

# **2021 ANNUAL PROGRESS AND SERVICES REPORT**



**Mike DeWine**, Governor  
**Kimberly Hall**, Director

**Office of Families and Children**

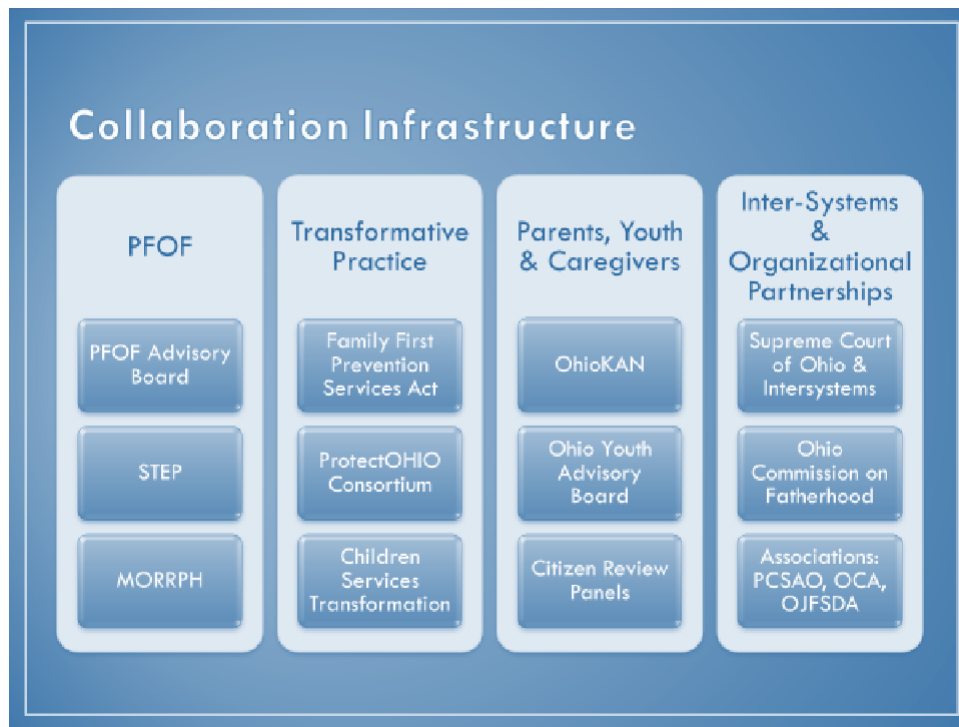
**June 30, 2020**

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# I. Collaboration

## *Ongoing Stakeholder Consultation, Collaboration and Engagement*

In order to cultivate a sustainable mechanism to provide and receive input from stakeholders, Ohio has focused on building on the foundation of established partnerships when engaging in ongoing conversations and soliciting feedback in the development, implementation and evaluation of the plan. The following diagram captured the collaborative infrastructure that has evolved into strong partnerships.



### Partners for Ohio's Families

To accurately illustrate how the Ohio Department of Job and Family Services (ODHS), Office of Families and Children (OFC) established its long-standing commitment to transparency and collaboration, we must begin in 2010 when Ohio was awarded a federally funded grant through the Midwest Child Welfare Implementation Center. OFC worked with its state and community partners to establish the Partners for Ohio's Families (PFOF) initiative.

PFOF is founded in the science of implementation, integrating the principles of stakeholder engagement and continuous assessment. A constellation of activities supports each component of the PFOF Five Strategies. These include the following:

1. Building a team approach.
2. Building institutional behavior.
3. Establishing structured communication.

4. Building a knowledge base.
5. Supporting agencies to self-assess.

To create a consistent philosophy and language of partnership among staff and stakeholders, OFC established the Six Principles of Partnership as the foundation for how OFC interacts with internal and external partners. This philosophy forms the core of our culture which we've adopted and shared statewide. To ensure the continued success of this cultural shift, OFC established internal and external bodies to move this work forward, as well as mechanisms for feedback such as: The Solutions Through Empowerment and Partnership (STEP) team, the PFOF Advisory Board, and Microburst on Reviewing Rules & Program Hearing (MORRPH) sessions. While not specifically expounded on in this report, OFC continues to maintain its rule review website, where stakeholders may provide input on proposed Ohio Administrative Code Rules prior to clearance. Regional Technical Assistance teams also continue to offer on demand and updated information in a broader format in sessions throughout the state. These also provide a means to maintain focus on improving outcomes for children through training opportunities.

The Partners for Ohio's Families Advisory Board is a standing workgroup established to identify challenges, opportunities and solutions related to child welfare service delivery and public policy. Its work in 2019 intentionally focused on integrating the CFSR, CFSP and Family First goals and objectives as well as SACWIS systems improvements in the review and recommendation processes of the group. As an original outcome of the initial PFOF initiative, this group has been able to achieve longevity due to its inclusive nature and consistent membership. In 2019 the Board voted to balance its membership by adding additional private agency representatives and others representing the communities we serve. The Board, led by Tri-Chairs representing ODJFS, public agency and private agency, consists of at least twelve, but not more than twenty, members. At least fifty-one percent of the membership represents a mixture of public and private children service agencies. The remaining membership includes: Assistant Director, Health and Human Services, ODJFS; Deputy Director of the Office of Families and Children, ODJFS; Supreme Court of Ohio, Division of Children, Families and the Courts; adult(s) who previously experienced substitute care representative; family representative (biological, resource); Ohio Children's Alliance and Public Children Services Agencies of Ohio. The executive director of Governor DeWine's Office of Children Services Transformation joined as a member (Kristi Burre had also been a board member in her former role as a children services director at a public agency). Additionally, a representative from the Family and Children First Council has been invited to join as a member.

Overall the Board finds significant value in its membership. A member shared during a 2019 meeting that "initially, this team focused on rule review and over the years the transfer of attitudes and how we operate as a state, finding solutions together, has evolved. The recruitment and partnership are intentionally bringing a variety of voices to the table on an equal playing field and there is always value in being heard." Another board member reported that as one of the original members, he feels "everything that exists today is because of this group and finds value in the strategic conversations that may not be happening in the other groups." Finally, another member felt "the decision making by consensus and transparency of the team has grown a lot over the years and feels there is still room for improvement at the local level with counties and private agencies working together." Members volunteer their time and expertise to the important work of improving

outcomes for Ohio's children and families. ODJFS concurs that significant value and information is shared in this forum.

**STEP** - The Solutions through Empowerment and Partnership (STEP) team is internal to the OFC. Members represent a cross section of the office's program areas and are charged with implementing a model for technical assistance to county agencies through regional teams and addressing issues of organizational culture and climate that impact the office's ability to sustain innovation and adhere to its vision, mission and principles. Office-wide goals were established during a consensus workshop held in March of 2017. In 2019, the STEP refined these goals into a strategic plan with quarterly benchmarks to unify the agency and work teams around specific outcomes, create and maintain a communication process that is inclusive, mutual and predictable, and improve stakeholder engagement by delivering excellent customer experience to our public and private agency partners that is individualized to address specific needs and involves the best thinking and contributions of everyone involved.

**MORRPH** – In the spring of 2019 the CPS team developed and piloted a new method to gather and process stakeholder feedback in the rule review process called Microburst on Rule Review Process/Program Hearings (MORRPH). CPS staff hosted intense half-day timed sessions to discuss concerns and examine solutions within the Ohio Administrative Code. The sessions require attendees to dig deeper and think about how those solutions would then impact the families and children being served, SACWIS systems modifications, and the CAPMIS tool associated with that rule. After documenting and analyzing trends from the 14 sessions, the CPS shared the unaltered responses to the MORRPH participants for their own reference. CPS staff requested an extension from the Joint Committee on Agency Rule Review to allow additional time to engage partner agency PCSAO. PCSAO assisted with identifying recurring ideas, comments and suggestions, and outstanding questions. After the vetting process was complete, the OFC placed the rules back into clearance which resulted in only positive comments, demonstrating the efficacy of the new process. These rules will be final filed in 2020.

The information included below shows how this cultural shift has improved Ohio's alignment with federal priorities.

### **Families First Prevention Services Act**

Stakeholder engagement was critical to the planning for Family First. In the planning process, Ohio created Exploration and Design Regional Forums to gather insight, input and opportunities for success from families and agencies that work directly with families. Over the course of a two-week period, five Exploration and Design Regional Forums were held across the state in October 2018.

A member of the Leadership Advisory Committee, who is also a person with lived expertise in foster care, hosted a series of five youth focus groups to gain insight directly from youth who were currently in foster care. Several key questions were reframed to engage youth in a conversation around their thoughts and preferences related to the Qualified Residential Treatment Program requirements. This information was shared with the leadership committee and used to inform the decisions moving forward. Common themes included:

- Youth in crisis need to know how to access crisis services/clinical staff 24/7.
- Family engagement should be a priority. Family members should be a part of treatment.
- Behavior ‘level systems’ impact a youth’s recreational activities, school functions, visits with family, access to call family and caseworker, etc.
- Individualized treatment is needed – Youth should be involved in planning.
- The level of care assessment to focus on successful reintegration into society.
- Youth feel seeing family members would have been helpful and supportive. Youth reported many instances of “having to earn the right to see family members.”
- Youth in residential facilities can have a lack of access to share concerns about what is going on.

After hosting the youth focus groups, the information/recommendations were shared with the leadership committee and relevant workgroups to elevate youth voice in the discussions and planning. Overall, more than 200 stakeholders were involved in informing the implementation phase of the work.

***Family First Prevention Services Act Leadership Advisory Committee*** - The Family First Prevention Services Act Leadership Advisory Committee (Committee) became operational in November 2018. Ohio’s Family First Leadership Advisory Committee is comprised of public and private organizations, advocacy groups, and former youth and families with lived experience. Its purpose was to make recommendations to the ODJFS to guide the planning and implementation efforts necessary for the successful fulfillment of the requirements of the Family First Prevention Services Act (FFPSA). The Committee was comprised of voting members, including leadership from public children services agencies, private child and family services agencies, the ODJFS, the Ohio Department of Mental Health and Addiction Services, the Ohio Department of Medicaid, the Ohio Department of Developmental Disabilities, the Ohio Department of Health, the Ohio Department of Youth Services, the Ohio Family Care Association, the Ohio Job and Family Services Directors Association, the Public Children Services Association of Ohio, the Ohio Children’s Alliance, Ohio Family and Children First Council, the Supreme Court of Ohio, the Ohio Department of Education, parents, foster care alumni, and caregivers. In addition, non-voting resource members and subject matter experts joined the committee as needed to support and assist the committee in accomplishing its charge. These include partners with Casey Family Programs, the Ohio Children’s Trust Fund, ODJFS staff and other subject matter experts.

Through its charter, the Leadership Advisory Committee agreed upon the following Values and Ways of Work which emphasized and prioritized community input and voice:

1. The Committee is a collaborative entity.
2. Transparency is valued and expected.
3. The Committee values innovation and excellence.
4. The Committee should be action oriented to meet defined deliverables within defined timelines.
5. Members are expected to commit the time to review materials and attend meetings, arriving prepared to discuss the topics at hand and participate fully.
6. Members are expected to leverage other program expertise and successes.
7. Members are expected to adhere to the agenda, purpose and non-purpose of each meeting.

8. Members will remain solution focused when discussing issues/challenges and will offer up suggested solutions.
9. Members will honestly and openly reflect their agency's or membership's challenges.

The Leadership Advisory Committee was divided into three subcommittees; Prevention, Kinship/Adoption Navigator, and Qualified Residential Treatment Program (QRTP). The Qualified Residential Treatment Programs (QRTP) Subcommittee and the Prevention Services Subcommittee and workgroups worked to engage individuals in a statewide conversation around Family First with the goal of making recommendations to the leadership advisory committee. Each subcommittee was further divided into workgroups to assist in the development of specific recommendations about FFPSA implementation.

Some of the key accomplishments of the Leadership Advisory Committee include:

- Monthly meetings from November 2018 to February 2020 for a total of 13 leadership committee meetings or 65 hours.
- Of the 30 or so members approximately:
  - 25% were PCSAs,
  - 25% were State Agencies,
  - 20% were private agencies representatives,
  - More than 15% represented associations; and
  - More than 10% represented people with lived experience.
- Engagement of more than 60 youth currently in foster care in five youth focus groups led by a foster care alumna.
- ODJFS engaged 203 participants in the FFPSA work across the leadership committee, 3 subcommittees, and multiple workgroups.

Recognizing the importance of having strong buy-in from leadership at all state levels, Ohio convened an Executive Committee. The Committee worked with executive-level leadership from state agencies throughout the planning and implementation of FFPSA to ensure effective cross-departmental partnership and guidance. Led by the ODJFS Director, this committee was comprised of Cabinet Leadership with the goals of creating opportunities for collective impact solutions and joint ownership and identifying and assessing intersections between departments within Ohio's children's initiatives.

The overarching purpose of this Executive Committee extends beyond the FFPSA work and seeks to transform service delivery for children and families throughout Ohio. The Executive Committee continues to work closely with FFPSA leaders to:

1. Provide a high-level review of decisions and recommendations.
2. Contribute feedback and guidance for final recommendations and implementation.
3. Review barriers for both county and state level implementation.
4. Identify opportunities for cross-system education and collective impact initiatives.
5. Leverage respective connections, expertise, and resources to support the work.

Membership includes representatives from the following:

1. Ohio Department of Job and Family Services (ODJFS)
2. Ohio Department of Medicaid (ODM)
3. Ohio Department of Mental Health and Addictive Services (ODMHAS)
4. Ohio Department of Developmental Disabilities (DODD)
5. Ohio Department of Health (ODH)
6. Ohio Department of Education (ODE)
7. Ohio Department of Youth Services (DYS)
8. Governor's Office.

### **ProtectOHIO IV-E Waiver**

From October of 1997 to present, Ohio has operated a Title IV-E Waiver Demonstration project known as ProtectOHIO. This has allowed Public Children Services Agencies (PCSAs) to spend Title IV-E dollars (traditionally allocated for foster care) flexibly, with the goal of improving safety, permanency, and well-being outcomes for children and families. The participating PCSAs utilized two main interventions, Family Team Meeting (FTM) and Kinship Supports. Compared to matched children in comparison counties, children who received the FTM intervention experienced shorter case episodes and higher likelihood of reunification. In addition to the core interventions, participating counties had the option to spend flexible funds on other prevention and/or supportive services that strengthen and promote family capabilities, prevent placement, and promote permanency for children in out-of-home care.

With the enactment of the FFPSA, it was made evident that the Title IV-E Waiver Demonstration would not be extended beyond September 30, 2019. As a result, the OFC and the ProtectOHIO waiver counties have been intensely focused on sustainability and the transition of the effective waiver-driven interventions and services in each county.

Ultimately, the participating PCSAs have transformed their child welfare systems as a direct result of the waiver demonstration, perhaps best articulated by a PCSA administrator who described the shift he'd experienced, "Before the waiver, with traditional IV-E, the agency was heavy backdoor – group homes, placements, foster homes – and it's just been flipped. Now it's more service oriented... You keep the kids in the home which reduces the number of kids you have in placement. The waiver flexibility allows new things today that we wouldn't be able to do through traditional IV-E reimbursement."

The work of the waiver demonstration states has helped to pave the way for the prevention provisions within the FFPSA.

### **Children Services Transformation**

In November 2019 Governor Mike DeWine created, through Executive Order 2019-27D, the Children Services Transformation Advisory Council aimed at reviewing the state of Ohio's, care system and developing recommendations for improving the experience of children and families.



The Advisory Council was created to build on the historic investments included in the State Operating Budget providing more opportunities for families and children.

The Children Services Transformation Advisory Council was tasked with:

- Travelling the state to better understand local barriers and best practices.
- Promoting a shared state and county vision for agency purpose and practice.
- Reviewing data, trends, and policies regarding the current foster care system.
- Providing recommendations and strategies to strengthen all areas of the system, including kinship care, foster care, adoption, workforce, and prevention.

To best realize the Governor’s vision of “learning from those who have personally experienced the system,” and “work together to make Ohio a state that works for all families,” the Council hosted a series of regional listening forums (Click on link to seek further information on the regional forums). throughout the state. The initial schedule of seven locations was expanded to include major metropolitan areas accessible to older youth and young adults to better allow them an opportunity for comment. The Advisory Council also accepted testimony via electronic means. The Children Services Transformation Advisory Council includes a wide range of families, youth, and subject matter experts from across the state, and set a monthly meeting schedule. The Council released its initial recommendations in February 2020. As a result of the forums the Council identified seven core action areas that need to be addressed:

1. Prevention
2. Workforce
3. Practice
4. Kinship
5. Foster Care
6. Adoption
7. Justice System

Long-term system transformation efforts are important on the local, state, and federal levels. Ohio’s ongoing improvement efforts also include the following:

- Family First Prevention Services Act implementation planning.
- Tiered treatment foster care model development.
- Statewide foster and adoptive parent recruitment efforts.
- Strengthened continuum of care.

These efforts and the work of the Advisory Council will continue to promote outcomes that:

- Enhance children’s lives.
- Support those caring for children.
- Help caseworkers do their jobs efficiently and safely.
- Help communities support families and children.
- Prevent child abuse and neglect.

Final recommendations will be issued to Governor DeWine this year.

### **Ohio Kinship and Adoption Navigator Program (OhioKAN)**

ODJFS selected Kinnect as the vendor to plan and implement Ohio's kin and adoption navigator program. Stakeholder forums occurred from March to September 2019. Kinnect convened almost 90 Stakeholders to develop a program recommendation for ODJFS and presented the initial design in community town hall meetings throughout the state. In partnership with Ohio Department of Job & Family Services, Kinnect created a model that will meet the needs of Ohio's diverse kinship and adoptive caregivers and FFPSA requirements. Kinnect submitted their final program recommendation to ODJFS on September 30, 2019 and is currently working with ODJFS and other partners to implement the full framework throughout Ohio. The first phase of implementation and evaluation began in October 2019.

### **Ohio Youth Advisory Board (OYAB)**

ODJFS continues to provide financial support to promote integrating the voices of youth who have experienced foster care into local and state level decision-making through a grant with ACTIONOhio. Ohio Youth Advisory Board (OYAB) provides youth with 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. 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.

This grant is to support the state-level Ohio Youth Advisory Board in its work to:

- Cultivate skills and promote opportunities for current and former foster youth (Youth) to develop into leadership roles.
- Ensure Youth perspective is considered in the development of state-level policies and practices that affect Youth.
- Better understand and assess the ongoing needs of Ohio's youth.
- Offer Youth the opportunity to develop peer network opportunities.
- Support the establishment of county-level youth advisory boards.
- Respond to the needs of the Bridges Program.
- Assist in the implementation of the Family First Prevention Services Act by providing youth voice in decisions.

### **Citizen Review Panels (CRP)**

The Citizen Review Panels (CRP) are charged with evaluating the impact of current child services procedures and practices upon children and families in the community and providing public outreach. CRPs are required to evaluate the extent to which a state is adhering to its CAPTA state plan. This evaluation involves examining the policies, practices, and procedures of state child welfare agencies. CRPs then make recommendations via an annual report to the state child welfare

agency with the goal of improving the child protection system. Currently, ODJFS is in the process of providing our responses to the CRPs 2019 recommendations. These recommendations were made from the three original panels, which are: The Safety Panel located in Franklin County, The Permanency Panel located in Athens County, and the Well-Being Panel in Hamilton County.

In 2020, two additional panels were added, the Northwest Panel, which focuses on understanding how collaboration between child welfare agencies and other community agencies happens and how it is beneficial for children and families. The Northeast Ohio CRP examines pertinent information about children in care and how it's communicated between different placements and/or community agencies. The Southwest Panel is undertaking a two year project to review early educational outcomes for children who have experienced agency custody, The Central Ohio Panel will focus on understanding how Ohio supports kinship family placements and the Southeast Ohio Panel is completing a project to understand how children who have experienced a placement in a residential facility are able to report safety concerns or negative experiences while in congregate care. At the end of 2020, ODJFS will receive their formal CRP recommendations based on their research of these topics

### **Bridges, Adoption Assistance Connections to 21 (AAC) and Transitional Youth/Independent Living Programs**

ODJFS created the Bureau of Multi-Systems Services and Supports within OFC to align collaborative initiatives needed to support Ohio's implementation of the FFPSA, programs for transitional age youth and young adults, health care, and educational services. Sections within the Bureau include: Bridges and Adoption Assistance Connections to 21, Independent Living and Transition Age Youth, Inter-Systems Programming, and Medicaid Technical Assistance.

***Adoption Assistance Connections to 21 (AAC)*** provides on-going support to families who enter into a Title IV-E Adoption Assistance Agreement when adopting older youth (aged 16 or 17) from the child welfare system. This unique program, administered by ODJFS, is designed to provide the financial assistance needed for youth to successfully transition to adulthood. To date, more than 60 young adults and their families have benefitted from AAC, and new applications arrive weekly. In 2019, staff proposed and implemented the Adoption Assistance Connections - Special Services Subsidy (AAC-SSS) program to provide additional support to families and adopted young adults served through the Fostering Connections Act and HB 50. The program explicitly served those adopted young adults age eighteen to twenty-one who were not eligible for any of the following programs: Adoption Assistance (AA) Past Age Eighteen for Special Needs, Adoption Assistance Connections to Age Twenty-One (AAC), or Post Adoption Special Services Subsidy (PASSS) but who had adoptions finalized at the age of sixteen (16) or seventeen (17) from the custody of a Ohio PCSA. Funds were used for a variety of purposes to support the successful transition of the adopted young adult to increased self-sufficiency by the age of twenty-one. Services provided to the adopted young adult and adoptive family included financial support of the following Title IV-B or IV-E allowable expenses: shelter, education, medical and psychological services, transportation, and preventative family support services.

***Bridges*** provides individualized services and supports to young adults as they transition from foster care to independence. The program serves those who emancipate from custody of local child welfare agency up to the age of 21. Bridges launched in February 2018 and to date, more than

1,674 applications have been submitted with 1,560 young adults being approved in this nationally recognized program. Also, in 2019, Bridges expanded program enrollment to eligible young adults who emancipated from Ohio's IV-E Courts and the Ohio Department of Youth Services. The success of Bridges rests on the strength of collaborative efforts with many state and local partners, including: dedicated State Policy Developers, Public Children Services Agencies, local county Departments of Job and Family Services, OhioMeansJobs, regional Bridges offices operated by the Child and Family Health Collaborative of Ohio, local service providers, businesses, housing resources, and others. Due to COVID-19, Gov. DeWine issued an executive order that allowed young adults to remain in the program after age 21 for the duration of the emergency order. The Collaborative shared:

The flexibility offered by ODJFS to allow young people to remain in the Bridges program after they reached the age of 21 has created additional opportunities for approximately 40 young people to continue receiving vital financial and case management support during very difficult times. Many of the Bridges program Participants experienced the loss of employment due to being laid off, furloughed, and/or experiencing childcare issues. Others who were attending school were confronted with difficulties in completing their semesters, loss of college room and board and even navigating Summer or Fall semester enrollments. As the State continues to reopen, these Participants are being provided with assistance in figuring out their next steps whether it be returning to work or finding new employment to meet their needs, working to obtain unemployment, medical leave, maintaining contacts with other medical/mental specialists when appointments were disrupted; or working through other barriers so they can continue on their successful path toward independence once services can no longer be provided. These young people have also faced significant stress due to feelings of isolation and the Liaisons act as a source of support and have provided a myriad of resources to help them cope.

If not for the additional time, this vital support could not be offered, and our young people would potentially be left without support and guidance from Bridges. Because we have very routine contact with our Participants and their children (if applicable), we've been able to continually assess the health, safety and stability. We continue to share with them ways to stay safe as they venture out into their communities."

**Medicaid Technical Assistance** was launched in 2017 to ensure timely provision of needed medical services, equipment, and medication for adopted children and those in PCSA custody following the transition from a fee-for-service to a managed care delivery system. To do so effectively required collaboration among both internal partners (e.g., SACWIS, policy) and external entities (e.g., The Ohio Department of Medicaid, PCSAs, Title IV-E Courts, managed care plans, service providers). Of note during the reporting period, a major Medicaid managed care plan announced it would no longer provide coverage for foster and adoptive children in a 34-county region in central/southeast Ohio effective May 31. The Medicaid TA team, in concert with the SACWIS and Ohio Department of Medicaid teams, was able to provide monitoring and technical assistance to these counties in order to ensure coverage was transferred to alternate providers.

Following is a listing of their collaborative efforts and accomplishments:

- Identified and remedied system interface issues;
- Established a designated email box for county inquiries and answered over 1,900 questions to date;
- Developed an internal case tracking system by which to monitor and analyze county concerns;
- Provided individualized case guidance to ensure provision of needed specialized treatment by both in- and out-of-state providers;
- Assisted out-of-state providers in enrolling in Ohio's Medicaid Plan, thereby reducing PCSAs' costs of care;
- Reconciled approximately 21,350 double open billing numbers/spans and reduced ODM costs associated with duplicate per member/per month fees.
- Supported and ensured Medicaid coverage for new Bridges enrollees by researching existing coverage and following-up with the Bridges Team about the enrollees who need to update their case.
- Supported the PFOF by attending, presenting, and answering Medicaid questions at regional meetings.

### Ohio Children's Trust Fund

The Ohio Children's Trust Fund (OCTF) is Ohio's CBCAP state lead agency and is housed within the Ohio Department of Job and Family Services, Office of Families and Children. This allows for regular communication and collaboration between Ohio's CBCAP state lead agency and the state's child welfare agency. For example, the Executive Director of OCTF is a member of OFC's senior leadership team and was invited to participate in OFC's senior leadership planning meetings for the development of the 2020-2024 CFSP, at which time OCTF offered input into areas of alignment between primary, secondary, and tertiary prevention services. Specifically, the Trust Fund offered input into Goal 3 of the CFSP: *Reduce the need for foster care for children at risk of removal/prevention of foster care.*

During the federal state team planning meeting in April of 2019, OCTF met with other members of the state planning team, including the state's child welfare agency and court representatives, to collaborate around the development of a Prevention Vision for Ohio. The Prevention Vision for Ohio, that was established during this meeting, and has been incorporated into Ohio's 2020-2024 CFSP is, "An integrated system of care where families and children thrive."

