and Family Services Review Program Improvement Plan 2009-2011 (2009);and
- OhioMHAS Childhood Trauma Plan (2006).

Additionally the SMT reviewed quantitative data from the following sources:

- Youth Risk Behavior Survey (YRBSS), 2013 report;
- Ohio Department of Education Report Card data, 2012-2013;
- Children's Defense Fund–Ohio, Ohio KIDS COUNT 2013 Data Book; and
- Behavioral Health Barometer, Ohio 2013, SAMHSA.

The SMT then developed a specific assessment that identified unmet needs, gaps in services, and resources upon which to build capacity. To view this document, go to Appendix I: Safe Schools, Healthy Students State Management Team Needs Assessment and Environmental Scan.

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

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

Progress Report:
Step Up To Quality (SUTQ) is a voluntary five–star quality rating system administered by ODJFS and the Ohio Department of Education (ODE). SUTQ recognizes child care programs which meet quality benchmarks that exceed minimum health and safety licensing standards. Previously, SUTQ was a three-star system, but it was expanded over the past two years to incorporate Ohio's Early Learning Standards. The steps are based on research-based programming that has demonstrated improved outcomes for children, and include:

- Early Learning Development Standards;
- A Comprehensive Assessment System;
- Early Childhood Education qualifications;
- Family engagement strategies;
- Health promotion practices; and
- Program quality assessments.

To view the program standards, go to: http://jfs.ohio.gov/cdc/docs/ProgramStandards.stm

Programs eligible to participate in SUTQ includes:

- State-funded preschool programs;
- Early Head Start and Head Start programs;
- Early learning and Development programs funded under section 619 of part B IDEA and Part C IDEA;
- Early Learning and Development Programs funded under Title I of ESEA;
- Early Learning and Development Programs receiving funds from the State's Child Care Development Fund program:
    - Center-based;
    - Family- based (as of July 2014).

By July 1, 2020, all programs that receive subsidies from the ODE will be monitored through SUTQ and required to achieve a rating of 3, 4, or 5 to stars to maintain financial support. The state's achievement reporting for SUTQ is based on the federal fiscal year. The most recent data indicate the following number of programs have moved up at least one level on the rating system as of November 2014:

- 100 State-funded preschool programs;

- 82 Head Start programs;
- 521 Center-based child care programs; and
- 20 Family Child Care programs.

Benchmark 2: Implement statewide use of a formative assessment for children ages 36-72 months. (Year 3)

Progress Report:

Ohio's Early Learning and Development Standards

The State Board of Education has established Ohio's Birth – Kindergarten Entry Early Learning and Development Standards to support comprehensive development and well–being of young children, and to foster learning. These standards:

- Promote the understanding of early learning and development;
- Provide a comprehensive and coherent set of expectations for children's development and learning; and
- Guide the design and implementation of curriculum, assessment and instructional practices with young children.

While under-going continual refinement, the standards were initially developed for implementation in 2012 through a collaborative effort of state agencies that serve young children. Participants included representatives from the Governor's Office on Health Transformation; and the Ohio Departments of: Education, Job and Family Services, Health, Mental Health, and Developmental Disabilities. Teams worked with stakeholders, local content experts, and national leaders to revise the standards across the following domains:

- Social-emotional development;
- Approaches toward learning;
- Cognitive development and general knowledge (including Mathematics, Science and Social Studies);
- Language and literacy development; and
- Physical well-being and motor development.

To view the standards, go to:
http://education.ohio.gov/Topics/Early-Learning/Early-Learning-Content-Standards/The-Standards

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

Benchmark 1: In partnership with the Ohio Department of Education (ODE), jointly distribute information regarding federal requirements to coordinate efforts to ensure educational stability of students in foster care.

Progress Report:
An overview of federal requirements and collaborative efforts with ODE to ensure educational stability of students in foster care will be featured in the July 3, 2015 edition of the Office of Families and Children's *First Friday* newsletter.

Benchmark 2: Provide information to PCSAs re: potential establishment of regionally-based educational surrogates across counties. (Years 1, 3 & 5)

Progress Report:
Opportunities to develop regionally-based educational surrogates will be highlighted in the July 3, 2015 edition of the OFC *First Friday* newsletter.

Benchmark 3: Provide PCSAs with information regarding availability of IEP services for eligible children through Ohio's Medicaid School Program. (Years 1, 3 & 5)

Progress Report:
An article regarding Ohio's Medicaid School Program will be featured in the July 3, 2015 edition of the OFC *First Friday* newsletter.

Benchmark 4: Provide PCSA staff and parent advocates with information re: Ohio's Positive Behavior Interventions and Supports program. (Years 1, 3 & 5)

Progress Report:
Information regarding Ohio's Positive Behavior Interventions and Supports program will be featured in the July 3, 2015 edition of the OFC *First Friday* newsletter. In addition, this information will be presented to the National Alliance on Mental Illness of Ohio, the administrative agent for Ohio's Parent Advocacy Connection program and ENGAGE Family Advisory Council for distribution to advocates and parents of children with special needs.

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

Benchmark 1: Continue support of Ohio's Parent Advocacy Connection program and collect data regarding education-related service utilization. (Years 1-3)

Progress Report:
During this past year, ODJFS continued its partnership with the Ohio Departments of Mental Health and Addiction Services, Youth Services and Developmental Disabilities to jointly fund the Parent Advocacy Connection (PAC) program. Based on mid-year reporting, 822 families were actively enrolled in the program as of January 30, 2015. Of those, 643, or approximately 78%, received assistance from a PAC advocate to address the educational needs of their children.

For additional information regarding PAC refer to Appendix B, Ohio's *Health Care Oversight and Coordination Plan.*

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

Update on Progress Made to Improve Outcomes

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

Benchmark 1: Promote use of Wrap-Around service coordination for youth and young adults in transition. (Years 1-3)

Progress Report:
Youth and young adults in transition that meet the criteria for ENGAGE are faced with multiple and co-occurring challenges. To comprehensively address their needs, Ohio has chosen to implement High Fidelity Wrap Around service coordination coupled with the evidence-based Transition to Independence Process (TIP) model statewide. For more information regarding ENGAGE implementation, refer to progress reports under Objectives 3 and 8 and Appendix B, Ohio's *Health Care Oversight and Coordination Plan*.

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

Progress Report:
Opportunities for Ohioans with Disabilities (OOD) is the single, state agency designated to administer the Social Security Disability Insurance and Supplemental Security Income programs in Ohio. OOD works with partners in business, education and non-profit organizations to:

- Facilitate customized employment plans for Ohioans with disabilities.
- Help Ohio companies recruit and retain employees with disabilities.

OOD works extensively with the ODE to build a statewide network of resources to support "transition-to-work" programs for youth. These efforts target youth as they move from secondary education to jobs and higher education programs. During this reporting period, OFC facilitated OOD's participation in the PCSAO Behavioral Health Leadership Group. This committee meets monthly and consists of representatives from PCSAs, private agencies, statewide associations, advocacy groups, and various state agencies, including but not limited to the Ohio Departments of: Job and Family Services, Mental Health and Addiction Services, Youth Services, and Medicaid. Through this forum, OOD presented an overview of programming options available to transition-age youth with disabilities as well as opportunities for jointly serving youth transitioning from care.

For updates on activities related to WIA, OhioReach and other programming for youth aging out of care, please refer to Goal 4, Objective 4.

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

Update on Progress Made to Improve Outcomes

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

Benchmark 1: Distribute information to PCSAs re: Ohio's *Bright Futures* initiative. (Please note the name of the initiative was corrected for this benchmark.)

Progress Report:
The Academy of Pediatrics' *Bright Futures* initiative will be featured in the July 3, 2015 edition of the OFC *First Friday* newsletter.

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

Benchmark 1: Through *Ohio Minds Matter*, provide training to health care professionals on ways to effectively engage patients as partners and how to broach difficult topics. (Years 1-2)

Progress Report:
During this reporting period, Ohio Minds Matter has developed a toolkit for healthcare professionals to use to improve patient engagement and to promote shared decision-making. To view the toolkit, go to: http://ohiomindsmatter.org/Phys_ToolKit.html .

For more information regarding this project, go to: http://ohiomindsmatter.org . Also, refer to Appendix B, Ohio's *Health Care Oversight and Coordination Plan.*

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

Benchmark 1: Provide training to youth on health issues via implementation of the Personal Responsibility Education Program (PREP). (Years 1-2)

Progress Report:
As of May 4, 2015, 3,120 youth were provided training on health issues through implementation of Ohio's Personal Responsibility and Education Program. For more information about this initiative, refer to updates under: Appendix B, *Ohio's Health Care Oversight and Coordination Plan*.
Benchmark 2: Provide information to youth regarding self-advocacy via implementation of Ohio Minds Matter. (Years 1-3; Please note this benchmark was corrected.)

Progress Report:
During this reporting period, a shared decision-making toolkit was specifically designed to address health care issues of foster children. The toolkit, a product of the Ohio Minds Matter initiative, promotes youth involvement in health care decisions, including but not limited to, use of psychotropic medication. Issue-specific prompts are featured throughout the document to promote discussion with medical

personnel regarding the patients' current issues, symptoms, treatment options, and response to chosen interventions.

Current and former foster youth actively participated on the toolkit's development, and the Ohio Chapter of Foster Alumni of America also provided input on its design. To view the toolkit, go to: http://www.ohiomindsmatter.org/documents/decision%20guide%20for%20foster%20care_F1.pdf

Use of the toolkit was piloted as part of the multi-county demonstration projects. To date, use of the tool has received a positive response from child welfare workers, youth in care, and medical providers. On June 11, 2015, a webinar was held to share information about the toolkit and to promote its use statewide. Participants on the call included, but were not limited to: caseworkers and other child welfare personnel, private foster care network representatives, residential treatment providers, community-based behavioral health providers, and medical personnel. As with other Ohio Minds Matter webinars, the session was recorded for future use by those who were unable to participate in the event.

For additional information about Ohio Minds Matter go to: http://ohiomindsmatter.org

Also, refer to Appendix B, *Ohio's Health Care Oversight and Coordination Plan.*

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

Update on Progress Made to Improve Outcomes

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

Benchmark 1: Conduct cross system data analyses annually to determine level of health care service utilization, and emerging needs.

Progress Report:
Refer to update under Goal 3, Objective 3, Intervention 2, Benchmarks 2 and 3.

Intervention 2: Promote Medicaid enrollment for eligible individuals.

Benchmark 1: Work with the Ohio Department of Medicaid to develop marketing strategies to increase initial enrollment and re-determined eligibility for coverage. (Years 1-5)

Progress Report:
This past year, the Ohio Department of Medicaid (ODM) Bureau of Technical Assistance and Compliance worked collaboratively with the ODJFS, Office of Families and Children to increase Medicaid enrollment of former foster youth. Marketing strategies included:

- Revisions to the Ohio Department of Medicaid website;
- Streamlined application processes through the Ohio Benefit Bank; and

- Kiosk-based applications.

To view the revised ODM webpage specifically designed for former foster youth, go to: http://medicaid.ohio.gov/FOROHIOANS/Programs/FosterCare.aspx

For additional information regarding enrollment efforts, refer to Benchmark 2 below, and Appendix B, *Ohio's Health Care Oversight and Coordination Plan.*

Benchmark 2: Work with PCSAs to facilitate youth enrollment in a Medicaid Managed Care plan prior to emancipation from care. (Years 1-5)

Progress Report:
Effective January 1, 2014, youth who emancipated from foster care at age eighteen are now eligible for categorically-based Medicaid coverage until age 26. To assist PCSAs with implementation of this policy change, Ohio Department of Medicaid (ODM) representatives conducted trainings at all five ODJFS regional meetings, and provided on-going technical assistance to independent living staff. Topics discussed at these meetings included, but were not limited to:

- The elevation of ODM as a stand-alone agency,
- The new Medicaid website,
- The Ohio Benefits portal and application processes,
- MAGI (Modified Adjusted Gross Income) categories, and
- Presumptive Eligibility.

The presentations were well received and generated much discussion. Each presentation went past the time allotted due to questions from PCSA staff members in attendance.

In addition, at the October 17, 2014 *Fostering Pathways to Success* conference, ODM staff:

- Helped youth apply for benefits;
- Responded to specific inquires about Medicaid programs and coverage as requested by current and former foster youth, stakeholders, advocates, and PCSA staff members.
- Hosted four break-out sessions on Medicaid programs available to former foster youth, and related application process. Each workshop included information on:
    - How to apply for Medicaid;
    - Resources available to assist individuals when applying;
    - What to expect in the eligibility process;
    - Managed care enrollment; and
    - Elements of maintaining Medicaid eligibility once established.

All four sessions received positive evaluations by attendees.

For information regarding additional enrollment efforts, refer to Appendix B, *Ohio's Health Care Oversight and Coordination Plan.*

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

Benchmark 1: Promote coordinated care of young people with multiple developmental needs living in Appalachia via the IPAC (Integrating Professionals for Appalachian Children) program. (Years 1-2)

Progress Report:
Integrating Professionals for Appalachian Children (IPAC) is a network comprised of multiple agencies in the Southeast Ohio region. Members include: Athens City School District, Athens County Family and Children First Council, Athens-Meigs Educational Service Center, The Appalachian Rural Health Institute, The Corporation for Ohio Appalachian Development, The Dairy Barn Arts Center, Hocking County Board of Developmental Disabilities, Hopewell Health Centers, Health Recovery Services, Help Me Grow, Gallia-Meigs Community Action Agency, Ohio University (College of Osteopathic Medicine; College of Osteopathic Medicine Community Health Programs; College of Health Sciences and Professions; Hearing, Speech and Language Clinic; Psychology and Social Work Clinic; and Scripps College of Communication), University Medical Associates-Pediatrics, and the Youth Experiencing Success in School Program. Together, IPAC has developed culturally-appropriate programs to address the complex health needs of children and families in the region.

IPAC's efforts to promote coordinated care of young people with developmental needs living in the region, include:

- Adding standardized screening in pediatrics;
- Integrating behavioral health into both primary care and public preschools;
- Establishing a local interdisciplinary assessment team in partnership with Nationwide Children's Hospital;
- Supporting the development of a regional Family Navigator Program; and
- Advancing the implementation of the Pathways Program to provide care coordination services to ensure healthy outcomes for pregnant women and children.

For more information regarding the IPAC program, refer to Goal 5, Objective 8, Intervention 1, Benchmark 1 below; and Appendix B, *Ohio's Health Care Oversight and Coordination Plan.*

Benchmark 2: Promote use of Wrap-Around service coordination for youth and young adults in transition via implementation of the ENGAGE project. (Years 1-3)

Progress Report:
The Substance Abuse and Mental Health Services Administration awarded Ohio a System of Care Implementation Grant on July 1, 2013. To facilitate long-term sustainability, the original proposal was amended to refine the target population and project focus. *Engaging the New Generation to Achieve Their Goals through Empowerment* (ENGAGE) is designed to address the complex needs of multi-system youth and young adults in transition, ages 14 – 21, with serious emotional disturbance/mental illness, including those with co-occurring disorders (substance use and/or developmental disabilities). To ensure programming for those most at risk, the population to be served through ENGAGE now also requires past, current, or risk of involvement with child welfare, juvenile/criminal justice, and/or homelessness. To ensure statewide consistency, the implementation strategy for ENGAGE has been

streamlined to use of evidence-based High-Fidelity Wrap Around service coordination, with incorporated components from the Transition to Independence Process (TIP) model.

Ohio's multi-level approach to statewide system of care implementation has four components:

- Workforce development,
- Capacity building,
- Evaluation and continuous improvement, and
- Fidelity.

Through a competitive process, the Center for Innovative Practice (CIP) at Case Western Reserve University was selected to develop the curriculum, training schedules and technical assistance processes. Over the past year, eleven 3-day trainings were held statewide (Akron, Athens, Cambridge, Columbus (2), Dayton, Fairfield, Lima, Toledo, Warren and Zanesville). The 39 counties that participated in these sessions were identified as being in either Cohort 1 or 2 based on a community readiness evaluation process that took place in 2013. The counties were:

- Cohort 1: Allen, Auglaize, Butler, Champaign, Coshocton, Erie, Franklin, Guernsey, Hancock, Holmes, Logan, Lorain, Lucas, Mahoning, Putnam, Richland, Sandusky, Seneca, Summit, Trumbull, and Wayne.
- Cohort 2: Ashland, Ashtabula, Athens, Carroll, Fairfield, Gallia ,Geauga, Greene, Jackson, Licking, Madison, Meigs, Morrow, Muskingum, Noble, Preble, Union, and Washington.

At the time of this writing, the initial Wrap Around fidelity measures are being collected. Additional client-level outcomes data being used to evaluate ENGAGE include: the Ohio Scales, the Child and Adolescent Needs and Strengths (CANS) assessment, Adult Needs and Strengths Assessment Tool (ANSA-T), and National Outcome Measures (e.g., functioning level, housing stability, employment and education, criminal justice status, perception of care, social connectedness, reassessment status, discharge status, services received, and Global Assessment of Functioning).

For more information about ENGAGE, refer to Appendix B**,** *Ohio's Health Care Oversight and Coordination Plan*.

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

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

Progress Report:
The Ohio Department of Health oversees both state and federal loan repayment programs as a means of recruiting health care professionals to work in under-served areas (identified by geographic location, populations served, or type of health care facility). These include the National Health Service Corps, the

Ohio Physician Loan Repayment Program, and Loan Repayment Programs for Dentists and Dental Hygienists. (In December 2014, the Ohio General Assembly enacted Revised Code 3702.96 to create a loan repayment program for dental hygienists.) Health care professionals eligible to participate in these programs include:

- Physicians (Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology), Nurse Practitioners, Physician Assistants and Certified Nurse Midwives;
- Psychiatrists, Health Service Psychologists, Licensed Clinical Social Workers, Psychiatric Nurse Specialists, Licensed Professional Counselors and Marriage and Family Therapists; and
- General and Pediatric Dentists and Registered Dental Hygienists.

Eligible practice sites must be within identified Health Professional Shortage Areas and:

- Use a sliding fee scale based on 200 percent of the federal poverty level;
- Accept Medicaid;
- Accept assignment from Medicare;
- Prominently advertise a statement expressing that no one will be denied services due to inability to pay; and
- Provide culturally appropriate ambulatory services.

ODH also offers scholarships to students enrolled in accredited health professions training programs to cover tuition, lab fees, books and other reasonable costs, and to provide a monthly stipend. Upon graduation, clinicians work in HPSAs for a minimum of two years or for a period of time equal to the number of years of financial assistance.

Health Professionals eligible for the NHSC Scholarship Program include:

- *Primary Care* - Physicians (Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology Adolescent Health, Geriatrics), Family Nurse Practitioners, Physician Assistants and Certified Nurse Midwives;
- *Mental Health*- Psychiatrists; and
- *Dental*- General and Pediatric Dentists.

In addition, OhioMHAS also provides loan repayment opportunities for psychiatrists who choose to work in regional state hospitals.

Progress Measures:

As of June 2015, Ohio Department of Health data reflects that 107 Ohio medical professionals are participating in the National Health Service Corps Loan Repayment Program, and 112 medical professionals are participating in the National Health Service Corps Scholarship Program. In addition, 9 doctors are participating in the Ohio Physician Loan Repayment Program and 7 in the Ohio Physician Scholarship Program. The Ohio Department of Mental Health and Addiction Services reports that 12 psychiatrists are currently participating in their loan repayment program for psychiatrists who choose to work in regional state hospitals.

Goal 5: Objective 5
Increase workforce capacity to effectively address the issue of trauma within the child welfare population.

Update on Progress Made to Improve Outcomes

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

Benchmark 1: Convene a statewide symposium to increase awareness of trauma.

Progress Report:
On June 26, 2014 the Ohio Department of Mental Health and Addiction Services hosted the first statewide summit on trauma, *Creating Environments of Resiliency and Hope.* This event featured training for clinical and administrative leaders, as well as breakout sessions for regional teams.

The second statewide conference on trauma-informed care took place on June 17, 2015.

Benchmark 2: Establish regional technical assistance pilot areas to facilitate development of collaborative trauma response/interventions. (Years 1-3)

During this past year, six Regional Trauma-Informed Care (TIC) collaboratives were established. The map below illustrates how the regions are configured.

These sites serve to:

- Identify regional strengths, champions and areas of excellence to facilitate TIC implementation;
- Identify regional gaps, weaknesses and barriers for TIC implementation;
- Develop a repository of expertise and shared resources within the region to facilitate local and statewide TIC implementation;
- Train individuals to disseminate TIC principles and best practices; and
- Develop specific implementation strategies to effectively address the unique needs of particular populations (e.g., the developmentally disabled, children, older adults, and those challenged by addiction).

For additional information about Ohio's efforts to promote use of trauma-informed care, refer to Appendix B, *Ohio's Health Care Oversight and Coordination Plan*.

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

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

Progress Report:
In 2010, the OCWTP collaborated with the Ohio Department of Mental Health (ODMH, now OhioMHAS) to implement trauma-informed training. The NCTSN's *Child Welfare Trauma Training Toolkit* was added to the menu of offerings. The Toolkit includes the following four modules:

- *Module 1: Overview of Trauma and Its Effect on Children*
- *Module 2: The Impact of Trauma and the Importance of Safety*
- *Module 3: Identifying Trauma-related Needs and Enhancing Well-Being*
- *Module 4: Worker Well-Being and the Importance of Partnering*

In 2013, NCTSN revised the Toolkit. The OCWTP held a Training on Content to update trainers on the new material. The revised Toolkit continues to be offered statewide:

	CORTC	NWORTC	SEORTC	SWORTC	WORTC	ECORTC
July-Sept '14	Module 1				Modules 1-4	
Oct-Dec '14	Module 2 (2x)	Modules 1, 2	Modules 1 (2x), 2, 4	Module 3	Modules 1-4	
Jan-Mar '15	Module 3 (2x)			Module 1,2		
Apr-June '15	Module 4 (2x)					Modules 1-4

In addition to the course offerings noted above, ODJFS is partnering with the ODH and ODYS to present eight, six-hour trauma trainings across the state as part of implementation of the Personal Responsibility and Education Program (PREP). *Think Trauma: A Training for Staff in Juvenile Justice and Residential*

Settings combined with *Essential Elements* from the National Child Trauma Stress Network child welfare training is being offered free of charge to PREP facilitators, child welfare staff, and foster parents affiliated with PREP provider agencies. Biological parents are also welcome to attend with agency approval. The sessions, being held from May-August 2015, are specifically tailored for front-line caregivers and staff. Components of the training include:

- Think Trauma – Trauma and Youth in Child Caring Systems:
  - Defining trauma and traumatic stress;
  - Trauma reminders – their role in triggering behavioral and relationship to violence;
  - The role of resiliency;
  - What can happen when we take a trauma-informed approach with youth.

- Trauma's impact on development:
  - Key developmental tasks at each stage and impact of trauma;
  - Methods to get development "back on track."

- Survival coping strategies:
  - Defining coping strategies – reframing violence, substance use and self-injury;
  - Understanding survival coping ;
  - Learning alternative strategies;
  - Building a safety plan.

Continuing education credits as well as certificates toward meeting foster parent ongoing training requirements will be issued for participants. Monique Marrow, Ph.D., who co-authored the curriculum, is the presenter for all Ohio PREP sessions. Dr. Marrow is a clinical child psychologist and a training specialist for the Center on Trauma and Children. She serves on several committees of the National Child Stress Network, including; the National Steering Committee, the Affiliate Advisory Board, Community Violence, Complex Trauma, the Justice Consortium, and is Co-Chair of the Juvenile Justice Sub-Committee.

For additional information regarding PREP, see Appendix B, Ohio's *Health Care Oversight and Coordination Plan*.

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

Update on Progress Made to Improve Outcomes

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

Benchmark 1: Work with BEACON and the Clinical Team to disseminate information on prescribing guidelines and use of peer consultation. (Years 1-2)

Progress Report:
During this reporting period, Ohio Minds Matter has continued to refine and develop additional resources for clinicians to use to promote the safe and effective use of psychotropic medications. These materials include:

- A Quick Reference Guide: http://ohiomindsmatter.org/documents/Algorithm%20G_Page%20Break_with%20Links.pdf
- Antipsychotic medication Management for children under 6 years of age: http://ohiomindsmatter.org/documents/Algorithm%20A_link_with%20page%20breaks.pdf
- Avoiding use of more than 1 atypical antipsychotic medication in children under 18: http://ohiomindsmatter.org/documents/Algorithm%20B_Link_with%20page%20breaks.pdf
- Avoiding polypharmacy: http://ohiomindsmatter.org/documents/Algorithm%20C_link_with%20page%20breaks.pdf
- Psychotropic medication lists: http://ohiomindsmatter.org/documents/Psychotropic%20Medication%20List.pdf
- Evidence-based treatments by disorders: http://ohiomindsmatter.org/documents/5c%20Evidence-Based%20Treatments.pdf
- A screening and monitoring tool: http://ohiomindsmatter.org/documents/6%20Screening%20and%20Monitoring%20Tool.pdf
- Informed consent: http://ohiomindsmatter.org/documents/Informed%20Consent%20Process.pdf
- Adverse effects table: http://ohiomindsmatter.org/documents/AAP%20Adverse%20Effects%20Table.pdf
- Contraindications and interactions table: http://ohiomindsmatter.org/documents/9%20Drug%20Contraindications%20and%20Interaction%20Tables.pdf
- Case study: http://ohiomindsmatter.org/documents/10%20Case%20Study.pdf
- Behavioral symptom reference- Inattention, Hyperactivity, and Impulsivity: http://ohiomindsmatter.org/Inattention_Hyp_Imp.html
- Behavioral symptom reference- Disruptive behavior and aggression: http://ohiomindsmatter.org/Disruptive_Aggression.html
- Behavioral Symptom reference-Moodiness and irritability: http://ohiomindsmatter.org/Moodiness_Irritability.html
- Learning modules for continuing education credit: http://ohiomindsmatter.org/Prescribers_Learning.html
- Podcasts: http://ohiomindsmatter.org/Prescribers_Learning.html
- A Shared Decision-Making Toolkit: http://ohiomindsmatter.org/Phys_ToolKit.html

For more information regarding this project, go to: http://ohiomindsmatter.org and refer to Appendix B, Ohio's *Health Care Oversight and Coordination Plan.*

In addition, the OhioMHAS is promoting use of its Pediatric Psychiatry Network (PPN) as a resource for prescribers to receive peer guidance on how to treat children with difficult behavioral health issues, including but not limited to the use of psychotropic medications. For more information on the PPN, see:

Benchmarks:

2) Work with the Ohio Department of Medicaid to analyze prescribing patterns within the child welfare population and to disseminate this information to local partners. (Years 1-2)

3) Facilitate development of effective cross-system collaborations specifically designed to address this issue at the local level via the *Minds Matter* pilot sites. (Years 1-2)

Progress Report:

Ohio Minds Matter aims to increase timely access to safe and effective psychotropic medications and other treatments for children who need it; improve pediatric patient health outcomes for these children; and reduce potential medication-related adverse effects. The performance targets for Ohio Minds Matter include a 25% reduction in the:

- Use of antipsychotic (AAP) medications in children less than 6 years of age;
- Use of 2 or more concomitant AAP medications for over 2 months duration; and
- Use of 4 or more psychotropic medications in youth less than 18 years of age.

Three demonstration sites were established to pilot use of the guidelines, identify local challenges, and test community-specific interventions. The sites were chosen based high volumes of Medicaid service utilization and geographic location to ensure inclusion of rural, small and metropolitan communities across the state. The demonstration sites consist of the following counties:

- Summit, Portage, Trumbull, and Stark Counties;
- Franklin, Licking, Fairfield, Muskingum and Perry Counties; and
- Montgomery, Greene, Miami and Clark Counties.

Each pilot community is led by a steering committee consisting of local prescribers, including primary care and behavioral health practitioners; consumers; family members; as well as senior leadership representatives from community agencies, schools, PCSAs, juvenile and family courts, medical associations and health plans (e.g., Medicaid Managed Care Organizations). The pilot sites work to:

- Improve care among clinicians through training, data feedback and rapid cycle quality improvement interventions;
- Advance consumer empowerment through education and shared decision-making; and
- Improve access to care and service coordination through community collaboration.

Eighty-one (81) practitioners have participated in the pilot projects to date, including: pediatricians, family physicians, pediatric psychiatrists, and advance practice nurses. These participants represent 34 organizations, including: children's hospitals, large primary care groups, federally qualified health centers, and community behavioral health centers.

In March, 2015, Ohio began implementation of a strategic plan to establish a statewide learning network for clinicians and community partners. The goals of this effort are to: disseminate information about tested strategies and "lessons learned" from the pilot projects; advance use of the prescribing practice guidelines; and increase patient participation in treatment through promotion of the shared decision-making toolkit. The network activities include, but are not limited to monthly webinars. The most recent one, held on June 11, 2015 specifically targeted enhancing collaboration with child welfare agencies,

and increasing communication with foster children regarding their health care and use of psychotropic medications.

In addition, an array of clinical tools and resources are being refined to specifically address engagement of clinicians, families, youth, and workers in child-caring systems (including child welfare). A formal evaluation is also being conducted by the University of Cincinnati, College of Education, Criminal Justice, and Human Services.

Progress Measures:
Preliminary findings suggest nearly an **18% improvement** in prescribing practices soon after the launch of the demonstration site projects. Additionally, 862 children receiving psychotropic medication from these early adopters were followed from October 2013 to October 2014. Among those children whose prescriptions exceeded the pre-established clinical thresholds, **47% improved to be within clinical targets or without further psychotropic prescriptions.**

For additional information regarding Ohio Minds Matter, visit: http://www.ohiomindsmatter.org and refer to Appendix B, *Ohio's Health Care Oversight and Coordination Plan.*

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

Benchmark 1: Work with PCSAO Behavioral Health Leadership Group to provide guidance to PCSA staff regarding use of the Psychotropic Toolkit for Child Welfare. (Years 1, 3 & 5)

Progress Report:
On July 7, 2014, ODJFS' amended Ohio Administrative Code 5101:2-5-13 went into effect. This rule change mandated all agencies to have a written policy for monitoring the use of psychotropic medications for children in foster care. Required components of the agencies' policy as of that date included:

(a) Comprehensive and coordinated screening, assessment, and treatment planning mechanisms to identify the child's mental health and trauma-treatment needs including a psychiatric or medical evaluation, as necessary, to identify needs for psychotropic medication.
(b) Informed and shared decision-making and methods for ongoing communication between the prescriber, the child, the child's parents or caregivers, other healthcare providers, and the agency case worker.
(c) Effective medication monitoring for the children placed in care.

The rule change also suggested agencies review the *Psychotropic Medication Toolkit* for guidance in developing local policies and procedures.

After reviewing the rule, ODJFS determined that fulfilling requirements (a) and (b) were solely the function of public agencies. As a result, the Department issued a procedure letter to Private Child Placing Agencies and Private Non-Custodial Agencies on January 21, 2015 clarifying that the only requirement for which all agencies were responsible was (c), monitoring the use of medication for the children in their care. ODJFS is continuing to refine these policies and will provide progress updates in future APSRs.

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

Progress Report:
OFC has continued to promote the use of the *Ohio Minds Matter* website since the initiative's launch. Some efforts during this reporting period include presentations to the Ohio Chapter of the American Academy of Pediatrics' Subcommittee on Child Abuse and Neglect, the Foster Care Alumni Association – Ohio Chapter, and the PCSAO Behavioral Health Leadership group. Most recently, OFC is promoting establishment of the *Ohio Minds Matter* Statewide Stakeholder Network. The network was founded in March 2015.

At no cost, network members:

- Can participate in quarterly webinars jointly facilitated by children's services agencies and state partners to discuss engaging foster youth in treatment, and reducing barriers to treatment;
- Receive diagnostic and prescribing resources specifically tailored for clinicians, families, child welfare agencies, schools and community members;
- Implement tested *Ohio Minds Matter* resources for shared decision-making with youth, caregivers, and family members; and
- Receive Maintenance of Certification, Continuing Medical Education and Continuing Education Unit credits for completing on-line learning modules.

OFC has been promoting these opportunities through direct mailings to PCSA Directors, PCSAO, the Ohio Association of Child Caring Agencies, the Ohio Council of Behavioral Health and Family Service Providers (The Council), and Ohio Family and Children First. In addition, OFC has distributed this information via various newsletters, including: *First Friday, the PCSAO Update,* and *OACCA News.*

For more information regarding this project, go to: http://ohiomindsmatter.org or refer to Appendix B, Ohio's *Health Care Oversight and Coordination Plan.*

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

Update on Progress Made to Improve Outcomes

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

Benchmark 1: Conduct cross system data analyses annually to determine level of substance abuse related child maltreatment, service utilization, and emerging needs.

Progress Report:
ODJFS, OFC conducted an analysis to determine the penetration of heroin and cocaine usage in the child welfare population. Please see narrative in Section IV: Update on Service Description under "Populations at Greatest Risk of Maltreatment" for a description of this analysis.

For additional information regarding cross-system data analyses refer to Goal 3, Objective 3, Intervention 2, Benchmarks 2 and 3.

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

Benchmark 1: Identify individuals and organizations that could help OCWTP access resources and subject matter experts from throughout Ohio and identify relevant training curricula on substance abuse intervention and collaboration between substance abuse and child welfare agencies.

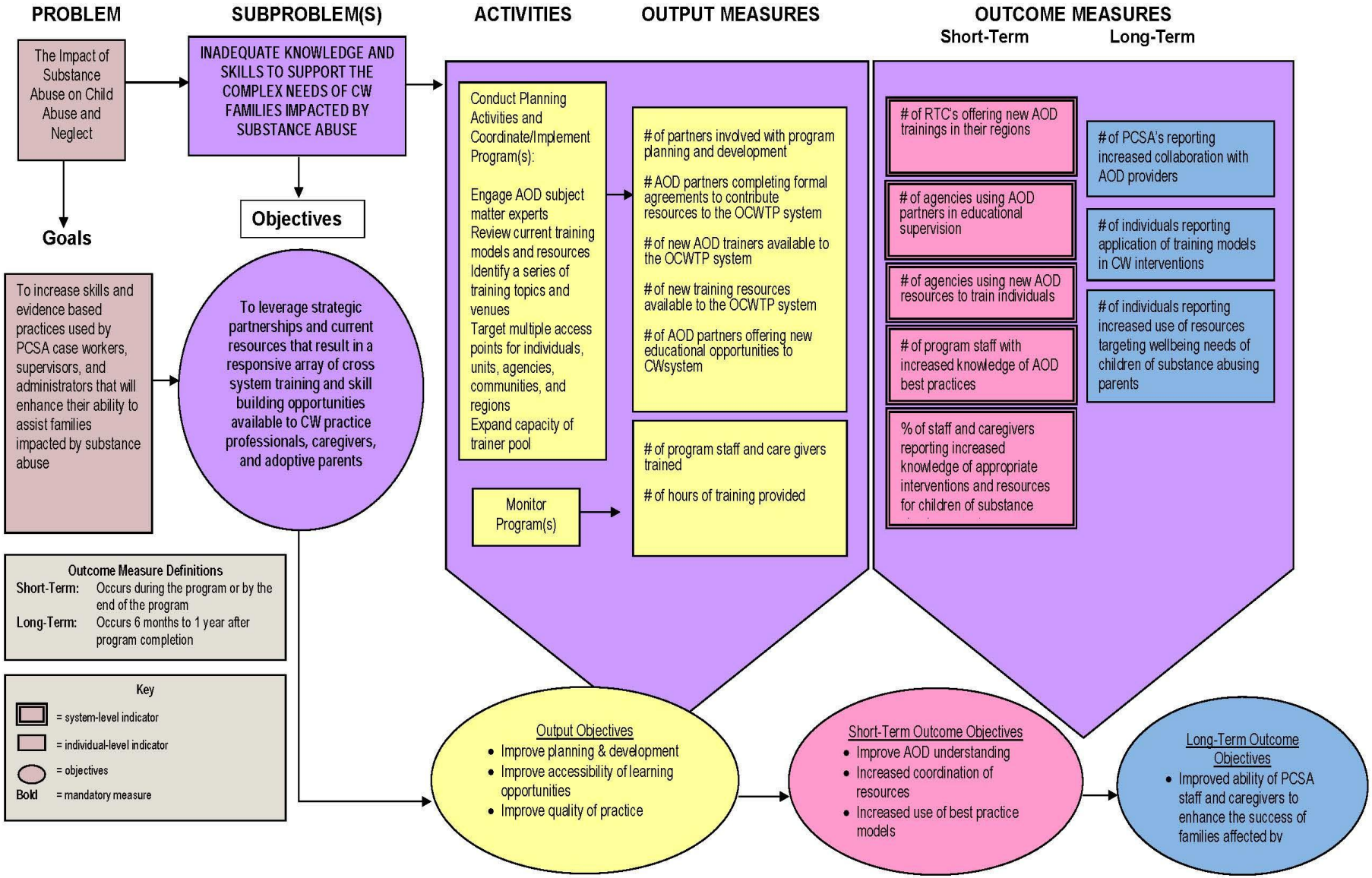
Progress Report:
While Ohio's child welfare system has always been challenged by the impact of parental substance abuse, increasing rates of opioid addiction are of growing concern. To assist workers in developing the skills needed to effectively address the complex needs of families impacted by substance abuse, the OCWTP developed a specific strategic training plan this past year. The plan features a cross-system training model in recognition that effective interventions require multi-disciplinary approaches. Specific activities include:

- Identify subject matter experts in the substance abuse field who can consult with OCWTP to design a coordinated training approach.
- Find local, state and national training information and resources that can be used in Ohio at nominal, if any, cost to the program.
- Increase the capacity of the OCWTP trainer pool by adding trainers who can facilitate effective cross-training experiences and other high priority learning needs.
- Incorporate a continuum of different types of learning opportunities, utilizing a variety of training methodologies.
- Initiate strategies for ongoing technical assistance on substance abuse needs for county PCSAs and RTCs.

In addition to worker-focused training, the OCWTP is also developing specialized sessions for foster and adoptive parents to better equip them to meet the needs of children whose parents are addicted, and/or who may abuse substances themselves.

The Logic Model for Substance Abuse Training is presented on the following page.

OCWTP
SUBSTANCE ABUSE TRAINING: COORDINATION WITH AOD PARTNERS



OCWTP has obtained commitments from a group of partners willing to serve as liaisons that have statewide influence and reach into the substance abuse field. This group includes four statewide associations; several treatment and prevention providers; an Alcohol, Drug and Mental Health (ADAMH) Board Director; the Chemical Dependency Professionals Board; and the Supreme Court of Ohio Judicial College. The Ohio Department of Mental Health and Addiction Services identified key individuals from divisions in the department to support the effort as needed. Specific individuals from within the OCWTP have been identified to coordinate the project and assist with communications.

The following training topics have been identified to expand learnings on best practice models available to the system:

- Motivational Interviewing and Stages of Change
- Mental Health First Aid
- SAFERR Cross System Training
- Opiate Specific Case Management
- Increasing Protective Factors for Children

Trainer recruitment efforts are continuing via the Judicial Symposium to be held on June 23, 2015. This event is jointly sponsored by the Supreme Court of Ohio, ODJFS, and the Ohio Association of County Behavioral Health Authorities.

Benchmark 2: Recruit and prepare trainers from the substance abuse field and PCSA staff proficient in working with families affected by substance abuse to pilot selected cross-systems training curricula. (Years 1-2)

Progress Report:
Subject matter experts from the treatment and prevention field, along with opiate-specific content experts and ADAMH Services Board representatives, have been identified to serve as liaisons to the Regional Training Centers providing access to training resources. At least four new substance abuse subject matter experts have been recruited and will be brought in as guest trainers to deliver pilot workshops in the topics identified in Benchmark #1 above: *Motivational Interviewing* with supervisors, *Mental Health First Aid* with caseworkers, *Opiate-Specific Case Management* with caseworkers, and *Increasing Protective Factors with Children* for caregivers and caseworkers.

Forty six individuals have agreed to serve as subject matter experts and/or trainers to date in response to the recruitment of key statewide partners described above.

Benchmark 3: Offer a continuum of learning opportunities such as learning labs, Guided Application to Practice sessions, coaching, desk aides, etc. that support skill development related to substance abuse. (Years 1-2)

Progress Report:
IHS staff has researched local, state and national resources to find articles, desk tools, website links, etc. These resources have been reviewed and indexed in preparation for providing easy access through a web page. The new web page is being created to house substance abuse resources that have been collected for the OCWTP. The target date for completion is June 30, 2015. This web page will provide:

- Links to local, state and national resources

- General tools and resources for child welfare staff, caregiver, and trainers
- Dates of upcoming events and learning opportunities

One of the recruited subject matter experts provided a distance learning Guided Application and Practice session for supervisors entitled, *Is Addiction Really a Disease? Getting Answers to Important Questions* on August 5, 2014.

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

Progress Report:
Southwest Ohio Regional Training Center hosted their annual conference for caregivers with a focus on substance abuse training. Additionally, one of the recruited substance abuse subject matter experts wrote an article, *Is Addiction Really a Disease?* for the OCWTP Supervisor newsletter that goes out to all supervisors in the state.

At the Annual Statewide Opiate Conference on March 30, 2015, the Public Children Services Association of Ohio Director talked about the Substance Abuse Training Partnership (as described above) and put out a call for substance abuse trainers willing to train child welfare staff and caregivers.

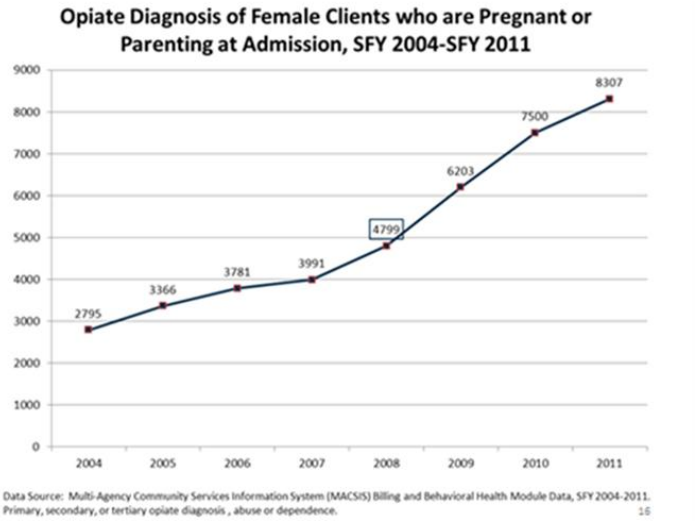
On March 30-31, 2015, the Ohio Association of County behavioral Health Authorities hosted, *Ohio's Conference on Opiates and Other Drugs.* The afternoon of the 30th featured a special session devoted to child welfare issues. Refer to *Data: Statewide Statistics on Child Welfare and Drug Abuse* (PPT); *The M.O.M.S. Pilot Project* (PPT).

A substance abuse prevention newsletter for parents was made available to the OCWTP caregiver network by Drug Free Action Alliance. OCWTP set up a distribution chain for the newsletter including a point person from each RTC who then identified a county liaison that would forward the newsletter each month to their caregivers.

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

Benchmark 1: Facilitate effective treatment of pregnant women who are addicted and their children through implementation of the Maternal Opiate Medical Support (MOMS) initiative. (Years 1-2)

Progress Report:
While child welfare professionals have long recognized the impact of parental substance abuse on child maltreatment, the growing numbers of pregnant and parenting women who are addicted to opiates are of particular concern at this time. The graphic below illustrates the significant rise in treatment admission rates for this population from SFY 2004-2011.



Infants prenatally exposed to controlled substances and illicit drugs are at risk for a variety of conditions, including: pre-term birth, low birth weight, feeding difficulties, irritability, respiratory distress, seizures, substance withdrawal, and unstable temperatures. Collectively, these conditions are often referred to as Neonatal Abstinence Syndrome (NAS).

NAS has had a profound impact on the increased use of neonatal intensive care services for babies following delivery. According to the Ohio Hospital Association, the cost of care for treating newborns with NAS was more than $70 million, and required nearly 19,000 days of inpatient care during 2011. To combat this problem, OhioMHAS, the ODM, and the Office of Health Transformation joined forces to launch the Maternal Opiate Medical Support (MOMS) Project in August, 2013. This three-year initiative has been designed to improve outcomes for 300 women and babies while reducing the cost of specialized care by shortening length of stay in neo-natal intensive care units (NICUs). It is estimated that infant hospital stays will be reduced by 30 percent by engaging expectant mothers in a combination of counseling, medication-assisted treatment (MAT), case management, and non-clinical services which promote recovery (e.g., housing, transportation, child care).

Four sites have been selected to implement this project. The locations encompass all major metropolitan areas of the state as well as rural, southeastern Ohio:

- First Step Home (Hamilton County);
- Comp Drug (Franklin County);
- MetroHealth Medical Center (Cuyahoga County); and
- Health Recovery Services, Inc. (Athens County).