FFY 2019 was a transition year, during which OCTF continued its work related to the strategies set forth in the 2015-2019 CFSP while also participating in the state team planning efforts, identifying strategies for incorporation into the 2020-2024 CFSP. During FFY 2019, the OCTF provided ongoing support to ODJFS' Office of Families and Children for the Integration of Prevention Efforts within Ohio's Child and Family Services Plan goals. The OCTF actively contributed to the development of Ohio's 2020-2024 CFSP, attending a series of planning meetings to identify CFSP strategies as well as opportunities for each area of OFC to contribute to the overall five-year plan.

Additionally, the Trust Fund has been serving as a subject matter expert on Ohio's FFSPA Leadership Committee, which meets monthly to discuss and plan for the implementation of FFSPA

in Ohio. OCTF staff are serving on the Prevention Services Subcommittee, which is tasked with presenting recommendations to the larger group about how to implement the prevention services requirements of the Family First legislation. The Trust Fund served as co-chair for the In-Home Parenting Skills Based Services work group, which was one of three workgroups that were formed from the prevention subcommittee. This workgroup was tasked with reviewing and recommending evidence-based programs that provide in-home parenting skills and have evidence for the prevention child abuse and neglect.

### **The Ohio Commission on Fatherhood**

The Ohio Commission on Fatherhood (Commission) Bipartisan Commission is comprised of 20 Commissioners representing various branches of government and state departments, including two Senators (Democrat and Republican), four State Representatives (two of the four must be from legislative districts that include a county or part of a county that is among the 1/3 of counties in the state with the highest number per capita of households headed by females), a Designee from the Governor's Office, a Representative from the Ohio Supreme Court and five members from the public appointed by the Governor.

The Commission is housed within ODJFS, which ensures regular and meaningful collaboration amongst all divisions. This structure also makes it very seamless when assisting fathers and families with case concerns or questions. The Commission updated the *Best Practice Guide for Engaging Fathers: A Toolkit for Children Services Staff* in May 2019, and OFC continues to promote its use amongst children services workers. The toolkit brings awareness to the important role fathers play in the lives of their children. During development of the CFSR/PIP, OFC engaged the Commission with the goal of establishing and/or expanding Family Team Meetings practices to include fathers. OFC continues to explore practical applications for fatherhood programs such as Brothers United, which received Healthy Marriage Responsible Fatherhood grant funding from HHS/ACF Office of Family Assistance. The goal is to continue to connect these programs at the local level to learn how these types of programs can be a better resource to various systems. Lastly, the Commission regularly hosts public forums and other forms of outreach, including fatherhood/child support presentations and re-entry fairs in state prisons.

Governor DeWine recognized June as Responsible Fatherhood Month, and the Commission established mini grants for father/child events. They also participate in family-focused committees including: Recovery Ohio/Recovery Supports, Ohio Collaborative to Prevent Infant Mortality, Ohio Department of Rehabilitation and Correction's Family Engagement Advisory Council, and The Ohio State University's Statewide Family Engagement Advisory Council. A key initiative or goal of the Commission is to conduct practitioner training, which includes children services professionals. Also, it will host the State Fatherhood Summit (every four years by statute), scheduled for Sept. 2-3, 2020, which contains a breakout session on Fatherhood and Children Services. The Commission also trains grantees in domestic violence recognition and prevention, fatherhood curricula, child support policy and processes and data collection. During 2019, the Commission developed and provided guidance on the following policy and procedure recommendations:

- House Bill 366 –Child Support Guidelines Bill

- Home Visiting Rules in Maternal, Child and Family Health –Changed to include fathers and families in home visiting services
- Mandatory Father Inclusion and Engagement on Children Services Case Plans (Father Engagement Toolkit for Children Services Workers)

The Commission has designated State Fiscal Years 2020-2021 funding for regional grantee programs that provide services to low income fathers and families to include parenting classes, co-parenting/healthy relationship skills and economic stability services (job readiness, employment and job retention). The Commission funds the Dads2B program which is an early intervention strategy for expectant and new fathers with a focus on breastfeeding, ABC's of safe sleep, safe birth spacing, and smoking cessation. Another program funded in SFY 20/21 is No Kidding Ohio, a teen pregnancy prevention and young parent workforce project for middle schools in suburban and rural Ohio, with an additional project location scheduled to begin in Cleveland this coming school year. For more information about the Ohio Commission on Fatherhood please visit [www.fatherhood.ohio.gov](http://www.fatherhood.ohio.gov).

### Intersystem Collaboration

As evidenced by the multitude of programs previously mentioned, OFC prioritizes service to families and children and mirrors collaboration within our office with other state agencies. While not an exhaustive list, other examples of collaborative work with our executive agency partners include:

- ***Promotion of Trauma Informed Care*** has been a targeted joint initiative of the Office of Families and Children, the Institute for Human Services, and the Ohio Department of Mental Health and Addiction Services (OhioMHAS) over the past several years. Currently, researchers from Rutgers University are also conducting multi-state analyses of trauma-informed care implementation efforts and have selected Ohio as one of the project study sites. Trauma informed care training will also be a focus of efforts tied to Family First Prevention preparedness efforts.
- ***Multi-System Youth*** - In October 2019, as part of the biennium budget, Governor DeWine announced new programs to prevent custody relinquishment for the purposes of treatment and to modernize systems of care for multi-system youth in Ohio. The first of these programs is a joint development between the Ohio Department of Medicaid and the Ohio Department of Job and Family Services to provide financial support to youth involved in multiple services and systems at risk of custody relinquishment for the sole purpose of treatment cost assistance or those youth returning home in need of additional services to successfully transition back into their home. Through the family's local Ohio Family and Children First Council, financial aid can be applied for to assist with these costs. The Multi-System Youth Technical Assistance and Application Review Team was created and is comprised of representation from ODM, ODJFS, ODYS, DODD, OFCF, OhioMHAS, and the Governor's Office. The team has reviewed approximately 287 applications and authorized funding for 197 youth for placement in Children's Residential Centers to obtain necessary treatment without custody relinquishment or provided with funding for in-home



supportive services. The team has provided technical assistance for an additional 41 cases. In total, more than \$4.6 million in funding for 64 counties has been authorized.

The second program allots is \$20 million in funding to go to county PCSAs to assist with costs for children who require assistance from multiple systems and custody has already relinquished or at risk for relinquishment. These dollars will be provided in 2020 to all PCSAs.

Finally, the Ohio Family and Children First Council worked with all state agencies, community partners, and parents to develop an action plan to reduce custody relinquishments and better serve Ohio's children. The Action Plan Committee and its six workgroups concluded with written recommendations for legislation on December 31, 2019.

***The Independent Living and Transition Age Youth Regional Meetings*** were facilitated by the MSSS Independent Living team in all five regions of the state in the Fall of 2019. More than 41 County agencies and 51 private agencies were in attendance. Topics included:

- Introduction to the new bureau of Multi Systems Services and Supports
- Credit Report Mandate
- National Youth in Transition Database
- New SACWIS KB article "Recording Campus Placement"
- Using Independent Living Funding to assist Bridges Participants
- Foster Youth to Independence (FYI) Housing Initiative
- The Personal Responsibility and Education Program Updates (PREP)
- Post Emancipation Services including Young Adult Services, Bridges and Adoption Assistance to 21
- Cross System Collaboration with Ohio Department of Developmental Disabilities
- Listening Session on Service Gaps in each region

## **Collaboration with State Courts, members of the legal and judicial community, Court Improvement Program**

### **Children's Justice Act**

Ohio continues to place special emphasis on coordinating the activities of its various federal and state initiatives, including the CFSR, CFSP, APSR, PIP, and CIP, to ensure that efforts align as pieces of a systemic whole. This is achieved through the institutionalization of communication among programs and by ensuring joint participation in various program planning and work groups. In 2019, OFC's Deputy Director served as co-chair of the CJA Task Force and a member of the Advisory Committee on Children and Families. As the Deputy Director position at OFC is currently vacant, and in recognition of the importance of this partnership, ODJFS Assistant Director is serving in this role.



The CJA Task Force also serves as the Court Improvement Program (CIP) Task Force. Ohio's CJA Coordinator is a senior manager in Ohio's state-level child welfare office, ODJFS' Office of Families and Children. The CJA and CIP Coordinator and CIP Director/Manager of Supreme Court of Ohio's (SCO) Children and Families Section communicate on an ongoing basis to ensure coordination of efforts. Additionally, the CJA Coordinator attends a monthly SCO-sponsored Family Law Team meeting. This meeting draws from the various organizational areas of SCO that touch upon the families and children who appear before Ohio's courts. This includes the Ohio Judicial College, Caseflow Management, Dispute Resolution, Domestic Violence, Specialized Dockets, and Families and Children areas, as well as other areas upon request. CJA and CIP participated in Round 3 of the CFSR and drafting the PIP and CFSP. Consequently, CJA activities have been aligned with the PIP and CFSP.

## **Court and Legal Representation Improvement**

CIP and CJA established the CFSR/Quality Hearing Workgroup as a direct result of the feedback received from the CFSR and the root cause analysis process. The goal of this continuing project, after assessing the quality of dependency court practice, is to finalize Court Report and Bench Guide tools to continue to improve hearing quality and assist judicial officers with obtaining the information needed to make all required findings. In addition, the Task Force commenced a new Family First Prevention Services Act QRTP Court Oversight workgroup to help judicial officers understand court requirements related thereto. The Task Force also plans to create a new workgroup in the coming year to improve access to quality legal representation statewide to help properly serve children and families in need of government intervention.

## **Family First – QRTP Court Oversight Workgroup**

CJA Task Force members served in 2019 as members of the QRTP Court Oversight workgroup. One of this group's recommendation was to create a Task Force-specific workgroup to review the court's role in QRTP placements. This Task Force-specific FFPSA QRTP Court Oversight workgroup conducted its first meeting on February 5, 2020.

## **Office of Children Services Transformation**

In 2019, Governor DeWine created the Office of Children Services Transformation and appointed council members to serve as advisors to the office. Both the state CIP Director and the CJA Task force co-chair serve as members of the advisory council. The council was established to evaluate and recommend needed foster care reforms; strengthen children services practices; and prioritize the safety, permanency, and well-being of Ohio's children and families. The council's charge is to:

- Advise the Office of Children Services Transformation and other ODJFS officials on statewide issues related to children and families who are involved with the child protection and foster care system.
- Promote a shared state and county vision for agency purpose and practice.
- Create a statewide practice model that provides a consistent framework for developing goals, strategies, and action steps for all planning and performance improvement efforts.

- Develop strategies and recommendations to strengthen all areas of the system, to include the following key priorities: kinship care, foster care, adoption, practice, workforce, and prevention.
- Review data, trends, policies, challenges, and system improvement opportunities that will inform advocacy and decision-making to strengthen the entire continuum of care for children, families, and caregivers involved with the children services system.

## Ohio Commission on Fatherhood

Ohio's CJA Coordinator connected the SCO with the Ohio Commission on Fatherhood (OCF). Together they collaborated on how to best bring an engaging father training to family treatment court teams across the state. OCF informed SCO about the Commission's role in supporting communities to help with their local fatherhood initiatives. OCF connected SCO with the Ohio Practitioner's Network for Fathers and Families who will provide trainings for SCO the end of June. Latonya has been invited to attend the Commission meetings and continues to work with the Director of (OCF) to support one another's work to help improve outcomes for Ohio families.

## CFSR, PIP and the Court

Ohio's CFSR PIP was approved on July 1, 2019 by the HHS, Children's Bureau. The PIP was developed in collaboration with fifteen PCSAs who were part of Ohio's Round 3 CFSR on-site case reviews and interviews, IV-E Courts, the Supreme Court of Ohio Court Improvement Program, CJA task force, sister agencies, the Public Children Services Association of Ohio (PCSAO), and other stakeholders. The PIP is divided into two component parts; Practice Improvement Strategies and Case Record Reviews/ Case Participant Interviews. Ohio's first Semi-Annual PIP Progress report, collaboratively drafted with PCSAs, CJA and CIP, was submitted to HHS on February 14, 2020. In April, Ohio facilitated four meetings with HHS and stakeholders to review PIP implementation progress and timelines. Case record reviews and case participant interviews were scheduled to commence on June 1, 2020 and conclude on May 31, 2021. However, due to the pandemic, a request to delay this component was submitted to HHS.

CJA and CIP are specifically responsible for the following PIP goal and strategies:

### **Goal 4: Ensure that children achieve permanency in a timely manner.**

- **Strategy 2:** Work with 2 counties to implement targeted strategies, based upon statewide findings and areas identified by each county, to reduce court delays throughout the child welfare court case process from shelter care through Termination of Parental Rights. The targeted strategies will combine trainings and formal court processes created in collaboration with the public children services agency and other stakeholders.
- **Strategy 3:** Based upon research into the effects of bench cards and training on bench cards, bench guide and a court report will be created that can be utilized to increase best practices at hearings.

### ***Quality Hearing Project***

The task force has aligned the Quality Hearing Project work to address these PIP strategies. The Quality Hearing Project began as a direct result of feedback received from the CFSR process to explore current practice in statewide abuse, neglect, and dependency cases and identify strengths and opportunities for improvement. Through a partnership with CIP and CJA, the CIP Coordinator contracted with Dr. Alicia Summers to conduct a review of shelter care and permanency/annual review recorded hearings, for the same case, if possible, and evaluate them based on a structured court observation tool. The 12 participating sites were asked to submit between 10 and 30 recordings; 341 total hearings were reviewed. Each participating site received a county-specific *Summary of Findings* describing current AND practice in these hearings. A workgroup was selected and convened on March 6, 2019, to attend Dr. Summers' presentation of Ohio statewide data.

Following the presentation, the workgroup's first task was to draft a Court Report to be used as an enhancement to testimony provided during annual review hearings or at the court's discretion or request for other hearings. The goal was to create a Report to provide the judicial officer with the information needed to make all required findings in one place, and to help increase parental engagement during the court hearings. Keeping this in mind, the workgroup also worked to limit the amount of required new information from caseworkers. The final draft of the Court Report includes entirely self-generated information from existing SACWIS documents except for one new, short narrative section focusing on the agency's reasonable efforts. The group's next work product was an accompanying Bench Guide to mirror the Court Report; the Bench Guide includes meaningful questions to help prompt the hearing to get the judicial officer needed information to make required findings. The workgroup created both a long and short version of this Bench Guide. Presently, the final draft of the Court Report is being reviewed by additional stakeholders. Once a final Court Report is approved and the Bench Guides are updated as needed, the workgroup's next steps will be developing and implementing a training plan.

Franklin County Domestic Relations and Juvenile Court and Summit County Juvenile Court were selected to implement and test targeted strategies to reduce court delays throughout the child welfare court case process. In general, each court improved their notice process by refining procedures and using technology such as text, as well as increasing training and technical assistance to court staff, counsel and child welfare staff. Both court's strategies can read in greater detail within the CJA Annual report.

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

### Assessment of Current Performance

The Goals and Objectives established for the *2020-2024 Child and Family Services Plan* (CFSP) were based on an assessment of performance of the seven Child and Family Services Review (CFSR) child and family outcomes and the seven CFSR systemic factors. Data sources used to conduct the assessment of performance included:

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

### Safety Outcomes

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

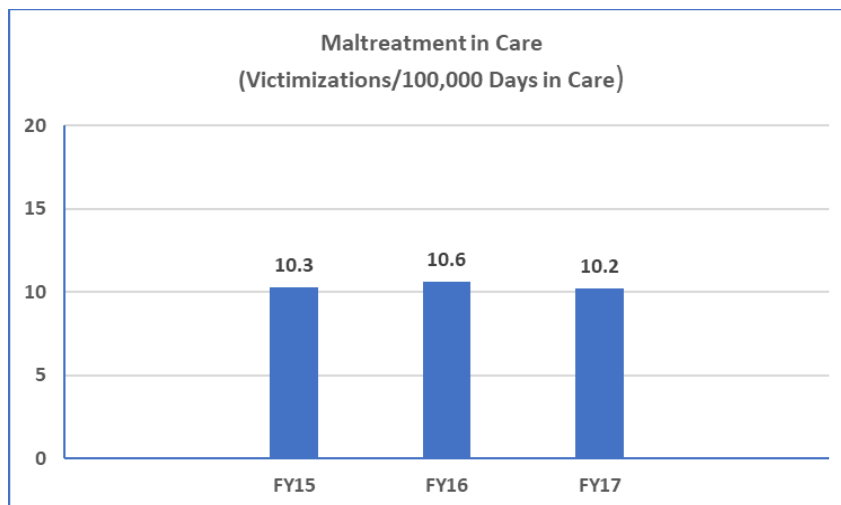
This outcome is comprised of two data indicators and one case-review safety item measure. The data indicators include: (1) Maltreatment in Foster Care and (2) Recurrence of Maltreatment. The safety item measure includes: (1) Timeliness of Investigations. A performance assessment of the data indicators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

#### *Safety Data Indicator 1*

Data Indicator		Definition
S1	Maltreatment in Foster Care	Of all children in foster care during a 12-month period, what is the rate of victimization per 100,000 days of foster care?

### Examination of State Safety Data Indicator 1

Ohio continues to struggle with achieving the National Performance Standard of 9.67 or lower as evidenced below.<sup>1</sup>



Ohio's Risk Standardized Performance was statistically worse than the national performance for all three observation periods. Further examination of FY17 data revealed there were 1, 636,703 children between the ages of 11-16 in care. This age group had the highest victimization rate when compared to other age groupings at 13.8. The highest rate of victimizations occurred in institutional settings where the rate of victimizations per 100,000 days in care was 18.20 for the rolling 12-month period of October 2018-September 2019.

Over the last year, the Continuous Quality Improvement (CQI) Data Subcommittee reviewed all case records of children who were reported to have experienced maltreatment in foster care to ensure that the incident date was accurately recorded in SACWIS. It was previously found that data entry errors related to this was causing the state's rate of maltreatment in foster care to be inflated. When errors were found, the county was contacted and asked to request corrections through the SACWIS Help Desk. OFC will continue to examine records for other causal factors.

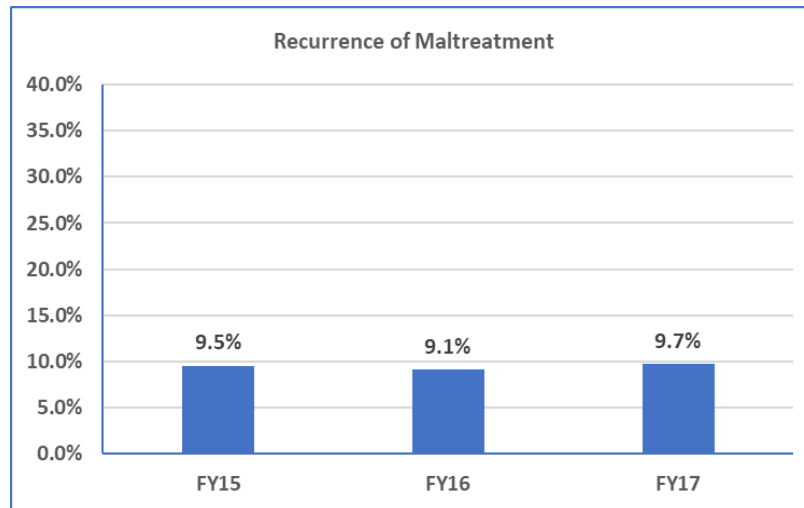
### ***Safety Data Indicator 2***

Data Indicator		Definition
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?

<sup>1</sup> Children's Bureau. *Ohio Child and Family Services Review (CFSR 3) Data Profile*. February 2020.

### Examination of State Safety Data Indicator 2

Prior to FY17, Ohio's observed performance was at 9.5% and below thus meeting the National Performance Standard. A significant level of improvement was evident in Observed Performance for FY16. However, during FY17 there was an increase in the percent of recurrence of maltreatment to 9.7%. The Risk Standardized Performance for FY17 was reported at 12.6% which is statistically worse than the national Performance Standard of 9.5% and below. The graph below presents data on recurrence of maltreatment over 3 observation periods.<sup>2</sup>



Further examination of recurrence data over the three time periods by age of child at initial victimization does not show any consistent trends by age groupings across the observation periods. The CQI data subcommittee has begun an aggregate analysis of traits of children who experienced recurrence of maltreatment to attempt to identify patterns and assess possible interventions. This work is still in its early stages.

There is one safety item measure contained in Safety Outcome 1. The following table lists the item and the evaluation criteria.

Item		Evaluation Criteria
1	<b>Timeliness of Initiating Investigations of Reports of Child Maltreatment</b>	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 CFSR Round 3 Results

During Round 3 of the CFSR there were 89 applicable cases for review of Item 1. Of the cases reviewed, 56 percent were rated as a Strength. Results of an analysis of CFSR data indicated that

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<sup>2</sup> Children's Bureau. *Ohio Child and Family Services Review (CFSR 3) Data Profile*. February 2020.

6 of 15 CFSR counties-initiated investigations in a timely manner, while the remaining nine counties did not. A survey of caseworkers, supervisors, and administrators in the 15 CFSR counties reported that inability to meet initiation timelines was primarily due to difficulty locating the family and/or all the children and time-management issues (due to caseloads). Comments suggested there were times when the number of reports requiring response exceeded the capacity of staff to respond in a timely manner.

In response to the findings of the review, the following Goal and Strategies were included in the CFSR. PIP:

- Goal 1:** Provide enhanced support to assist the workforce to effectively identify and address safety and risk issues, identify needed services, and ensure children's safety and well-being timely.
- Strategy 1:** Improve the percentage of timely intake initiations and timely initial face-to-face contacts with alleged child victims and child subjects of reports in accordance with Ohio policy.
- Strategy 2:** Develop a cohort of expert practitioners to partner in ongoing solution focused efforts of skill building and continuous quality improvement of engagement assessment, and service delivery.
- Strategy 3:** Subject matter experts from OFC will provide ongoing consultation/collaboration with each CFSR county on their individual strengths and needs in instituting a joint continuous quality improvement process.

#### Examination of Statewide Data

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

- For intakes received in **Calendar Year 2017** and screened in for Traditional Response (TR) investigation, 40,678 of 45,166 (**90.1%**) were initiated in accordance with rule requirements. Of assessments screened in for Alternative Response (AR), 37,455 of 40,605 (**92.2%**) were initiated in accordance with rule requirements.
- For intakes received in **Calendar Year 2018** and screened in for TR investigation, 41,817 of 47,082 (**88.8%**) were initiated in accordance with rule requirements. Of assessments screened in for AR, 38,030 of 41,098 (**92.5%**) were initiated in accordance with rule requirements.
- For intakes received in **Calendar Year 2019** and screened in for TR investigation, 43,226 of 48,480 (**89.2%**) were initiated in accordance with rule requirements. Of assessments screened in for AR, 37,570 of 40,459 (**92.9%**) were initiated in accordance with rule requirements.
- For intakes received in **Calendar Year 2017** and screened in for TR investigation, the alleged child victim had an attempted or completed visit in the first four days on 35,720 of 45,166 (**79.1%**) reports. Of assessments screened in for AR, the child subject of report had an attempted or completed visit in the first four days after report receipt on 32,108 of 40,605 (**79.1%**) of reports.
- For intakes received in **Calendar Year 2018** and screened in for TR investigation, the alleged child victim had an attempted or completed visit in the first four days after report receipt on 38,565 of 47,082 (**81.9%**) reports. Of assessments screened in for AR, the child

subject of the report had an attempted or completed visit in the first four days after report receipt on 32,936 of 41,098 (80.1%) reports.

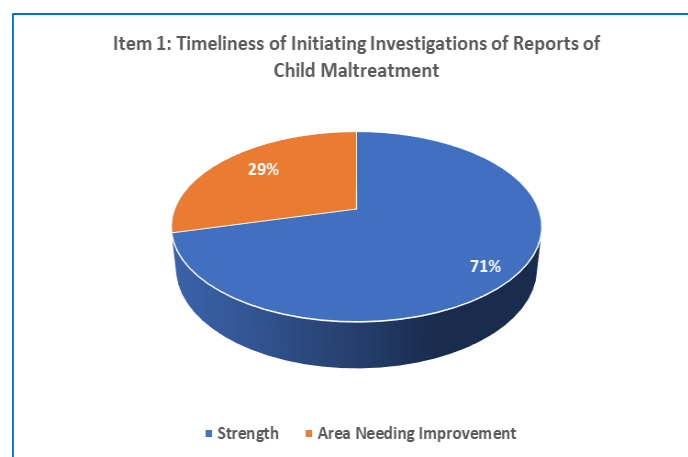
- For intakes received in **Calendar Year 2019** and screened in for TR investigation, the alleged child victim had an attempted or completed visit in the first four days after report receipt on 41,290 of 48,480 (85.2%) reports. Of assessments screened in for AR, the child subject of the report had an attempted or completed visit in the first four days after report receipt on 33,284 of 40,459 (82.27%) reports.

Examination of the data revealed that in Calendar Year 2018 there were 4,409 more reports screened in for investigation/assessment. There was a slight drop in compliance with initiation timeframes for cases assigned to the TR Pathway while cases assigned to the AR Pathway had approximately the same level of timeliness response in Calendar Year 2017 and Calendar Year 2018. In Calendar Year 2019, there was an increase in reports assigned to the TR Pathway and a decrease in reports assigned to the AR Pathway. There was a small increase in compliance with intake initiation requirements for both pathways.

A critical factor to ensure safety of the child is to have face-to-face contact with the child within established timeframes. While there was an increase in the number of reports screened in for investigation/assessment in Calendar Year 2018, caseworkers had attempted or completed their visit with the child within the first four days after report receipt at a higher level of compliance than during Calendar Year 2017. Agencies are working to make improvements in timely face-to-face contact with Alleged Child Victims and Child Subjects of Reports. The percentages of attempted or completed face-to-face visits increased for both pathways in Calendar Year 2019.

### Examination of County CPOE Monitoring Results

Item 1 was evaluated during CPOE Stage 11 using the CFSR case review tool. CPOE Stage 11 results indicated that Item 1 was applicable in 331 of the 847 PCSA cases reviewed. As depicted below, of the 331 applicable cases reviewed, 71 percent of the cases (235 cases) were rated as a Strength, and 29 percent of the cases (96 cases) were rated as an Area Needing Improvement.