During this past year, much work has been done to develop integrated treatment models among providers of behavioral health care, obstetrics, primary care, and pediatrics. Currently, a toolkit and resource guides are in development. In addition, strategies are being developed to enhance collaboration among the pilot sites and PCSAs. On May 11, 2015, a webinar was held with pilot site providers, Medicaid Managed Care Organizations, state and local child welfare representatives, clinical advisory panel members, OhioMHAS, and ODM. This session was designed to provide information about:

- Safety plan requirements;
- Concerns regarding confidentiality and information sharing;
- Cross-system training needs;
- Opportunities for joint case planning; and
- Services and supports to promote recovery and family stability.

At the time of this writing, this work is steadily progressing. Related activities to date include: conference calls with State Leadership Team members and the Clinical Advisory Team; convening of the State Steering Committee; meetings of child welfare staff and The Ohio State University Government Resource Center to develop educational materials for pilot site staff and women enrolled in the program; and a follow-up webinar for local pilot sites' providers, PCSAs, Medicaid Managed Care Organizations, ODJFS, ODM and OhioMHAS scheduled for June 30, 2015.

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

Progress Report:
In January 2015, Ohio became one of five states nationwide to receive competitive federal funding to increase the scale and scope of family drug treatment courts. This two-year planning grant is provided through the U.S. Department of Justice's Office of Juvenile Justice and Delinquency Prevention as part of the Statewide System Reform Program (SSRP). In addition to funding support, the state is also receiving technical assistance from Children and Family Futures, a leading national researcher on the effects of substance abuse on children and families.

The Supreme Court of Ohio's Specialized Dockets Section and its Advisory Committee on Children & Families developed Ohio's grant application in partnership with the Ohio Department of Mental Health and Addiction Services (OhioMHAS) and ODJFS. Although the Supreme Court of Ohio is the designated lead agency, OhioMHAS and ODJFS are core partners. Together, the three agencies collaborate through a joint Supreme Court of Ohio subcommittee formed to guide the project. In addition to core partners from ODJFS, OhioMHAS and the Supreme Court of Ohio, the subcommittee also includes representatives of local courts, public children services agencies, the Public Children Services Association of Ohio, the Ohio Council of Behavioral Health and Family Service Providers, the Ohio Association of County Behavioral Health Authorities, the County Commissioners Association of Ohio, Ohio Court Appointed Special Advocates, and Casey Family Programs. Over the next two years, the group will develop a multi-year strategic plan to expand the scale and scope of services provided by Ohio's family drug treatment courts.

Related to this work, the Ohio Association of County Behavioral Health Authorities, the Supreme Court of Ohio, OhioMHAS, ODJFS and PCSAO are jointly hosting a Judicial Symposium on Addiction and Child Welfare on June 23, 2015. This symposium will examine issues surrounding addiction as they relate to parents and caretakers involved in child welfare cases. In advance of the event, juvenile judges will be asked to convene county teams of up to five child welfare, behavioral health and judicial professionals whose work directly impacts families who come to the attention of courts because of substance abuse. Teams will hear from state and national experts and discuss how to apply what they learn at the local level. Participants will be asked to identify core local needs and limitations, steps they can take to support their community partners' work, and resolve conflicting demands. Casey Family Programs is partnering with ODJFS to provide "mini-grants" of up to $1000 to support county teams in implementing

the action plans developed at the symposium. Counties may utilize these funds flexibly for follow-up activities after the symposium such as: community planning events; system-specific and cross-system training events; development of procedures and protocols to guide collaboration between local partners; or strategic planning sessions.

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

Update on Progress Made to Improve Outcomes

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

Benchmark 1: Promote coordinated care of young people with multiple developmental needs living in Appalachia via implementation of IPAC programming. (Years 1-2)

Progress Report:

As previously noted, Integrating Professionals for Appalachian Children (IPAC) is network is comprised of multiple agencies in the Southeast Ohio region. Over the past several years, IPAC has developed numerous culturally-appropriate programs to address the complex health needs of children and families in the region. Examples include:

- The Pathways Program, funded through the Governor's Office of Health Transformation, is an eight-county community-based wellness project. It features an integrated care coordination model with linkages to both social service and health care organizations. The program targets pregnant women with families with young children. Services include, but are not limited to: prenatal medical appointments, counseling, smoking cessation, and housing. Annual enrollment has been approximately 250 women. The most recent available data indicate that 89% of program participants gave birth to healthy weight babies.

- In May, 2014, IPAC was awarded $300,000.00 annually for three years from the Health Resources and Services Administration (HRSA) to connect southeast Ohio families with primary care providers and to expand IPAC programs that improve children's access to healthcare. In addition, IPAC has established inter-professional care teams through this effort to work with families and those providing foster care to address the developmental, behavioral, and health concerns of children who have experienced trauma. These funds also support professional and community education regarding trauma and effective, developmentally-appropriate interventions.

- The Athens County Children Services' School Social Worker Program serves children and families by promoting positive relationships that enhance school success. Although the program targets children attending area elementary schools, all children under age 8 qualify for services. Through support from Project LAUNCH, the program has been expanded from serving two school districts to three school districts. School social workers create important networks among community members with young children, the elementary schools, and area service providers. In addition, the school social workers regularly refer to the Interdisciplinary Assessment Team.

- The Family Navigator Program provides assessments to families with concerns about behavioral, social, and physical well-being of their children and/or family. Navigators help families negotiate with local social services systems. Parents or caregivers meet with a navigator in the setting of their choice.

Previously, IPAC served as the implementation site for Ohio's Project LAUNCH (Linking Actions for Unmet Needs in Children's Health), a federal grant awarded by the Substance Abuse and Mental Health Services Administration. IPAC has also received the Distinguished Rural Health Program Award from the Ohio Department of Health.

Benchmark 2: Promote use of Wrap-Around service coordination for youth and young adults in transition through implementation of the ENGAGE project. (Years 1-3)

Progress Report:
Refer to the following Goals, Objectives, Interventions and Benchmarks found in this Section of the Report:

Goal 3, Objective 3, Intervention 2, Benchmark 3.
Goal 5, Objective 2, Intervention 2, Benchmark 1.
Goal 5, Objective 2, Intervention 2, Benchmark 2.
Goal 5, Objective 4, Intervention 3, Benchmark 2.
Goal 5, Objective 8, Intervention 2, Benchmark 1.
Also refer to Appendix B, *Ohio's Health Care Oversight and Coordination Plan*.

Benchmark 3: Continue to provide flexible funding to local partners to support needed non-clinical services and supports (i.e., Family Centered Services and Supports). (Years 1-3)

Progress Report:
This past year, ODJFS continued to partner with OhioMHAS, ODYS, and DODD to support Family-Centered Services and Supports (FCSS). This initiative braids Title IV-B, parts 1 and 2 with state general revenue funds for the purpose of providing non-clinical services and supports to multi-need children and their families. The program is locally administered by the Family and Children First Councils (FCFCs). The FCFCs are established by the county commissioners for the purpose of streamlining and coordinating existing government services for families seeking services for their children. Statutorily mandated members include the directors or designees of the following entities, the: Board of Alcohol and Drug Addiction Services, County Department of Job and Family Services, Public Children's Services Agency, Health Commissioner; Superintendent of the district with the highest number of students and a superintendent representing other districts within the county, Director of the Board of Developmental Disabilities, County Commissioners, Head Start, the local agency responsible for providing early intervention services, a non-profit agency that funds, advocates or provides services to families and children; a representative from the regional office of the Ohio Department of Youth Services; a representative of a municipal corporation; and family members.

Children and youth (ages 0-21) are the target populations for FCSS. Program eligibility requires that families be receiving service coordination through the FCFC. To be reimbursed through FCSS, all allowable services and supports must be included in the child's Individualized Family Service Plan.

Progress Measures:
Children and youth served through FCSS are among those at highest risk for failure within traditional service systems and are often on the verge of out-of-home placement. Since FCSS was established ten years ago, 95% of all children served through this initiative have avoided removal and have been able to safely remain in their homes. Please see discussion in Section IV: Update on Service Description for additional data on the population served through FCSS and outcomes achieved.

Benchmark 4: Continue to support and promote the use of parent advocates to increase family involvement in identifying issues and needed services. (Years 1-3)

Progress Report:
As previously mentioned, ODJFS, OhioMHAS, ODYS, and DODD continued to jointly fund the PAC program this past year. To ensure statewide consistency, all PAC advocates are required to undergo training and are administered a Pre-Test for Core Competencies to establish a base line for knowledge of these skill areas. All new advocates are required to complete four training sessions: Orientation, Education Advocacy 1 & 2, and Juvenile Justice, and shadow an experienced PAC advocate prior to assuming cases.

Due to cuts in the state's IV-B allocation, PAC experienced additional financial reductions this past year. In response, the Ohio Chapter of the National Alliance on Mental Illness, PAC's administrative agency, made program adjustments to ensure stability. These adjustments included, but were not limited to, limiting the length of program involvement. Despite these constraints, NAMI exceeded expected service provision and maintained a high rate of client satisfaction.

Progress Measures:
Mid-year reporting indicates that between July 1- December 31, 2014:

- 822 families and 2,045 children were receiving PAC services.
- Advocates participated in 3260 meetings.
- Of the 254 cases closed during that period, only 5 were due to the child being placed in out-of-home care;
- Empowerment surveys at case closure indicated:
  - An increase in optimism about their child's future, from 3.1/5 to 3.7/5;
  - An increase in parents' perception of their ability to effectively advocate for their children, from 1.9/5 to 4.0/5;
  - 4.9/5 was the average rating given to the survey response: *my advocate provided me with valuable information, support and taught me new advocacy skills*.

For additional information regarding PAC, refer to Appendix B, Ohio's *Health Care Oversight and Coordination Plan.*

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

Benchmark 1: Utilize ENGAGE's Youth Advisory Council to encourage young consumers to take personal responsibility for their behavioral health care. (Years 1-3)

Progress Report:
The ENGAGE Youth Advisory Council was formed with the intent of increasing youth voice in matters of public policy, program development and personal treatment decisions. The Council has fulfilled several objectives toward these goals during this past year. Some of these include:

- Participating in the national system of care meeting during the Georgetown Institute (July 2014);
- Conducting Leadership training (August 2014);
- Hosting a statewide ENGAGE Youth meeting (September 2014);
- Presenting at the statewide PCSAO Behavioral Health Leadership Conference (September 2014);
- Actively participating on Ohio's Statewide Juvenile Justice Reform Committees (September-December 2014);
- Presenting at the BEACON Conference (October 2015);
- Serving on the Ohio Attorney General's Victim Violence Review Committee (November-December 2014);
- Hosting a Statewide Youth Leadership Planning Retreat (December 2014);
- Providing competency training focusing on Asian American culture (January 2015);
- Partnering with and providing training on YouthMOVE to ensure long term sustainability for the council following the conclusion of the ENGAGE grant (February 2015);
- Providing competency training focusing on African American culture (February 2015);
- Presenting at the OhioMHAS Planning Council meeting (March 2015); and
- Presenting at the statewide conference on Opiate addiction (March 2015).

In addition, the ENGAGE Youth Advisory Council has launched several initiatives designed to increase awareness of children's mental health issues and to decrease stigma. Some of these include:

- Promoting ENGAGE at First Night Columbus (December 2014).
- Establishing an ENGAGE Youth Facebook page.
- Launching an ENGAGE Youth Text Alert System.
- Partnering with Ohio Drug-Free Alliance to plan and implement the We Are The Majority Rally and Resiliency Ring at the Ohio Statehouse (April 2015).
- Designing and distributing a YouTube video to highlight the Council's work. To view the video, go to: http://www.namiohio.org/nami_ohio_mental_health_apparel.

For additional information regarding ENGAGE, refer to Appendix B, Ohio's *Health Care Oversight and Coordination Plan*.

IV. Update on Service Description

Child and Family Services Continuum

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

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

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

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

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

The methodology used to distribute available funds is as follows:

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

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

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

Refer to Part II of the CFS-101 Form (see Appendix G).

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

Family Preservation

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

Programs and services provided include:

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

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

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

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

Family Support

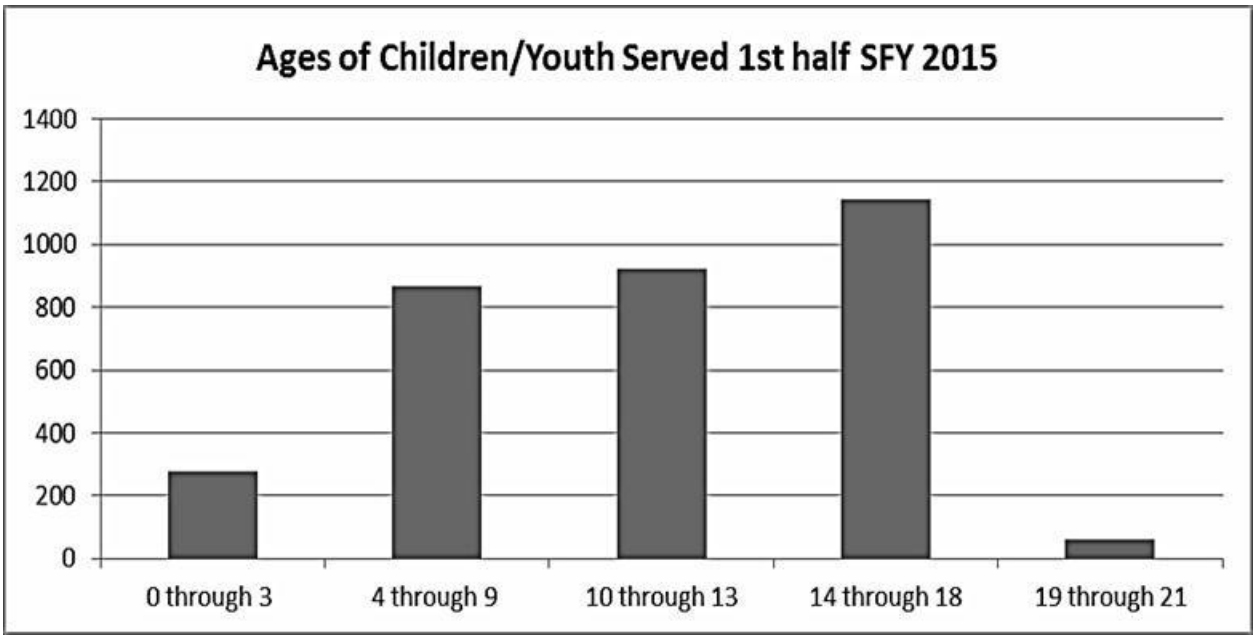
Family support services are intended to help families provide safe and nurturing environments for their children. The Cabinet's Family-Centered Services and Supports (FCSS) project reflects the state's cross-system commitment to implementing a coordinated continuum of services and supports for children, ages 0-21, with multi-system needs and their families. This initiative is jointly funded by ODJFS (Title IV-B dollars) and state funds from the Ohio Departments of Mental Health and Addiction Services, Youth Services, and Developmental Disabilities. These dollars are appropriated to local FCFCs to provide non-

clinical, family-centered services and supports. Use continues to require identification of needs on an individualized service coordination plan which must be jointly developed with the family.

Data regarding FCSS is contained in the mid-state fiscal year report. Findings reflect population demographics, services rendered and outcomes from July 1- December 31, 2014.

Total Number and Ages of Children Served:

The total number of children served between the ages of 0-21 during the first half of SFY15 was 3,269. This is 276 more children than were served during the first half of SFY14 (2,993). The graph and table below show a comparison of the number of children served in the first six months of SFY15 in each age group and the percent of the total children served in each age group.



Ages of Children	0 – 3	4 – 9	10 – 13	14 – 18	19 - 21	Total
SFY 14	**276**	**8**	**923**	**1144**	**5**	**3269**
Percent of Total	**8%**	**27%**	**28%**	**35%**	**2%**	**100%**

Total Number of Families Served:

The total number of families served in the first six months of SFY15 was 2,441, compared to 2,189 families served in the first half of SFY14.

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

FCFCs are required to report the child's service or support needs identified at the point of intake. To be eligible for participation in the FCFC service coordination process, the child must have at least two identified needs.The table below shows the number of needs identified in each category. Bolded text indicates an increase over the previous year.

Category of Need	Number of Children with this Need SFY15	% of Children SFY15	% of Children SFY14	% of Children SFY13	% of Children SFY12	% of Children SFY11	% of Children SFY10
Mental Health	1879	**57.5%**	56%	58.5%	**62.44%**	52.6%	66.5%
Poverty	1483	45.4%	50.3%	50.3%	**52.99%**	**41.3%**	41.2%
Special Education	1289	39.4%	42%	**44.1%**	**38.05%**	**32.7%**	32.6%
Developmental Disability	783	24%	24.8%	**27.6%**	**23.58%**	**19.2%**	19.1%
Unruly	656	**20.1%**	**18.3%**	16.4%	**21.07%**	**20.6%**	20.5%
Child Neglect	459	**14%**	12.7%	**14.7%**	**13.59%**	**11.9%**	11.8%
Physical Health	407	**12.5%**	11.6%	**12.4%**	**9.53%**	**6.8%**	6.6%
Delinquent	366	11.2%	**12%**	10.5%	**12.35%**	12.1	12.1
Autism	359	**11%**	**10.8%**	---	----	----	----
Child Abuse	332	**10.2%**	9.5%	**11.6%**	8.08%	**8.7%**	8.6%
Alcohol/Drug	250	7.6%	**8.3%**	7.4%	**8.08%**	**6.4%**	6.3%
Help Me Grow	151	4.6%	**6.1%**	5.4%	5.82%	----	----
No Primary Care Physician	116	3.5%	5.4%	**14.2%**	----	----	----
Total Needs	8530						

FCSS Funded Services and Supports Provided through FCFC Service Coordination:

The total number of various types of services/supports provided with FCSS funding during the first half of SFY15 was 4,995, which is an increase of 4,324 from the first half of SFY 14. The chart below provides frequency information about all service types reported for the first half of each fiscal year. Bolded text indicates an increase compared to the previous year.

Type of Service/Support Provided	Number (%) of Families Receiving This Type of Service/Support SFY 15	% of Total services & supports SFY 15	% of Families SFY 14	% of Total services & supports SFY 14	% of Families SFY13	% of Total services & supports SFY13
Service Coordination	1666 (**68.3%**)	**33.4%**	59.9%	30.3%	68.7%	**33.1%**
Social-Emotional Supports	699 (28.6%)	14%	28.7%	**14.5%**	28.8%	**13.9%**
Respite	612 (25.1%)	12.3%	25.8%	13.1%	27.3%	**13.1%**
Transportation	538 (22%)	10.8%	24.8%	12.6%	28%	**13.5%**
Structured activities to improve family functioning	269 (11%)	5.4%	**11.3%**	**5.7%**	10.4%	**5.0%**
Non-clinical in-home parenting/coaching	304 (**12.5%**)	**6.1%**	29.6%	4.9%	10.9%	**5.3%**
Mentoring	253 (**10.4%**)	**5.1%**	9.4%	4.8%	11.2%	**5.4%**
Parent Education	151 (6.2%)	3%	**8.6%**	**4.3%**	8.4%	**4.1%**
Parent Advocacy	253 (**10.4%**)	**5.1%**	**8.2%**	**4.2%**	6.1%	**3.0%**
Safety and Adaptive Equipment	176 (**7.2%**)	**3.5%**	**6.2%**	**3.1%**	5.1%	**2.5%**
Youth/Young Adult Peer Support	18 (.7%)	.4%	**2.4%**	**1.2%**	NA	**NA**
Non-clinical Parent Support Groups	36 (1.5%)	.7%	1.5%	.7%	1.9%	**1.0%**
Other	20 (.8%)	.4%	1.1%	**.5%**	10.8%	**0.4%**
Total	**5028**	**100%**	-------	**100%**	-------	**100%**

The most requested services and supports to date include: service coordination, respite care, social supports, non-clinical in-home visits, structured activities to improve family functioning, and transportation. On average, **95.5% of the children served with FCSS funds remained in their homes**, thereby decreasing the use of substitute care and institutionalization.

Children and youth served through FCSS are among those at highest risk for failure within traditional service systems and are often on the verge of out-of-home placement. The SFY15 FCSS Annual Report is due in August, 2015. That document will contain additional information about family goal attainment success rates, and the number of children placed in substitute care while being served through FCFC Service Coordination and supported with FCSS funding. It should be noted, however, since FCSS was established ten years ago, 95% of all children served through this initiative avoided removal and have been able to safely remain in their homes.

Time-Limited Family Reunification

Time-limited family reunification services are provided to a child and his or her caregivers to facilitate a safe and timely return home following placement in a substitute care setting. Use of these funds is restricted to the 15-month period that begins on the date that the child is considered to have entered 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 child care and therapeutic services for families, including crisis nurseries;
- Programs designed to provide follow up care to families to whom a child has been returned after a foster care placement; and
- Transportation to or from any of the services and activities described above.

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

The methodology used to distribute available funds is as follows:

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

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

Adoption Promotion and Support

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

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

The PASSS program is dependent upon the state's budget bill and is subject to change from year to year. ODJFS successfully secured continued funding for PASSS, for SFY 2014 at $3.3 million. For SFY 2015 as in the case for prior years, PASSS was funded 75% through Title IV-B, Part II and 25% through Ohio's General Revenue Fund (GRF).

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

- Acute EEG
- Building Modification
- Medical Equipment
- Mental health Counseling
- Occupational Therapy
- Physical Therapy
- Psychiatric Counseling
- Psychological Counseling
- Reactive Attachment Therapy
- Residential Treatment
- Respite Medical Surgical
- Respite Mental Health
- Speech Therapy
- Substance Abuse Counseling

Adoptive parents who receive PASSS funds must pay at least five percent of the total coast 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 as determined by the Federal Poverty Guidelines for family size as was published in the Federal Register, Vol. 80, No. 14, January 22, 2015, pp. 3236-3237.

Since the implementation of PASSS into SACWIS in June 2013, and the implementation of PASSS expenditure report into to SACWIS in February 2015, SACWIS generates county specific information for use by ODJFS and counties. PCSA's also enter application information into SACWIS and track payment.

Now fully implemented, agencies are able to 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 the date of this report, nearly 921 applications for PASSS have been received for SFY 2015. Over $4.7 million has been requested to cover special services for adopted children. ODJFS has paid $3.6 million of the funds requested.

Service Category Percentages and Rational

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

- Family preservation = 23.35%;
- Community-based family support = 24.49%;
- Time-limited family reunification = 20.36%; and
- Adoption promotion and support services = 21.80%.

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

Refer to Part II of the CFS-101 form (see Appendix G).

Populations at Greatest Risk of Maltreatment

Child welfare organizations must determine the children and families at greatest risk of adverse outcomes and be nimble to adjust to changing needs in the population served over time. OFC utilizes various methods to identify at-risk groups, including: data analysis based on known risk factors; conversations with PCSA leaders and stakeholders; and systematic profiling. OFC regularly conducts data analyses of the child welfare population by risk factors identified in the literature as contributing to poor outcomes for children. These include risk factors such as child vulnerability, repeat maltreatment, length of stay in care and permanency status. This analysis was presented in the 2015-2019 CFSP.

Characteristics of Families and Children at Risk

OFC initiated its statewide needs assessment during this past year with efforts focused on improving our understanding of the characteristics of families and children served by PCSAs. Data on cases open between July 1, 2013 and June 30, 2014 has been analyzed to identify what risk factors were present most frequently and in what types of patterns. Although work on the statewide needs assessment is not yet complete, the analysis has already yielded several important findings:

- The most commonly documented concerns in the assessment data include emotional illness of an adult in the family, emotional/behavioral problem of the child, parental substance abuse, and domestic violence.
- In 45.9% of the cases, emotional illness of an adult was assessed either alone or in combination with other risk factors.
- In 45.8% of the cases, a child's emotional/behavioral concern was assessed either on its own or in combination with other risk factors.
- Parental substance abuse was identified in 41.6% of the cases – again either on its own or in combination with other factors.
- Domestic violence was assessed in 43% of cases – again either alone or in combination with other risk factors.
- Where multiple risk factors were assessed, the following constellations of risk factors were most prevalent, each reflected in 1,000 or more cases:
    - Families where there was a combination of domestic violence, child emotional/ behavioral problems, adult emotional illness, parenting difficulties, physical cognitive social issues present (child), adult physical illness, adult substance abuse.
    - Families where there was a combination of Emotional/behavioral issues (child) and physical cognitive social issues (child).

- Families were there was a combination of domestic violence, child emotional/ behavioral problems, adult emotional illness, parenting difficulties, physical cognitive social issues (child) and adult substance abuse.
- Families where there was a combination of domestic violence, adult emotional illness, parenting difficulties, adult cognitive difficulties, and adult substance abuse.
- Families where there was a combination of domestic violence, emotional/ behavior issues (child), adult emotional illness and adult substance abuse.
- Families where there was a combination of with Adult emotional illness, parenting difficulties and adult substance abuse.
- Families where there was a combination of domestic violence, child emotional/behavior problems, adult emotional illness, parenting difficulties, and substance abuse.
- Families where there was a combination of domestic violence and adult substance abuse present.
- Families where there was a combination of domestic violence and child emotional/behavioral problems.

The analysis has also yielded instructive findings about the strength of the correlation among certain combinations of risk factors. For instance:

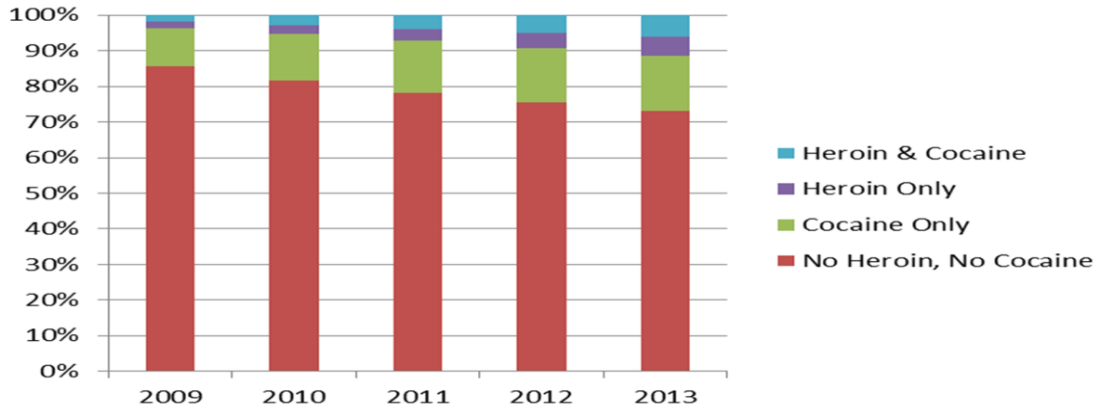
- When parental substance abuse is identified, we can be 69% confident that we will see domestic violence.
- When child physical, social and cognitive issues are identified, we can be 61% confident that there will be parental emotional illness.
- When parental stress has been identified along with child abuse, dependency, or neglect, we can be 98% confident that we will see parenting difficulties.

The above findings, along with other data gathered through the statewide needs assessment, will be utilized to inform training and casework practice and to identify specific service needs and gaps in the service array.

Analysis of Substance Abuse

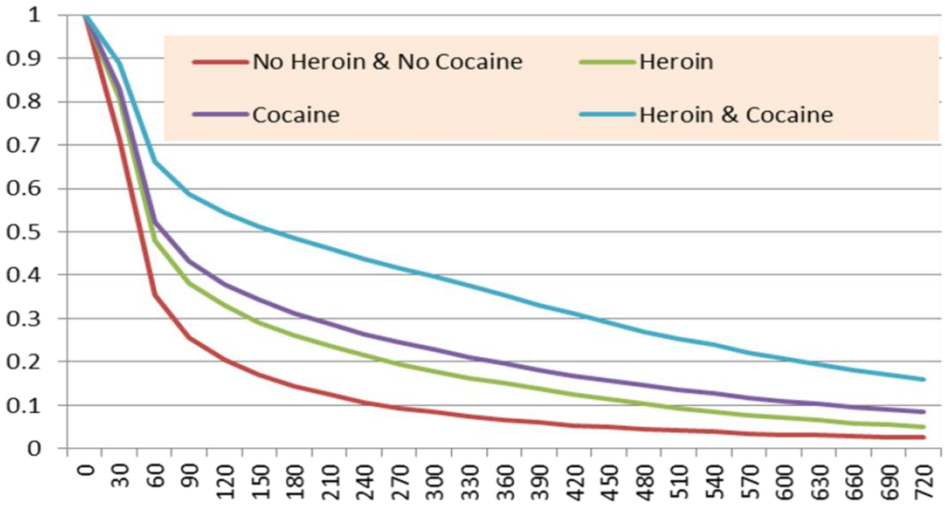
Due to the high prevalence of adult substance abuse identified in families served by the children services agencies, most noticeably heroin and cocaine usage, OFC conducted an analysis to determine the penetration of heroin and cocaine usage in the child welfare population. This was done by creating four categories: (1) No Heroin, No Cocaine cases, (2) Heroin Only, (3) Cocaine Only, and (4) Heroin & Cocaine. Review of 2009-2013 SACWIS screened-in reports revealed an increase in the number of reports where cocaine, heroin, and heroin and cocaine were reported. As displayed in the graph below, since 2009 there has been a decreasing proportion of non-heroin and non-cocaine cases and an increasing proportion of heroin and cocaine cases.

Of the Yearly Screened-In Cases, What Percent are Heroin and Cocaine Involved?



When examining the length of time cases are open by case type, it was noted that 50% of the heroin and cocaine cases are open longer than 180 days. The following graph presents these findings.

How Long are Cases Open by Case Type?

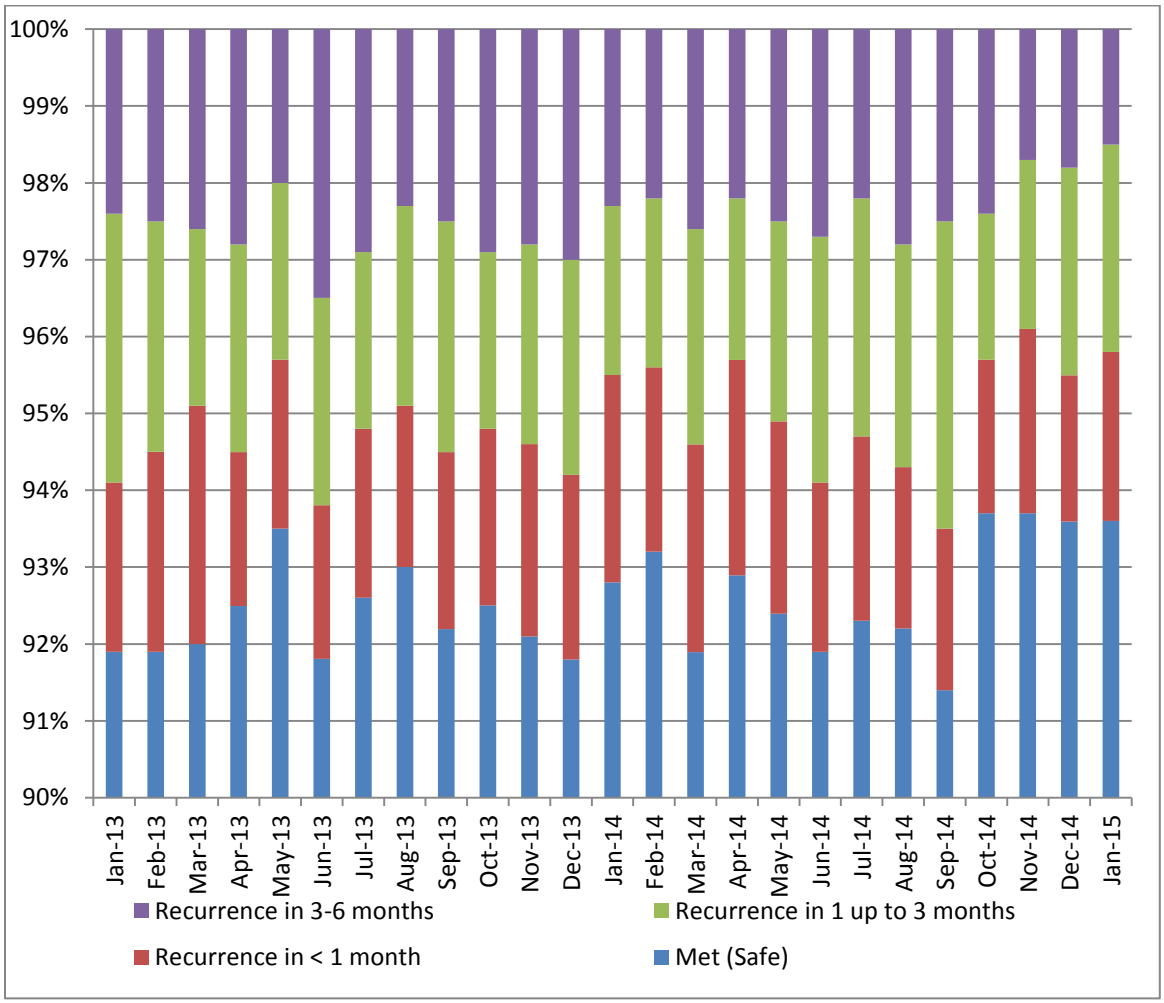


When reviewing placement data, it was noted that of the children under 1 year of age who are placed, 70% have parents using heroin and/or cocaine. Once a case is closed, it was discovered that heroin-cocaine cases re-open faster than non-heroin and non-cocaine cases.

Recurrence of Child Maltreatment

ROM provides a monthly view of recurrence data through the "Safe from Maltreatment Recurrence for 6 Months (of victims 6 mos. Ago)" report. This report captures data on children who were abused six months prior to the reference date on the graph. As such, it is an exit cohort analysis. Data in the graph below was extracted on May 18, 2015. The first point on the graph found below represents the status of children at the end of January 2013 for those abused six months earlier (July 2012). For most time intervals, over 92% of the children were safe from repeat maltreatment. Of those children who were

reabused, the reabuse occurred more often between one and three months after the first abuse, than either within 30 days or between 3 and 6 months after the first incident. OFC, the Public Children Services Association of Ohio and Casey Family Programs are hosting a Metro County Strategy Day with Ohio's 11 largest counties in July 2015. Data on recurrence will be presented to the counties with a detailed analysis of the length of time between recurrent cases based on the risk level assessed and how quickly the initial case was closed. This analysis is currently underway.



During this observation period there was a slightly higher rate of recurrence among children in the 6-8 age range, followed by children in the 3-5 age range. However, it should be noted that the percentage differences between each age range (3<, 3-5, 6-8, 9-11, 12-14) were so slight that this could not be considered statistically significant and further analysis is needed.

Services for Children Under the Age of Five

As noted above and in the Update on the Assessment of Performance (Section II), ODJFS conducts extensive data analyses regarding the child welfare population, including identifying those children who are particularly vulnerable to maltreatment. This includes, but is not limited to, young children under

the age of five. A SACWIS point-in-time snapshot of Ohio's population of children in care pulled on March 1, 2015 showed 860 children ages 0-5 in permanent custody status, and 4,027 children ages 0-5 in the temporary custody of PCSAs.

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

With the pervasive challenges of substance abuse and addiction, ODJFS, the Ohio Department of Mental Health and Addiction Services, the Department of Medicaid and the Governor's Office of Health Transformation have partnered on several initiatives during the last year. This includes a new pilot project designed to holistically address the needs of pregnant women addicted to opioids and their children – the "MOMS" project (Maternal Opiate Medical Support). This three-year initiative has been designed to improve outcomes for 300 women and babies by engaging expectant mothers in a combination of counseling, medication-assisted treatment (MAT), case management, and non-clinical services which promote recovery (e.g., housing, transportation, child care). Further detail on this promising initiative is included in the Update to the Plan for Improvement (Section III) and in Appendix B, *Ohio's Health Care Oversight and Coordination Plan*.

In addition, ODJFS has partnered with the Ohio Department of Education and other stakeholders to promote consistent use of comprehensive early childhood assessments and application of the social-emotional development standards developed by Ohio's Early Learning Challenge grant. These efforts are improving the quality of services provided to children under the age of 5 through pre-school programs, Head Start programs, and family-based and center-based child care settings by:

- Advancing understanding of children's early learning and development;
- Providing a comprehensive and coherent set of expectations for children's development and learning; and
- Guiding the design and implementation of curriculum, assessment and instructional practices with young children.

For further detail about these efforts to improve services for children ages 0-5, please see the Update to the Plan for Improvement (Section III).

Finally, during the last year, ODJFS has focused closely on the number of young children in the permanent custody of children services agencies across the state and the length of time these children wait for permanency. As noted in the Update to the Plan for Improvement (Section III), OFC formed a CFSP Adoption Workgroup comprised of OFC staff and PCSA representatives. As one of its initial tasks, this team was charged with analyzing data on Ohio's population of children under age five in permanent

custody and making recommendations about whether Ohio's implementation of the Wendy's Wonderful Kids (WWK) program should be expanded to include this population. A description of the group's analysis is provided in the Update to the Plan for Improvement (Section III). Ultimately, the workgroup determined that expansion of the WWK work plan was not needed for this population, except for children identified as medically fragile or a part of a large sibling group.

Services for Children Adopted from Other Counties

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

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

Update of Children Previously Adopted

In calendar year 2014, 712 of the children in foster care at least one day were reported as previously adopted. The custody start date of these children ranged from March 11, 2003 to December 21, 2014. Only eleven of the children have a birth country listed that is not the United States. It should be noted, however, that of the remaining children, 524 do not have their birth country listed.

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

- Abandonment 6
- Alcohol Abuse of Parent 1
- Caretaker's inability to cope 47
- Child's Behavioral Problem 142
- Death of Parents 5
- Delinquency 89
- Dependency 262
- Drug Abuse of Parent 3
- Emotional Maltreatment 4
- Inadequate Housing 2
- Neglect 69
- Physical Abuse 27
- Relinquishment 11
- Sexual Abuse 23
- Sibling Removal 2
- Unruly Status Offender 19

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

- Adoption 207
- Independent Living/Emancipation 122
- Maintain in own home 62
- Permanent Placement with a Relative 14
- PPLA 82
- Return Child to Parent 195
- No goal listed 30

The age of the child when the previous adoption finalized:

- 0 25
- 1-3 184
- 4-6 218
- 7-9 135
- 10-12 103
- 13-15 25
- 16 4
- Unable to determine 18

Gender breakdown:

- Female 327
- Male 385

ODJFS policy plans to work with the SACWIS staff to enhance the reporting of children who were previously adopted that come back into the child welfare system. The Foster Care and Adoption Recruitment Plan developed for the CFSP indicated that ODJFS would initiate an International Adoption Agency stakeholder group in SFY 2015 for the purpose of gathering information regarding the needs and availability of services to children adopted abroad. Based on the information discovered since that time regarding the lack of data on children who were previously adopted, it has been decided to delay establishing a stakeholder group until better data gathering methods have been developed. The Preventing Sex Trafficking and Strengthening Families Act (PL 113-183) has added requirements of certain data for states to collect including:

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

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

- Type of adoption (private, international, public)
    - If private – if it was an infant (<18 months of age) or non-infant adoption (>18 months of age)
    - If international, the country of origin
    - If public –the Ohio county involved or the other state involved
- ODJFS currently has a form (JFS 01670) to collect information on inter-country adoption as required by federal law with regards to adoption disruption and dissolution. Given the lack of forms received, ODJFS staff members do not feel that agencies completely understand the requirement to submit the form. It is anticipated that by incorporating the form into SACWIS, the state will receive this data more consistently.

During regional and statewide meetings as well as a variety of other venues, ODJFS adoption policy staff continues to address the need to track data in SACWIS and on the Inter-Country Adoption Data Collection form (JFS 01670). The following article appeared in the May 2014 *First Friday* publication that was distributed to all agency directors and posted on the ODJFS website.

Did You Know? A Look at Adoption Re-Homing

Recently, the media has given much attention to the practice of private, undocumented "re-homing," or the unofficial transfer of a child from his or her adoptive family to a new home. ODJFS would like to remind agencies of their responsibility to report the disruption or dissolution of foreign adoptions.

According to Ohio Administrative Code rule 5101:2-48-25, public and private custodial agencies *must* report to ODJFS when a child enters foster care due to the disruption or dissolution of a foreign adoption. Agencies report this by completing the JFS 01670, "Inter-Country Adoption Data Collection," form and submitting it to the ODJFS Office of Families and Children, P.O. Box 183204, Columbus, Ohio 43218. In turn, ODJFS must submit that data to the federal government, as a result of the Inter-country Adoption Act of 2000.

Typically, media reports about "re-homing" refer to transfers made without court or government oversight and without consideration of safety standards. If a child comes into the custody of your agency because he or she is no longer in his or her adoptive home, you must submit the JFS 01670 form. If you have questions or concerns about the JFS 01670 or the reporting requirement, please contact Tara Ricketts at (614) 752-0079 or Tara.Ricketts@jfs.ohio.gov.

ODJFS will continue to provide training and technical assistance during the upcoming year on the subject of adoption disruptions and dissolutions, including inter-country adoptions.

V. Program Support

Training and Technical Assistance

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

No new technical assistance and capacity building needs were identified during the first year of the CFSP. Ohio will continue to move forward in implementation of Year 2 training and technical assistance activities.

Evaluation

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

- ProtectOHIO Title IV-E Waiver Demonstration with the Human Services Research Institute;
- Permanency Roundtable pilot evaluation in partnership with Casey Family Programs;
- CAPMIS evaluation; and
- Level of Care Assessment Tool pilot evaluation plan.

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

Management Information System

Ohio is on target with enhancements to SACWIS outlined in the 2015-2019 plan. For enhancements made to SACWIS during Year I, refer to Section II: Update of Assessment of Performance, Systemic Factor 1.

Quality Assurance System

Ohio is on target with strengthening its child welfare statewide Continuous Quality Improvement (CQI) system. Section III of this report provides information on CQI efforts during Year 1.

VI. Consultation and Coordination with Tribal Representatives

Demographic Data

There are no federally recognized tribes within the state of Ohio. The most recent data from the U.S. Census Bureau estimates that 0.3% of Ohio's state population is of American Indian or Alaskan Native heritage alone. Another 2% identify as 'two or more races,' which may include individuals of Native American ancestry. A point-in-time data query of SACWIS reflects that on March 31, 2015, there were 148 children identified as 'American Indian' in the custody of child welfare agencies across Ohio. Of those children in custody, 'American Indian' was the only race identified for 9 of the children. (The remaining 139 children had at least one other race identified.)

More than half of the children of Native American heritage in the custody of public children services agencies in Ohio were in five counties. On the date of the query, Franklin County had the highest number of Native American children in custody (35), followed by Summit County (25), Hamilton County (8), and Cuyahoga and Stark Counties (7 each). The remaining children of Native American heritage were in the custody of 28 other agencies across the state.

Compliance with ICWA

SACWIS Functionality

During the past year, OFC's SACWIS team introduced enhanced functionality to support counties in maintaining compliance with the Indian Child Welfare Act of 1978 (ICWA). These enhancements allow PCSAs to enter ICWA information within the Person record in SACWIS, including specific tribal affiliations; generate a Tribal Inquiry and Notification Letter; and generate the Federally Recognized Tribes Report. The Federally Recognized Tribes Report lists all of the tribes that fall under ICWA guidelines. The report also displays the tribe type, contact person, address, phone number, fax number, and email address of each federally recognized tribe.