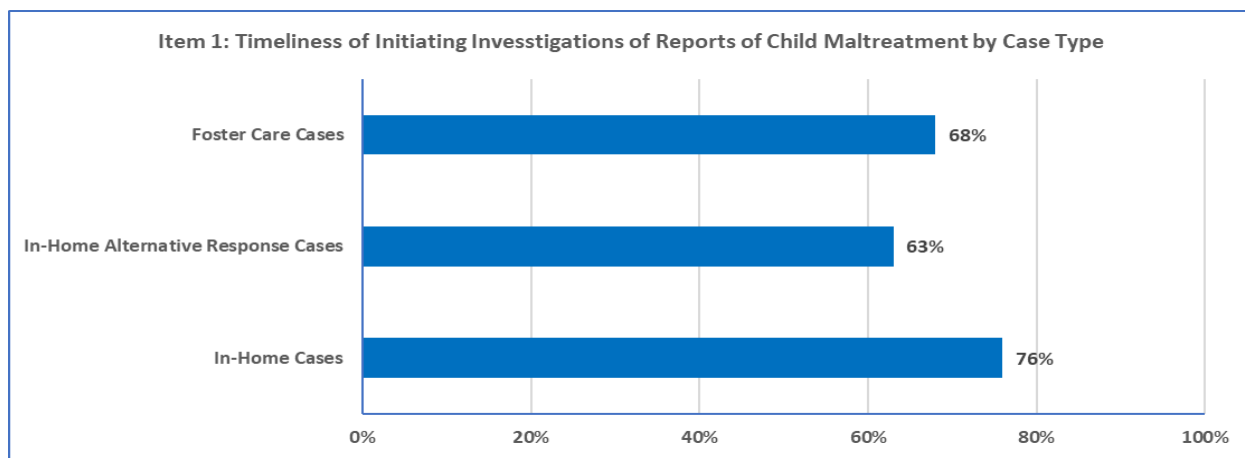


It should be noted that of the 73 Public Children Services Agencies (PCSA) reviewed, 28 PCSAs achieved 100 percent compliance with Item 1. However, for some PCSAs their inability to achieve



the federal performance level may have been attributable to a high level of reports received and high turnovers of staff in their intake unit(s).

Further examination of In-Home cases, In-Home DR/AR cases and Foster Care cases revealed that 76 percent of In-home cases (127 cases) were rated as a Strength, 63 percent of In-Home AR/DR cases (28 cases) were rated as a Strength, and 68 percent of Foster Care cases (60 cases) were rated as a Strength. This information is depicted in the following graph.



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

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

### ***Conclusions***

In the upcoming year, statewide data will be examined to determine the impact of COVID-19 and the Stay at Home Order on achieving Safety Outcome 1. (Refer to the Disaster Plan on guidance provided to agencies).

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

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

### ***Safety Item Measures***

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

Items		Evaluation Criteria
2	<b>Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care</b>	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.
3	<b>Risk assessment and management</b>	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.

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

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

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

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

In response to the findings of the review, the following Goal and Strategies were included in the CFSR. PIP:

**Goal 1:** Provide enhanced support to assist the workforce to effectively identify and address safety and risk issues, identify needed services, and ensure children's safety and well-being timely.

**Strategy 2:** Develop a cohort of expert practitioners to partner in ongoing solution focused

efforts of skill building and continuous quality improvement of engagement assessment, and service delivery.

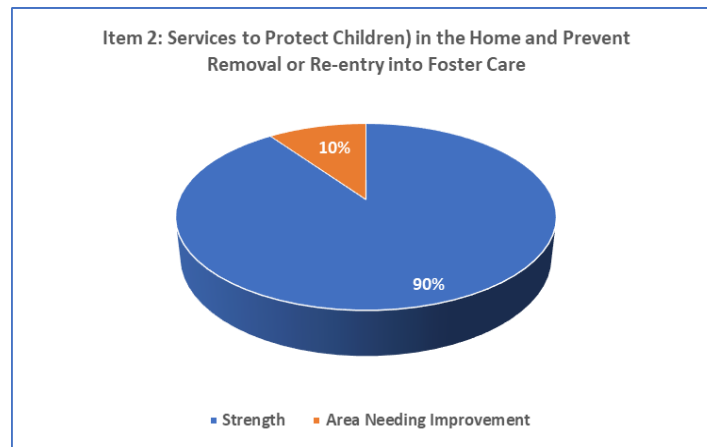
**Strategy 3:** Subject matter experts from OFC will provide ongoing consultation/collaboration with each CFSR county on their individual strengths and needs in instituting a joint continuous quality improvement process.

**Strategy 4:** Establish and provide a common foundation for effective assessment and service delivery.

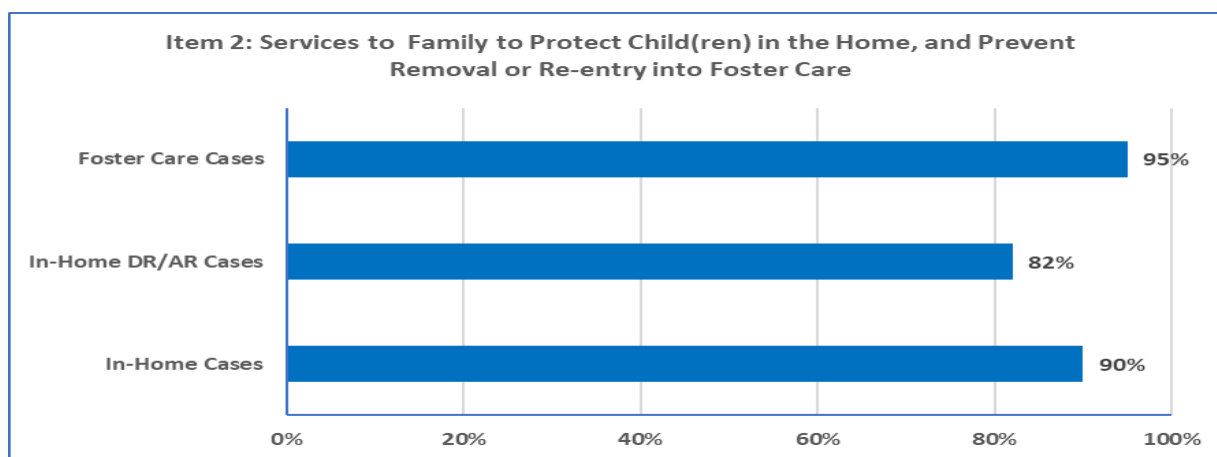
### Examination of County CPOE Monitoring for Safety Outcome 2

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

Results from CPOE Stage 11 indicated there were 336 applicable PCSA cases for review. As depicted below, of the 336 applicable cases reviewed, 90 percent of the cases (301 cases) were rated as a Strength and 10 percent (35 cases) were rated as an Area Needing Improvement. Forty-five PCSAs achieved 100 percent compliance for Item 2. The following graph depicts these results.



Further examination of In-Home cases, In-Home DR/AR cases and Foster Care cases revealed that 90 percent of In-Home cases (176 cases) were rated as a Strength; 82 percent of In-Home DR/AR cases (46 cases) were rated as a Strength; and 95 percent of Foster Care cases (79 cases) were rated as a Strength. The following graphic depicts the results for review of Item 2 by case type.



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

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

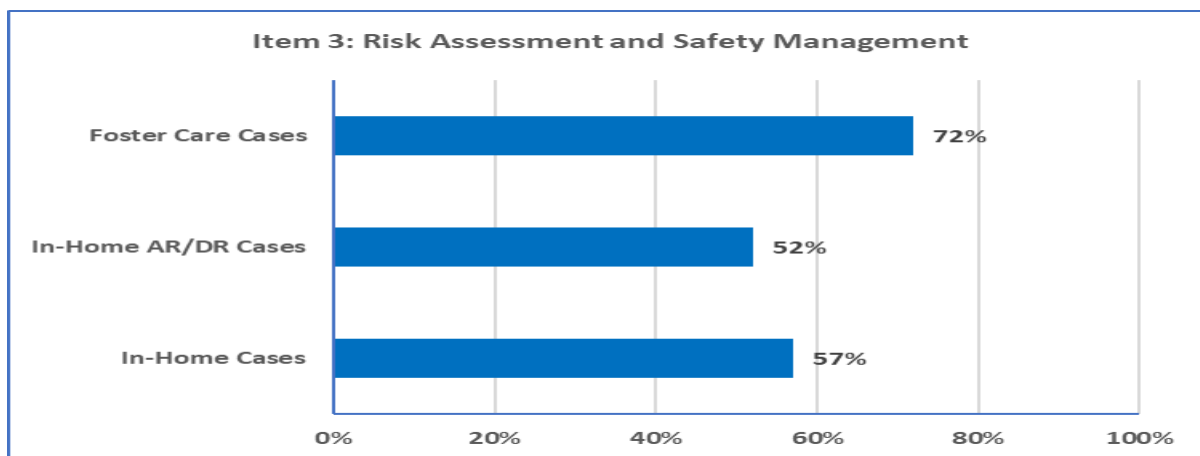
### ***Item 3: Risk assessment and safety management***

During CPOE Stage 11 there were 847 applicable PCSA cases reviewed. As depicted below, of the 847 cases, 62 percent were rated as a Strength (525 cases) and 38 percent (322 cases) were rated as an Area Needing Improvement.



Five counties, during CPOE Stage 11, achieved 100 percent compliance with this Item.

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

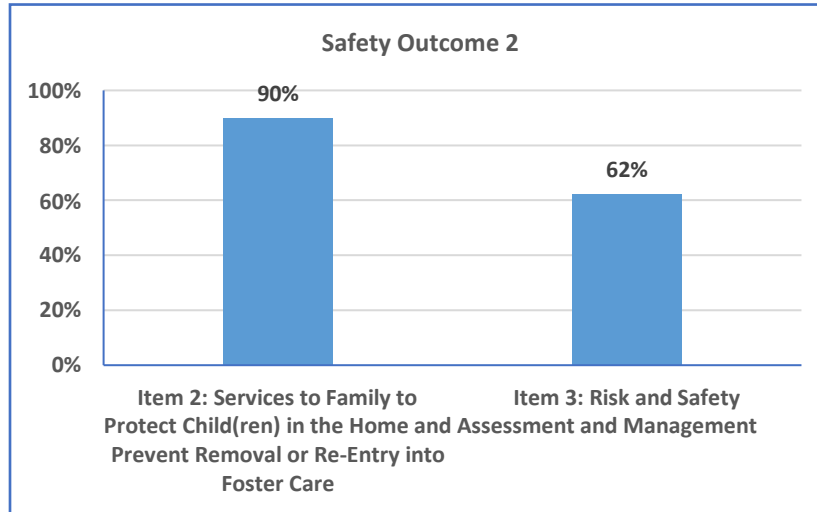


PCSAs where all cases reviewed for this item were rated as a Strength had the following effective practices in place:

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

## Conclusions

Two items were evaluated during CPOE Stage 11 case reviews to examine compliance with Safety Outcome 2. Results from CPOE Stage 11 indicated that Item 2 did not achieve the 95 percent level of compliance and Item 3 also fell below the compliance level as evidenced below.



In the upcoming year, statewide data will be examined to determine the impact of COVID-19 and the Stay at Home Order on achieving Safety Outcome 2. (Refer to the Disaster Plan on guidance provided to agencies).

## PERMANENCY OUTCOMES

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

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

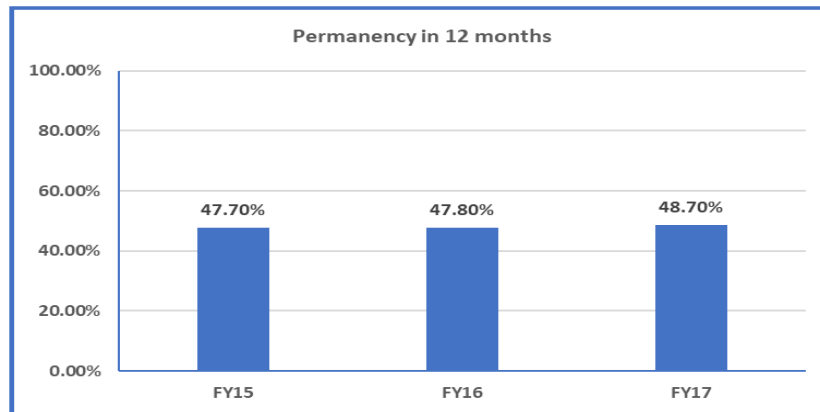
PERMANENCY OUTCOMES		
<b>P1</b>	<b>Permanency in 12 Months for Children Entering Foster Care</b>	Of all children who enter foster care in a 12-month period, what percent discharged to permanency within 12 months of entering foster care?
<b>P2</b>	<b>Permanency in 12 Months for Children in Foster</b>	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?

PERMANENCY OUTCOMES		
	<b>Care 12 to 23 Months</b>	
<b>P3</b>	<b>Permanency in 12 Months for Children in Foster Care 24 Months +</b>	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?
<b>P4</b>	<b>Re-entry to Foster Care in 12 Months</b>	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?
<b>P5</b>	<b>Placement Stability</b>	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?

## *Permanency Data Indicators*

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

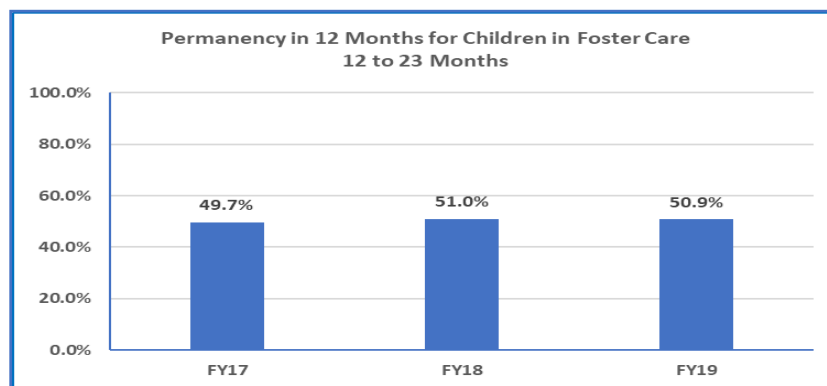
Over the past three observation periods, Ohio has exceeded the National Performance of 42.7 percent for *Permanency in 12 Months for Children Entering Care* as depicted in the graph below. Ohio's Risk Standardized Performance over this same time period has been statistically better than the national performance.<sup>3</sup>



Ohio's greatest challenge has been to achieve timely permanency within 12 months for children age 17 at entry in foster care. Through such programs as 30 Days to Family, Youth Centered Permanency Roundtables and Wendy's Wonderful Kids there has been a gradual improvement in achieving permanency for this age group.

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

In the last three observation periods Ohio has achieved the National Performance of 45.9% and above. Additionally, during the last three observation periods, there has been an improvement in observed performance in achieving permanency in 12 months for children in foster care 12 to 23 months. The following graph reflects these results.<sup>4</sup>



<sup>3</sup> Children's Bureau. *Ohio Child and Family Services Review (CFSR 3) Data Profile*. February 2020.

<sup>4</sup> Children's Bureau. *Ohio Child and Family Services Review (CFSR 3) Data Profile*. February 2020.

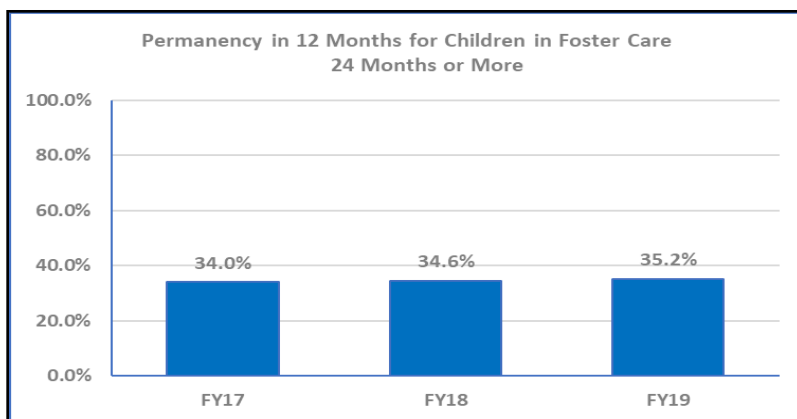


It should be noted that Ohio's Risk Standardized Performance has been statistically better than the national performance. As with achieving permanency within 12 months, Ohio needs to work on achieving permanency in 12 months for children age 17 years in foster care 12 to 23 months.

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

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

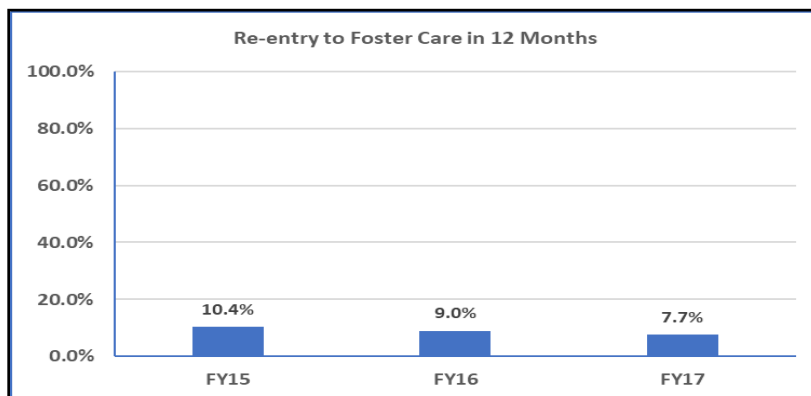
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The National Performance is 31.8% and above and Ohio is above the National Performance. Additionally, Ohio's Risk Standardized Performance is statistically no different than the National Performance.

### Re-Entry to Foster Care

When examining observed performance over the past three observation periods there has been a decline in the number of children re-entering foster care. In the last observation period, there was a decline which signified Ohio had been able to achieve the National Performance of 8.1% or below. The following graph depicts the trend in performance for this indicator.<sup>6</sup>



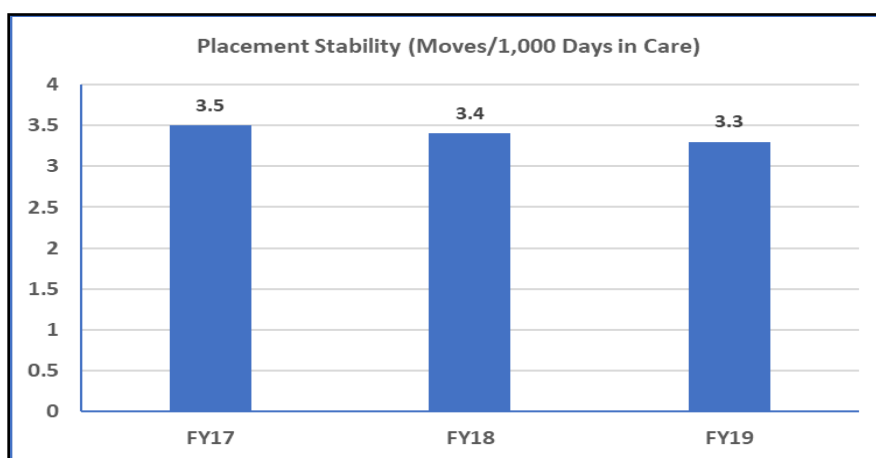
<sup>5</sup> Children's Bureau. *Ohio Child and Family Services Review (CFSR 3) Data Profile*. February 2020.

<sup>6</sup> Children's Bureau. *Ohio Child and Family Services Review (CFSR 3) Data Profile*. February 2020.

Ohio's Risk Standardized Performance for FY17 was 8.3 percent which falls within the Risk Standardized Performance Interval of 7.6%-9.1%. Further analysis of data is needed to determine why children in the 11-16 years age group are re-entering foster care at a higher rate than other age groupings.

### Placement Stability

As depicted below, over three observation periods there has been continued improvement in ensuring placement stability for children. Ohio's placement stability is statistically better than the National Performance of 4.44 and below.<sup>7</sup>



Extensive efforts to identify kin, placements that are able to meet the needs of the child/sibling group and are in the child's own community has resulted in increased placement stability.

### Conclusions

At this juncture, all 5 observed performance data for the Permanency Indicators indicates Ohio has exceeded the National Performance in the last observation period reported. In Ohio's CFSR Round 3 Final Report it was noted that "these statewide data are promising indicators of some strengths in permanency practice in Ohio."

The following county practices have resulted in achieved permanency for children and youth:

- Caseworker and Family: Use of Family Team Meetings to develop case plans and establish permanency goals.
- Caseworker, Family and Youth: Use of Permanency Roundtables and Youth-Centered Roundtables to identify permanency options and identify critical supports and connections for children/youth.
- Agency: Sharing data and CPOE findings with the juvenile court judge to facilitate joint planning.
- Caseworker and Family: Expanding the frequency and duration of parent/child visits as case plan progress builds safety.

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<sup>7</sup>Children's Bureau. *Ohio Child and Family Services Review (CFSR 3) Data Profile*. February 2020.

- Caseworker and Family: Use of concurrent planning for substitute care cases – not waiting to begin planning for more than one possible avenue to permanency.
- Caseworker and Provider: Frequent face-to-face and telephone contact with community service providers to assess family progress on case plan objectives.
- Caseworker and Family: Reviewing and discussing the Case Plan or Family Services Plan with families during each visit.
- Caseworker and Family: Establishing more frequent caseworker visits with parents.
- Caseworker, Child and Family: Planning overnight/extended visits between the parents and children in preparation for reunification.
- Caseworker and Provider: Working closely with service providers and families to ensure families are comfortable with reunification.
- Caseworker, Agency, Family and Provider: Providing services to the family to support reunification and continuing to provide services following reunification to ensure re-entry does not occur.
- Caseworker and Caregiver: Engaging foster parents in providing additional support for parents and in aiding the child's transition from the foster home.
- Agency and Caseworker: Certifying applicants as foster-to-adoptive placements.
- Agency and Caseworker: Conducting matching conferences upon receipt of permanent custody.
- Agency and Recruiter: Conducting thorough case mining to identify possible placements and use of 30 Days to Family and Wendy's Wonderful Kids recruiters to conduct child-specific recruitment.
- Caseworker, Provider, Caregiver: Effective coordination and communication with the placement provider, the service provider and prospective adoptive family.
- Agency and Adoptive Family: Providing needed post-adoption services to ensure the adoption does not disrupt.

### ***Permanency Item Measures***

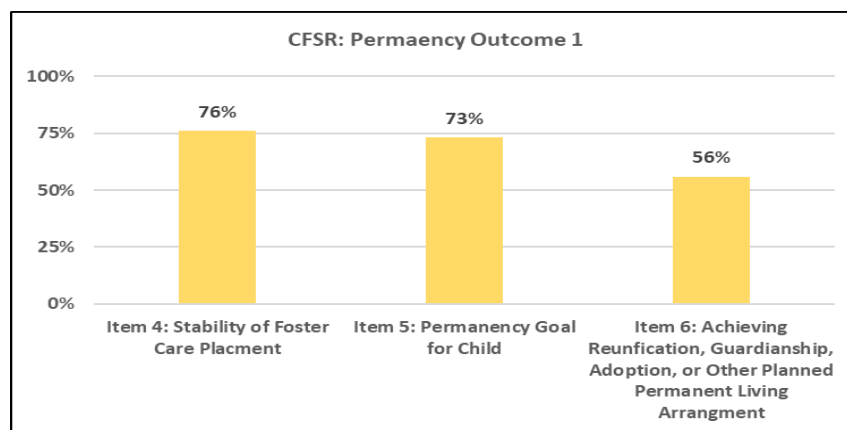
Three permanency item measures are contained within Permanency Outcome 1. The following table lists the items and the evaluation criteria used to assess performance. These items were monitored during CPOE Stage 11 using the CFSR case review tool.

Items		Evaluation Criteria
<b>4</b>	<b>Stability of foster care placement</b>	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).
<b>5</b>	<b>Permanency goal of child</b>	Determine whether appropriate permanency goals were established for the child in a timely manner.

Items		Evaluation Criteria
<b>6</b>	<b>Achieving Reunification, Guardianship, Adoption or Other Planned Permanent Living Arrangement</b>	Determine whether concerted efforts were made, or are being made, to achieve reunification, guardianship, adoption, or other planned permanent living arrangement.

### Overall CFSR Round 3 Results for Achievement of Permanency Outcome 1

During Round 3 of the CFSR there were 71 applicable cases reviewed to assess conformity with Permanency Outcome 1. Findings from the review of Items 4, 5, and 6, which make up Permanency Outcome 1, were not in Substantial Conformity. As evident in the graph below, the lowest level of compliance was seen in Item 6: Achieving Reunification, Guardianship, Adoption, or other Planned Permanent Living Arrangement.



Focus group participants, PIP Committee members, and child welfare survey respondents identified court-related factors as some of the reasons for delays in achieving permanency. Factors identified included the following:

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

In a survey conducted by SCO to identify CFSR PIP strategies, court survey respondents indicated that the most prevalent reasons for continuances were: service was not perfected on a party (70%), parent requested representation at hearing (47%), and attorney had a trial or hearing in another

court (30%). Respondents to the court survey noted the top three reasons given for delays in PC hearings were: finding time on the docket (33%), service on a party (31%), and scheduling all parties for the hearing (31%).

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

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

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

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

The following CFSR, PIP Goals and Strategies are designed to address findings identified above:

**Goal 3:** Improve caseworker engagement with parents and children.

**Strategy 3:** Utilize and evaluate promising approaches to improve casework practices regarding engaging families.

**Goal 4:** Ensure that children achieve permanency in a timely manner.

**Strategy 1:** Utilize and evaluate promising approaches to improve casework practices regarding achieving timely permanency.

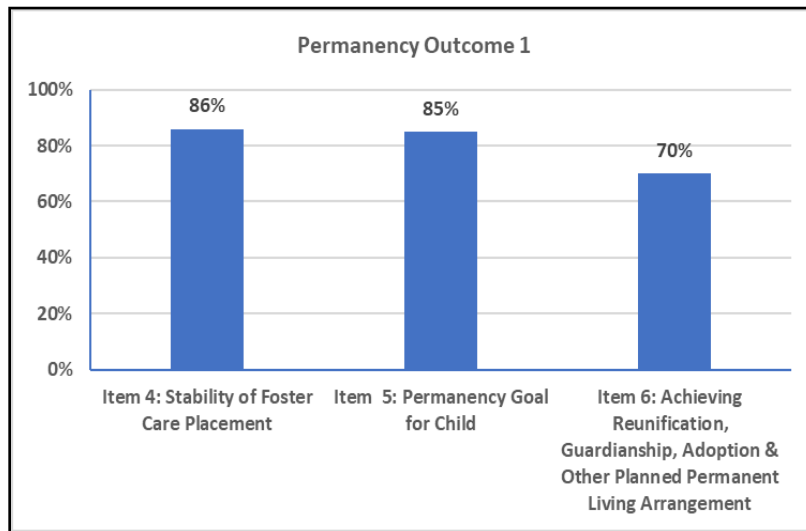
**Strategy 2:** Work with 2 counties to implement targeted strategies, based upon statewide findings and areas identified by each county, to reduce court delays throughout the child welfare court case process from shelter care through Termination of Parental Rights. The targeted strategies will combine trainings and formal court processes Created in collaboration with the public children services agency and other stakeholders.