Since OFC introduced the new ICWA functionality, 6172 ICWA Records have been created in SACWIS:

- 5266 of those indicate no Native American heritage
- 906 indicate a possible tribal affiliation (the response code for 55 of these records is not eligible; the value is blank for the other 851 records)
- 563 indicate that the tribe name is not known
- 307 records indicate a tribal name, as follows:
  - Absentee-Shawnee Tribe of Oklahoma Indians-3
  - Blackfeet Tribe of Montana-35
  - Cherokee Nation-179
  - Chippewa Cree Tribe of the Rocky Boy's Reservation of Montana-5
  - Choctaw Nation of Oklahoma-1
  - Comanche Nation-Oklahoma-3
  - Delaware Tribe of Indians-1
  - Duckwater Shoshone Tribe-5

- Eastern Band of Cherokee Indians-13
- Eastern Shawnee Tribe of Oklahoma-1
- Karuk Tribe of California-1
- Little River Band of Ottawa Indians-2
- Navajo Nation-6
- Ottawa Tribe of Oklahoma-4
- Saginaw Chippewa Indians of MI-1
- San Carlos Apache Tribe-2
- Sault Ste. Marie Tribe of Chippewa Indians-1
- Shawnee Tribe-6
- Shoshone Bannock Tribe-2
- The Chickasaw Nation-1
- The Hopi Tribe-1
- United Keetoowah Band of Cherokee Indians in Oklahoma-9
- White Mountain Apache Tribe-2
- Wyandotte Nation-3

Additional write-in values recorded include:

- Allegheny tribe-2
- Black Foot-5
- Blackfoot-19
- Chaow Chaow-1
- Cherokee-5
- Cherokee and Navahoe-1
- Choaw Choaw-2
- Iroquoi & Cherokee-1
- Iroquois-2
- Iroquois & Cherokee-2
- Milseet, Woodstock, New Brunswick Canada-1
- New Brunswick, Canada-3
- North Michigan Chippewa Tribe-2
- Sequoyah Indian-3
- Taino-1
- Taino Indian-1
- Taino Indians-1
- The Nottoway Indian Tribe of Virginia-3

ICWA State Standards Update

ODJFS staff participated in the 33rd Annual "Protecting Our Children" National American Indian Conference on Child Abuse and Neglect from April 20 to April 22, 2015. The primary focus of this year's conference was "Healing from Trauma". Many of the workshops offered centered on the historical aspects of trauma experienced by the American Indian population and the healing of native people and their communities as a whole. In addition to that focus, there were numerous workshops and discussions surrounding the recently updated Bureau of Indian Affairs Indian Child Welfare Act guidelines and proposed regulations. Staff attended the following sessions and workshops:

- Historical Trauma and Its Effect on Our Community
- Treating trauma: Cultural Adaptations of Evidence-Based Practices and System of Care Grantee Approaches
- Panel Discussion: Learning from Youth with Lived Experience
- Moving Forward: Tribal Communities Can Heal From Trauma
- The Psychological Bermuda Triangle: Trauma, Poverty, and Addiction
- ICWA Basics
- Reading Between the Guidelines: A Review of the Revised ICWA Guidance Issued by the Department of the Interior in February
- Historical Context of Boarding School Experiences and the Reverberation to Subsequent Generations
- NICWA Listening Session
- Effective Support Services for Foster, Kinship, and Adoptive Families

Information gathered during the conference will be used to improve on current Ohio Administrative Code guidelines that govern the implementation of the Indian Child Welfare Act when these rules are opened for revisions and updates. Public Children Services Agencies (PCSAs), Private Child Placing Agencies (PCPAs), and Private Non-custodial Agencies (PNAs) are required to comply with ICWA as detailed through Administrative Code rules: 5101:2-53-01, 2-53-03, and 2-53-05 through 5101:2-53-08. These administrative code provisions:

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

Data on State Compliance with ICWA

Compliance with ICWA is assessed through Ohio's Child Protection Oversight and Evaluation (CPOE) case review process. Overall, the majority of Ohio's counties have demonstrated compliance with ICWA requirements. In CPOE Stage 9, a total of 9 out of Ohio's eighty-eight counties were required to complete Quality Improvement Plans (QIPs) due to non-compliance with ICWA requirements. The concerns identified through case reviews in these counties which resulted in the development of QIPs were:

- No evidence of inquiry of the possible Native American Heritage of the family; and

- Not facilitating tribal connections in compliance with ICWA.

PCSAs with required QIPs engaged in one or more of the following activities:

- Developed and implemented procedures to improve documentation of Native American heritage. Specifically, a form was developed to facilitate discussion with parents about ancestry and to consistently document responses. The form is used at the intake stage of a case to document any knowledge of the parents' Native American heritage. When a case is transferred to Family Intervention (ongoing services), the form is again reviewed with parents. In the event a child is placed in a substitute care setting, the form is reviewed with any relatives with whom the agency has contact.
- Updated the agency's ICWA policy.
- Updated parent and grandparent notification letters to include an ICWA statement.
- Updated the agency's placement form to include Native American heritage questions and signature lines to indicate agreement of both the worker and parent(s).
- Completed ICWA training through OCWTP.

When examining those counties that were required to implement a QIP for this item during CPOE Stage 8, it was noted that all counties were found in compliance with this item during their CPOE Stage 9 review.

During each CPOE stage, promising strategies and practices implemented by counties are also identified and shared. As noted in the CPOE Stage 9 Final Report, Coshocton County and Wood County have each developed consumer information materials that include information for parents about the Indian Child Welfare Act.

Strategies to Improve ICWA Compliance

CPOE Stage 10 commenced in October 2014 and is currently using the CFSR Onsite Review Instrument. Item 9, Preserving Connections, captures information on ICWA compliance. Agencies found out of compliance with ICWA requirements will be required to develop a QIP.

OFC's Title IV-E and ICWA policy staff have been working together to update Ohio's IV-E plan to reflect compliance with requirements to develop policies and procedures for transferring jurisdiction and/or responsibility for the placement and care of an Indian child from an Ohio Title IV-E agency to a Title IV-E Tribal agency or an Indian tribe with a Title IV-E agreement. A procedure letter outlining these policies and procedures has been drafted and will be issued to provide this information to county public children services agencies. This information will eventually be incorporated into Chapter 5101:2-53 of the Ohio Administrative Code (OAC) upon approval of the Children's Bureau. Additionally, the Bureau of Indian Affairs has issued updated guidelines for the implementation of ICWA. Chapter 5101:2-53 of the OAC will also be updated to reflect these guidelines.

ODJFS will seek to improve ICWA compliance through:

- Updated policy guidance;
- Revision of Administrative Code rules (as needed);

- Provision of education on ICWA through statewide video conferences and/or conference workshops; and
- Provision of ongoing and case-specific technical assistance.

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

Consultation and Collaboration on the CFSP

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

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

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

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

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

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

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

OFC is currently supporting NAICCO's efforts toward being awarded a federal Circle of Care Implementation Grant. In addition, OFC is working to develop regional training opportunities for child welfare staff, foster parents, and adoptive families. Currently, efforts are underway to design workshops to increase awareness of Native American culture, and to develop skills in culturally appropriate engagement models when working with AI/AN. It is anticipated this training program would be launched within the next two years; implementation of this training would be in conjunction with the Ohio Child Welfare Training Program. Further, throughout the remainder of the CFSP, ODJFS will be promoting use of NAICCO's center and programming to increase community connections for Native American children and families. The time lines for increasing awareness of the center are currently being reviewed, so as to align formal promotional activities with NAICCO's capacity to serve those referred. It should be noted, however, that during this past year, a non-native foster parent reached out to NAICCO to provide connections for an American Indian child in her care. Since that time, the child has been engaged in numerous activities through the center.

To learn more about NAICCO, go to: http://naicco1975.org/

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

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

2014 Monthly Visits Data

Ohio reports monthly visit numbers on an annual basis as required. Please see the chart below for the data submitted in December of 2014.

Aggregate number of children (unduplicated) who met the visitation criteria	19,255
Total number of monthly caseworker visits made to children	132,783
Total number of complete calendar months children in the reporting population for FY2014 spent in care	138,902
Total number of monthly visits made to children in the reporting population that occurred in the child's residence	118,416

Ohio achieved 95.59% compliance and surpassed the 95% federal target goal. The data also shows that Ohio is far exceeding the requirement that 50% of the visits occur within the child's residence. Ohio's data reflects that 85% of the monthly visits made to children occurred in their residence. Summary statistics were pulled from Ohio's SACWIS as of December 8, 2014 and met the compliance criteria described in ACYF-CB-PI-12-05. A sampling methodology was not utilized to fulfill the revised monthly caseworker data reporting requirements.

Status Update

As the data above indicates, Ohio is meeting both visitation performance standards. Ohio utilizes a variety of methods to ensure the monthly caseworker visits performance standards are met. Two Ohio Administrative Code (OAC) rules 5101:2-42-65 *Caseworker visits and contacts with children in substitute care* and 5101:2-48-17 *Assessor visits and contacts with children in adoptive homes prior to finalization* describe statewide standards for content and frequency of caseworker visits for children in foster care in Ohio. As will be described below, in the past year, Ohio also continued use of the monthly caseworker visit grants, sent out a procedure letter to clarify visitation requirements to agencies, is in the process of updating the two visitation rules and distributed a variety of articles on the topic.

Monthly Caseworker Visit Grant

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

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

ODJFS communicates the grant availability and liquidation periods for these allocations through the county finance information system (CFIS). Funds must be expended by the grant availability period and reported no later than the end of the liquidation period. Expenditures in excess of the allocation amount are the responsibility of the PCSA.

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

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

The caseworker visits administrative allocation reimburses PCSAs for the administrative costs related to caseworker visits to children who are in the agency's custody. PCSAs may claim reimbursement of administrative costs for caseworker visits through the social services random moment sample (SSRMS) reconciliation/certification of funds process. Additionally, PCSAs may also request to transfer the caseworker visits administration allocation to the caseworker visits direct services. 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 seventy-five percent federal Title IV-B Subpart 2 funds. The PCSA must use eligible state funding or provide local funds at a twenty-five percent match rate for the non-federal share.

Ohio Administrative Code Rule Changes

In response to guidance in the CFSR Round 3 Onsite Review Instrument, ODJFS released a Procedure Letter (PL) on February 23, 2015 to clarify the rules regarding who has the authority to complete caseworker visitation requirements, The PL clarifies:

The caseworker visits mandated by Ohio Administrative Code (OAC) rules 5101:2-42-65 and 5101:2-48-17 must be completed by a caseworker with the agency that has full responsibility for case planning and case management of the child's case. A few examples are listed below:

- Another caseworker employed by the agency that has full case management responsibilities of the case, such as another caseworker in the same unit as the worker assigned to the case, would be able to conduct these caseworker visits. In these circumstances, the worker completing the visit shall document in the activity log the reason a worker other than the assigned caseworker visited the child. While this practice is permitted, it is recommended that the assigned caseworker complete the majority of the required monthly visits.
- An agency that is given full case management responsibilities by the local public agency, such as managed care agencies, would be able to conduct these caseworker visits.
- Visits by caseworkers from agencies that are contracted to provide specific services while the public agency maintains decision making and case management responsibilities regarding the case or the child would not be counted toward this monthly visitation requirement.
- For those cases that require more than one monthly visit from a caseworker based on the treatment needs of the child or the current family situation, the agency with full case management responsibilities may contract with another agency for those additional visits, as long as the agency with full case management responsibilities completes the minimum monthly visitation.

- The only exception to this requirement is children who are placed in another state through the Interstate Compact for the Placement of Children (ICPC). Those visits must be completed by the supervising agency in the state where the child is placed, pursuant to the compact.

This visitation criteria will be included as part of the Child Protection Oversight and Evaluation (CPOE) Stage 10 review requirements.

As a result of the PL, the caseworker visitation rules are being updated with the following changes:

OAC 5101:2-42-65 Caseworker visits and contacts with children in substitute care

> Visits and contacts shall be conducted by a caseworker within the PCSA or PCPA that has full responsibility for case planning and case management of the child's case.
>
> 1) If the caseworker responsible for the child's case is unable to complete the visit, the caseworker completing the visit shall document in the child's case the reason someone other than the assigned caseworker visited the child.
> 2) The caseworker assigned to the child's case shall complete the majority of the required monthly visits.

An additional paragraph was added to clarify the following:

> If the circumstances of the case require more than one monthly visit, the additional visit(s) may be conducted by a caseworker employed by an agency contracted by the PCSA or PCPA to provide services for the case.

For children with special or intensive needs, who require more than one monthly visit to monitor the placement, the following revision to the rule is noted:

> At least one of the monthly visits shall be conducted by a caseworker within the PCSA or PCPA that has full responsibility for case planning and case management of the child's case. Any additional visit(s) may be conducted by a caseworker employed by an agency contracted by the PCSA or PCPA to provide services for the case.

OAC 5101:2-48-17 Assessor visits and contacts with children in adoptive homes prior to finalization

> Visits and contacts shall be conducted by an assessor within the public children services agency (PCSA) or private child placing agency (PCPA) that has full responsibility for case planning and case management of the child's case.
>
> 1) If the assessor assigned to the child's case is unable to complete the visit, the assessor from the same agency who is completing the visit shall document in the child's case the reason someone other than the assigned assessor visited the child.
> 2) The assessor assigned to the child's case shall complete the majority of the required monthly visits.

An additional paragraph was added to clarify the following:

> If the circumstances of the case require more than one monthly visit, the additional visit(s) may be conducted by an assessor employed by an agency contracted by the PCSA or PCPA to provide services for the case.

Other Efforts to Ensure the Performance Standards are Met

The August 1, 2014 edition of OFC's *First Friday*, a monthly electronic publication for Ohio's child welfare and adult protective services professionals, focused on caseworker visits with parents and children. This edition of the *First Friday* featured Ohio's statewide CQI initiative and included an article on "Applying a CQI Lens to Caseworker Visits with Parents and Children." The newsletter featured statewide data on caseworker visits for both in-home and custody cases; a "County Spotlight" piece highlighting various counties that have demonstrated successful visitation practices; information to assist agencies in tracking their own visitation data through the SACWIS Comprehensive Visitation Report; and information and resources on effective visitation strategies available through the SACWIS Knowledge Base and other national resources. This edition of the *First Friday* is available online through the following link: http://jfs.ohio.gov/OFC/FF-20140801.stm

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

VIII. Adoption and Legal Guardianship Incentive Payments

Ohio does not receive any Federal adoption incentive funds.

IX. Child Welfare Waiver Demonstration Activities

On March 8, 2011, a five year extension, Phase III of Ohio's Title IV-E Waiver Demonstration Project titled 'ProtectOHIO', was approved by the Children's Bureau, Administration for Children and Families, US Department of Health and Human Services (ACF). The waiver extension was effective retroactive to October 1, 2010 and will continue through September 30, 2015. On April 10, 2015, ACF approved a short-term extension of the current demonstration project until July 31, 2016.

The demonstration operates in the original 14 Ohio counties that participated in the initial five-year project (i.e., Ashtabula, Belmont, Clark, Crawford, Fairfield, Franklin, Greene, Hamilton, Lorain, Medina, Muskingum, Portage, Richland and Stark). Hamilton County began Phase II but temporarily discontinued its participation from October 2005 to October 2007. The original 14 counties continue to use Title IV-E funds flexibly in order to prevent the unnecessary removal of children from their homes and to increase permanency rates for children who are in out-of-home care. In October 2006, four additional counties joined the Waiver demonstration: Coshocton, Hardin, Highland and Vinton. Vinton County (VCDJFS) began Phase III but withdrew its participation effective October 1, 2012 due to 'The New County Collaborations.' House Bill 225 of the 129th General Assembly permits the board of county commissioners of Hocking, Ross and Vinton counties to form a joint county department of job and family services. The new department of job and family services includes three joint county agencies that work together under a common agreement to process and manage administrative workloads as one project area. As a result, the Ohio Department of Job and Family Services (ODJFS) requested and was granted approval to withdraw VCDJFS as a demonstration county, and HCDJFS[5] as a comparison county from ProtectOHIO. Withdrawal of VCDJFS had minimal impact on the fiscal and evaluation aspects of the project. Additionally, ODJFS requested approval to amend the terms and conditions to withdraw the Highland County Department of Job and Family Services (Highland CDJFS) from the ProtectOHIO Waiver Demonstration Program, due to fiscal concerns at the county level. Removing Highland CDJFS from ProtectOHIO had minimal impact on cost neutrality, and their exit from the waiver program did not have a significant impact on the evaluation, given their small number of cases. ACF approved the request to amend the terms and conditions to remove Highland CDJFS from the demonstration, effective October 1, 2014. While only 16 of 88 Ohio public children services agencies participate in ProtectOHIO, they comprise more than one-third of Ohio's child welfare population.

For Phase III, the ODJFS and the ProtectOHIO Consortium selected two distinct "core intervention strategies" to serve as the focus of waiver activities. All 16 participating counties implemented both of these intervention strategies, which are briefly described below:

- ***Family Team Meetings (FTM),*** which bring together immediate family members, social service professionals, and other important support resources (e.g., friends and extended family) to jointly plan for and make crucial decisions regarding a child in or at risk of placement.

[5] ODJFS requested and was granted approval on April 10, 2015 from ACF to remove Hocking County DJFS as a comparison county, effective retroactively to 2012. The request to amend the terms and conditions in 2012 due to the 'New County Collaborations' excluded Hocking CDJFS because they are a comparison county, and not specifically mentioned in the terms and conditions.

- ***Kinship Supports,*** which increase attention to and support for kinship caregivers and their families, ensuring that kinship caregivers have the support they need to meet the child's physical, emotional, financial and basic needs. The strategy includes a set of core activities specifically related to the kinship caregiver including home assessment, needs assessment, support planning, and service referral and provision.

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

Integration of Waiver Activities and the CFSP

ProtectOHIO Consortium

The Consortium is a very important component of the project which provides oversight for the demonstration. It consists of agency directors and/or upper level administrative staff of the 16 counties participating in the waiver, ODJFS staff, and members of the Human Services Research Institute (HSRI) evaluation team.

Meetings are county-driven and are usually facilitated by one of the county agency directors. The meetings continue to provide a forum for guidance and support and an opportunity for the demonstration counties to share information and discuss emerging trends and practices with one another.

As the guiding body for Ohio's Title IV-E Waiver Demonstration, the Consortium also serves as a critical component of the CFSP's collaboration infrastructure, as described in Section I. The consortium has continued to be an important partner in the ongoing assessment and implementation of Ohio's five-year child welfare plan.

During this reporting period, the ProtectOHIO Consortium met on November 18, 2014, January 27, 2015 and March 24, 2015. Throughout this period, the Consortium continued to focus on increasing fidelity to the intervention strategies and incorporating well-being measures into the Family Team Meeting evaluation strategy. The Consortium used a modified version of the Child and Adolescent Needs and Strengths (CANS) Comprehensive and Child Welfare assessments to conduct a well-being pilot. Subcommittee meetings were held during this period to plan for implementation of the intervention strategies and continuation of the waiver and evaluation.

ProtectOHIO Data

Data gathered on the implementation of the core waiver strategies to date informed the development of Ohio's CFSP. Findings from the 2013 ProtectOHIO Interim Evaluation report as well as related CPOE data were analyzed when selecting interventions for the CFSP. As a result, Ohio's CFSP builds on ProtectOHIO's demonstrated successes. Ohio's CFSP includes targeted activities to support high-fidelity implementation of FTMs and enhanced supports for kinship caregivers.

Coordination of Activities

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

- Explore the feasibility of regionalized FTM facilitation services to allow more counties to implement FTMs with a high degree of fidelity to the model.
- Expand the availability of training on the FTM model through the Ohio Child Welfare Training Program.
- Provide technical assistance to support effective implementation of FTMs in new areas of the state.
- Review current data regarding kinship placement to identify trends, including the kinship caregiver survey findings analyzed by the ProtectOHIO research team.

These CFSP benchmarks have been a focus of the Consortium and its various Subcommittees. These include the ProtectOHIO Sustainability/Expansion Subcommittee, the Subcommittee on High Fidelity FTMs, and the Kinship Strategy Subcommittee - each described below.

- ***Sustainability/Expansion Subcommittee:*** The Sustainability/Expansion Subcommittee conducted a survey in April 2014 of non-waiver participants to gauge interest in joining ProtectOHIO. Although there was a high level of interest among counties, after further consultation with ACF, the Consortium ultimately decided to maintain its focus on increasing fidelity to the intervention strategies and incorporating well-being measures into the Family Team Meeting evaluation strategy. The Consortium requested that the IV-E waiver demonstration be extended until September 30, 2019. On April 10, 2015, ACF approved a short-term extension of the current demonstration project until July 31, 2016.

- ***High Fidelity FTM Subcommittee:*** A High Fidelity FTM Subcommittee was established and continues to formulate ideas to increase fidelity to the FTM model across counties. The evaluation team conducted additional analyses to explore whether 'attendee' or 'timeliness' fidelity components have more bearing on positive outcomes. Since the interim report findings were disseminated, showing that high fidelity FTM is associated with positive outcomes, the facilitator workgroup has taken several steps towards increasing fidelity to the model. These steps include developing a subcommittee focused on conceptualizing strategies that could be implemented across rural and urban counties to overcome barriers naturally associated with family meeting interventions. More recently, a new subcommittee was developed which is committed to identifying components of the model where implementation may vary and providing recommendations to promote a more consistent practice across counties. In the coming months, the evaluation team will further explore how fidelity components are tied to outcomes and disseminate those findings to this subcommittee.

- ***Kinship Strategy Subcommittee:*** The Kinship Strategy Subcommittee continues its focus on improving methodologies and best practices for serving kinship caregivers and the children who are in their care due to an open child welfare case, regardless of custody status or supervision orders. During the reporting period, the evaluation team completed the majority of the final round of site visits and telephone interviews with all demonstration and

comparison counties, and will conduct an outcomes analysis on children and families who have received kinship strategy services to be included in the final evaluation report. Taken together, the process and outcomes findings will help to inform decision making regarding potential ways in which the kinship strategy could be refined. To enhance fidelity and service delivery, the Subcommittee developed the *ProtectOHIO Kinship Strategy (Self-Directed Learning): Implementing the ProtectOHIO Kinship Manual* course in partnership with the Ohio Child Welfare Training Program. This online tool is a resource for caseworkers in ProtectOHIO counties and consists of three components: a workbook for caseworkers, a supervisor companion guide, and seven on-line presentations. The course is scheduled to go live by July 1, 2015.

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

Participation in the Title IV-E waiver demonstration maximizes counties' ability to provide services typically only funded through Title IV-B, including family preservation, family support family reunification and adoption support. The fiscal flexibility provided to the state's ProtectOHIO sites facilitates the delivery of needed services to prevent the unnecessary removal of children from their homes and increase permanency for those children who are placed in out-of-home care. Moreover, ProtectOHIO's core intervention strategies are founded on the essential components of family-driven case planning and service selection, which have been shown to result in positive child welfare outcomes. The evaluation team conducted site interviews during the reporting period with ProtectOHIO directors and managers. Below is a small selection of quotes from site visit interviews.

- "The waiver helps us think about what services are really needed. [We have a] creative and different approach with families, less bureaucratic. The end of the waiver would be a huge loss to the agency and to families. The waiver is the support the agency needs to better serve families and increase outcomes."
- "The waiver allows us to utilize our people differently and more effectively in working with an entire family."
- "Think of it this way, once upon a time before the waiver with traditional IV-E, the agency was heavy backdoor – group homes, placements, foster homes, and it's just been flipped. It's more service oriented, more services in place. You keep kids in the home which reduces the number of kids you have in placement. That flexibility allows new things that we do today that otherwise we wouldn't be able to do through traditional IV-E reimbursements."
- "The whole idea is changing the way child welfare looked, which we did, we reduced placement days, we place kids with relatives, find alternatives for family treatment services which all of us have done. Now, if they were to say to us after all that time when we've had the flexibility that now we're not going to extend the waiver because we haven't met some expectation, in terms of data, not following an evidence-based practice, etc., you're going to have to go back to traditional funding – that would set this agency back 10 – 15 years. Simply for everything we've put in place currently probably in some form or another would be affected, probably negatively."
- "If the waiver ends, it would impact this community, and more importantly, it would impact the children we are mandated to serve—it would impact them very negatively."
- "ProtectOHIO has fueled everything that has made this agency great--everything."

X. Quality Assurance System

OFC Continuous Quality Improvement Initiative

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

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

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

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

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

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

- Develop a fully-articulated, written framework to serve as the foundational document for Ohio's statewide system of CQI for child welfare;
- Make recommendations to increase the accessibility and integrity of data for child welfare professionals in a variety of roles (front-line practitioners, supervisors, child welfare agency administrators, state staff and partners);

- Serve as champions for the development of a statewide "CQI Community" and make recommendations to support increased sharing of information and resources related to CQI across agencies;
- Make recommendations for the design of a multi-county Peer Review process and explore the feasibility of integrating county Peer Review with CPOE and/or CFSR Round 3 case reviews;
- Serve as an ongoing leadership forum to provide guidance on Ohio's statewide system of CQI; and
- Promote a sustained focus on advancing practice and improving outcomes for children and families.

The CQI Advisory Team is approaching its work with an eye toward the five fundamental components of CQI outlined in ACYF-CB-IM-12-07 on establishing and maintaining Continuous Quality Improvement (CQI) Systems. These include:

1. Foundational Administrative Structure for Statewide CQI
2. Quality Data Collection
3. Ongoing Case Review Data and Process
4. Analysis and Dissemination of Quality Data
5. Feedback to Stakeholders and Decision-makers and Adjustment of Programs and Processes

In fact, the CQI Advisory Team started its work over this past year with an examination of Ohio's strengths and opportunities for improvement within each of those five elements. As noted in the Update to the Plan for Improvement section of this APSR (Section III) and in the Update on the Assessment of Performance (Section II), four Subcommittees of the CQI Advisory Team have been formed to accomplish the benchmarks in Ohio's CFSP related to these fundamental components of statewide CQI. A status update on the progress of each of these subcommittees is included within the Update to the Plan for Improvement section of this APSR (Section III). Accomplishments of note during this initial year of the CFSP include:

- ***CQI Framework***: The subcommittee has developed an Ohio CQI Vision Statement and Principles for Statewide CQI. The subcommittee is currently in the process of developing detailed descriptions of each recommended component of Ohio's statewide CQI system. These components, which will be outlined in the Draft Framework for Statewide CQI, include: an ongoing CQI Advisory Team; statewide CQI Work Teams to address targeted areas for improvement; strengthened feedback loops through periodic regional CQI meetings with public and private agency partners and stakeholders; designated local CQI leads; and integration with the state's Child Protection Oversight and Evaluation Quality Assurance process.

- ***Statewide CQI Community:*** The subcommittee is working on two significant projects for sharing CQI information and gathering stakeholder feedback. These projects include a statewide CQI webinar series and a statewide CQI survey. The webinar series, which is currently in development, will introduce statewide CQI efforts, provide foundational information on the CQI process, and include a focus on the different roles and responsibilities within a robust CQI system held by state and county entities, agency directors and administrative staff, supervisory staff and caseworkers. The subcommittee will also utilize the webinar series to introduce a statewide survey that aims to gather feedback from counties, private agencies and other

stakeholders as Ohio moves forward with the implementation of a fully-integrated statewide CQI system.

- ***Peer Partnership:*** The subcommittee is working on the development of recommendations for a regional or multi-county peer review process. Although some counties and agencies in Ohio have implemented peer review processes as part of local CQI efforts, no such structure has been created on a county-to-county or inter-agency level. A regional or multi-county/multi-agency peer review process would promote shared learning, build local CQI capacity, and inform statewide CQI priorities. The subcommittee is approaching this work with an eye toward integration of the recommended peer review process within the existing case review structures for CPOE and/or the federal CFSR, Round 3.

- ***Data Reports:*** The subcommittee has identified both short and long-term goals. In the short-term, the team will leverage existing data reports in new ways to assist PCSA leadership. Counties have requested that certain data elements be shared regularly and emailed directly to the agency director or his/her designee. As a starting place, the team has developed a method for the monthly dissemination of data reports on caseworker visitation via email directly to each PCSA director and children services administrator. County-specific summary reports from the SACWIS Comprehensive Visitation Report will be generated monthly and emailed to agency directors and children services administrators beginning in June 2015. This will keep a critical data element in need of improvement in front of agency leadership on a regular basis and provide agencies a greater opportunity to improve their practice in this area. The long-term goals of the Data Reports Subcommittee include establishing CFSR Round 3 county-specific data reports with the federal coding recently made available to states.

Child Protection Oversight and Evaluation (CPOE)

As noted in the Update on the Assessment of Performance (see Systemic Factors update in Section II), the Ohio Child Protection Oversight and Evaluation (CPOE) process is the centerpiece of Ohio's Statewide Quality Assurance System. Ohio's CPOE system was implemented more than twenty years ago as a systematic and consistent method to review child welfare practice at the county level. The CPOE quality assurance system provides a continuous cycle for assessment and improvement of performance. Each of Ohio's eighty-eight (88) PCSAs is required by Ohio Revised Code (ORC) to make case records available for review and assessment by ODJFS staff. On a twenty-four month cycle, CPOE is designed to improve services and outcomes for Ohio's families and children through a coordinated review between the PCSAs and ODJFS. CPOE includes regular data collection, analysis and verification, and continuous feedback to PCSAs over the twenty-four month period.

Significant changes for CPOE Stage 10 have been outlined in the Update on the Assessment of Performance in Section II. These include:

- Use of the federal CFSR Onsite Review Instrument for CPOE Stage 10 in preparation for Ohio's federal review in 2017.
- An overall increase in the number of cases reviewed for each county. Small counties will have 9 cases reviewed; 10 for medium-small counties; 13 for medium-sized counties; 15 for large and metro-sized counties; and 18 for the major metro counties.

- Alternative Response cases are included in the review sample – cases must have been open for at least 45 consecutive days.
- Title IV-E juvenile courts will also be reviewed.

With the increased sample size and inclusion of Title IV-E juvenile courts, 1,204 cases will be reviewed through CPOE Stage 10 (an increase of 456 cases over CPOE Stage 9). Following is an annual comparison of cases reviewed in each year of CPOE Stages 9 and 10:

CPOE Stage 9: Q1-Q4 total of 374 cases reviewed (47 PCSAs)
Q5-Q8 total of 374 cases reviewed (44 PCSAs, including Major Metros reviewed 2nd time)
Total Cases: 748[6]

CPOE Stage 10: Q1-Q4 total of 529 cases (46 PCSAs)
Q5-Q8 total of 539 cases (42 PCSAs)
Q5-Q8 total of 136 Title IV-E court cases for review (identified per county size)
Total Cases: 1,204

In addition to the above noted changes, the CPOE Stage 10 Framework includes a stronger focus on counties' administrative performance data and CFSR outcomes. The Framework for CPOE 10 also includes several strategies aimed at increasing inter-rater reliability among reviewers. These include new supervision strategies; meetings with reviewers focused on consistency and inter-rater reliability issues; and piloting of a new consistency/inter-rater reliability section of the Framework in the Akron and Toledo field offices with results to be shared and then incorporated with adjustments as needed within other field offices (please see Update to Plan for Improvement in Section III).

Section II of this APSR (Update on the Assessment of Performance) includes an assessment of the functioning of Ohio's Quality Assurance System. It is important to note that an examination of county progress from CPOE Stage 8 to CPOE Stage 9 demonstrated improvement on all items for which the highest number of PCSAs were required to develop a QIP (20 and above). This is evidence of the effectiveness of Ohio's CPOE process, which includes not only the case review itself and issuing of a county-specific CPOE report, but also:

- A scheduled PCSA self-assessment five months after the CPOE report is issued and a second on-site case review by ODJFS staff ten months post-CPOE report.

- Provision of county-specific data and outcome reports from:
  - Statewide Automated Child Welfare Information System (SACWIS)
  - Business Intelligence Channel (BIC)
  - Results Oriented Management (ROM)

- Training by ODJFS staff and regional training centers throughout the state.

- Sharing of national, state and PCSA best practices.

[6] The CPOE Stage 9 Final Report reflects a total of 757 cases reviewed. This number includes cases reviewed for technical assistance purposes outside of the CPOE framework.

QA/CQI Results and Ohio's CFSP

Section II of this APSR (Update on the Assessment of Performance) provides a thorough and comprehensive description of how statewide administrative data and QA results from the CPOE review process have been used to assess statewide performance on each of the safety, permanency and well-being outcomes and the systemic factors. This comprehensive assessment has affirmed the overall direction of Ohio's strategic Child and Family Services Plan with minor adjustments as noted in the Update to the Plan for Improvement Section of the APSR (Section III).

Training and Technical Assistance Needs

Ohio participated in the introductory webinar on the new Child Welfare Capacity Building Collaborative this past May. OFC looks forward to learning more about the specific types of technical assistance, training or other capacity-building support that may be available through the new State Center and exploring how these supports may advance the strategic priorities outlined in our state CFSP.

XI. Child Abuse Prevention and Treatment Act (CAPTA) State Plan Requirements and Update

Refer to Appendix E: Child Abuse Prevention and Treatment Act (CAPTA) State Plan Requirements and Update

XII. Chafee Foster Care Independence Program (CFCIP)

CFCIP accomplishments in 2015 and planned activities for FY 2016

In the 2015-2019 CFSP, Ohio outlined ten goals with regards to CFCIP services. The information provided below details the state's specific accomplishments achieved since the CFSP submission and provides information on the planned activities for fiscal year 2016. A few of the goals are ongoing, supportive activities that will continue on an annual basis. As shown, ODJFS involves the public and private sectors, including the youth, in a variety of ways to help youth in foster care achieve independence. Some of the goals also show how ODJFS coordinates services with other federal and state programs for youth.

1. **Promote use of the Youth-Developed Transition Plan, which has been piloted successfully through the Supreme Court of Ohio.**

The Ohio Supreme Court formed a Task Force to focus on Youth Developed Transition Plans. During the two year pilot, Stark County's emancipating foster youth met with their caseworker individually to complete the transition plans. The youth were then invited to attend the court hearings where the transition plans were presented to the Judge or the magistrate, and then the plans were discussed with the youth.

When the pilot period ended, Stark County chose not to continue the program with the Court, but did keep and continue to use the transition plan forms themselves. The county found that the youth were not interested in the pilot program or didn't want to miss school to attend court hearings.

Ohio has also utilized two other youth developed transition plans. The first one was developed jointly with the Ohio Benefits Bank (OBB) and the foster youth of Montgomery County. The OBB website allows the youth to obtain and maintain a secured file. Besides having a transition plan available on their website, a youth can scan documents such as his/her social security card, health documents, and birth certificate into the secured file. This enables the youth to keep his/her documents in a safe place for future reference. The ODJFS Transitional Youth Coordinators partnered with OBB to provide transition plan training to the OFC Child/Adult Protective Services Bureau staff. OBB also presented at each of the five regional Independent Living (IL) meetings and the statewide meeting sponsored by the Transitional Youth Coordinators. Representatives at the regional and state meetings were from PCSAs and private networks who engage with youth age 14 and above to provide independent living services. The Transitional Youth Coordinators continue to provide referrals to the Ohio Benefits Bank's available services on a regular basis while meeting with agencies and youth.

The second youth focused transition plan is from the Foster Club's Transition Toolkit. The Ohio Child Welfare Training Program (OCWTP) has developed statewide training for PCSA caseworkers and private networks who are working with youth age 14 and above titled *Engaging Youth in Transition Planning*. It is through this training that Foster Club's Transition Toolkit transition plan is introduced. OCWTP began offering the program in 2012 with seven sessions and eight sessions in each subsequent year. As of March 2015, there have been 245 participants who have taken the class and received the toolkit.

In 2016, ODJFS will continue to promote the use of youth developed transition plans at the transitional youth and IL statewide meeting as well as the regional transitional youth and IL meetings. As indicated in goal two, the plan is to incorporate the transition plans for youth into the state SACWIS system.

2. **Create a statewide template to capture the Transition Plan for youth emancipating from care in Ohio**.

ODJFS policy and SACWIS staff have started the conversation about creating a statewide template to capture the transition plan for youth. During FY 2016, discussions will continue in order to come up with a plan to incorporate the template within this CFSP cycle.

3. **Explore development of a statewide curriculum for IL practitioners which encompasses best practices identified by the Ohio IL Coordinators Association.**

To explore the potential development of a statewide IL curriculum, OFC has gathered information and curriculum examples from a variety of sources and sought stakeholder input and feedback. Two state IL programs from Kentucky and Minnesota were reviewed, and nationally-known curricula options were considered, including, the "Foundations for Success" program developed by Brian D. Molitor and a curriculum currently in development by Casey Family Programs. Stakeholder feedback on the proposal for a statewide IL curriculum was sought through discussions at the five regional IL meetings described above. Stakeholder consensus reflected a high degree of satisfaction with the current eleven state IL requirements with flexibility for counties to implement individualized curriculum to meet these requirements. After exploring the various curriculum options noted above and having discussions with stakeholders, a decision has been reached to maintain the current IL program structure. However, stakeholder feedback identified some key ways current IL programming may be strengthened, including:

- Increasing foster parents' awareness of and participation in IL programming;
- Working with foster parents to ensure that youth in their care are allowed to participate in activities that will enable them to develop life skills, including cooking, laundry, budgeting and shopping; and
- Developing new training or enhancing current training for foster parents in the above areas.

At this time, this goal has been achieved.

4. **Continue to host statewide and regional forums with CFCIP stakeholders, to include current and former foster youth.**

ODJFS Transitional Youth (TY) Coordinators host five regional Independent Living (IL) forums and one statewide event with stakeholders yearly. Participants invited to these events include public and private agency staff, juvenile court staff and foster parents/adult supporters who work with our older youth. Current and former foster youth are asked to present and/or participate at the statewide event as well. During these meetings, TY coordinators facilitate discussions about services and resources for current and former foster youth and provide technical assistance regarding new or current state mandates as well as opportunities to share and create best practice standards. TY coordinators are also joined at these meeting by other ODJFS staff from the policy and technical assistance areas. Each year the regional forum agenda is created based on the current and expected needs of the older youth population. Presentations by partners and services providers relevant to the population have included:

- Personal Responsibility Education Program (PREP): The Ohio Department of Health (ODH) offers free training to any county or private agency working with the older youth population. An overview of PREP was presented in 2013 and program updates in 2014. To date, the program has trained over 230 agencies, one thousand facilitators, and over 3,000 youth in 67 of the 88 Ohio counties. ODH also introduced new regional free training opportunities on Trauma Informed Care in May and June 2015.
- Medicaid Eligibility: Effective January 1, 2014, youth that emancipated from foster care at age eighteen are now eligible for Medicaid until age 26. To inform and assist agencies with the policy change in Ohio Medicaid Eligibility, the Ohio Medicaid Department sent representatives to each regional meeting to provide information and technical assistance to those helping the emancipated youth apply for their extended Medicaid.
- Ohio Reach & Connecting the Dots: The Ohio Reach Coordinator from the Public Children Services Association of Ohio (PCSAO) and Connecting the Dots Program Coordinators from the Office of Workforce Development are also in attendance at both the regional and statewide events annually. Ohio Reach aims to help current and former foster youth attain success in higher education settings and vocational training programs. They also informed participants about the Safety Net Program that current or former foster youth enrolled in a post-secondary program can apply for if in need of emergency funds. Connecting the Dots Coordinators provided updates for the audience on the successes and lessons learned from the Connecting the Dots from Foster Care to Employment and Independent Living pilot.
- Ohio Benefit Bank: The TY coordinators partnered with the Ohio Benefit Bank to share details on their programs relevant to older youth such as: Youth and Young Adult Transition Plan, Document Management Portal and My Budget Coach.

OFC's Transitional Youth (TY) Coordinators will continue to partner with other organizations and host five regional Independent Living forums and one statewide event with stakeholders in 2016.

5. **Continue Support for the Ohio Youth Advisory Board. (OYAB).**

The Ohio Youth Advisory Board (OYAB) involves foster youth from across Ohio ages 14-23. OYAB meets every three months, and the ODJFS Transitional Youth (TY) Coordinators attend these meetings and share information with the youth. ODJFS continues to provide funding for OYAB. The funding management has recently transferred from Montgomery County to Fairfield County. ODJFS is currently assisting OYAB in locating a new meeting facility for the 2016 year.

The adults who bring the youth to the OYAB meetings have the opportunity to participate in a separate meeting as part of the Ohio Independent Living Association (OHILA). Besides those adults bringing youth, the OHILA meeting is for any PCSA or private entity providing independent living services to foster youth age 14 and above. This organization affords a great opportunity for networking on behalf of the youth.

6. **Continue to host and support statewide training venues that promote CFCIP services, e.g., Ohio Reach, Connecting the Dots from Foster Care to Employment and Education, and OCWTP training.**

OCWTP has created a series of Independent Living trainings that are co facilitated by an Institute for Human Services (IHS) trainer and a former foster youth. The unique format in which these trainings are presented allows participants to get a very real look at Independent Living topics from a former foster youth perspective. Transitional Youth Coordinators promote these trainings to all public and private agency staff working with emancipating youth or those youth still in care as well as foster parents and adult supporters.

In 2015, Ohio Reach is offering their second series of trainings for Higher Education staff, child welfare professionals and other professionals that are preparing current and former foster youth for post-secondary learning.

For the second year in a row, Ohio Reach and Connecting the Dots (CTD) will partner to host the Pathways to Success Conference. This one day event will bring training opportunities to current and former foster youth, child welfare professionals, high school guidance counselors, foster parents/adult supporters and post-secondary education professionals under one roof. Information on last year's successful conference, held on October 17, 2014, was detailed in News Today, an online newsletter for ODJFS employees:

Conference Fostered 'Pathways to Success'
About 250 current and former foster youth attended "Fostering Pathways to Success," the third conference ODJFS has hosted for young people throughout the state who have experienced foster care. The event was held on Oct. 17, 2014 at Xenos Christian Fellowship in Columbus.

"This is a phenomenal showing," Director Dungey said in her opening remarks. "I'm so honored to be among so many of you who are doing such great things."

In previous years, the event was known as the "Connecting the Dots Conference for Teens and Young Adults." This year, it was combined with the former "Ohio Reach Summit," an annual event for higher education and child welfare professionals.

About 200 adults attended the conference, including independent living coordinators, case managers, agency administrators, workforce professionals, higher education professionals, high school guidance counselors and Ohio Reach college campus liaisons. The keynote speaker was Terrell Strayhorn, Ph.D., director of the Center for Higher Education Enterprise at The Ohio State University. Strayhorn urged adults to act as "cultural navigators" to help youth reach their goals. To the young people in the audience, he stressed that education can help them realize their dreams. "The future is still ahead of you," he said, "and you get to rewrite what that future is." Strayhorn encouraged youth in attendance to network with adults who can help them succeed. "Use this conference today to meet someone you don't know," he said. "This is all about connections."

After the opening session, workshops were held on a variety of topics, including searching for jobs, preparing for college, and maintaining good health and healthy relationships. ODJFS Office of Workforce Development (OWD) staff guided youth through registering and using OhioMeansJobs.com.

The conference also featured "Suits for Success," a large room where youth could "shop" for new or gently worn professional clothing to wear to job interviews, school engagements and other important functions. The clothing was donated by ODJFS staff and employees at other central Ohio agencies.

"Fostering Pathways to Success" was organized by Alice Worrell, an OWD project manager who helps to administer the Connecting the Dots program, and William Murray, Ohio Reach coordinator at the Public Children Services Association of Ohio.

CTD pilot counties in partnership with ODH offer free PREP training and trauma informed care training to all CTD pilots and public/private agencies working with this population.

ODJFS also offers webinars and online training opportunities to public and private agency staff regarding policy, fiscal procedure and SACWIS application updates.

7. **Promote the uniform application of CFCIP programming across jurisdictions (e.g., regions and counties).**

Through technical assistance and best practice discussions at all Transitional Youth and IL events, OFC's TY Coordinators and policy staff strive to support uniformity in programming across the state. Despite differences in demographics and resources in each region, TY Coordinators hope by introducing and sharing standard practices and resources with all five regions, youth in Ohio will have more uniform services and opportunities throughout the state. Counties continue to learn from one another through these discussions.

The Preventing Sex Trafficking and Strengthening Families Act, Public Law 113-183 added a new program purpose for CFCIP. Ohio plans on including the new eighth purpose of ensuring children who are likely to remain in foster care until age eighteen have regular, on-going opportunities to engage in age or developmentally-appropriate activities as an allowable use of Chafee funds in the state. In fiscal year 2016, the TY Coordinators will provide technical assistance and discussion on this new purpose at all Transitional Youth and IL events so agencies can become familiar with the change.

8. **Support special initiatives (e.g., Lighthouse Youth At Risk of Homelessness Planning Grant, Summit County's "Purple Umbrella" Project) aimed at improving outcomes for children emancipating from foster care.**

Youth at Risk of Homelessness (YARH) is collaboration between ODJFS, Hamilton County Job and Family Services and Lighthouse Youth Services (LYS). LYS is a regionally-based organization serving transitional youth, homeless youth, and youth at risk of chronic homelessness in Hamilton County. LYS was awarded the YARH planning grant, funded by the Administration of Children and Families (ACF) in the fall of 2013. The planning grant period was from March 2014 through June of 2015. The three populations of youth identified as being at high risk of chronic homelessness include: 1) youth entering foster care between ages 14-17; 2) youth exiting foster care at age 18; and 3) youth who are currently homeless with a history of foster care. The planning grant focused on improving outcomes for these youth in four core areas: stable housing, social and emotional well-being, permanent connections and education/ employment. The YARH collaboration seeks to identify youth aging out of foster care that are at greatest risk of becoming homeless and to design effective strategies to address the needs of this population. For additional details, please see discussion in Section III (Update to the Plan for Improvement).

9. **Continue to collaborate with other funding sources and statewide initiatives aimed at improving outcomes for youth in transition (e.g., ENGAGE).**

As detailed in Section III: Update to the Plan for Improvement, ODJFS collaborates with state and local partners on several initiatives aimed at improving outcomes for youth in transition. These collaborative initiatives include *Ohio Minds Matter*, the Youth at Risk of Homelessness partnership, the statewide Trauma-Informed Care initiative, and joint work with the Ohio Department of Medicaid to enroll eligible youth transitioning from foster care to adulthood. Another notable example is ODJFS' partnership with the Ohio Department of Mental Health and Addiction Services on ENGAGE. The Substance Abuse and Mental Health Services Administration (SAMHSA) awarded Ohio a System of Care Implementation Grant on July 1, 2013. *Engaging the New Generation to Achieve Their Goals through Empowerment* (ENGAGE) is designed to address the complex needs of multi-system youth and young adults in transition, ages 14 – 21, with serious emotional disturbance/mental illness, including those with co-occurring disorders (substance use and/or developmental disabilities). To ensure programming for those most at risk, the population to be served through ENGAGE requires past, current, or risk of involvement with child welfare, juvenile/criminal justice, and/or homelessness. To ensure statewide consistency, the implementation strategy for ENGAGE has been streamlined to use of evidence-based High-Fidelity Wrap Around service coordination, with incorporated components from the Transition to Independence Process (TIP) model. Youth have had direct voice in the development and ongoing implementation of the project through the ENGAGE Youth Advisory Council. Additional information about ENGAGE and other initiatives impacting outcomes for youth in transition is included in Section III and in Appendix B, *Ohio's Health Care Oversight and Coordination Plan*.