**Strategy 3:** Based upon research into the effects of bench cards and training on bench cards, a bench guide and a court report will be created that can be utilized to increase best practices at hearings.

### [Examination of County CPOE Monitoring Results](#)

CPOE Stage 11 results indicated that Ohio was not in Substantial Conformity with Permanency Outcome 1. As in the CFSR, the lowest level of compliance was seen in Item 6: Achieving

Reunification, Guardianship, Adoption, or other Planned Permanent Living Arrangement. The graph below depicts performance in Items addressing *Permanency Outcome 1*.



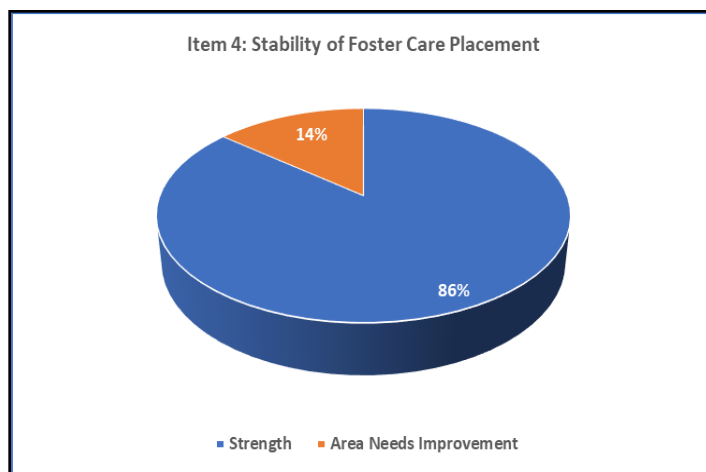
#### ***Item 4: Stability of foster care placement***

##### Examination of CFSR Round 3 Results

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

##### Examination of County CPOE Monitoring Results

A total of 319 Foster Care cases were identified as applicable for review of Item 4 during CPOE Stage 11. As depicted below, 86 percent of the cases reviewed (273 cases) were rated as a Strength, and 14 percent of the cases (46 cases) were rated as an Area Needing Improvement.



During CPOE Stage 11, 40 PCSAs achieved 100 percent compliance with this item.

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

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

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

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

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

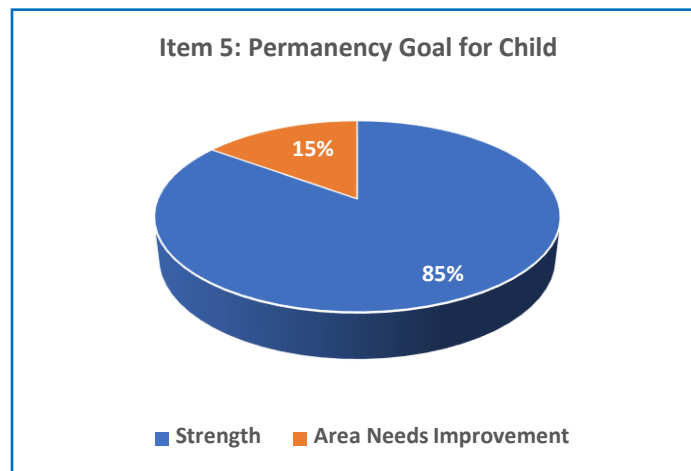
#### ***Item 5: Permanency goal for child***

##### [Examination of CFSR Round 3 Results](#)

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

##### [Examination of County CPOE Monitoring Results](#)

Three hundred-seventeen (317) applicable cases were reviewed during CPOE Stage 11 to determine whether appropriate permanency goals were established for children in foster care in a timely manner. As depicted below, of the 317 applicable cases reviewed, 85 percent of the cases (268 cases) were rated as a Strength, and 15 percent (49 cases) were rated as an Area Needing Improvement.



During CPOE Stage 11, there were 46 PCSAs that achieved 100 percent compliance with this item..

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

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

***Item 6: Achieving Reunification, Guardianship, Adoption or Other Planned Permanent Living Arrangement***

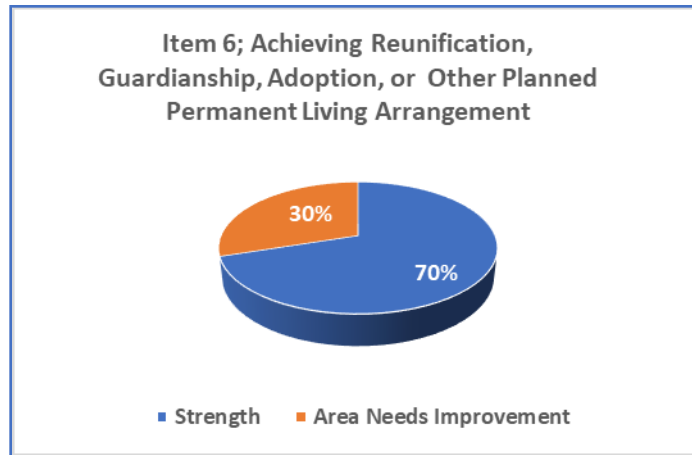
[Examination of CFSR Round 3 Results](#)

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

[Examination of County CPOE Monitoring Results](#)

Three hundred-nineteen (319) cases were reviewed for compliance with Item 6 during CPOE Stage 11. As depicted below, 70 percent of the cases (222 cases) were rated as a Strength, and 30 percent (97 cases) were rated as an Area Needing Improvement.





During CPOE Stage 11, 28 PCSAs achieved 100 percent compliance with this item.

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

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

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

Compliance with Permanency Outcome 2 is determined through a review of case records 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)

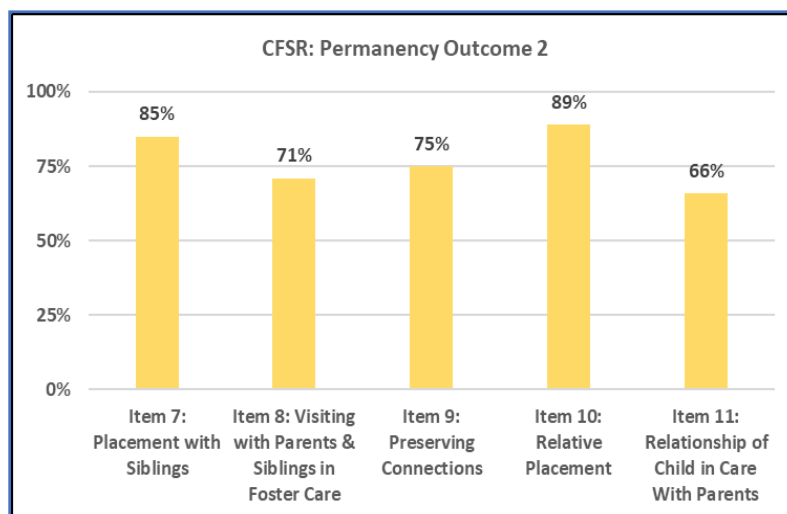
relationship of child in care with parents. The following table lists the items reviewed under this outcome and their evaluation criteria.

Item		Evaluation Criteria
7	<b>Placement with siblings</b>	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.
8	<b>Visiting with parents and siblings in foster care</b>	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.
9	<b>Preserving connections</b>	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.
10	<b>Relative placement</b>	Determine if concerted efforts were made to place the child with relatives when appropriate.
11	<b>Relationship of child in care with parents</b>	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.

### *Permanency Item Measures*

#### Overall CFSR Round 3 Results for Permanency Outcome 2

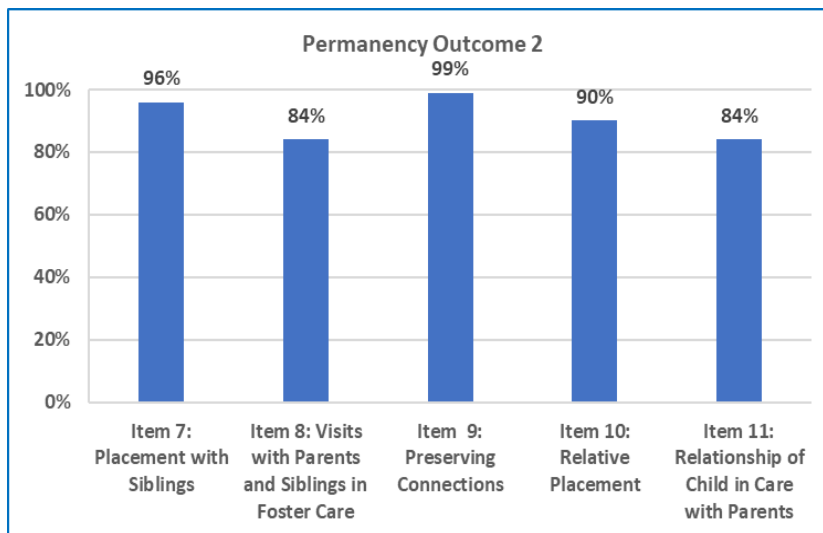
During Round 3 of the CFSR 70 percent of the cases were rated as Substantially Achieved. The following graph presents a breakdown of cases rated as a Strength for each item measure contained in Permanency Outcome 2.



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

### Examination of CPOE County Monitoring Data

CPOE Stage 11 utilized the CFSR Round 3 on-site review instrument to assess performance on the above five items. The graph below depicts performance in addressing *Permanency Outcome 2*.



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

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

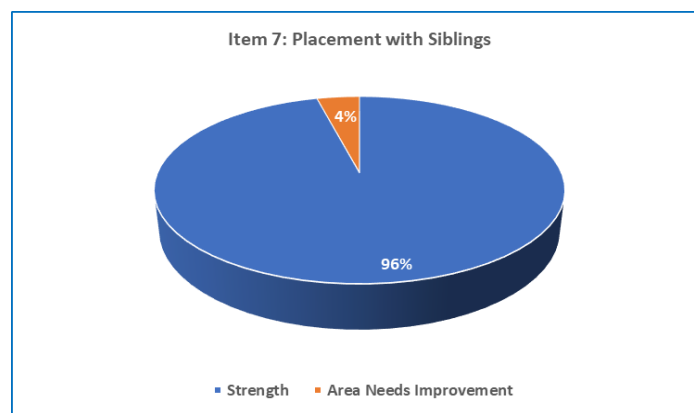
### ***Item 7: Placement with Siblings***

#### Examination of CFSR Round 3 Results

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

#### Examination of County CPOE Monitoring Results

During CPOE Stage 11, 184 applicable cases were reviewed. Ninety-six percent of the applicable cases reviewed (176) were rated as a Strength and 8 cases were rated as an Area Needing Improvement. These results are depicted below.



Fifty-six (56) PCSAs achieved 100 percent compliance with this item.

Primary consideration is given by agencies to keep siblings together unless this is not in the best interests of the child. Strong Family Search and Engagement strategies employed by PCSAs have resulted in identification of relatives or kin to serve as a resource placement. The data presented above reflects the commitment to maintaining siblings together if placement is necessary.

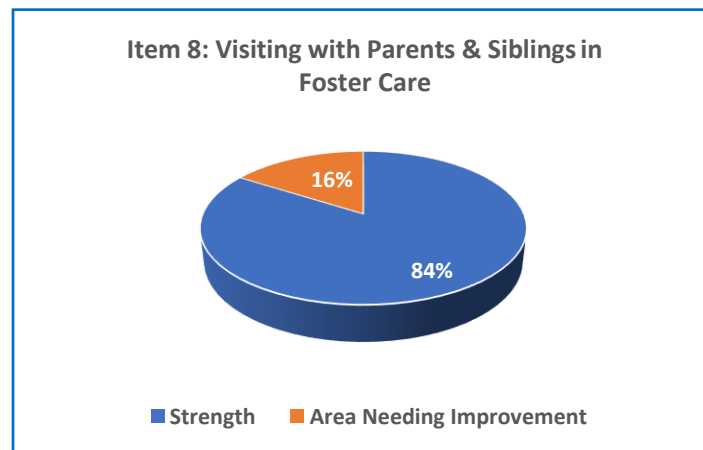
### ***Item 8: Visiting with Parents and Siblings in Foster Care***

#### Examination of CFSR Round 3 Results

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

#### Examination of County CPOE Monitoring Results

A total of 246 applicable cases were reviewed. Eighty-four percent of the applicable cases reviewed (207 cases) were rated as a Strength and 16 percent of the applicable cases (39 cases) were rated as an Area Needing Improvement. These results are depicted below.



Forty-two PCSAs achieved 100 percent compliance with this item.

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

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

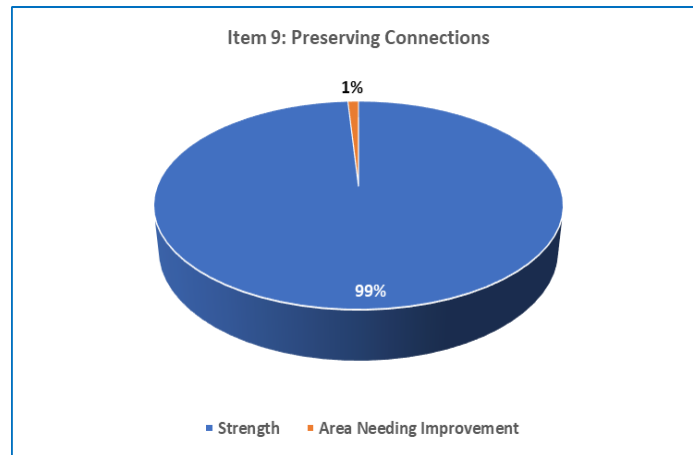
### ***Item 9: Preserving Connections***

#### Examination of CFSR Round 3 Results

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

#### Examination of County CPOE Monitoring Results

A total of 315 applicable cases were reviewed. Ninety-nine percent of the applicable cases reviewed (311) were rated as a Strength and 4 cases were rated as an Area Needing Improvement. These results are depicted below.



There were 69 PCSAs that achieved 100 percent compliance with this item.

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

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

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

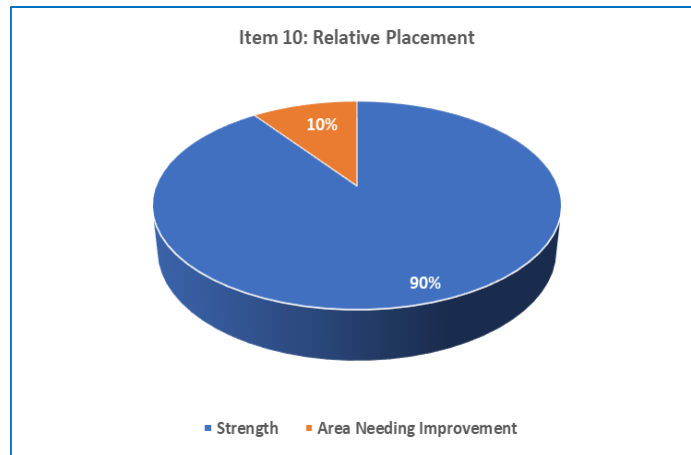
### ***Item 10: Relative Placement***

#### Examination of CFSR Round 3 Results

During Round 3 of the CFSR, 65 applicable cases were reviewed. Of the applicable cases reviewed, 89 percent were rated as a Strength. Ten of the 15 counties achieved 100 percent compliance with this item.

#### Examination of County CPOE Monitoring Results

There were 280 applicable cases reviewed. Ninety percent of the applicable cases reviewed (252 cases) were rated as a Strength and 28 applicable cases were rated as an Area Needing Improvement. These results are depicted below.



A total of 55 PCSAs achieved 100 percent compliance with this item.

Family Search and Engagement strategies used by agencies were critical to locating relative placements. Equally critical was the provision of support to relatives. Some of the strategies identified by PCSAs in their *CPOE Stage 11 Self-Assessment* included the following:

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

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

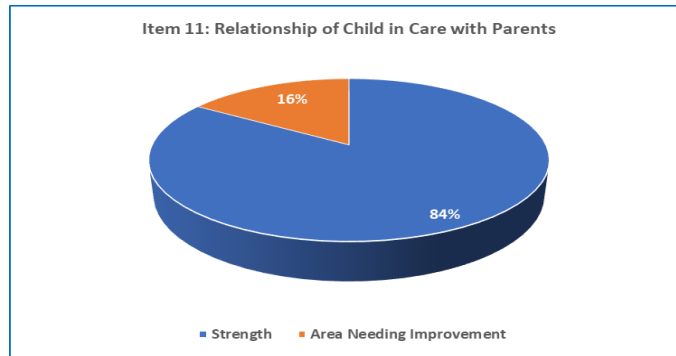
### ***Item 11: Relationship of Child in Care with Parents***

#### Examination of CFSR Round 3 Results

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

### Examination of County CPOE Monitoring Results

There were 218 applicable cases reviewed during CPOE Stage 11. Eighty-four percent of the applicable cases reviewed (183 cases) were rated as a Strength and 16 percent of the applicable cases (35 cases) were rated as an Area Needing Improvement. These results are depicted below.

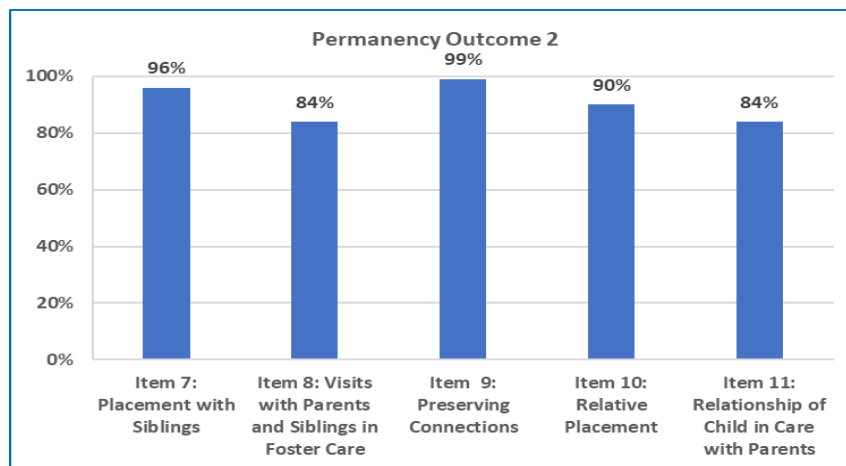


A total of 50 PCSAs achieved 10 percent compliance with this item.

Challenges experienced by caseworkers and parents occurred when children were not placed in the communities from which they were removed. Parents had difficulty attending school functions and medical appointments; especially when they did not have their own transportation.

### ***Conclusions***

Over the past CPOE reviews PCSAs have traditionally done well. However, there needs to be additional work in improving performance for Item 8 and Item 11 as evident in the following graph.



In the upcoming year, statewide data will be examined to determine the impact of COVID-19 and the Stay at Home Order on achieving Permanency Outcome 1 and Permanency Outcome 2. (Refer to the Disaster Plan on guidance provided to agencies).



## WELL-BEING OUTCOMES

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

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

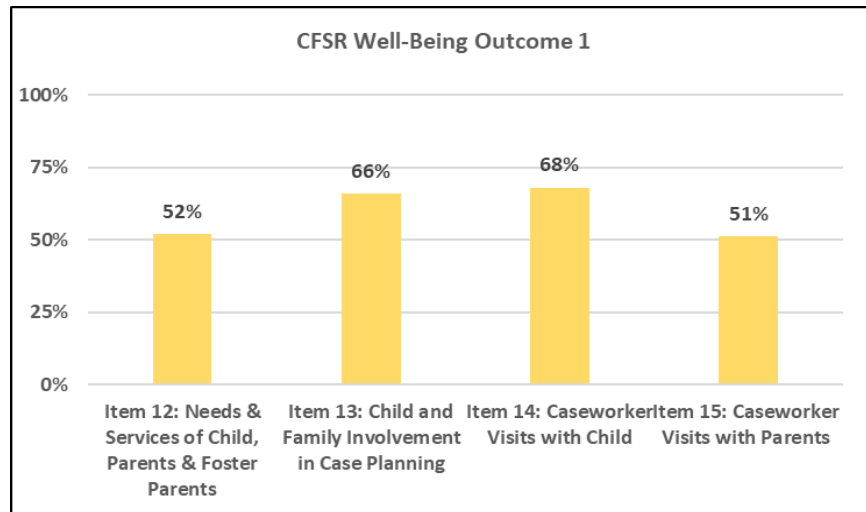
#### *Well-Being Item Measures*

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

Item		Evaluation Criteria
12	<b>Needs and services of child, parents, foster parents</b>	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.
13	<b>Child and family involvement in case planning</b>	Determine if concerted efforts were made to involve parents and children in the case planning process on an ongoing basis.
14	<b>Caseworker visits with child</b>	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.
15	<b>Caseworker visits with parents</b>	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.

#### Overall CFSR Round 3 Results for Well-Being Outcome 1

Across all item measures, performance did not achieve the expected level of compliance of 95 percent as evidenced below.



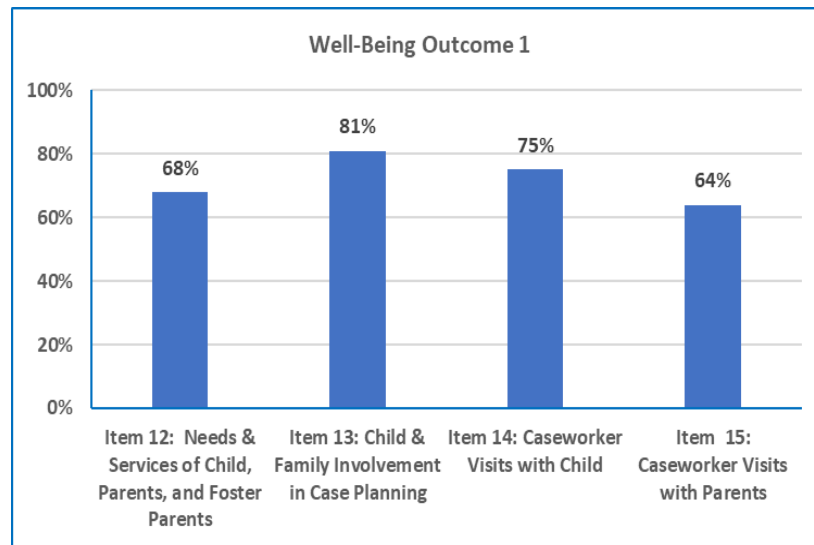
As part of the CFSR PIP development process a survey was conducted of caseworkers, supervisors and administrators of the 15 CFSR agencies. The following primary causal themes that emerged from exploration of concerns related to Well-Being Outcome 1 were:

- **Lack of clarity regarding policies concerning the parties to be assessed, contacted, and engaged in case planning.** CFSR case reviews found that in several cases not all the key parties were being assessed, contacted, and/or engaged in case planning. Focus groups and PIP Committee members suggested that this may be due to caseworkers not being clear about who they are expected to assess, engage in case planning, and contact.
- **Lack of caseworker efficacy in working effectively with some families.** Survey findings indicated that some caseworkers find it difficult to engage with parents and children around particular issues or topics. In addition, caseworkers and supervisors also noted that a considerable barrier to effectiveness in working with families is that many families have severe/complex problems. Although content training is provided in areas such as substance abuse and domestic violence, training to address caseworkers' self-efficacy may not be available. Additionally, services to address the complex needs of families and children are not always available or sufficient.
- **High caseloads and excessive SACWIS data entry demands that result in emotional exhaustion and burnout.** Survey findings indicated that the concerns pertaining to assessment, engagement in case planning, and the quality of caseworker contacts may be attributed to the lack of time caseworkers have to work effectively with their families because they have too many cases and too many demands on them from the agency and the families, both of which often result in emotional exhaustion or burnout.
- **Lack of clarity regarding quality expectations for caseworker contacts with children and parents and how to report quality-related discussions in the contact logs.** Focus group participants and some PIP Committee members indicated that caseworkers may not be clear about what constitutes a quality contact with a parent or child and/or how to appropriately record the quality aspects of their contacts in the contact log for the case.
- **Lack of family willingness to engage in services.** Caseworkers and supervisors reported that a major barrier to working effectively with families is that families are not willing to engage in the services needed to address safety and risk concerns.

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

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

CPOE Stage 11 results revealed that PCSAs continue to have difficulty achieving *Well-Being Outcome 1*. The following graph depicts results for each item measure within *Well-Being Outcome 1*.



The following concerns were noted in cases reviewed:

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

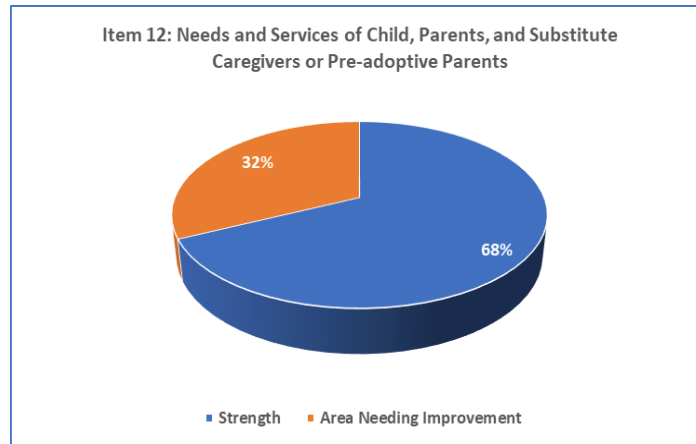
***Item 12: Needs and services of child, parents, and substitute caregivers or pre-adoptive parents***

### Evaluation of CFSR Round 3 Results

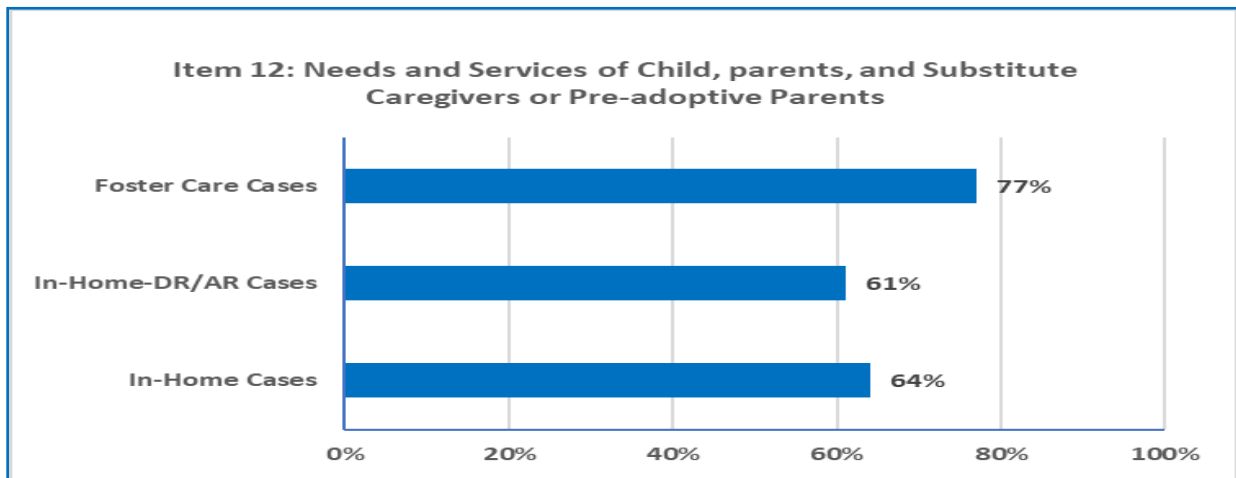
During Round 3 of the CFSR, 52 percent of the 164 applicable cases were rated as a Strength. The highest level of performance was for Foster Care cases (62 percent) while the lowest level of performance was for In-Home AR/DR cases (36 percent). Of the 15 CFSR counties, 2 PCSAs and 1 IV-E court achieved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

### Examination of County CPOE Monitoring Results

CPOE Stage 11 results indicated that 847 cases were applicable for review of this item. As depicted in the graph below, 68 percent of the applicable cases (579 cases) were rated as a Strength, and 32 percent (268 cases) were rated as an Area Needing Improvement.