10. Incorporate pre and post testing through Connecting the Dots (CTD) pilot sites for youth who are enrolled and obtain services through CTD.

Connecting the Dots from Foster Care to Employment and Independent Living (CTD) is a joint initiative between the ODJFS Offices of Families and Children & Workforce Development. CTD aims to dramatically improve the educational and employment outcomes for youth in or emancipating from foster care. Pilot counties were asked to give the youth enrolled in CTD the program entry survey during the enrollment process. This will serve as a baseline for the population and assist CTD service providers in planning individual services for the youth. The survey was modeled after the National Youth in Transition Database Survey (NYTD). A mid-program survey was offered in November 2014 to all youth that completed the program entry survey prior to June 1, 2014.

As the CTD pilots will be concluding in 2015, a final program survey is in the planning phase for this fall. It will again be modeled on the NYTD and other CTD Surveys. Survey results will be included in the final CTD report.

In addition to OFC's progress on the CFSP goals outlined above, there have been several other accomplishments and activities throughout the past year, which are detailed below.

<u>Public Law 113-183 Update Regarding Youth Who have Run Away from Foster Care</u>

ODJFS is updating Ohio Administrative Code (OAC) rules in response to the Preventing Sex Trafficking and Strengthening Families Act. This includes reporting requirements to law enforcement when a youth is absent without leave (AWOL) from foster care. ODJFS is in the process of updating OAC rule 5101:2-42-88 *Requirements for substitute care placement disruptions*. The rule change will specify that within 24 hours, notification of an AWOL youth is made to law enforcement for entry into the National Crime Information Center (NCIC) and to the National Center for Missing and Exploited Children (NCMEC). The rule change also requires the custodial agency to document in the child's case record, the date and time

law enforcement and NCMEC were contacted, the last known location of the child, the length of time the child has been AWOL, anyone the child may have been with prior to or during the AWOL and efforts and resources used to locate the child. Upon the child's return, the agency will need to address and document:

1. The circumstances that contributed to the child running away or being absent from care. When possible, these factors shall be considered when determining subsequent placements.
2. The events or experiences that took place while the child was AWOL, including if the child is found to be a sex trafficking victim. The PCSA or PCPA shall follow procedural requirements pursuant to rule 5101:2-36-12 of the Administrative Code.

ODJFS did receive communication from NCMEC and identified a staff contact person for the center. No further communication has been received to coordinate services.

SACWIS updates planned for FY 2016

In addition to the services listed above for FY 2016, ODJFS also plans to enhance the SACWIS system with regards to independent living services:

- The independent living (IL) plan is being modified to reduce the amount of data entry required to mark the plan as active for the youth. Addressing the 11 required IL services will be simplified for the user. The user will only need to complete goals for applicable topics.
- Due to Public Law 113-183, the youth information drop-down menu on the IL plan will be adjusted to display age 14 instead of age 16.
- SACWIS will create a link for document upload/linkage to IL plans allowing users to link assessments and important service documentation to the record.
- SACWIS will include updates to screens on IL adding a copy feature which will help the user manage IL plans for youth that return to care and had a previous plan.
- The NYTD user survey will have constraints to prevent the user from entering the survey too early or too late. This will minimize federal submission noncompliance in part as the survey will only be available to the user who is in the appropriate NYTD population under the identified conditions.
- SACWIS is adding a NYTD link to the IL plan with the ability to record exception information.

Data on the CFCIP and ETV population in Ohio

On April 1, 2015, Ohio had 4527 youth ages fourteen to twenty-one in custody of public children services agencies (PCSAs) throughout the state. This accounts for 34% of the total number of youth in custody in Ohio on that day.

The custody types of the youth are:

Custody type	Number of youth	Percentage of youth
Temporary custody	2544	56%
PPLA	996	22%
Permanent Custody	987	22%

The placement settings of the youth are:

Placement setting	Number of youth	Percentage of youth
Kinship care	364	8%
Adoptive placement	61	1%
Independent Living	193	4%
Foster home	1998	44%
Group care	1883	42%
Detention	46	1%

Training of Caregivers and Case Managers

As noted in the Update to the Plan for Improvement (Section III), ODJFS asked the National Resource Center for Youth Development (NRCYD) to provide training and technical assistance to Ohio to expand use of specialized trainings (e.g., Positive Youth Development, Maintaining Permanent Connections, and Transition Planning) for workers and caregivers on working with Independent Living Youth and Transitional Youth. Between 2011 and 2012, the NRCYD provided training and technical assistance to Ohio, establishing a model for best practice through its Independent Living training series:

- Youth Development: The Vital Link
- Life Long Connections: Permanency for Older Youth
- Engaging Youth in Transition Planning.

OCWTP recruited and developed OCWTP trainers and foster care alumni to co-train the series throughout the state to caseworkers and foster caregivers who work with youth transitioning to adulthood. Since the roll-out in 2012, OCWTP has offered workshops in the series 69 times statewide.

To further this goal, the OCWTP has added a parallel training, *Fostering Self-Reliance in Children and Youth: Roots and Wings*, for foster caregivers. This course is one of the OCWTP's Fundamentals of Fostering offerings, developed for foster caregivers who work with transitioning youth. In total, the NRCYD Series will have been offered 20 times by June 2015 and the Self-Reliance course three times.

Marketing strategies are underway and will continue in FY 2016 to increase awareness and enrollment of these course offerings statewide. Promotional material has been included in a weekly electronic newsletter (distributed throughout all 88 counties) and distributed throughout Ohio via regularly scheduled meetings. Marketing also included massive distribution of a promotional flyer outlining the training's learning objectives to:

- Public Children Services Agencies
- Independent Living groups
- Teen Advisory Groups
- Ohio's Technical Assistance Specialists
- Youth Advisory Boards (YAB),
- Licensing specialists
- Caseworkers and Supervisors
- Foster parents and Alternate caregivers

Human Trafficking Prevention Efforts and Collaboration

As indicated in the CFSP, ODJFS participated on the Governor's Human Trafficking Task Force, which made several recommendations to reduce the risk of human trafficking of youth and young adults served by the child welfare system. Eleven state agencies, including ODJFS, were members of the task force which identified service gaps and made recommendations for filling those gaps. Detailed information on the task force can be found at http://humantrafficking.ohio.gov/Home.aspx. In direct response to one of the task force's recommendations to provide youth prevention services to the at-risk population, the Human Trafficking Prevention Plan document was created. The plan is a compilation of each identified agency's unique plan and related activities aimed at preventing human trafficking within the agency's sphere of influence.

In addition to its participation on the task force, ODJFS has collaborated on human trafficking prevention in a variety of other ways. OAC rule 5101:2-36-11 *Extending time frames for completion or waiving completion of assessment/investigation activities* is in the process of being amended to incorporate an allowable extension in the written notification of the report disposition to the alleged perpetrator if the alleged perpetrator is the subject of a law enforcement investigation into human trafficking. The Ohio Network of Children's Advocacy Centers hosted a free training called *Human Trafficking: A Multidisciplinary Approach* in regional locations throughout Ohio in March, May and June 2015. In collaboration with the Ohio Human Trafficking Task Force, the Ohio Children's Trust Fund in March 2015 awarded $90,000 in grants to eight organizations to support human trafficking prevention programs statewide. Because of these programs, community members, professionals, families and at-risk youth in 22 Ohio counties will receive much-needed human trafficking prevention services, outreach and advocacy. The awards are:

Bellefaire JCB, Cuyahoga County ($15,000)

- Educational presentations to community agencies, school personnel and social services employees to engage at-risk youth and the staff who serve them.
- Educational presentations to community stakeholders.
- A materials outreach campaign targeting places where at-risk, runaway and homeless youth gather.

The Children's Advocacy Center of Guernsey County, Guernsey and Noble Counties, ($10,633)

- A social media campaign targeting youth through collaborations with students and young professionals.
- Educational outreach to employees and owners of local businesses that are at risk for potential human trafficking activity.
- An awareness campaign comprised of the following: (1) large stickers with helpline phone numbers, which will be displayed in local businesses and areas at risk for human trafficking; (2) posters, fact sheets and billboards; and (3) public service announcements on radio stations and social media sites.

Crime Victim Services; Allen, Defiance, and Putnam Counties ($15,000)

- Development of a youth-based human trafficking curriculum.
- Peer-to-peer classroom presentations to student leaders at a local high school.
- An awareness-raising human trafficking and dating violence student project at a local high school.

- Training for education and faith-based professionals, foster care organization staff, and foster parents.
- Public awareness campaign.

Gallia and Lawrence County Family and Children First Councils, Gallia and Lawrence Counties ($8,750)

- Formation of a coalition that will implement community training and public awareness campaigns.

Ottawa County Department of Job and Family Services, Ottawa County ($7,300)

- Development of a reporting and response protocol for suspected human trafficking through collaborations with local law enforcement and a regional coalition.
- Training for practitioners, community resource staff and at-risk youth.
- A community outreach campaign via billboards and posters in high-traffic areas.

Power 2 Impact Global Foundation DBA Ohio Youth Empowerment Program, Franklin County ($3,318)

- Collaboration between artists and survivors, who will work with local schools to create an art-based awareness campaign.

Sisters in Shelter; Crawford, Defiance, Fulton, Hancock, Henry, Huron, Ottawa, Paulding, Putnam, Sandusky, Seneca, Williams, Wood and Wyandot Counties ($15,000)

- Training additional presenters to provide awareness presentations to up to 15 schools across seven Ohio counties.
- Formation of a youth focus group comprised of students from seven Ohio counties
- A community outreach campaign via billboards in 13 Ohio counties.
- Staff and volunteer prevention training.

The University of Toledo, Lucas County ($14,999)

- Development of a "Youth Page" smartphone application to identify resources for at-risk minors.
- Creation of a Spanish-language Youth Pages Resource Handbook that identifies resources for at-risk minors.

National Youth in Transition Database (NYTD) update

All demographic, youth characteristic and outcome data for youth who have received independent living services is stored in Ohio SACWIS Database and the National Youth in Transition Database Portal. To date, Ohio's youth participation in follow-up Cohort Surveys has exceeded federal compliance standards. For Cohort 1 Surveys, ODJFS opted to survey a sample of the baseline population. The 17 year-old baseline survey information for Cohort 2 was collected from October 1, 2013 to September 30, 2014. The participation rate for Ohio's baseline youth in Cohort 2 is 58%. There is no federal outcome participation rate standard for the baseline population. States are required to survey each youth in the baseline population within 45 days following the youth's 17th birthday (45 CFR 1356.82(a) (2) (ii). Ohio recognizes the need to improve on baseline survey completion. The data snapshot of the Cohort 2 baseline survey population is included on the following pages.

NYTD
National Youth in Transition Database

Data Snapshot: Youth Outcomes

2014 (October 1, 2013 - September 30, 2014)

Ohio

Baseline Population Highlights

Includes demographic and outcomes information on youth in foster care who turned age 17 during 2014.

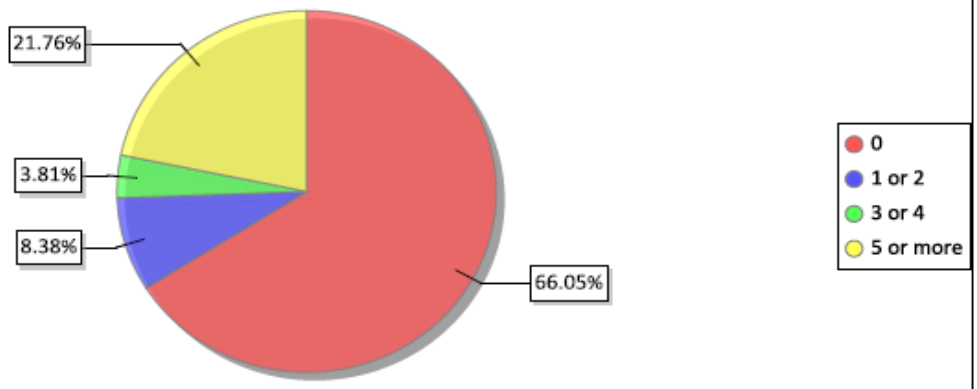
Baseline survey participation rate: 58%

Average number of days to survey:22

Percent of baseline youth surveyed on time: 82.93%

(The NYTD Survey must be administered to baseline population youth within 45 days after turning age 17.)

Number of services youth received:



Reasons for Non-participation:

Youth declined	42.00%
Parent declined	00.00%
Incapacitated	00.00%
Incarcerated	00.00%
Runaway or missing	00.00%
Unable to locate/invite	00.00%
Death	00.00%

Characteristics of Survey Participants:

Sex	
Male	53.47%
Female	46.53%
Race/Ethnicity	
American Indian or Alaska Native	00.38%
Asian	00.38%
Black or African American	46.72%
Native Hawaiian or Other Pacific Islander	00.38%
White	57.22%
Unknown or Declined	00.19%
Hispanic or Latino ethnicity*	02.06%
Receiving Services	41.09%

*Hispanic or Latino ethnicity is reported separately from race.

Outcomes Reported by Survey Participants:

Financial self-sufficiency	
Reported current part-time or full-time employment	15.01%
Reported receiving employment-related training in the past year	19.70%
Educational attainment	
Reported being enrolled and attending school	94.93%
Reported having completed high school or GED	02.06%
High-risk behaviors(in prior two years)	
Reported ever receiving a substance abuse referral	29.83%
Reported ever having been incarcerated	53.66%
Reported ever having children	04.88%
Homelessness(in prior two years)	
Reported ever having been homeless	12.95%
Connection to adults	
Reported having a current positive connection to an adult	93.43%
Access to health insurance	
Reported having Medicaid	84.43%
Reported having some other type of health insurance	12.01%

This data snapshot was generated using active data files submitted by the State for the report period(s) indicated above as of 04/21/2015

ODJFS has engaged in an ongoing process of coordination with state and county staff to provide more clarity, technical assistance, and encouragement regarding NYTD requirements. Over the past year, ODJFS staff have partnered with county public children services agencies (PCSAs) to encourage continued efforts in successful survey completion for the Cohort 1 follow-up population and the Cohort 2 baseline population. State staff members (policy, SACWIS and technical assistance) routinely monitor survey return results and alert each county agency as to the agency's specific NYTD population and survey requirements in the existing FFY period. Methods of communication have included emails, one-on-one telephone calls, webinars, and utilization of the SACWIS Helpdesk. Specific points of contact in SACWIS and Policy are publicized to each county agency for one-on-one guidance if needed. Additionally, peer-to-peer guidance is encouraged between county agencies.

SACWIS staff attended the Ohio Connecting the Dots Youth Independent Living Conference with the goal of informing youth about the NYTD Surveys as well as obtaining on the spot survey completion for eligible youth. During this event, youth had the opportunity to speak one-on-one with SACWIS staff about the NYTD Survey and submit the NYTD Survey, if eligible. A paper copy of the survey was given to those youth not yet eligible to take the survey. This effort is a reminder to the youth of the need for future survey completion and to prepare and inform the youth of the type of questions that are asked on the NYTD Survey.

The NYTD Statistical Report informs county child serving agencies of the total NYTD Cohort population details and statistics. The NYTD Statistical Report exists in SACWIS and can be accessed by each county child serving agency as an aid in cohort management and identification of outcomes. The report also identifies outcomes on a statewide level. Both the agency-level and the statewide statistics can be monitored throughout each FFY period. Additionally, a SACWIS tickler exists for each applicable youth in agency custody to notify county staff that a NYTD survey should be completed.

Future enhancements are scheduled for SACWIS that will allow agency users to more accurately record information regarding youth surveys. The enhancements will allow the agency user to identify survey completion as a part of the user's daily work in SACWIS. It is intended that this enhancement will serve as an additional reminder that the NYTD survey needs to be completed and as a way for caseworkers to verify that the survey was submitted.

Cohort 1 and the baseline population for Cohort 2 outcomes data has been shared with Lighthouse Youth Services, Inc. As described previously, this agency is currently conducting research as part of its federal planning grant activities to develop effective interventions for youth at greatest risk of homelessness.

The Title IV-E courts have recently been trained and granted access to utilize Ohio SACWIS. An overview and explanation of the NYTD Survey requirements were a part of the training. Also, ongoing technical assistance has been offered to each court that is now live in SACWIS. Additionally, both ODJFS Policy and SACWIS staff attend the quarterly Title IV-E Court meetings.

Ohio reports basic information to NYTD regarding youth who received at least one independent living service paid for or provided by the state Chafee Foster Care Independence Program (CFCIP). The independent living services data snapshot for Ohio is included on the following pages.

NYTD
National Youth in Transition Database

Data Snapshot: Independent Living Services

2014 (October 1, 2013 - September 30, 2014)

Ohio

Served Population Highlights

Includes basic information on youth who received at least one independent living service paid for or provided by the State Chafee Foster Care Independence Program (CFCIP) during 2014.

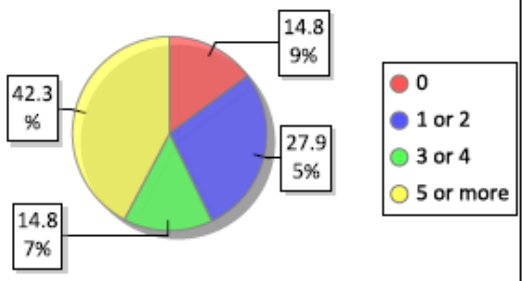
Total youth reported in the served population: 3819

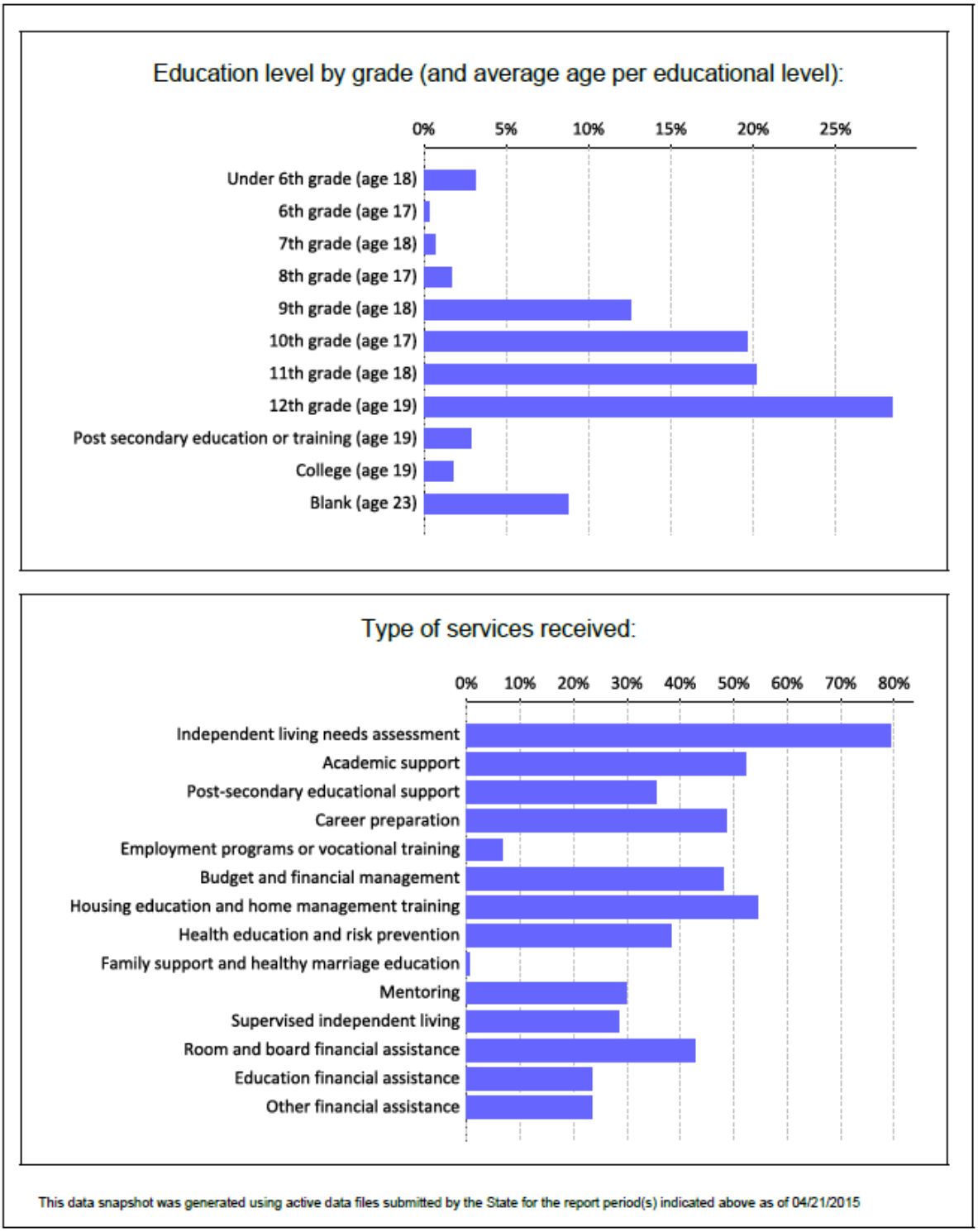
Characteristics of Youth Receiving Services:

Age	
Age range	0-75
Mean age	19
Sex	
Male	48.89%
Female	51.11%
Race/Ethnicity	
American Indian or Alaska Native	00.63%
Asian	00.52%
Black or African American	54.39%
Native Hawaiian or Other Pacific Islander	00.05%
White	49.88%
Unknown or Declined	00.45%
Hispanic or Latino ethnicity*	03.93%
In foster care	53.29%
In Federally-recognized tribe	00.60%
Adjudicated Delinquent	18.02%
Receiving Special Education	13.07%

*Hispanic or Latino ethnicity is reported separately from race.

Number of services youth received:





During ongoing meetings with the Ohio Youth Advisory Board and the Ohio Independent Living Coordinators, agencies indicated they were struggling to adequately meet NTYD expectations. In order to improve data collection, ODJFS provided training on the subject of NYTD for Independent Living workers during regional Transitional Youth and IL meetings in 2014. Information on the survey was also

provided at the statewide Transitional Youth and IL meeting held on April 15, 2015. Moving forward, PCSAs are asked to survey all 17 year-olds within 45 days of their 17th birthday, regardless of whether the youth is receiving IL services and/or is in the sample cohort population. ODJFS will continue offering statistical reports to counties for the 19 and 21 year-old populations. This creates a rhythm that will not be lost by staff re-assignments, staff turnover and the break between cohort group surveys and federal fiscal year reporting.

Education and Training Vouchers Program (ETV)

The Ohio Education and Training Voucher Program is a federally and state-funded, state-administered program designed to help former foster youth with school-related expenses. ODJFS has been the agency responsible for ETV since its inception in Ohio. ODJFS currently supports ETV at the rate of $1,593,013 (80% of federal dollars provided to Ohio, plus an additional 20% state General Revenue Funds). Through contracted services with the Orphan Foundation of America (OFA), entitled Foster Care to Success (FC2S), ODJFS ensures that the Ohio-ETV program operates efficiently as follows:

- ODJFS promotes ETV online (www.fc2sprograms.org) and through community awareness activities. OFA coordinates with ODJFS on the development of materials outlining eligibility requirements and the implementation of community awareness and outreach programs directed toward qualified scholarship applicants.

- OFA (FC2S) ensures that eligibility requirements are met prior to each enrollment. Funding is limited and available on a first-come, first-served basis to eligible applicants. Students may receive up to $5000 a year for qualified school-related expenses. Eligible individuals are those ages eighteen to twenty-one who are eligible for Chafee Independent Living Services and who exited foster care at age eighteen, or whose adoption from foster care was finalized after their sixteenth birthday. Students participating in the ETV program on their twenty-first birthday will remain eligible until their twenty-third birthday, as long as they are enrolled in a post-secondary education or training program and are making satisfactory progress toward completing their course of study. In addition, eligible ETV applicants must:
    - Be either U.S. citizens or qualified non-citizens;
    - Own personal assets (bank account, car, home, etc.) worth less than $10,000; and
    - Be accepted into or enrolled in a degree, certificate or other accredited program at a college, university, technical, or vocational school.

- Ohio ETV utilizes a standard application process which includes a review of in-state resources that can support students' academic goals and provide personal support and enrichment opportunities. This includes collaborating with colleges, federal programs, civic organizations, community services and independent living programs located in the area.

- Applicants must complete the standardized ETV form and submit documentation for each semester directly from the school to ETV confirming enrollment, including the cost of attendance and unmet need. Students from Ohio attending out-of-state institutions are eligible on the same basis as students who attend in-state schools. Required entrance and exit interviews are conducted for all students.

- Awards are allotted on an annual basis to students who maintain at least a 2.0 Grade Point Average (GPA) or equivalent, demonstrate satisfactory progress toward achieving their degree or certificate, and who remain in good standing at the school. At the discretion of the program manager and the state/county coordinator, ETVs may be awarded for one semester to students whose grades fall below a 2.0 GPA.

- During enrollment, Ohio ETV ensures enrollees maintain connections with needed supports through OFA. Students are enrolled in a mentoring program aimed at providing them with necessary educational assistance. In addition, eligible students are enrolled in the *Care Package Program*. Each enrollee is provided with three care packages per year containing age-appropriate necessities and extras that students want. The regularly scheduled packages are delivered as follows:
    - Fall: Back to school or within 14 days of acceptance into the ETV Program;
    - February: Valentine's Day; and
    - Late April: Final exams.

- Ohio ETV through OFA (FC2S) also offers an annual opportunity for enrollees. Aim Higher improves college readiness for foster youth in high school by tapping into the experiences of successful FC2S scholars. Current FC2S students offer advice and guidance to their younger foster care peers about the academic and life skills they need to be successful in college. Using social media, video, and in-person presentations, they serve as role models and help foster teens gain a better understanding of the differences between high school and college and how earning a degree or credential can change a life.

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

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

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

- Student disbursements; and
- Administrative cost reimbursement

Additionally, ODJFS can access, on-line, a real-time report that details:

- The number and status of every application;
- The amount and purpose of funding provided to each student; and
- Student reports, including contact information, grades, academic challenges, parenting information.

A comprehensive year-end report is also submitted, which includes the results of the program and the evaluation form. Details from the annual report for academic year 2013 to 2014 are outlined below.

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

1. All ETV applications awarded in accordance with 42 USC Part 677, et seq. Each completed application includes a Student Financial Aid form, and after each funded semester, an official transcript is required. A review of the student's budget is completed to determine financial need and plan, including verification of student expenditures, prior to the issuance of a voucher package. Vouchers are then to be used only for allowable expenses such as housing, transportation, and child care.
2. The actual names of students assisted through the ETV Program listed with the actual college or vocational institution to receive payment, to be maintained on file for the duration of the CFSP period and/or in accordance with the program's retention plan.
3. The percentage of participating students graduating or successfully completing the academic or vocational program.
4. The number of students who, if they decide to discontinue their studies, complete the term rather than dropping out. Every attempt is made to work with the youth and help them develop a plan that includes next steps, career goals, opportunities, and available resources as determined by the exit interview and school records.
5. Post-program information regarding the students' completion/graduation and the percentage of students pursuing graduate studies is tracked.
6. Every attempt is made to collect data on employment and employment stability.

As of April 30, 2015, the following numbers of youth received funding to support their higher education needs through this program in:

- SFY 2009 482 students: Paid $1,849,403
- SFY 2010 548 students: Paid $1,917,508.75
- SFY 2011 543 students: Paid $2,030,283.73
- SFY 2012 532 students: Paid $2,030,284
- SFY 2013 442 Students: Paid $1,627,008 (federal grant was reduced this year)
- SFY 2014 393 Students: Paid $1,576,653
- SFY 2015 361 Students: Paid $1,349,374

Annual Report Details: ETV Awards July 1, 2013 to June 30, 2014

Total Ohio ETV Applications: 818
Ineligible Applicants: 425
Funded Students: 393 (list available by name and institution)

- 194 New Students (49%)
- 199 Returning Students (51%)

In academic year 2013-14, all eligible Ohio youth who completed their applications and attended school were funded. Applications were reviewed per the ETV program plan with a goal of fully funding those

with the greatest need and students who are progressing in their course of study as well as those soon to graduate.

Student Demographics:
According to self-reports by the youth via the initial online application, financial information provided by the schools' financial aid offices, and the students' official transcripts:

- 565 OH ETV vouchers were awarded to 393 students.
- 318 vouchers were issued in the fall and winter semesters.
- 247 vouchers were issued in the spring and summer semesters.

Fall 2013 - 318 vouchers/students:

- 156 youth started college for the first time.
- 128 students continued on from the spring/summer semesters of 2013.
- 34 students, previously funded but not enrolled in spring 2013, returned to school after stopping out for one or more semesters (Stopping out refers to students who are taking a "break" from school with no firm timeline for their return.)

Spring 2014 - 247 vouchers/students:

- 38 youth started college for the 1st time
- 36 students, previously funded but not enrolled in fall 2013, returned to school after stopping out for one or more semesters
- 173 students attended in the fall and continued in the spring

The majority of applications are submitted between July - September (66%).

Month	*# of Applications*	*Percentage of Total*
July 2013	348	43%
August 2013	132	16%
September 2013	62	8%
October 2013	40	5%
November 2013	25	3%
December 2013	23	3%
January 2014	50	6%
February 2014	32	4%
March 2014	37	5%
April 2014	30	4%
May 2014	22	3%
June 2014	17	2%

Age of funded students:

Age	*# of Students*	*Percentage of Total*
18	137	35%
19	92	23%
20	81	21%
21	49	12%
22	34	9%

Race of funded students:

African-American: 234 (60%)	Latino: 10 (3%)
Asian-American: 2 (<1%)	Mixed Race: 32 (8%)
Caucasian: 112 (28%)	N/American: 3 (<1%)

Gender of funded students:

Male:	131 (33%)
Female:	262 (67%)

Areas of Need:

Applicants are asked to rank their academic and social needs so they can be sent Academic Success information on those topics. Additionally, this information helps mentors work with students.

Health Insurance:

Often students do not think of Medicaid as insurance; therefore, they may not apply for it despite being eligible per Ohio policy. All applicants who answer NO - without health insurance - are encouraged to apply for it and advised to obtain a letter from their county JFS verifying eligibility.

Students without health insurance	110	28%
Students with health insurance	283	72%

Volunteerism and Work:

Studies show that youth who volunteer have increased self-esteem, engage with positive contacts and role models and develop workforce-transferrable skills and a better understanding of potential careers. In a competitive job market, volunteer work shows initiative and can be the experience needed to get a first job. FC2S urges students to get involved in campus and community-based activities and accurately record those experiences - tasks and skills, dates and duration, and to include this information on scholarship applications and their resumes.

Student Volunteering:

No	229	58%
Yes	164	42%

Consultation with Tribes

While there are no federally recognized tribes within the state of Ohio, CFCIP services are provided to all eligible youth statewide as required by OAC. Independent living services are required for all youth in care, beginning no later than age sixteen (in 2015, this age will lower to fourteen). Less than 1% of Ohio's ETV applicants identified as Native American. This is proportionate with Ohio's statewide population demographics.

As noted in Section VI: Consultation and Collaboration with Tribal Representatives, ODJFS continues to work on developing partnerships with tribal representatives within the state.

XIII. Targeted Plans

Targeted Plans

Please see the appendices to this APSR for the following targeted plans:

- Appendix B: Health Care Oversight and Coordination Plan Update
- Appendix C: Foster and Adoptive Parent Diligent Recruitment Plan Update
- Appendix D: Update to the 2015-2019 Staff Development and Training Plan

Please note Ohio's Disaster Plan was reviewed, and there are no updates needed to the plan that was submitted with Ohio's 2015 – 2019 CFSP.

XIV. Statistical and Supporting Information

CAPTA Annual State Data Report Items

The following statistics were obtained from Ohio's child welfare system and reflect a reporting period of October 1, 2013 to September 30, 2014 (FFY 2014).

- **The number of families that received differential response as a preventive service during the year (section 106(d)(4))**

Preventive services for families not involved in the child protective services system are provided through programs under the purview of Ohio's Children's Trust Fund, which provides data on the number of children and families served in Ohio's NCANDS Agency File.

Development of Ohio's DR practice model did not include a pathway for prevention services cases. Only referrals accepted as a report of child maltreatment are eligible to be assigned to the Alternative Response pathway. Consequently, Ohio is able to report the number of families who were assigned to Alternative Response in response to a report of child abuse or neglect and received services as a result of their open CPS case.

In FFY 2014, 28,278 reports linked to 25,206 different cases were screened in for Alternative Response and referred to preventive services.

- **The number of children referred to child protective services under policies and procedures established to address the needs of infants born with and affected by illegal substance abuse, withdrawal symptoms, or a Fetal Alcohol Spectrum Disorder (section 106(d)(15)**

There are data fields Ohio's SACWIS that capture information on children alleged at the time of the report, to be affected by illegal substance abuse, withdrawal symptoms or Fetal Alcohol Spectrum Disorder (FASD). The number of children alleged to be impacted by FASD, illegal substance abuse or withdrawal symptoms was 762.

- **The number of children under the age of three involved in a substantiated case of child abuse or neglect that were eligible to be referred to agencies providing early intervention services under part C of the Individuals with Disabilities Education Act (IDEA), and the number of these children actually referred to these early intervention services (section 106(d)(16))**

Ohio identifies children eligible for referral to early intervention services under part C of the Individuals with Disabilities Education Act in SACWIS based on age and child abuse or neglect report disposition. SACWIS generates a "tickler" for every case where the identified child victim in a substantiated child abuse or neglect report was under the age of three.

In FFY 2014, 5393 children under age three (3) who had a substantiated child abuse/neglect report were eligible to receive services under Help Me Grow.

Information on Child Protective Services Workforce

- **The number of child protective service personnel responsible for the:**
    - Intake of reports filed in the previous year: 427
    - Screening of such reports: 773
    - Assessment of such reports: 2,642
    - Investigation of such reports: 2,642

Ohio has statutorily mandated educational requirements for child protective services casework staff hired after October 2000. Pursuant to section 5153.112 of the Revised Code, caseworkers must possess a bachelor's degree in human services-related studies at the time of hire; have a bachelor's degree in any field and been employed for at least two years in a human services occupation; have an associate's degree in human services-related studies; or have been employed for at least five years in a human services-related occupation. Individuals hired without a bachelor's degree in human services-related studies are required to obtain a job-related bachelor's degree within five years of the date of hire. Requirements for advancement are county defined. The Revised Code statute can be viewed at: http://codes.ohio.gov/orc/5153.112.

Training requirements for caseworkers are outlined in section 5153.122 of the Revised Code and rule 5101:2-33-55 of the Administrative Code. Caseworkers are required to complete 102 hours of Core training within the first year of employment and 36 hours of training each year thereafter. Caseworkers are also required to complete 12 hours of training on domestic violence within the first two years of employment.
Training requirements for supervisors are outlined in section 5153.123 of the Revised Code and rule 5101:2-33-56 of the Administrative Code. Supervisors are required to complete 60 hours of in-service training within the first year of continuous employment as a PCSA supervisor. After the first year of continuous employment, supervisors are required to complete 30 hours of training annually in areas relevant to the supervisor's assigned duties. During the first two years of continuous employment as a PCSA supervisor, the supervisor is required to complete 12 hours of training in recognizing the signs of domestic violence and its relationship to child abuse.

Training records for individual CPS personnel are maintained by the county agency through the Ohio Child Welfare Training Program's learning management system (E-Track). Although this system has the capability of tracking the education, training and demographic information for county agency staff participating in training, the fields for collecting this information are not required. As noted in Section II: Update on Assessment of Performance, ODJFS is currently revising Ohio Administrative Code rules to require entry of all caseworker and supervisor initial and ongoing training into E-Track. This data will be included in future APSRs.

At this time, *some* education and demographic information on the statewide CPS workforce has been entered into individual person records created in SACWIS. However, this is not mandatory information for a person record, and is not included for all caseworker person records entered by each agency. The following tables reflect the available socio-demographic and educational level data of protective services caseworkers. The following tables outline the information that is accessible from the system:

RACE	# EMPLOYEES
Multi race	4
African American	99
White	440
Undetermined	138
Unknown	15
Missing Data	2264
Total	**2960**

AGE	# EMPLOYEES
20-30 Years	153
31-40 Years	130
41-50 Years	62
51-60 Years	32
61Years & Over	5
Missing Data	2578
Total	**2960**

GENDER	# EMPLOYEES
Male	232
Female	1429
Unknown/Missing Data	1299
Total	**2960**

- **The average caseload for child protective services workers responsible for intake, screening, assessment, and investigation of reports (section 106(d)(7)(B))**

Caseload and workload requirements are defined by each county, and not tracked at the state level. For this reporting year, Ohio again used SACWIS data to report workload data.

In compiling the information, it was noted that personnel data fields are not mandatory, and are frequently left blank. In addition, counties use different nomenclature to identify work units. Some counties use generic categories (e.g. Intake, Assessment, Ongoing, etc.) and others use county specific categories (e.g. Unit A, West Section, FAS 1, etc.). Staff was able to identify correct categories for some agencies by calling the counties directly.

As recorded in SACWIS (taking into consideration the inconsistencies with data recording noted above), the average caseload for an Intake Worker (screening, assessment/investigation) is 9.2103 cases; and 24.7382 cases for assessment/investigation Supervisors.

- **The average number and the maximum number of cases per worker and supervisor (section 106(d)(10)(D))**

As a state-supervised, county-administered CPS system, staffing and workload policies are established by local agencies. The workload data reflected in SACWIS is consistent with the information published in

the *PCSAO Fact Book* (11th edition, 2013-2014). The PCSAO Factbook is a reference guide assembled by the Public Children Service Association of Ohio. Factbook statistics indicate that Ohio's average caseload was 10 cases for Intake Workers; 12 cases for Ongoing Workers. PCSAO did not provide an average caseload size for Supervisors.

Juvenile Justice Transfers

Ohio's juvenile offender cases are processed through the local juvenile court system. Based upon the alleged crime committed, a decision is made to either handle the case in the adult criminal justice system or through the juvenile court. The transfer of youth into the adult system is determined by either a judicial waiver, statutory exclusion, or through a prosecutorial waiver.

ODJFS does not track juvenile offenders who may be tried in the adult court system. However, data is collected on the number of youth who are discharged from local PCSAs into a commitment/custodial status with the Ohio Department of Youth Services. This would follow adjudication on a delinquent offense, which requires a secure correctional setting.

In FFY 2014, 66 children exited from PCSA custody to commitment to the Ohio Department of Youth Services.

Sources of Data on Child Maltreatment Deaths

Ohio continues to use SACWIS data to report child fatalities as a result of child maltreatment to NCANDS via the child file.

In 2014, ODJFS explored options for obtaining additional child maltreatment fatality data from sources other than public children services agencies for inclusion in the NCANDS Agency File. Through these efforts, it was determined that:

1. Law enforcement (LE) data would not provide accurate child maltreatment fatality information. There is no statewide organization that collects child fatality data from law enforcement agencies (e.g., municipal, county and township LE entities). Reporting by the law enforcement agencies is voluntary and inconsistent. In addition, the information is limited only to those maltreatment fatalities that were the subject of a criminal investigation.
2. Data analysis and reporting by the Statewide Child Fatality Review Committee (SCFRAC) is on a two-year delay. Information provided in the SCFRAC annual report is from the calendar year two years previous, and therefore, not applicable to the NCANDS reporting year.
3. Information from the county medical examiners' offices is contained in the death records maintained by the Office of Vital Statistics (OVS) housed within the Ohio Department of Health.

ODJFS requested and received child fatality data from the OVS. The report includes all deaths, regardless of cause, occurring in individuals 18 years of age and under from 10/1/2013 – 9/30/2014. The data was received after the 2015 NCANDS Agency File was submitted. Staff are working to cross match the data from the OVS with the NCANDS child fatality data in SACWIS. Going forward, the OVS data has been requested on an annual basis, within a time frame that will allow ODJFS program staff to conduct the cross match and report additional child maltreatment fatality data in the NCANDS Agency File as appropriate.

Education and Training Vouchers

Name of State: Ohio

	Total ETVs Awarded	Number of New ETVs
Final Number: 2013-2014 School Year (July 1, 2013 to June 30, 2014)	**393**	**194**
Estimated 2014-2015 School Year* (July 1, 2014 to June 30, 2015)	**392**	**175**

Comments:
Please see Section XII: Chafee Foster Care Independence Program for additional information.

Inter-Country Adoptions

In calendar year 2014, 712 of the children in foster care at least one day were reported as previously adopted. The custody start date of these children ranged from March 11, 2003 to December 21, 2014. Only eleven of the children have a birth country listed that is not the United States. It should be noted, however, that of the remaining children, 524 do not have their birth country listed.

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

- Abandonment 6
- Alcohol Abuse of Parent 1
- Caretaker's inability to cope 47
- Child's Behavioral Problem 142
- Death of Parents 5
- Delinquency 89
- Dependency 262
- Drug Abuse of Parent 3
- Emotional Maltreatment 4
- Inadequate Housing 2
- Neglect 69
- Physical Abuse 27
- Relinquishment 11
- Sexual Abuse 23
- Sibling Removal 2
- Unruly Status Offender 19

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

- Adoption 207
- Independent Living/Emancipation 122
- Maintain in own home 62

- Permanent Placement with a Relative 14
- PPLA 82
- Return Child to Parent 195
- No goal listed 30

The age of the child when the previous adoption finalized:

- 0 25
- 1-3 184
- 4-6 218
- 7-9 135
- 10-12 103
- 13-15 25
- 16 4
- Unable to determine 18

Gender breakdown:

- Female 327
- Male 385

ODJFS policy plans to work with the SACWIS staff to enhance the reporting of children who were previously adopted that come back into the child welfare system. The Foster Care and Adoption Recruitment Plan developed for the CFSP indicated that ODJFS would initiate an International Adoption Agency stakeholder group in SFY 2015 for the purpose of gathering information regarding the needs and availability of services to children adopted abroad. Based on the information discovered since that time regarding the lack of data on children who were previously adopted, it has been decided to delay establishing a stakeholder group until better data gathering methods have been developed. The Preventing Sex Trafficking and Strengthening Families Act (PL 113-183) has added requirements of certain data for states to collect including:

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

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

- Type of adoption (private, international, public)
    - If private – if it was an infant (<18 months of age) or non-infant adoption (>18 months of age)
    - If international, the country of origin
    - If public –the Ohio county involved or the other state involved

- ODJFS currently has a form (JFS 01670) to collect information on inter-country adoption as required by federal law with regards to adoption disruption and dissolution. Given the lack of forms received, ODJFS staff members do not feel that agencies completely understand the requirement to submit the form. It is anticipated that by incorporating the form into SACWIS, the state will receive this data more consistently.

During regional and statewide meetings as well as a variety of other venues, ODJFS adoption policy staff continue to address the need to track data in SACWIS and on the Inter-Country Adoption Data Collection form (JFS 01670).

Monthly Caseworker Visit Data

2014 Monthly Visits Data

Ohio reports monthly visit numbers on an annual basis as required. Please see the chart below for the data submitted in December of 2014.

Aggregate number of children (unduplicated) who met the visitation criteria	19,255
Total number of monthly caseworker visits made to children	132,783
Total number of complete calendar months children in the reporting population for FY2014 spent in care	138,902
Total number of monthly visits made to children in the reporting population that occurred in the child's residence	118,416

Ohio achieved 95.59% compliance and surpassed the 95% federal target goal. The data also shows that Ohio is far exceeding the requirement that 50% of the visits occur within the child's residence. Ohio's data reflects that 85% of the monthly visits made to children occurred in their residence. Summary statistics were pulled from Ohio's SACWIS as of December 8, 2014 and met the compliance criteria described in ACYF-CB-PI-12-05. A sampling methodology was not utilized to fulfill the revised monthly caseworker data reporting requirements.

Ohio will submit its 2015 monthly visit data as required in December of 2015.

XV. Financial Information

Please see

- Appendix F:
  - Payment Limitations - Title IV-B, Subpart 1
  - Payment Limitations- Title IV-B, Subpart 2

- Appendix G:
  - FY 2016 Budget Request- CFS-101, Part I and II
  - FY 2013 Title IV-B Expenditure Report- CFS-101, Part III

- Financial Status Reports Standard Form (SF) 425 submitted electronically