Further examination of In-Home cases, In-Home DR/AR cases and Foster Care cases revealed that 64 percent of In-home cases ( 266 cases) were rated as a Strength; 61 percent of In-Home DR/AR cases (68 cases) were rated as a Strength; and 77 percent of Foster Care cases (245 cases) were rated as a Strength. The following graph depicts the results for review of Item #12 by case type.



As in the CFSR, the highest level of performance was for Foster Care cases and the lowest level of performance was in In-Home DR/AR cases.

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

- Caseworker and Family: Needs were assessed for children as part of the Family Assessment, Case Reviews, Semiannual Administrative Reviews, and re-assessed informally during regular visits with children.

- Caseworker and Family: Parents' needs were assessed during Family Team Meetings.
- Caseworker and Community: Collaboration among community service providers helped to ensure the service needs of families and children coming to the attention of the children services agency were addressed.

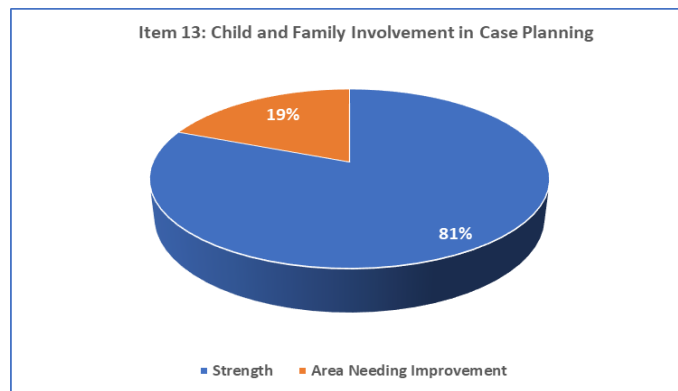
### ***Item 13: Child and family involvement in case planning***

#### Evaluation of CFSR Round 3 Results

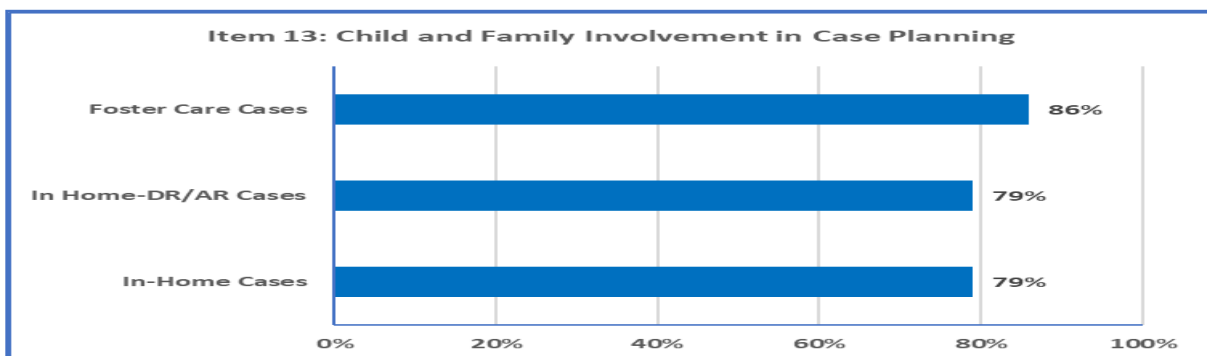
During Round 3 of the CFSR, 66 percent of the 160 applicable cases were rated as a Strength. The highest level of performance was for Substitute Care cases (75 percent) while the lowest level of performance was for In-home cases (57 percent). Three PCSAs and 1 IV-E court achieved 100 percent compliance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

#### Examination of County CPOE Monitoring Results

There were 820 cases applicable for review during CPOE Stage 11. As depicted in the graph below, 81 percent of the applicable cases (668 cases) were rated as a Strength and 19 percent (152 cases) were rated as an Area Needing Improvement.



Further examination of In-home cases, In-Home DR/AR cases and Foster Care cases revealed that 79 percent of In-home cases (330 cases) were rated as a Strength; 79 percent of In-Home DR/AR cases (88 cases) were rated as a Strength; and 86 percent of Foster Care cases (250 cases) were rated as a Strength. The following graph depicts results of the review for Item 13 by case type.



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

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

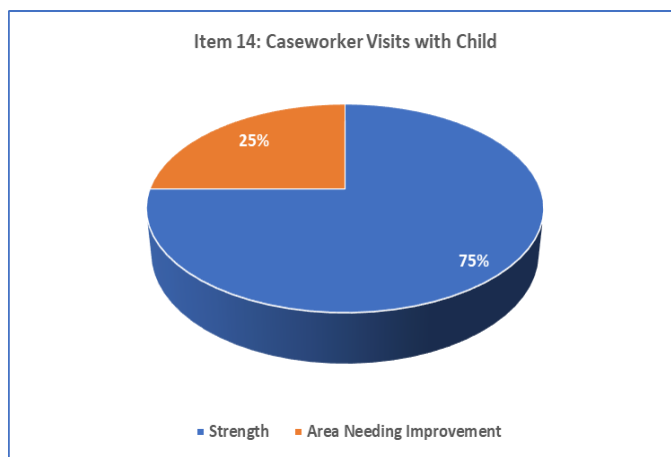
#### ***Item 14: Caseworker visits with child***

##### Evaluation of CFSR Round 3 Results

During Round 3 of the CFSR, there were 164 applicable cases identified for review. Of the 164 applicable cases reviewed, 68 percent were rated as a Strength. The highest level of performance by case type were Foster Care cases rated at 85 percent. Four of the PCSAs and 2 IV-E courts achieved 100 percent compliance with this item.

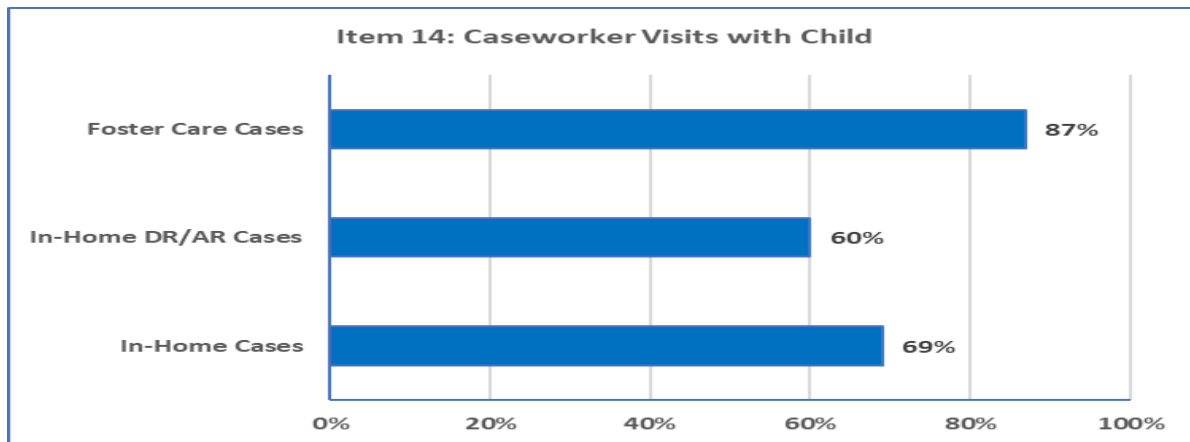
##### Examination of County CPOE Monitoring Results

CPOE Stage 11 results for 847 applicable cases reviewed indicated that 75 percent of the cases (633 cases) were rated as a Strength and 25 percent of cases (214 cases) were rated as an Area Needing Improvement. The following graph depicts these results.



Ten PCSAs achieved 100 percent compliance with this item.

Further examination of In-home cases, In-Home AR/DR cases and Foster Care cases revealed that 69 percent of the In-home cases (289 cases) were rated as a Strength; 60 percent of the In-Home AR/DR cases (67 cases) were rated as a Strength; and 87 percent of Foster Care cases (278 cases) were rated as a Strength. The following graph depicts the results for review of Item 14 by case type.



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

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

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

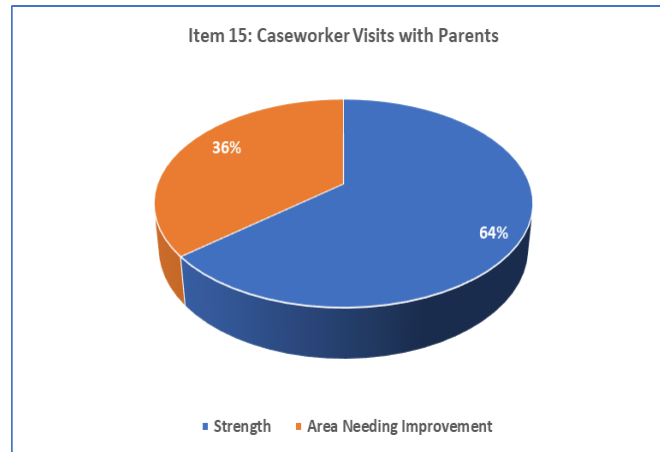
#### ***Item 15: Caseworker visits with parents***

##### Examination of CFSR Round 3 Results

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

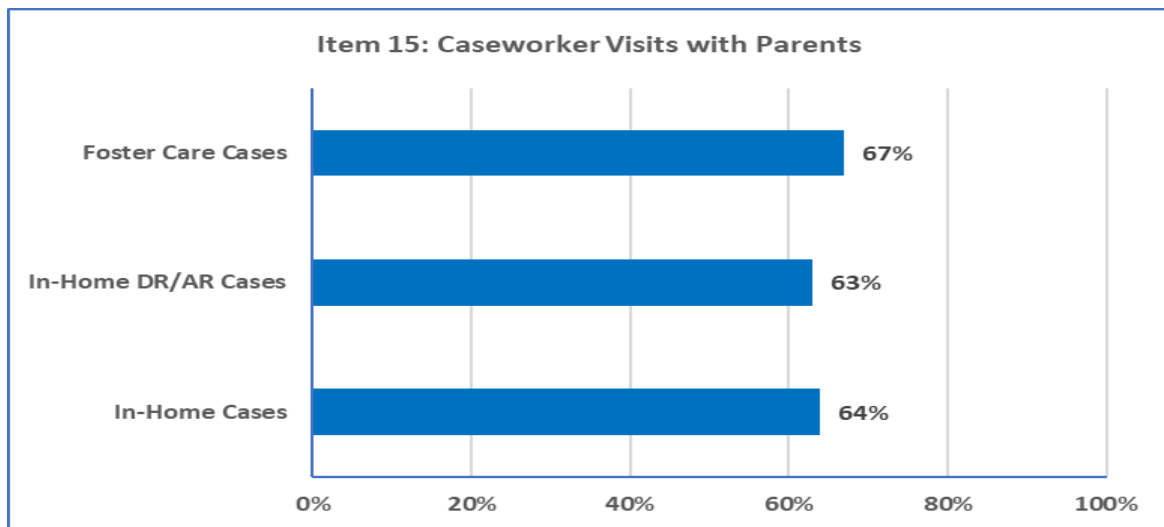
### Examination of County CPOE Monitoring Results

During CPOE Stage 11, 758 cases were applicable for review. As depicted in the graph below, 64 percent of the applicable cases (488 cases) were rated as a Strength, and 36 percent (270 cases) were rated as an Area Needing Improvement.



Eight PCSAs achieved 100 percent compliance with this item.

Further examination of In-Home cases, In-Home AR/DR cases and Foster Care cases revealed that 64 percent of In-home cases (265 cases) were rated as a Strength; 63 percent of In-Home-AR/DR cases (70 cases) were rated as a Strength; and 67 percent of Foster Care cases (154 cases) were rated as a Strength. The following graph depicts the results for review of Item 15 by case type.



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

- Caseworker and Parents: Visits were more frequent than monthly to work with parents on achievement of their Case Plan goal and to assess service needs.



- Caseworker and Child/Youth: Completed home visits outside of traditional business hours to assure the safety of the children and monitor Case Plan progress.
- Caseworker and Child/Youth: Visits with mothers, fathers and legal custodians were made at least monthly, and case activity logs contained detailed information related to the specific progress made on Case Plan objectives.

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

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

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

	Item	Description
16	<b>Education al needs of the child</b>	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.

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

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

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

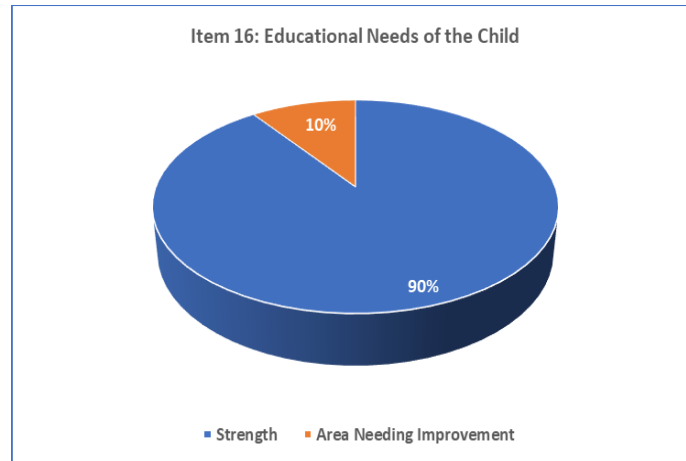
The following CFSP, PIP Goal was designed to assist in improving compliance with Well-Being Outcome 2:

**Goal 1:** Provide enhanced support to assist the workforce to effectively identify and address safety and risk issues, identify needed services, and ensure children’s safety and well-being timely.

### Examination of County CPOE Monitoring Results

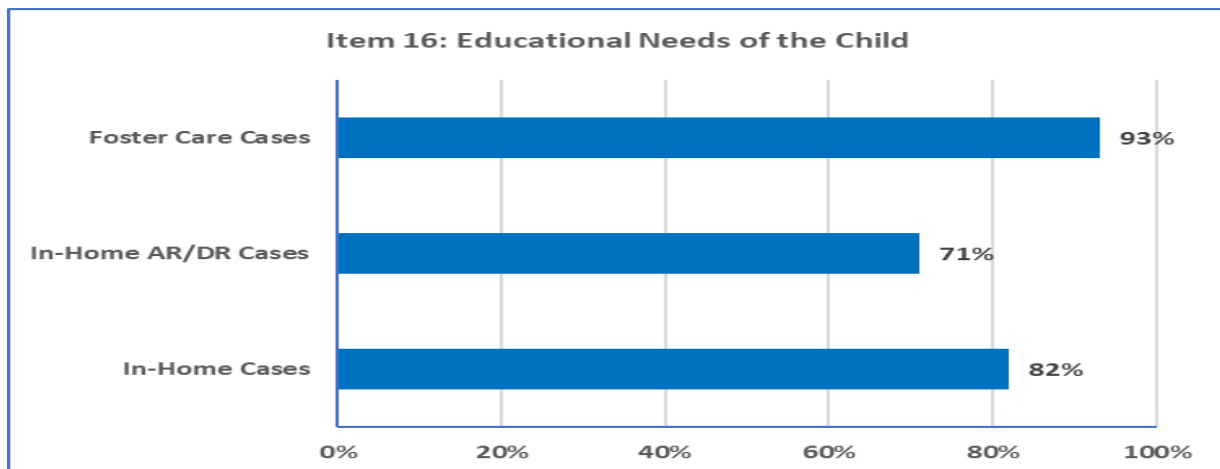
#### ***Item 16: Educational needs of the child***

There were 351 applicable cases reviewed during CPOE Stage 11 for review of this item. As depicted in the graph below, 90 percent of the applicable cases (315 cases) were rated as a Strength and 10 percent (35 cases) were rated as an Area Needing Improvement.



Fifty PCSAs achieved 100 percent compliance with this item.

Further examination of In-Home cases, In-Home AR/DR cases and Foster Care cases revealed that 82 percent of In-home cases (54 cases) were rated as a Strength; 71 percent of In-Home AR/DR cases (12 cases) were rated as a Strength; and 93 percent of Foster Care cases (250 cases) were rated as a Strength. The following graph depicts results for review of Item 16 by case type.



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

- Caseworker and Parents: Educational needs of the child/youth were discussed during regular Family Team Meetings.
- Caseworker and Parents: Assisted parents in participating in IEP meetings.
- Caseworker and Caregivers: Foster parents attended educational meetings and shared the information with agency staff.
- Caseworker and School: Consistently monitored child's progress in school with regular contacts made with the school.
- Caseworker and Parents: Updated and reviewed education progress during Semiannual Administrative Reviews.

- Caseworker and Family: Linked families to Help Me Grow and/or Head Start.

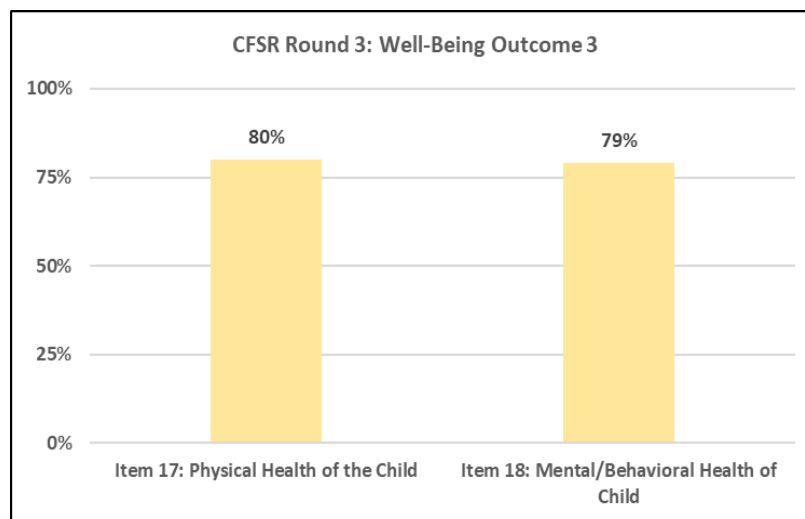
### **Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.**

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

Item		Evaluation Criteria
<b>17</b>	<b>Physical health of child</b>	Assess whether the agency addressed the physical health needs of the child, including dental health needs.
<b>18</b>	<b>Mental/behavioral health of the child</b>	Assess whether the agency addressed the mental/behavioral health needs of the child.

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

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

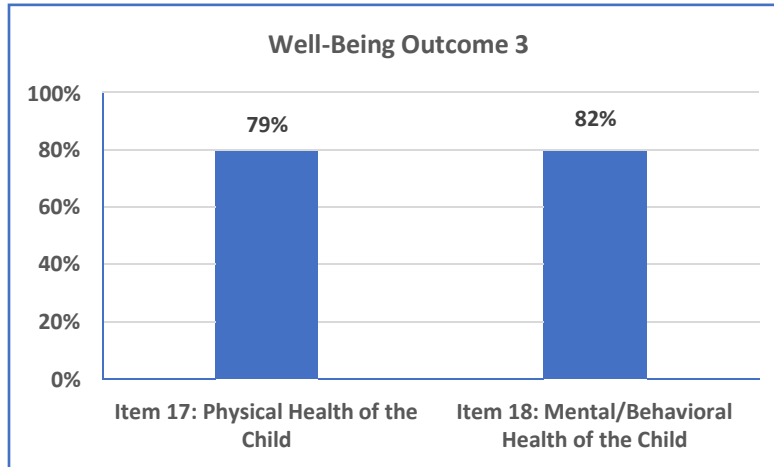


The following Goal was identified in the CFSR, PIP to address improvement in Well-Being Outcome 3:

**Goal 1:** Provide enhanced support to assist the workforce to effectively identify and address safety and risk issues, identify needed services, and ensure children's safety and well-being timely.

### Overview of CPOE Stage 11 Results for Well-Being Outcome Indicator 3

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



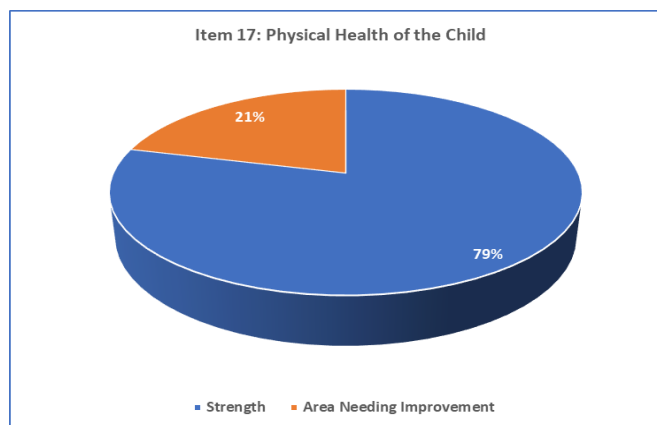
#### ***Item 17: Physical health of child***

### Examination of CFSR Round 3 Results

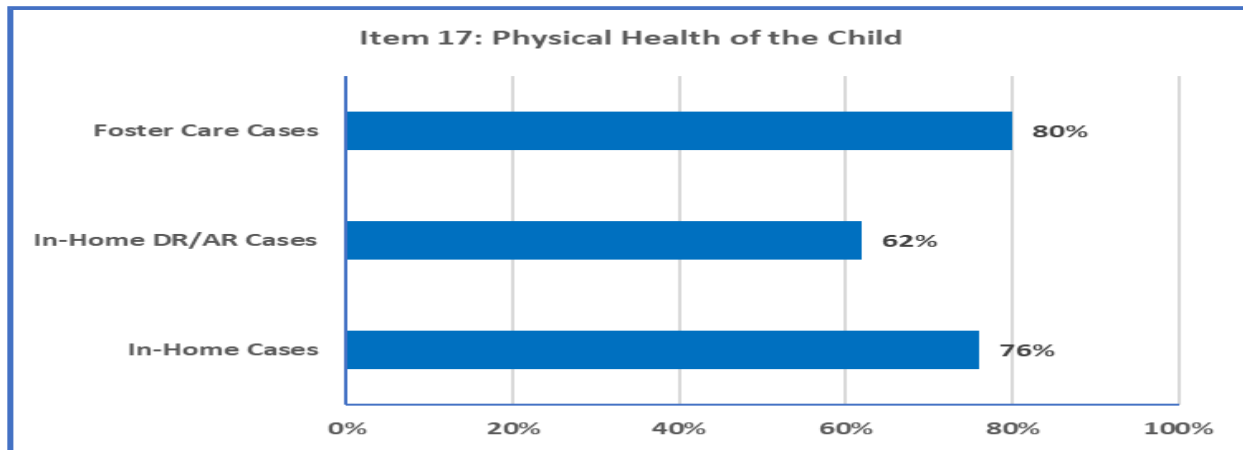
During Round 3 of the CFSR, there were 92 applicable cases reviewed. Eighty percent of the cases were rated as a Strength, far below the expected level of compliance. Item #17 was rated a Strength in 82 percent of the 71 Substitute Care cases, 74 percent of the applicable In-home cases, and 100 percent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

### Examination of County CPOE Monitoring Results

CPOE Stage 11 results indicated that of the 448 applicable cases reviewed, 79 percent were rated as a Strength (353 cases) and 21 percent of the cases (95 cases) were rated as an Area Needing Improvement. The following graph depicts these results.



Further examination of In-Home cases, In-Home AR/DR cases and Foster Care cases revealed that 76 percent of In-home cases (78 cases) were rated as a Strength; 62 percent of In-Home AR/DR cases (18 cases) were rated as a Strength; and 80 percent of Foster Care cases (257 cases) were rated as a Strength. The following graph depicts results for review of Item 17 by case type.



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

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

### ***Item 18: Mental/behavioral health of the child***

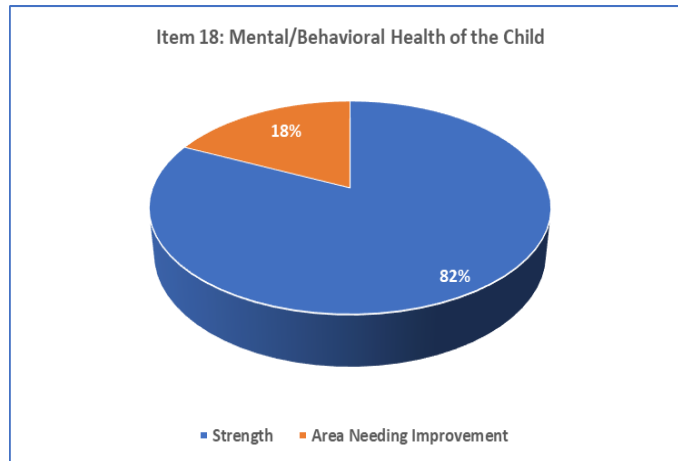
#### Examination of CFSR Round 3 Results

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

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

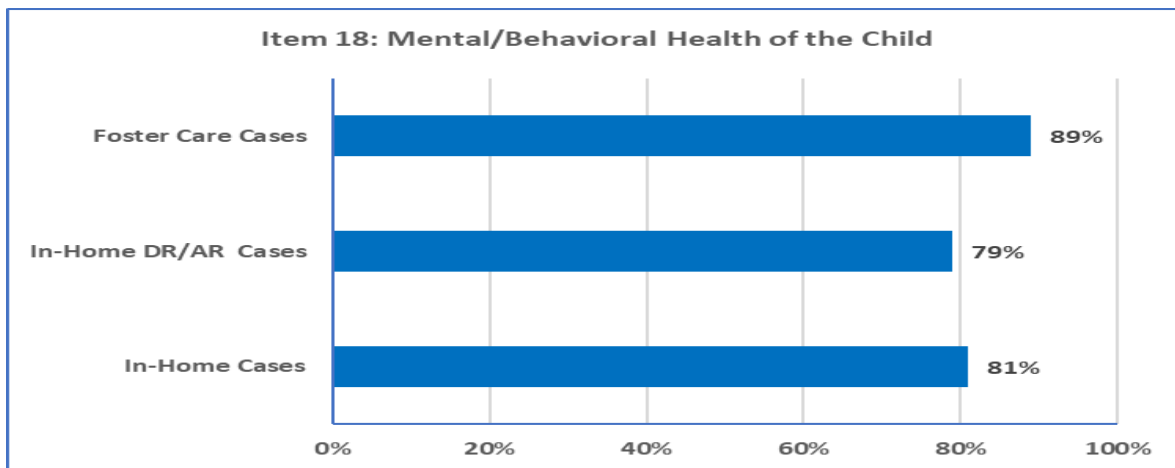
### Examination of County CPOE Monitoring Results

Results from CPOE Stage 11 indicated that 424 cases were applicable for review. As depicted in the graph below, 82 percent of the applicable cases (349 cases) were rated as a Strength, and 18 percent (75 cases) were rated as an Area Needing Improvement.



Thirty-six PCSAs were found 100 percent compliant with this item.

Further examination of In-home cases, In-Home AR/DR cases and Foster Care cases revealed that 81 percent of In-home cases (141 cases) were rated as a Strength; 79 percent of In-Home AR/DR cases (33 cases) were rated as a Strength; and 89 percent of Foster Care cases (180 cases) were rated as a Strength. The following graph depicts results for review of Item 18 by case type.



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

- Caseworker, Agency, Child, and Provider: Assessments were made of the mental health needs of children, and services were immediately provided.

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

### ***Conclusions***

In the upcoming year, statewide data will be examined to determine the impact of COVID-19 and the Stay at Home Order on achieving all Well-being Outcomes. (Refer to the Disaster Plan on guidance provided to agencies).

## Systemic Factors

### A. Statewide Information System

#### Assessment of Current Performance

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

This positive finding is the result of persistent efforts to discover and resolve issues. Like previous years, in FFY2019, 3,689 work items were completed to improve functionality across all modules: 26% of these work items were in the Screening/Intake module; 17% in Case Management module; 26% in Resource Management; 2% in Administration; 20% in Finance; and 9% in Reporting.

ODJFS has consistently funded significant CCWIS development to support new initiatives such as OhioKAN, Individual Child Care Agreement (ICCA), data reporting and regular system improvements. In September 2020, SACWIS is scheduled to deploy the Child Support Interface with the Support Enforcement Tracking System (SETS). Ohio SACWIS data has been cited in multiple national child welfare research articles and federally funded program reform efforts to inform practice improvements.

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

- Webinars: The Ohio SACWIS team routinely provides webinar overviews on project priorities and system functionality.
- Surveys: The Ohio SACWIS leadership provides users the opportunity to give feedback on the usability of specific functionality changes and project priorities. Surveys are typically administered every 18 months to coincide with the state's budget cycle.
- PCSAO Directors' Meetings: Agency directors provide feedback on CCWIS functionality, and user needs.
- Title -E Juvenile Court Roundtable: Ohio SACWIS holds quarterly meetings to announce future enhancements, answer functionality questions, and gather information on desired modifications.
- Build Calls: Ohio SACWIS conducts regular build calls to review new functionality and respond to concerns/questions from users.
- CQI Workgroups: Quarterly focus groups of county users suggest changes to support CQI process and system improvements.



- Partnership for Ohio Families Regional Teams: Meeting monthly, Ohio SACWIS staff receive feedback on functionality and incorporates this feedback to drive development and plan for deployment.
- Partnership for Ohio Families Advisory Group: Ohio SACWIS updates and discussion occurs with this group whose membership is comprised of PCSAs, Private Agencies, Foster Care Advocates, a court liaison and young adults who have experienced foster care.
- Protect OHIO: Ohio's participating counties frequently recommend Ohio SACWIS changes to ensure the system supports the fidelity of program interventions, the group meets monthly. SACWIS also supports the groups with updates, presentations and providing data.
- Family First Prevention Service Act Leadership Advisory Committee: Internal and external subject matter experts guide implementation decisions for QRTP and Prevention Services updates including Ohio SACWIS functionality changes.

Future activities designed to improve the users' experience with Ohio SACWIS include creating a portal for residential and group home staff to provide limited information access to their placements and recently discharged children. New tools will be created to support monthly contact, discharge plans, review of the plan, services and recording children directly placed by families to ensure they are following the same requirements with these children as they are with children placed by a Title IV-E Agency. Information recorded by the residential and group home facilities will be available for county agency staff within the existing child welfare cases to prevent duplication of data entry and real time access to information about children in their agency's custody.

Ohio will continue to assess and explore functionality to identify areas where the mobile solution may be expanded. Enhancements will include providing adoption assessor information in the system to allow agencies without home study assessors to quickly search a registry for available qualified staff; adding interactive mapping views to the provider match screens to improve searches for available foster homes within their removal home and school district; and provide training, visual aids and technical assistance to users regarding new and updated Ohio SACWIS functionality.

## *Conclusions*

SACWIS data reports have assisted in assessing progress in achieving Goals 1, 2, 3, 4 of the 2020-2024 CFSP and identifying areas that policy changes need to occur, further technical assistance needs to be provided, and enhancements to functionality for the child welfare application need to occur.

## B. Case Review System

### Assessment of Current Performance

Based on the Round 3 CFSR Final Report, Ohio's performance was not found to be in substantial conformity in two of the five Case Review Items. Items rated as Strengths were:

- *Item 20 Written Case Plan* was rated as an overall Strength based upon Ohio's self-assessment. SACWIS data can be pulled to see what percentage of case plans are completed within the required timeframe.
- *Item 21 Periodic Reviews* was also rated as a Strength based upon the statewide assessment and stakeholder interviews. Ohio requires case reviews no less than ninety days and the six-month semiannual administrative review (SAR) or periodic court hearings. SACWIS generates reports and reminders.
- *Item 23 Termination of Parental Rights* was rated as a Strength based upon the statewide assessment and stakeholder interviews. Termination of parental rights (TPR) petitions are filed timely in most cases reviewed. Issues in some counties center on inconsistent documentation of compelling reasons and the application of TPR requirements to cases.

The two Items rated as Areas Needing Improvement were:

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

The Supreme Court of Ohio (SCO) established the Quality Hearing Project as a direct result of feedback received from the CFSR process to explore current practice in statewide abuse, neglect, and dependency cases and identify strengths and opportunities for improvement. Through a partnership with CIP and CJA, the CIP Coordinator contracted with Dr. Alicia Summers to conduct a review of shelter care and permanency/annual review recorded hearings, for the same case, if possible, and evaluate them based on a structured court observation tool. The 12 participating sites were asked to submit between 10 and 30 recordings; 341 total hearings were reviewed. Each participating site received a county-specific *Summary of Findings* describing current AND practice in these hearings. A workgroup was selected and convened on March 6, 2019, to attend Dr. Summers' presentation of Ohio statewide data.

Following the presentation, the workgroup's first task was to draft a Court Report to be used as an enhancement to testimony provided during annual review hearings or at the court's discretion or request for other hearings. The goal was to create a Report to provide the judicial officer with the information needed to make all required findings in one place, and to help increase parental engagement during the court hearings. Keeping this in mind, the workgroup also worked to limit

the amount of required new information from caseworkers. The final draft of the Court Report includes entirely self-generated information from existing SACWIS documents with the exception of one new, short narrative section focusing on the agency's reasonable efforts. The group's next work product was an accompanying Bench Guide to mirror the Court Report; the Bench Guide includes meaningful questions to help prompt the hearing to get the judicial officer needed information to make required findings. The workgroup created both a long and short version of this Bench Guide.

Presently, the final draft of the Court Report is being reviewed by additional stakeholders. Once a final Court Report is approved and the Bench Guides are updated as needed, the workgroup's next steps will be developing and implementing a training plan.

In addition to the quality hearing workgroup, Franklin County Domestic Relations and Juvenile Court and Summit County Juvenile Court were selected to implement and test targeted strategies to reduce court delays throughout the child welfare court case process. Based on the results of the quality hearing study and consultation with the Supreme Court of Ohio's Case Management Section, the courts identified the following strategies:

### **Franklin County**

1. Create standard protocols for service on AND cases.
2. Make John Doe service immediately on all cases where paternity is not established.
3. Send original service by ordinary mail.
4. Address documentation of Courtroom Service on AND Cases.
5. Accurate service results will be communicated in a timely manner to clerk and partner agencies/parties.
6. Increase knowledge and number of referrals to Family Recovery Court.
7. Improve continuing education and knowledge for court staff, appointed counsel, and child welfare staff.
8. Increase the awareness and the number of referrals to existing Child Protection Mediation (CPM) program.

### **Summit County**

1. The court will utilize a common carrier for service on AND cases.
2. The court will ensure in-person service during a hearing is properly docketed in the Case Management System and all service, summons, and hearing notices are made viewable in the electronic system.
3. Magistrates' shall place parties under oath when identifying party names and addresses.
4. The court will use text notifications to remind parties of upcoming hearing dates. The anticipated benefits of these strategies will reduce occurrences of parties failing to appear and improved service outcomes allowing timelier case flow processing.
5. The court will implement a pilot project to use pretrial hearings in advance of the adjudicatory hearing to assist in timely case resolution. The goal of the pilot is to increase the number of opportunities for parties to meet with their attorneys, caseworkers, and GAL/CASAs which ultimately should improve adherence to the case plan.

6. Increase knowledge and participation in Family Recovery Court.
7. Increase the use of CPM earlier in the life of a child welfare case.

The activities described above are associated with the 2020-2024 CFSP Goal 2, Objective 6 and Objective 7 and CFSR, PIP Goal 4, Strategies 2 and 3, which are designed to address this Systemic Factor.

In addition, during this reporting period ORC 2151.424 was amended to replace caregiver right to prevent evidence with caregiver right to be heard via HB 166, effective October 17, 2019. Consequently, SCO updated the caregiver notice toolkit last fall. SCO sent notice of the change to courts and ODJFS sent notice of the change to public and private agencies.

### ***Conclusions***

It is anticipated the identified strategies within the CFSP and CFSR, PIP will have an impact on achieving timely permanency for children and increased involvement of families, foster parents, pre-adoptive parents, and relative caregivers of children in foster care review hearings.

## C. Quality Assurance System

### Assessment of Current Performance

#### Quality Assurance

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

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

The Child Protection Oversight and Evaluation (CPOE) quality assurance system provides a continuous cycle for assessment and improvement of performance. CPOE is designed to improve services and outcomes for Ohio's families and children through a coordinated review between the PCSAs and ODJFS on a twenty-four-month cycle. CPOE includes regular data collection, analysis and verification, and continuous feedback to PCSAs over the twenty-four-month period. On-site activities focus on joint case record review by PCSA and ODJFS staff, reconciliation, and technical assistance. In addition to providing PCSAs with ongoing data reports, management letters and correspondence, CPOE staff meet with PCSAs to offer technical assistance and review any Plan for Practice Advancement (PPA) developed as a result of the CPOE review. Following the onsite case record review and issuance of the final CPOE report, efforts to assist each PCSA to strengthen practice and address areas needing improvement continue during the two-year CPOE cycle. At the conclusion of each Cycle the processes used are evaluated to determine if changes are needed when planning commences for the next Cycle.

Ohio's Quality Improvement System provides regular feedback on effectiveness of practices and information which guides technical assistance, training, and potential SACWIS changes. For example, some agencies were having difficulty determining the minimum number of visits needed each month and documenting key components of visits. OFC created two documents to address the frequency, quality and documentation of visits.

#### Statewide COI

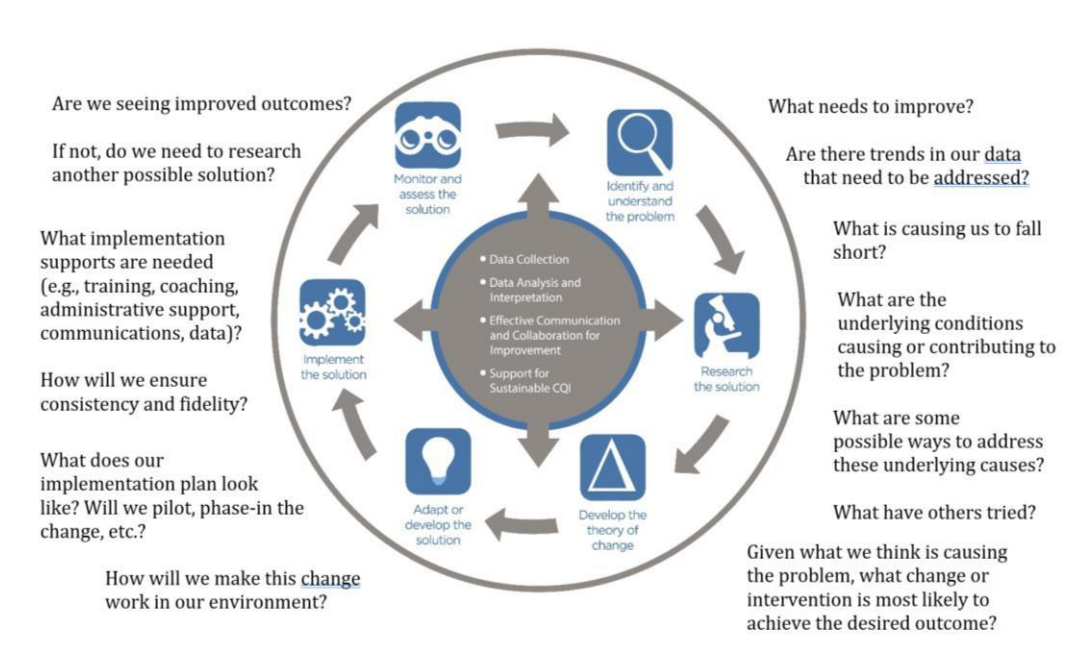
The OFC's Statewide CQI committee refined its process in 2019/2020. Each of the four subcommittees went through a visioning and planning phase and developed work plans with measurable outcomes. In this way, the subcommittees were able to apply CQI principals to their own process. The CQI advisory team will be able to track and celebrate progress more effectively. The updated work plans also provide a more effective means of tracking output from the subcommittees. As the Statewide CQI team meetings have been conducted over the past year, our Tri-Chairs have taken several opportunities to revisit the CQI process found in the team's framework document. This process can be found in the graphic below. The efforts at revisiting

these foundational principles were made in an effort to revisit the basics of CQI and to ensure we are applying them to our team's efforts and actions.

Feedback loops have continued to be an important part of the Statewide CQI process. The committee has been able to continue identifying examples of innovative best practices and unique CQI practices from around the state. Once identified, these practices are presented to the overall committee which participants find beneficial. These best practices are able to be adapted in counties and often inspire experimentation with new approaches. Additional feedback loops included quarterly presentations about the Family First Preventative Services Act planning, Ohio's CFSR PIP activities, and Ohio's CPOE process and findings. The Statewide CQI process continues to be an excellent mechanism for gathering feedback, sharing ideas, as well as sharing outcomes.

The CQI Tri-Chair team is experiencing a change in membership as a long-term member is retiring. The Tri-Chair team is also in the process of updating the Statewide CQI team's framework. Due to COVID-19 concerns the May 2020 meeting was cancelled, which has delayed some progress of the team. As COVID-19 concerns continue and Ohio is facing potential budgetary restrictions impacting the travel of our county and private agency members, the team will explore options for virtual meetings and presentations to allow the teams progress to continue. The Statewide CQI advisory team has also considered options of adding subcommittees and strategically examining the opportunities to provide statewide data reports to enhance focused improvement efforts across the state.

### CQI Cycle



### Conclusions

As noted throughout the report, Ohio has a strong history of engaging in CQI with its stakeholders, agency partners, and associations to improve safety, permanency and well-being outcomes for children and families.

## D. Staff and Provider Training

### Assessment of Current Performance

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.

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

Since July 2019, the OCWTP has:

- Served over 3,700 caseworkers, 780 supervisors, and 7,400 foster parents and adoptive parents across the state through eight Regional Training Centers (RTCs).
- Launched over 3,495 learning events through E-Track, Ohio's learning management system, delivering over 17,600 hours of training to over 52,000 participants.
- Provided over 424.71 hours of coaching for supervisors, caseworkers, and foster parents.
- Provided over 7,300 hours of distance learning including 6,942.75 hours of self-directed training, 285.5 hours of virtual classroom training, 180 hours of blended learning to child welfare staff, foster caregivers, and adoptive parents across Ohio.
- Collaborated with Foster Parent College to provide 54 Foster Parent College courses that were completed 6,605 times by licensed foster parents.

Something to keep in mind when reviewing data in this section of the report is following March 22, 2020 there were no classroom training sessions due to the pandemic stay-at-home order. Consequently, there were fewer classroom sessions held during this Fiscal Year. Review of E-Track data revealed there were 879 sessions for staff (caseworkers, supervisors, and managers) and caregivers (excluding Preservice sessions) canceled. There were 407 Preservice sessions for caregivers canceled. An examination of the data by population showed approximately 500 caseworker sessions, 39 supervisor sessions and 336 caregivers sessions canceled. These sessions by population counts are approximates as some sessions can include more than one population. The cancellation of these sessions affected approximately 3,420 potential attendees.

Consequently, there were many standardized and some non-standardized courses adapted for delivery via instructor-led virtual distance learning. Where possible, these data are included throughout this report.



The map below shows a count of staff, foster parents, and adoptive parents the Regional Training Centers (RTCs) could serve in Fiscal Year (FY) 2020 (July 1, 2019 – June 30, 2020).

The map displays the following data for each region:

Region	Caseworkers	Supervisors	Managers	Foster, Adoptive
North Central	554	107	37	586
Northwest	403	80	20	886
Central	849	185	107	1,031
West	399	83	28	1,071
East Central	128	33	8	525
Southwest	498	105	24	1,003
Southeast	178	36	6	470

### *Staff Training Needs Assessment*

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## Identifying Staff Training Needs

The OCWTP continued to gather statewide training needs data for caseworkers and supervisors through an electronic Individual Training Needs Assessment (ITNA) process. The top ten competencies identified by caseworkers and supervisors as needing development were:

### Top 10 Priority Competency Needs for Caseworkers

Top Ten Casework Competency Needs	Count	Percent
Knows how to identify common street drugs and their associated drug paraphernalia	118	5.9%
Knows the physical and behavioral indicators of drug abuse, including methamphetamine, crack/cocaine, heroin, hallucinogens, other stimulants and depressants, prescription medications, and other street or “club” drugs	106	5.3%
Knows the characteristics, behavioral indicators, and preferred treatments for mood disorders such as depression, bipolar disorder, and anxiety in children and adolescents	104	5.2%
Knows the characteristics, behavioral indicators, and preferred treatments for developmental disorders, such as autism, Asperger’s, and Pervasive Developmental Disorders (PDD) in children and adolescents	103	5.1%
Knows personal strategies to help reduce and manage stress, strengthen coping capacity, and maintain physical and emotional health	99	4.9%
Knows the characteristics, behavioral indicators, and preferred treatments for childhood psychosis, including childhood schizophrenia	91	4.5%
Knows the characteristics, behavioral indicators, and treatments for borderline, antisocial, paranoid, narcissistic, and other personality disorders in adults	90	4.5%
Knows the characteristics, behavioral indicators, and preferred treatments for trauma and post-traumatic stress disorder (PTSD) in children and adolescents, and how children’s responses to trauma may be misdiagnosed as indicators of mental illness or behavioral disorders	88	4.4%
Knows the characteristics, behavioral indicators, and preferred treatments for self-injurious behavior (SIB) such as self-cutting; eating disorders (anorexia and bulimia); and suicidal ideation in children and adolescents	87	4.3%
Can identify signs of work-related stress, secondary trauma and post-traumatic stress disorder in oneself and others, and can seek support and therapeutic services	84	4.2%

**Note:** December 2019: N=2,006

## Top 10 Priority Competency Needs for Supervisors

Top Ten Supervisor Competency Needs	Count	Percent
Knows how to use strengths-based supervisory strategies to engage a staff member with challenging behaviors to participate in assessing and resolving performance problems	65	13.7%
Knows how to utilize performance improvement plans and implement progressive disciplinary action and use it as a motivator to encourage constructive dialogue to improve work performance	55	11.6%
Knows how to help staff identify and overcome organizational, environmental, and personal barriers that may prevent them from mastering job knowledge or skills	54	11.4%
Can identify factors contributing to challenging behavior and design strategies to address these factors	49	10.3%
Knows administrative, educational and supportive supervisory strategies that can help staff achieve their potential and succeed in their jobs	48	10.1%
Knows strategies that empower staff to learn, master, and sustain creative and innovative approaches to practice	41	8.6%
Can determine when termination of employment is necessary and can follow agency personnel procedures to do so	40	8.4%
Can determine the most effective supervisory styles for employees at varying stages of personal and job development and can flex one's personal style depending on these variables	39	8.2%
Can establish and sustain a work environment that promotes and rewards optimal performance, an ongoing commitment to excellence, and the adoption of evidence-based practices	35	7.4%
Knows how to use learning contracts, coaching, feedback, positive reinforcement, and format training to promote staff members' professional development on the job	31	6.5%

**Note:** December 2019: N=475

### **Addressing Staff Training Needs**

- Regional Training Centers (RTCs) continue to analyze regional priority needs and schedule existing learning interventions (i.e., classroom sessions, learning labs, Guided Application and Practice (GAP) sessions, coaching) in the most appropriate times, locations, and frequencies.
- When appropriate interventions did not already exist in the OCWTP learning catalog, RTCs and IHS worked with contract trainers to develop and schedule 16 new learning interventions that addressed 34 competencies that previously had no learning interventions attached.

- Work teams continue to review priority needs to identify emerging trends or inconsistencies (needs assessment and population-specific work teams), discuss cross-region needs (RTC coordinators meetings), and identify new trainer/coach recruitment needs (trainer development and coaching work teams).
- When new learning interventions are required to address ongoing, systemic-level training needs, the state training coordinator works with content experts to develop new standardized learning interventions (both in-person and virtual) to be offered around the state.

### **Promoting Quality Needs Assessment and Development Planning**

- The one-hour, self-directed, online ITNA/IDP Context Module course was updated. The module name was changed to clarify that it is intended for caseworkers and supervisors. The module explains the key role of needs assessment within a competency-based training system, why it's critical to the ongoing development and success of a strong workforce, and provides tips to strengthen the needs assessment process, both from a worker and supervisor perspective. Workers and supervisors can review the course at any time from the OCWTP website, they can also receive one hour of training credit if they complete the course in its entirety through the OCWTP LMS.
- RTCs prompt individuals and their supervisors when ITNAs are due (or overdue) for completion. These email prompts contain links to short promotional videos targeted to individuals and supervisors, outlining the benefits of quality ITNA/IDP completions.
- During site visits with county directors, RTCs share current ITNA completion statistics and priority needs with agency directors, along with a short promotional video on ITNA/IDP developed from the director perspective.

### ***Trainer Development***

The OCWTP is committed to maintaining a pool of expert trainers. Recruitment, screening, and onboarding of new trainers as well as supporting and encouraging growth for current trainers are vital functions of the OCWTP. The contract vendor maintains a unit devoted to trainer development, the Steering Committee has a standing Trainer Development Work Team and an All but Classroom Work Team, and each RTC has specific roles and responsibilities related to trainer development. During this year, the OCWTP's trainer development activities have focused on the following:

- Observations: OCWTP and RTC staff are committed to observe both standardized trainings as well as trainer-developed trainings to monitor quality and provide feedback. Observations in FY 2020 have included:
  - 35 non-standardized workshops for caseworkers, supervisors, and/or caregivers
  - 19 in-person and 7 virtual Caseworker Core Modules
  - 5 Supervisor Core Modules
  - 19 Standardized FAK trainings for foster, adoptive and kin caregivers
  - 8 CAPMIS-specific trainings for caseworkers and supervisors
  - 5 virtual, instructor-led Preservice modules were observed each time a trainer

facilitated them for the first time

- Quality of Observation: A more efficient and competency-based observation form was developed. RTCs were set to pilot the new form in March and April 2020. The pilot was delayed due to COVID-19.
- CAPMIS Integration: OCWTP supported trainer integration of CAPMIS concepts in their workshops through the requirement that all trainers/coaches take the ODJFS developed CAPMIS Training of Trainers (TOT). By May 1, 2020, 94% of the trainers had taken the required TOT.
- Diversity Integration: The OCWTP has increased focus on the integration of diversity competence in all aspects of work. The Diversity TOT was redesigned to provide specific support to trainers in identifying areas of learnings that could address diversity. The interview form was updated to include a diversity statement and opportunity for discussion that allowed for more thorough assessment of a trainer's diversity competence. A tool has been drafted for use by trainers to provide a guide to strengthen the diversity competence of workshops. This tool was to be piloted in April and May 2020; however, it will be delayed until FY21 due to COVID-19.
- Evidence-Based Practice: A specific area on the OCWTP Distance Learning web page was significantly expanded to offer information, learning activities, technical assistance to trainers about virtual training design, development, and delivery. The goal of the resources was to ensure trainers had access to the most current information. These resources were also made available through the OCWTP home page, emails from the Trainer Development team and *Common Ground* articles.
- Recruitment of Trainers: Specific assessment of current trainers around Substance Use occurred, leading to recruitment efforts to expand the trainer pool of experts on the topic. Five new trainers were recruited to the program and several current trainers expanded the learnings that were available.

### *Distance Learning*

The OCWTP recognizes the need to meet learner's trainings needs when and wherever possible. Although the OCWTP has been exploring and offering distance learning activities since 1999, COVID-19 significantly increased the use and offering of self-directed and virtual-instructor led training. Major program shifts occurred to prioritize the conversion of standardized and other high-priority content from in-person classroom training to the virtual classroom.

The links below will take the reader to other locations within this report to read how the OCWTP addressed the initial, mandated training needs of each population during the health crisis:

- [Caseworkers](#)
- [Supervisors](#)
- [Prospective Foster Parents](#)

In April 2020, the OCWTP launched a new distance learning webpage (<https://www.ocwtpdistancelearning.net/>). Over the course of two months the website has been viewed over 6300 times.

## *Evaluation*

### Learning Surveys

The OCWTP uses both online and hard copy evaluation surveys for approximately 3,500 learning interventions offered each year for caseworkers, supervisors, and caregivers. During FY 2020, the OCWTP revised several evaluations, while piloting others.

Caseworker Core 7 and Core 8 surveys were pilot tested and updated to include multiple choice items (e.g., scenario-based, knowledge-based) developed by curricula experts and designed to reference key learning objectives to assess understanding and knowledge. Participants were also asked about their *readiness to use/apply* the information they learned, as well as their *intention to use/apply* what they learned. These new surveys also collect information about the training and trainer (e.g., relevance, direction, activities, and time to practice).

Analysis of the new learning survey for non-standardized trainings continued with commencement in June 2020 of initial testing of new reports from TEDS to enable deeper analysis of responses across participants. The new learning survey also collected demographic information, which, coupled with the new reporting, will enable analysis by role (e.g., caseworker, supervisor, assessor, caregiver, administrator).

The evaluation of instructor-led virtual learning was reviewed, and items were updated to include best-practice. Currently, the revised evaluation is undergoing critique and review by the All but Classroom Work Team to finalize the draft and then recommend to the OCWTP Steering Committee approval to pilot test.

### Program Evaluation

An overall approach to evaluation of the OCWTP included the ad hoc evaluation work group's review of the *Stakeholder Feedback on the Effectiveness of the Ohio Child Welfare Training Program* (February 2019 report by Wargo-Brock Workforce Dimensions). As a result of the work group's endeavors, evaluation revisions focused on knowledge- and performance-based and action-oriented metrics rather than mean scores. The idea being that information from the training evaluations can be used to gain insight into short-term outcomes rather than outputs of training, as well as continued improvement of the training content and experience.

## *Initial Training Requirements for Staff*

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

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

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

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

Core competencies are those that are fundamental and essential for all new caseworkers, regardless of their specific job responsibilities. First and foremost, OCWTP's initial training is developed to address Core competencies.

The Caseworker Core series has eight modules. IHS's contract with ODJFS required updates to four modules during 2020.

For each module:

- Content was updated to enhance understanding and application for current best practice in the following areas as those concepts applied to the competencies of each module.
  - Comprehensive Assessment Planning Model- Interim Solution ([CAPMIS](#))
    - CAPMIS concepts were integrated into updated case examples to reflect current populations served on Ohio (e.g., Assessing Safety Equation, Concern Statement Equation, & Behavior Change Equation)
  - Differential Response (DR) & [Practice Profiles](#)
  - Statewide Automated Child Welfare Information System ([SACWIS](#))
  - Family First Prevention Services Act
  - Normalcy ([ORC 5103.162 Qualified immunity of foster caregiver](#) & [2151.315 Participation in extracurricular, enrichment, and social activities](#))
  - The Comprehensive Addiction Recovery Act ([CARA](#)) legislation

(e.g. impact of trauma on child development/child vulnerability, differentiating assessment of safety and risk, least restrictive interventions, and placement, collaborative and family led engagement of families, understanding, and applying family case plans etc.)

Due to the [Family Case Plan](#) changes, additional revisions were made to caseworker Core 4 and

6 plus learning labs, as well as the CAPMIS Case Plan module. Highlighted Practice Profiles Skill Sets were also added to all four one day CAPMIS Modules.

Due to the COVID-19 crisis:

- Caseworker Core 2, 4, 6, 7 and 8 (Plus Learning Labs) were adapted and piloted as instructor-led virtual learnings.
- Statewide caseworker core and CAPMIS scheduling was created and implemented for any caseworkers that could attend.
- A [Casework Quarantine Resource Guide](#) was created for caseworkers to apply their current world to casework practice including things to consider, examples, and resources in these key areas:
  - Virtual Engagement
  - In-Person Engagement
  - Safety Assessment
  - Safety Re-Assessment
  - Strengths & Needs Assessment
  - Case Planning
  - Collateral Contacts
  - Interviewing AP (Alleged Perpetrator)/ASR (Adult Subject of Report)
  - Interviewing CV (Child Victim)/CSR (Child Subject of Report)
  - Domestic Violence
- 5 New CAPMIS Guided Application Practice modules were created and converted to virtual learning (learning descriptions later in this section):
  - Assessing & Planning w/ Families
  - How Can CAPMIS Work for You?
  - Differentiating Between Safety & Risk
  - Family Case Planning GAP
  - Family Case Planning Learning Lab

To continue to ensure Caseworker Core Modules teach best practice service delivery, OCWTP:

- Collected feedback from E-Track evaluation surveys, ODJFS, RTC (Regional Training Center) staff and trainers.
- Consulted with ODJFS, RTC and long-term trainer stakeholders regarding ideas for general improvements.
- Conducted literature and rule reviews to identify new information.
- Revised content to reflect best practice thinking and application.
- Revised small group discussions, case examples, videos to reflect current child welfare practice, and updated information.
- Developed new handouts, desk reference guides and activities to engage learners and promote transfer of learning (Safety vs. Risk desk guide and Assessing Safety Equation Magnets).

Caseworker Core Learning Descriptions can be found [HERE](#).

The following enhancements were made to the learning during 2019-2020:

- **Module 1 Family-Centered Approach to Child Protective Services**

- Introduce safety, permanency, & well-being concepts for all child welfare work.
- Introduce learning journey resources and learner investment in long term skill retention.
- Provide foundational thinking journey for assessing & planning for families for best practice (CAPMIS model).
  - Introduce safety factors around Physical Abuse, Neglect and Sexual Abuse.
- Introduce Ohio's Differential Response child protection system.
- Inclusion and application of Child Protective Services Intervention Principles of Ohio's Child Welfare Practice Model.
  - [Ohio Practice Profiles](#)- connecting with principles & utilizing as a resource to partner with families.
  - Skill sets practiced: Engaging and Cultural and Diversity Competence
- Enhanced Diversity Competence and Cultural Humility practice and understanding as a journey rather than a destination.
- Enhanced and updated application regarding Strength-Based, Least Intrusive & Least Restrictive Practice.
- Updated 2016 American Academy of Pediatrics *Visual Diagnosis of Child Abuse* images and information.
- Gaming added for deepened learning.

- **Module 3 Legal Aspects of Family-Centered Child Protective Services**

- Added focus on CAPMIS framework for assessing & planning with families as connects to court involvement.
- Added opportunities to practice skills.
- Legislative Updates (State and Federal) included and applied to daily casework practice through interactive learning exercises.
  - Connecting statutes to assessing and working with families.
  - Applying least intrusive best practice to safety planning with families.
- .
- Updated and Ohio Relevant Case Examples.
- Deeper learning (including quizzing and ongoing resource location and utilization) exercises added.

- **Module 7 Child Development: Implications for Family-Centered Child Protective Services**

- Integration of CAPMIS concepts of Child Vulnerability and Adult Protective Capacities embedded throughout the curriculum.



- Added information to create awareness of Trauma-Informed Care goals as statewide initiative in Ohio.
  - Updated content regarding the impact of trauma on child development throughout curriculum.
  - Changed infant development slides from dated photos to content from the [CDC Milestones](#) .
  - Updated Resources regarding Engaging and Assessing children.
  - Added content regarding gender identity, sexual orientation and supporting LGBTQ+ youth.
  - Added mindfulness exercises to be used for self-care and to share with caregivers and children.
  - Updated information on managing mental health emergencies.
- **Module 8 Separation, Placement, and Reunification in Family-Centered Child Protective Services**
    - Updated Literature findings on Trauma, Grief & Loss.
    - Removal/Placement Experience as Ambiguous Loss vs. Phases of Grief.
    - Updated Practice, Resources & Outcomes on the Kinship Priority.
    - Updated Practice, Research & Outcomes on the Sibling Priority.
    - Understanding & Prioritizing Youth & Family Team Decision Making.
    - Normalcy – Prudent/Reasonable Parent Standards.
    - CAPMIS Model as Guide to Holistic Case Decision Making.
      - Applied Learning on Reunification Readiness.
    - Inclusion of Child Protective Services Intervention Principles of Ohio’s Child Welfare Practice Model.
      - [Ohio Practice Profiles](#)- connecting with principles & utilizing as a resource to partner with families.
      - Skill sets practiced: Partnering & Advocating.
    - Prioritizing Least Intrusive Safety Planning when an Active Safety Threat is Present.
    - Prioritizing Least Restrictive Placement Option when Removal must occur.
    - Understanding & Prioritizing Least Restrictive Visitation.
    - Updated Best Practice on Permanency Planning Throughout the Case Process.

The number of caseworkers who attended each core module in FY2020 appears in the Table below. These numbers include both classroom and distance learning attendees. Virtual instructor-led training sessions were diligently put into place following COVID-19 restrictions on public gatherings.

Caseworker Core Modules	Statewide Attendance Classroom	Statewide Attendance Distance Learning*
<b>Module 1 Family-Centered Approach to Child Protective Services</b> (12 hours)	597	NA
<b>Module 2 Engaging Families in Family-Centered Child Protective Services</b> (6 hours)	566	231
<b>Module 3 Legal Aspects of Family-Centered Child Protective Services</b> (12 hours)	511	NA
<b>Module 4 Assessment and Safety Planning in Family-Centered Child Protective Services</b> (12 hours)	555	86
<b>Module 5 Gathering Facts in Family-Centered Child Protective Services</b> (6 hours)	535	NA
<b>Module 6 Service Planning and Provision in Family-Centered Child Protective Services</b> (18 hours)	454	NA
<b>Module 7 Child Development: Implications for Family-Centered Child Protective Services</b> (18 hours)	527	NA
<b>Module 8 Separation, Placement, and Reunification in Family-Centered Child Protective Services</b> (18 hours)	338	NA

\* Note: Distance Learning attendance includes totals from each part of a session. So, if a session has three parts, attendees are counted from all parts of the session.

During FY2020, the Caseworker Core series was offered *in the classroom* approximately 37 times across the state.

Regional Training Center	# of Caseworker Core Rounds	Regional Training Center	# of Caseworker Core Rounds
<b>Central (Columbus)</b>	10	<b>Northwest (Toledo)</b>	3
<b>East Central (Cambridge)</b>	2	<b>Southeast (Athens)</b>	2
<b>North Central (Cuyahoga)</b>	5	<b>Southwest (Cincinnati)</b>	6
<b>Northeast (Akron)</b>	6	<b>Western (Dayton)</b>	3

The Caseworker Core series includes five optional learning labs, following Modules 2, 4, 5, and 6 for in-depth practice applying the training content. There were 170 sessions offered across all the RTCs. Attendance for the Learning Labs appears in the table below.

Caseworker Core Learning Labs	Statewide Attendance Classroom	Statewide Attendance Distance Learning*
<b>Module 2 (Engagement Skills)</b>	433	148
<b>Module 4-1 (Assessing Safety)</b>	434	29
<b>Module 4-2 (Assessing Strengths and Needs)</b>	421	25
<b>Module 5 (Gathering Facts)</b>	430	NA
<b>Module 6 (Service Planning)</b>	319	11

\* Note: Distance Learning attendance includes totals from each part of a session. So, if a session has three parts, attendees are counted from all parts of the session.

Some new caseworkers are graduates of the University Partnership Program (UPP) and are not required to complete all modules of Caseworker Core upon hire at an Ohio county child welfare agency. Through a collaboration between eight public universities, the OCWTP, ODJFS and the Public Children Services Association of Ohio (PCSAO), UPP graduates complete college courses based on seven of the eight Caseworker Core Modules (Module 3: Legal Aspects of Family-Centered Child Protective Services, is not taught through UPP). In 2019, Ohio's county child welfare agencies hired 43 UPP graduates. More information about Ohio's UPP can be found here: <http://www.pcsao.org/programs/universitypartnership>.

### *Caseworker Core and Learning Lab Evaluation Feedback*

There were 4,080 caseworkers who participated in caseworker core training in the classroom during FY 2020. When asked, **“Will your job performance improve because of what you learned in this training?”** on average, 97% of caseworkers ***strongly agreed*** (63%) or ***agreed*** (34%). See the Table *Count and Percent of Level of Agreement by Caseworker CORE Module* below.

*Count and Percent of Level of Agreement by Caseworker CORE Module (N, %) – Classroom Training*

	Module 1	Module 2	Module 3	Module 4	Module 5	Module 6	Module 7	Module 8
<b>Strongly agree</b>	291, 64%	241, 57%	264, 68%	269, 62%	260, 62%	199, 62%	271, 65%	175, 73%
<b>Agree</b>	156, 34%	179, 42%	110, 28%	156, 36%	150, 36%	111, 35%	136, 33%	62, 26%
<b>Disagree</b>	6, 1%	4, 1%	9, 2%	4, 1%	5, 1%	8, 3%	4, 1%	2, 1%
<b>Strongly disagree</b>	1, 0%	1, 0%	4, 1%	2, 0%	2, 0%	1, 0%	3, 1%	0, 0%

There were 2,250 people who participated in the caseworker learning labs associated with caseworker core in FY 2020.

When asked, **“Will your job performance improve because of what you learned in this training?”** on average, 99% of caseworkers ***strongly agreed*** (66%) or ***agreed*** (33%). See the Table *Count and Percent of Level of Agreement by Caseworker CORE Module* below.

*Count and Percent of Level of Agreement by Caseworker Learning Lab (LL) Module (N, %)*

	Module 2 LL	Module 4 LL1	Module 4 LL2	Module 5 LL	Module 6 LL
<b>Strongly agree</b>	228, 67%	213, 67%	212, 66%	199, 61%	158, 68%
<b>Agree</b>	110, 32%	105, 33%	105, 33%	122, 37%	73, 31%
<b>Disagree</b>	3, 1%	1, 0%	3, 1%	6, 2%	2, 1%
<b>Strongly disagree</b>	0, 0%	0, 0%	0, 0%	0, 0%	1, 0%

The table below summarizes the status of the revisions to Caseworker Core Modules during FY 2020.

Caseworker Core Modules	Revisions
Module 1 Family-Centered Approach to Child Protective Services (12 hours)	Revised in 2020
Module 3 Legal Aspects of Family-Centered Child Protective Services (12 hours)	Revised in 2020
Module 4 Assessment and Safety Planning in Family-Centered Child Protective Services (12 hours)	Revised in 2020
Module 6 Service Planning and Provision in Family-Centered Child Protective Services (18 hours)	Revised in 2020
Module 7 Child Development: Implications for Family-Centered Child Protective Services (18 hours)	Revised in 2020
Module 8 Separation, Placement, and Reunification in Family-Centered Child Protective Services (18 hours)	Revised in 2020

The following pages summarize evaluation feedback from caseworkers for each Core module and Learning Lab held between July 1, 2019 and May 26, 2020. The data summarized below are from *Sessions Delivered* and *Survey Results by Learning* reports. As a result of using two different reports, the respondent counts used for calculating response rates and item (i.e., *job performance will improve because of what was learned in the training*) results may not be equal. Some training sessions might not have been closed in E-Track; consequently, the tendency would be for the *Survey Results by Learning* report counts to be higher than those in the *Sessions Delivered* report (i.e., sessions do not show on the *Delivered* report until they are closed).

Summary details about job performance improving because of what was learned in this training for each in-person classroom Module was presented above in the table entitled, *Count and Percent of Level of Agreement by Caseworker CORE Module (N, %) – Classroom Training* and is not repeated again.

### **Module 1: Family-Centered Approach to Child Protective Services - Classroom**

**32** statewide sessions, **597** attendees, **502** respondents, **84%** response rate

### **Module 2: Engaging Families in Family-Centered Child Protective Services - Classroom**

**32** statewide sessions, **566** attendees, **426** respondents, **75%** response rate

### **Module 2: Engaging Families in Family-Centered Child Protective Services – Distance Learning (3 two-hour sessions)**

Part 1 - 7 statewide sessions, 91 attendees, 66 respondents, 73% response rate

Part 2 - 6 statewide sessions, 70 attendees, 40 respondents, 57% response rate

Part 3 - 6 statewide sessions, 70 attendees, 43 respondents, 61% response rate

**Part 1** When asked if they “intended to use this learning after the training”, 99% (83/84) of the respondents said yes.

**Part 2** When asked if they “intended to use this learning after the training”, 99% (70/71) of the respondents said *yes*.

**Part 3** When asked if they “intended to use this learning after the training”, 96% (68/71) of the respondents said *yes*.

### **Module 2: Learning Lab - Engagement Skills (6 hours) (Optional) – Classroom**

**30** statewide sessions, **433** attendees, **342** respondents, **79%** response rate

### **Module 2: Learning Lab - Engagement Skills (6 hours) (Optional) – Distance Learning**

Part 1 - 6 statewide sessions, 62 attendees, 40 respondents, 65% response rate

Part 2 - 5 statewide sessions, 44 attendees, 30 respondents, 68% response rate

Part 3 - 5 statewide sessions, 42 attendees, 28 respondents, 67% response rate

**Part 1** When asked if they “intended to use this learning after the training”, 98% (59/60) of the respondents said *yes*.

**Part 2** When asked if they “intended to use this learning after the training”, 98% (61/62) of the respondents said *yes*.

**Part 3** When asked if they “intended to use this learning after the training”, 98% (56/57) of the respondents said *yes*.

### **Module 3: Legal Aspects of Family-Centered Child Protective Services – Classroom**

**28** statewide sessions, **511** attendees, **394** respondents, **77%** response rate

### **Module 4: Assessment and Safety Planning in Family-Centered Child Protective Services – Classroom**

**29** statewide sessions, **555** attendees, **422** respondents, **76%** response rate

### **Module 4: Assessment and Safety Planning in Family-Centered Child Protective Services – Distance Learning (6 two-hour sessions)**

Part 1 - 1 statewide sessions, 16 attendees, 10 respondents, 63% response rate

Part 2 - 1 statewide sessions, 14 attendees, 9 respondents, 64% response rate

Part 3 - 1 statewide sessions, 14 attendees, 10 respondents, 71% response rate

Part 4 - 1 statewide sessions, 14 attendees, 9 respondents, 64% response rate

Part 5 - 1 statewide sessions, 14 attendees, 9 respondents, 64% response rate

Part 6 - 1 statewide sessions, 14 attendees, 9 respondents, 64% response rate

**Part 1** When asked if they “intended to use this learning after the training”, 100% (31/31) of the respondents said yes.

**Part 2** When asked if they “intended to use this learning after the training”, 97% (28/29) of the respondents said yes.

**Part 3** When asked if they “intended to use this learning after the training”, 100% (25/25) of the respondents said yes.

**Part 4** When asked if they “intended to use this learning after the training”, 96% (25/26) of the respondents said yes.

**Part 5** When asked if they “intended to use this learning after the training”, 100% (23/23) of the respondents said yes.

**Part 6** When asked if they “intended to use this learning after the training”, 100% (23/23) of the respondents said yes.

**Module 4: Learning Lab 1 – Assessing Safety and Controlling Safety Threats (6 hours) (Optional) – Classroom**

**33** statewide sessions, **434** attendees, **320** respondents, **74%** response rate

**Module 4: Learning Lab 2 – Assessing Family Strengths, Needs and Risk of Future Harm (6 hours) (Optional) – Classroom**

**32** statewide sessions, **421** attendees, **310** respondents, **74%** response rate

**Module 4: Learning Lab 1 – Assessing Safety and Controlling Safety Threats (6 hours) (Optional) – Distance Learning (3 two-hour sessions)**

Part 1 - 1 statewide session, 10 attendees, 9 respondents, 90% response rate

Part 2 - 1 statewide session, 9 attendees, 8 respondents, 89% response rate

Part 3 - 1 statewide session, 10 attendees, 9 respondents, 90% response rate

**Part 1** When asked if they “intended to use this learning after the training”, 100% (25/25) of the respondents said yes.

**Part 2** When asked if they “intended to use this learning after the training”, 100% (20/20) of the respondents said yes.

**Part 3** When asked if they “intended to use this learning after the training”, 100% (18/18) of the respondents said yes.

**Module 4: Learning Lab 2 – Assessing Family Strengths, Needs and Risk of Future Harm (6 hours) (Optional) – Distance Learning (3 two-hour sessions)**

Part 1 - 1 statewide sessions, 9 attendees, 6 respondents, 67% response rate

Part 2 - 1 statewide sessions, 9 attendees, 7 respondents, 78% response rate

Part 3 - 1 statewide sessions, 7 attendees, 6 respondents, 86% response rate

**Part 1** When asked if they “intended to use this learning after the training”, 100% (14/14) of the respondents said yes.

**Part 2** When asked if they “intended to use this learning after the training”, 100% (14/14) of the respondents said yes.

**Part 3** When asked if they “intended to use this learning after the training”, 100% (15/15) of the respondents said yes.

#### **Module 5: Gathering Facts in Family-Centered Child Protective Services - Classroom**

**31** statewide sessions, **535** attendees, **404** respondents, **76%** response rate

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

**39** statewide sessions, **430** attendees, **321** respondents, **75%** response rate

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

**29** statewide sessions, **454** attendees, **320** respondents, **70%** response rate

#### **Module 6: Learning Lab – Service Planning (6 hours) (Optional) – Classroom**

**25** statewide sessions, **319** attendees, **232** respondents, **73%** response rate

#### **Module 6: Learning Lab – Service Planning (6 hours) (Optional) – Distance Learning (2 one and a half hour sessions)**

Part 1 - 2 statewide session, 7 attendees, 4 respondents, 57% response rate

Part 2 - 1 statewide session, 4 attendees, 2 respondents, 50% response rate

**Part 1** When asked if they “intended to use this learning after the training”, 100% (18/18) of the respondents said yes.

**Part 2** When asked if they “intended to use this learning after the training”, 100% (16/16) of the respondents said yes.

#### **Module 7: Child Development: Implications for Family-Centered Child Protective Services – Classroom**

**30** statewide sessions, **524** attendees, **436** respondents, **83%** response rate

#### **Module 8: Separation, Placement, and Reunification in Family-Centered Child Protective Services – Classroom**

**27** statewide sessions, **338** attendees, **253** respondents, **75%** response rate

#### ***Caseworker Core Training Transfer of Learning***

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



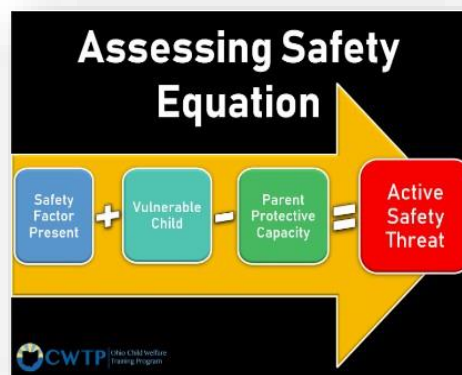
**Supervisor Checklist: Caseworker Core TOL:** The OCWTP has a supervisor TOL checklist for each Caseworker Core Module that identifies steps a supervisor should take with a new caseworker prior to attending the module, and a series of questions and strategies that can be used with the caseworker after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

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

**Post Caseworker Core Resources:** [Caseworker core updated learning resources](#) are loaded onto the respective "Caseworker Core" "CAPMIS Resources" and "SACWIS Resources" Trainee links from the OCWTP website.

#### Desk Reference Guides:

- Assessing Safety Equation magnets are given out in core modules to serve as desk reference guides post learning.



- Safety vs. Risk desk reference guides were created and are shared in core modules to serve as desk reference guides post learning.

Safety	Risk
	
<b>WHAT IS</b>	<b>WHAT IF</b>
<ul style="list-style-type: none"> <li>• Immediate</li> <li>• Serious Harm <ul style="list-style-type: none"> <li>.. Significant Injury or Suffering</li> <li>.. Death</li> <li>.. Disable, Disfigure and/or Delay</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Protracted Future</li> <li>• Likelihood of Maltreatment</li> <li>• Likelihood of Any Degree of Harm</li> </ul>
<b>CONTROL</b>	<b>BEHAVIOR CHANGE</b>
<b>SAFETY PLAN</b>	<b>CASE PLAN</b>



- CARE CARDS were created and are given out as business cards in core module 1 to serve as best practice reminders for engagement with families.



- Updated modules 1, 3, 7 and 8 have new interactive note taking guides to deepen learning and serve as on the job tools as needed in their ongoing caseworker practice.

### *Addressing Initial Skills and Knowledge Needs of Supervisors*

The OCWTP addresses the initial skills and knowledge needs of Ohio's direct-service supervisors in four ways:

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

OAC rule [5101:2-33-56](#) requires a newly hired PCSA supervisor to complete the OCWTP's Supervisor Core series within their first two years of employment in that position. Each Core module introduces fundamental knowledge and skills new supervisors must learn and continue to develop to become an effective child welfare supervisor.

Supervisor Core is 72 hours of training, covered in six modules ([click this link to read a description of each Supervisor Core module](#)). The modules are listed below with the total number of supervisors who attended each module in FY19 and FY20.

Supervisor Core Module	# of Sessions		Hours Trained		# of Supervisors Attended	
	FY19		FY20	FY19	FY20	FY19   FY20
<b>SC1: Supervising Casework Practice</b>	11	8	132	96	123	71
<b>SC2: Leadership in Child Welfare</b>	11	7	132	84	111	66
<b>SC3: Leading Change and Managing Conflict</b>	10	6	120	72	114	35

Supervisor Core Module	# of Sessions		Hours Trained		# of Supervisors Attended	
	FY19	FY20	FY19	FY20	FY19	FY20
<b>SC4: Assessing and Evaluating Individual Staff Performance</b>	10	5	120	60	105	59
<b>SC5: Professional Development of Staff</b>	11	5	132	60	118	59
<b>SC6: Building a Highly Effective Unit</b>	7	6	84	72	78	73

Due to COVID-19, all in-person Supervisor Core sessions were suspended between March 4, 2020 - June 9, 2020. Two regional training centers offered in-person Supervisor Core sessions in June, however the remaining RTCs cancelled their in-person sessions through the end of the fiscal year. One session of an online version of Supervisor Core Module 6 will be piloted in June. It is yet to be seen what impact COVID-19 will have on supervisors meeting their initial training requirements.

In all, 17 sessions of Supervisor Core were cancelled between March 1, 2020 – June 30, 2020. The table below depicts the number of cancellations of each module.

Supervisor Core Module	# of Sessions Cancelled
<b>SC1: Supervising Casework Practice</b>	1
<b>SC2: Leadership in Child Welfare</b>	2
<b>SC3: Leading Change and Managing Conflict</b>	4
<b>SC4: Assessing and Evaluating Individual Staff Performance</b>	2
<b>SC5: Professional Development of Staff</b>	3
<b>SC6: Building a Highly Effective Unit</b>	4

As part of the Supervisor Core series, the OCWTP offers a standardized learning lab to further develop supervisor's skill within specific practice areas. Attendance is not mandatory but is highly recommended. A revision of this lab was piloted in Spring 2020. The revision better aligned the critical thinking process and CAPMIS. The revision also incorporated practice of motivational interviewing techniques supervisors could use with their staff to promote behavior change.

Supervisor Core Companion Learning Lab	# of Sessions		Hours Trained		# of Supervisors Attended	
	FY19	FY20	FY19	FY20	FY19	FY20
Promoting Critical Thinking in Casework Practice	4	1	24	6	20	4
Promoting Critical Thinking in Casework Practice (revision/pilot)	-	1	-	6	-	3

## *Supervisor Core Evaluation Feedback*

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

Collecting these data helps the training system:

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

Collecting these data helps new supervisors:

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

## *Transfer of Learning Questions*

The first question on each Supervisor Core evaluation is a transfer of learning question. Responses to these questions help the OCWTP understand the support felt prior to attending Supervisor Core and the degree to which supervisors implemented what they learned in the classroom to the job. One example of a transfer of learning question from Supervisor Core Module 2 survey asks, *“In Module 1, you learned about Kadushin's Model of Supervision. Have you changed your supervision practice as a result of attending Module 1?”*

*Supervisor Core Module 1 Transfer of Learning Question: Did your supervisor help prepare you for attending Supervisor Core?*

The Supervisor Core Module 1 transfer of learning question is a little different than the other modules. It asks supervisors about the support they received prior to attending Supervisor Core.

Sixty-four percent of those who attended Supervisor Core Module 1 between July 1, 2019 – May 31, 2020 reported their supervisor prepared them to attend Supervisor Core.

Yes	No
29 (64%)	16 (36%)

### ***Supervisor Core Module's 2-5 Transfer of Learning Questions***

Approximately, 82% of respondents (111/135) reported they implemented a change in their supervision practice after attending a prior Supervisor Core Module, 1 through 5.

### ***Supervisor Core Module's 1-6 Evaluation Data (July 2019 – June 2020)***

Each survey asked: “*To what extent will your job performance improve because of what you learned in this training?*”

	Module 1	Module 2	Module 3	Module 4	Module 5	Module 6
Greatly Improve	53%	46%	53%	62%	49%	48%
Improve	40%	52%	40%	38%	51%	37%
Stay the Same	7%	2%	7%	0%	0%	15%

A.

Responses “Greatly Improve” and “Improve” are considered positive answers. Upon examination of the survey comments, at least of the individuals who reported their performance would “Stay the Same” were not direct-service supervisors, but, rather, were attending the Supervisor Core Modules for other reasons (e.g., a training liaison, state technical assistance specialist).

### ***Supervisor Core Module 1: Supervising Casework Practice (12 hours)***

Evaluation Data	FY19	FY20
Sessions	11	8
OCWTP Attendees	123	71
Survey Respondents	86	45
Response Rate	70%	63%

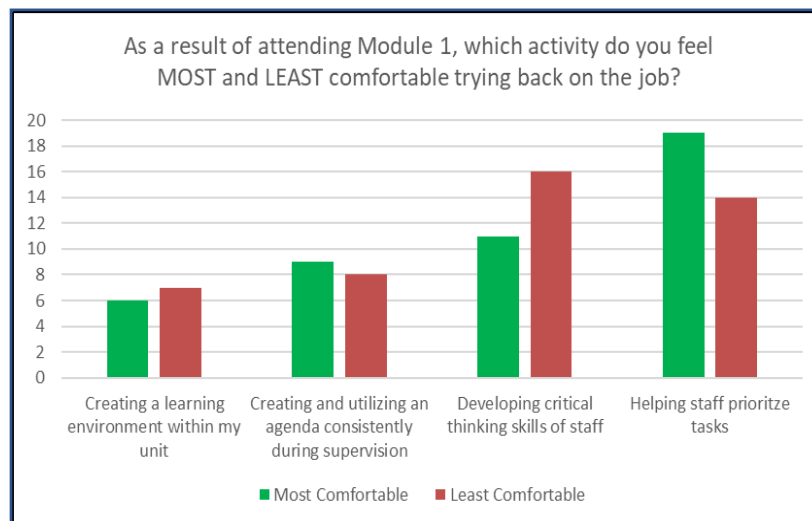
Key Concept	% Responses Demonstrated Knowledge	
	FY19	FY20
Can you tell us why your role as a casework supervisor is so important?	88%	78%
Can you tell us how you can help your worker develop critical thinking skills?	88%	78%
Can you tell us how you can use the Differential Response Practice Profiles to support good casework practice?	58%	71%

When asked “As a result of this workshop, will you change your behavior in at least one way? If yes, please describe how your behavior will change.” 96% percent (43/45) of survey respondents said they would change a behavior.

A sample of responses to this question:

- *I will try to not be so quick to drop what I am doing to meet the request of case workers that drop in to ask for something. I will have them evaluate how urgent their request is and see if they can wait until I am available to address their need.*
- *Be intentional about being playful and creating time for management tasks.*
- *Going out with workers*
- *Adding things to individual supervision- asking workers for not just an update on the case but getting them to provide detail about the families’ behavior changes (if any), protective capacities, child vulnerabilities to help them think big picture and hopefully move cases along safer and quicker.*
- *More intentional supervision with focus on growing the caseworker, not just on case issues.*
- *I will not allow the negativity in the office to bring me into a place of utter despair. I will not allow others to make me feel like I cannot do this job. I will learn that I can only manage what I can within my unit, and I will do so with the tools that are given to me. I will do it with the positive attitude that I grew up with and have always had until recently.*
- *Consistency with conferencing will be a priority while instituting more of the critical thinking process during those conferences.*

When asked which skills they felt most and least comfortable trying back on the job, survey respondents reported:



***Supervisor Core Module 2: Leadership in Child Welfare (12 hours)***

Evaluation Data	FY19	FY20
Sessions	11	7
OCWTP Attendees	111	66
Survey Respondents	78	48
Response Rate	70%	73%

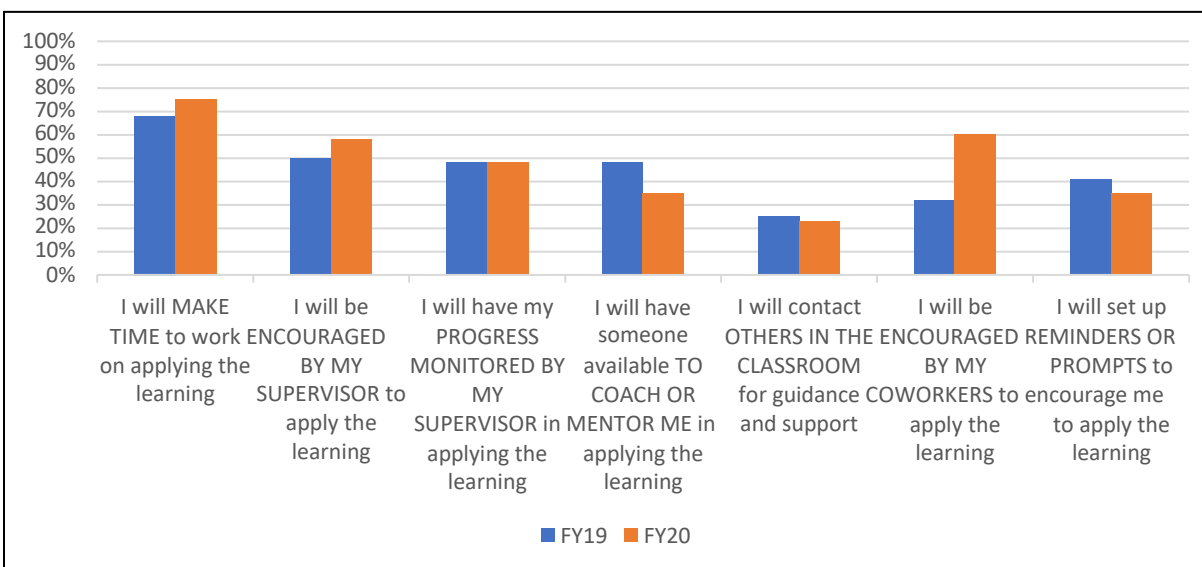
Key Concept	% Responses Demonstrated Knowledge	
	FY19	FY20
Can you tell us what it means to be “on the balcony”?	81%	87%
Can you explain the difference between management and leadership?	87%	95%
Can you tell us what a transactional leader would focus on in a unit meeting?	93%	91%

When asked “*As a result of this workshop, will you change your behavior in at least one way? If yes, please describe how your behavior will change.*” 96% percent (46/48) of survey respondents said they would change a behavior.

A sample of responses to this question:

- *I will ensure that I am always sharing positive attributes or telling workers how they are valued. I will ensure that I am looking at the big picture and moving forward with the agency and the latest initiatives.*
- *Will create a vision and mission that is unit specific. This will be listed on agenda's and emails.*
- *Being a new supervisor, I was task driven because I wanted to make everything was getting done, etc. but I need to remember what it was like being a caseworker and use that to motivate my workers.*
- *Focusing my supervision style more on being a leader vs. managing. Spending more time "on the balcony".*
- *Work on listening to understand versus listening to respond.*
- *Be more mindful of my more experienced workers- ensuring not placing the burden on them, continuing to support them.*

Having support back on the job is important to TOL. The chart below depicts the percentage of survey respondents who had various TOL supports in place when asked “*Following this workshop, as [you] begin to apply what [you] have learned, [you] will have at least one of the following supports in place.*” (participants could choose more than one).



### ***Supervisor Core Module 3: Leading Change and Managing Conflict (12 hours)***

Evaluation Data	FY19	FY20
Sessions	10	5
OCWTP Attendees	114	26
Survey Respondents	81	15
Response Rate	71%	58%

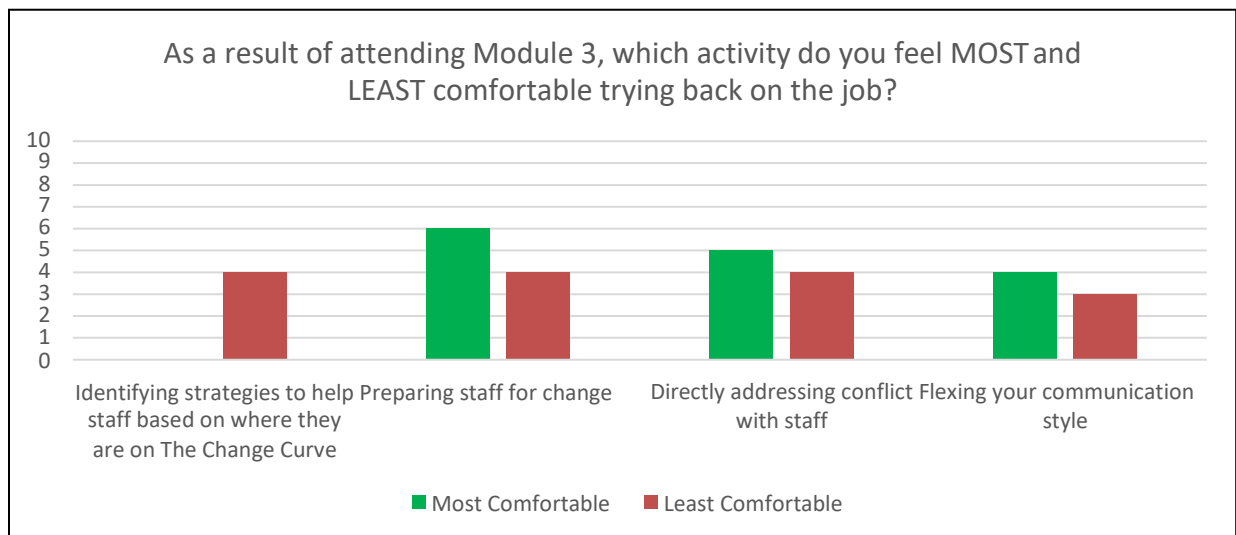
Key Concept	% Responses Demonstrated Knowledge	
	FY19	FY20
Can you list three strategies, that were covered in the workshop, to prepare for change?	65%	77%
Can you provide one strategy to help a Change Critic to move forward with change?	87%	100%
Can you tell us your communication style and how you will flex it to better communicate with a staff person who has an opposite style?	71%	46%

When asked “As a result of this workshop, will you change your behavior in at least one way? If yes, please describe how your behavior will change.” 100% percent (15/15) of survey respondents said they would change a behavior.

A sample of responses to this question:

- *I will try to flex to the communication style of others when I recognize that they have a different style than mine.*
- *I will recognize that resistance to change is not always bad, and that as a Supervisor I need to recognize the resistance. Uncover the reason why and help staff manage the feelings related to change.*
- *I plan to openly communicate with my staff and accept them for where they are.*
- *I will be more attentive to the "why" in the staff's responses meeting them where they are.*
- *I will pay more attention to the communication styles of my staff and adopt how I am working with them based on this.*

When asked which skills they felt most and least comfortable trying back on the job, survey respondents reported:



#### ***Supervisor Core Module 4: Assessing and Evaluating Individual Staff Performance (12 hours)***

Evaluation Data	FY19	FY20
Sessions	10	4
OCWTP Attendees	105	48
Survey Respondents	66	39
Response Rate	63%	81%



Key Concept	% Responses Demonstrated Knowledge	
	FY19	FY20
Can you explain what it means to “choose the right words” when assessing and evaluating staff performance and giving feedback?	84%	84%
Can you explain the connection between mission, job descriptions, and performance expectations?	66%	44%
Can you write performance expectations based on job tasks?	84%	71%

When asked “*As a result of this workshop, will you change your behavior in at least one way? If yes, please describe how your behavior will change.*” 97% percent (38/39) of survey respondents said they would change a behavior.

A sample of responses to this question:

- *Provide support to the staff without removing responsibility. Sometimes I find it easier to slip back into attorney of record mode.*
- *One thing that stood out to me over everything else was the idea of separating the ideas of supervision and case consulting. I will focus more on the professional growth and development of my staff and what they need to continue to be successful, separately from case consulting.*
- *I will be more prepared prior to speaking with staff regarding any concerns. In preparation for difficult conversations, I will role play what the worker might say during the interaction in order to prepare an appropriate response.*
- *I will make every effort to continually offer both constructive and positive feedback to promote the behaviors that support the agency mission.*

The Supervisor Core Module 4 survey asks respondents to share how confident and committed they are to attempt some of the skills introduced and practiced in the workshop. The OCWTP uses this data to assess the participants readiness and commitment to apply skills learned in the classroom back on the job.

#### ***Supervisor Core Module 5: Professional Development of Staff (12 hours)***

Evaluation Data	FY19	FY20
Sessions	10	5
OCWTP Attendees	106	53
Survey Respondents	67	37
Response Rate	63%	70%

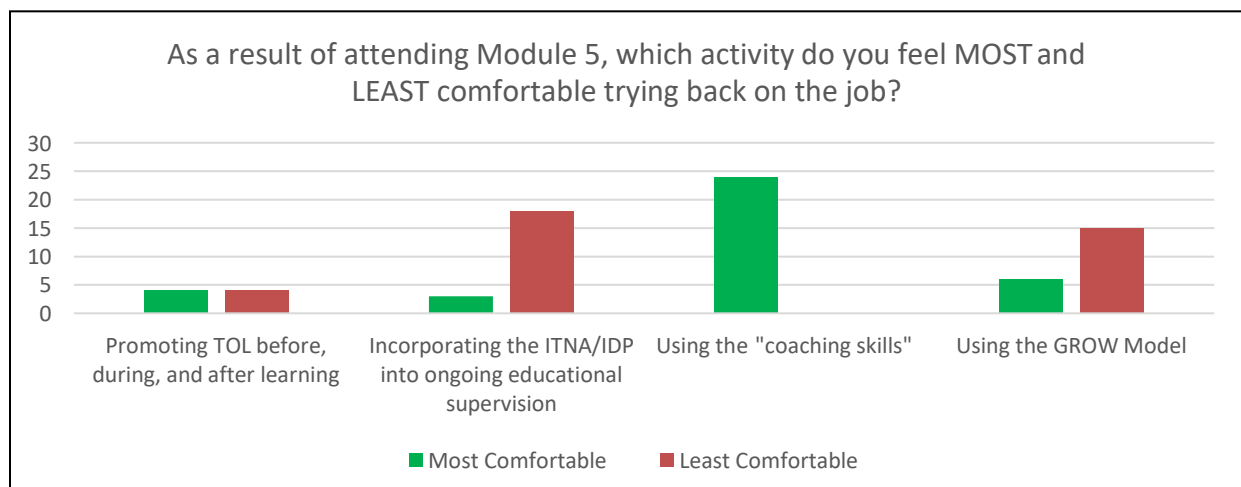
Key Concept	% Responses Demonstrated Knowledge	
	FY19	FY20
Can you tell us how you will support your staff's transfer of learning?	94%	97%
Can you tell us how you plan to engage your staff in the ITNA/IDP process?	92%	94%
Can you provide an example of how you will integrate the "coaching mindset" into your daily practice?	100%	94%

When asked “As a result of this workshop, will you change your behavior in at least one way? If yes, please describe how your behavior will change.” 100% percent (37/37) of survey respondents said they would change a behavior.

A sample of responses to this question:

- *I will be more aware of my staff's goals and aspirations. I will not only focus on specific case consultation in supervision but check in with them to see how they are doing and what their goals are as well as what they may be struggling with in order to help them grow professionally.*
- *I will make sure to focus more on trainings for my workers and the Transfer of Learning Model as well I will also continue to coach my staff and allow them to plan and offer insight in paths to take with their families.*
- *I want to set my team up for success. I want them to know they can come to me and we can brainstorm together on what needs to happen in their caseloads. I want to encourage them to come up with the answers they are seeking while providing appropriate guidance.*

When asked which skills they felt most and least comfortable trying back on the job, survey respondents reported:



## Supervisor Core Module 6: Building a Highly Effective Unit

Evaluation Data	FY19	FY20
Sessions	8	5
OCWTP Attendees	90	53
Survey Respondents	51	35
Response Rate	57%	66%

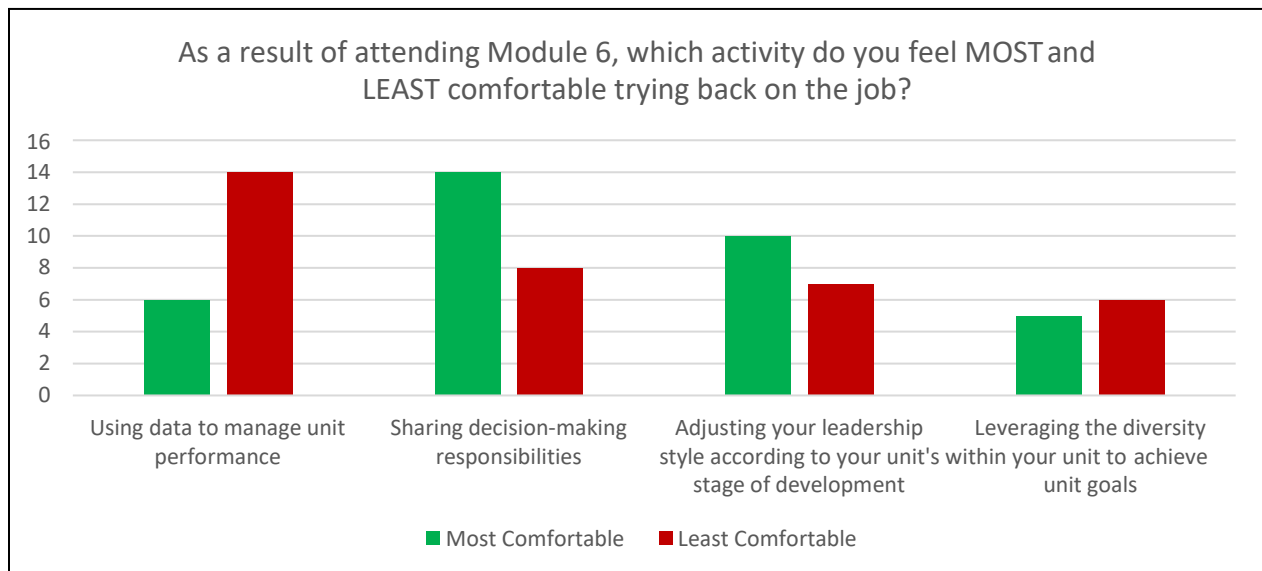
Key Concept	% Responses Demonstrated Knowledge	
	FY19	FY20
Can you list at least 5 characteristics of highly effective units?	94%	81%
Can you tell us a supervision strategy to work with a “conscientious” behavior type?	100%	100%
Can you provide an example of when you <b>WOULD NOT</b> try to achieve consensus when making a decision in your unit?	71%	61%

When asked “As a result of this workshop, will you change your behavior in at least one way? If yes, please describe how your behavior will change.” 86% percent (30/35) of survey respondents said they would change a behavior.

A sample of responses to this question:

- *Modeling emotional connectiveness to be aware of feelings and moods.*
- *I plan to start recognizing my staff more when they do something extraordinary.*
- *I will make sure at the next unit meeting we talk about our behavior styles and they will complete the quiz.*
- *I will evaluate unit members and determine the diversity of the unit and approach unit members from this perspective.*
- *I have considered more ways to recognize the accomplishments of my staff as well as ways to bring them together as a unit.*
- *I will try to remember everyone doesn't think like I do, and I need to be more aware of others and how I can meet their needs. Strive to learn what motivates them.*

When asked which skills they felt most and least comfortable trying back on the job, survey respondents reported:



### ***Supervisor Core Transfer of Learning***

#### **Supervisor Core Spaced Retrieval Campaigns**

Spaced retrieval as a strategy to strengthen and prolong learning after a formal learning intervention. It is a research-driven strategy of sending a series of strategically timed memory exercises following a training intervention, addressing key concepts covered to strengthen the encoding and retention of new information until it can be habituated into regular practice.

By the end of June 2020, each Supervisor Core Module will have a spaced retrieval campaign with several exercises. The emails will be sent at various intervals to participants following the workshop.

As of May 2020, spaced retrieval exercises have been developed for:

- Supervisor Core Module 3: Leading Change and Managing Conflict
  - [Part 1](#)
  - [Part 2](#)
- Supervisor Core Module 4: Assessing and Evaluating Individual Staff Performance
  - [Part 1](#)
  - [Part 2](#)
- Supervisor Core Module 5: Professional Development of Staff
  - [Part 1](#)
  - [Part 2](#)
  - [Part 3](#)

### ***Supervisor Training Transfer Indicators***

Fundamental supervision and management knowledge and skills are needed to be an effective

supervisor. Whether on the job for two months or several years, these concepts should be regularly reviewed by a supervisor and their manager to achieve a high level of supervision. The OCWTP developed the Supervisor Training Transfer Indicators (TTIs) as a customizable resource that promotes TOL and ongoing professional development. A TTI tool was developed for each of the six OCWTP Supervisor Core Modules and are updated as each module is updated. TTIs are used by a supervisor, and their supervisor to reinforce concepts learned in Supervisor Core, or to revisit fundamental supervision and management concepts.

TTI's are distributed in several ways:

- A copy of each is placed in the Journal of each Supervisor Core module.
- A link is placed in the E-Track notifications of the supervisor (i.e., the participant) and their direct manager.
- A link to each TTI has been placed on the Supervisor Station page of the OCWTP website.

Below are links to the six Supervisor TTI Tools:

- [Supervising Casework Practice](#)
- [Leadership in Child Welfare](#)
- [Leading Change and Managing Conflict](#)
- [Assessing and Evaluating Individual Staff Performance](#)
- [Professional Development of Staff](#)
- [Building a Highly Effective Unit](#)

Here are two examples of how TTI's may be used:

- For new supervisors, following a Supervisor Core module, TTIs are used to assess the supervisor's learning and application. TTIs are reviewed during supervision to reinforce concepts learned during Core and apply them to everyday practice.
- For seasoned supervisors, TTIs are used as a conversation guide to revisit fundamental supervision and management knowledge and skills.

#### *Compliance with Initial Staff Training Requirements*

Effective April 1, 2016, PCSAs were required to maintain the education and in-service training records of staff through "E-Track," the learning management system (LMS) developed through the OCWTP. However, as of the 2017 CFSR, aggregate reports on staff compliance rates across the state could not be run from E-Track since hire dates were staggered. Therefore, significant work was undertaken by IHS staff to work with the E-Track vendor to enable aggregate reporting on compliance numbers at the unit, county, region, and statewide level. Caseworker and Supervisor Core Compliance reports now include a "Courses Completed" column that reflects completion status of each required module. This modification saves counties from needing to check individual transcripts to determine which modules have yet to be completed for an individual. These reports were used to submit compliance statuses in the last annual update.

On March 22, 2020, the Ohio Director of Health issued a statewide stay-at-home order in response to the COVID-19 pandemic. The order forced interruption of classroom training offered to child

welfare staff and caregivers, which was the predominant delivery method. Self-directed and virtual classrooms have been available for ongoing training mandates, but Core content had been offered solely via instructor-led classroom training. To address this gap, virtual instructor-led trainings of several caseworker core modules have been developed and provided to first-year staff. These multi-part pilot sessions do not yet interact with the compliance reports. Consequently, both the lack of virtual core training to meet all core requirements and the compliance reports not capturing newly developed virtual core training lead to incomplete and inaccurate core compliance data between March 22, 2020 and the end of May 2020. Counties have been authorized to document when staff are unable to meet training mandates, along with the plan to address the issue once the emergency is over.

Despite the pandemic, compliance information can be isolated for those staff whose training mandates came due prior to March 22, 2020, as noted below.

Caseworkers: Reviewing data for 460 persons whose mandated Core training was to be completed between March 20, 2019 through March 21, 2020, **87%** of caseworkers were compliant with initial training requirements.

Supervisors: Reviewing data for 127 persons whose mandated Core training was due for completion between March 20, 2018 through March 21, 2020, **56%** of eligible supervisors were compliant with initial training. **NOTE**: The date range for supervisors is longer because supervisors have two years to complete initial training.

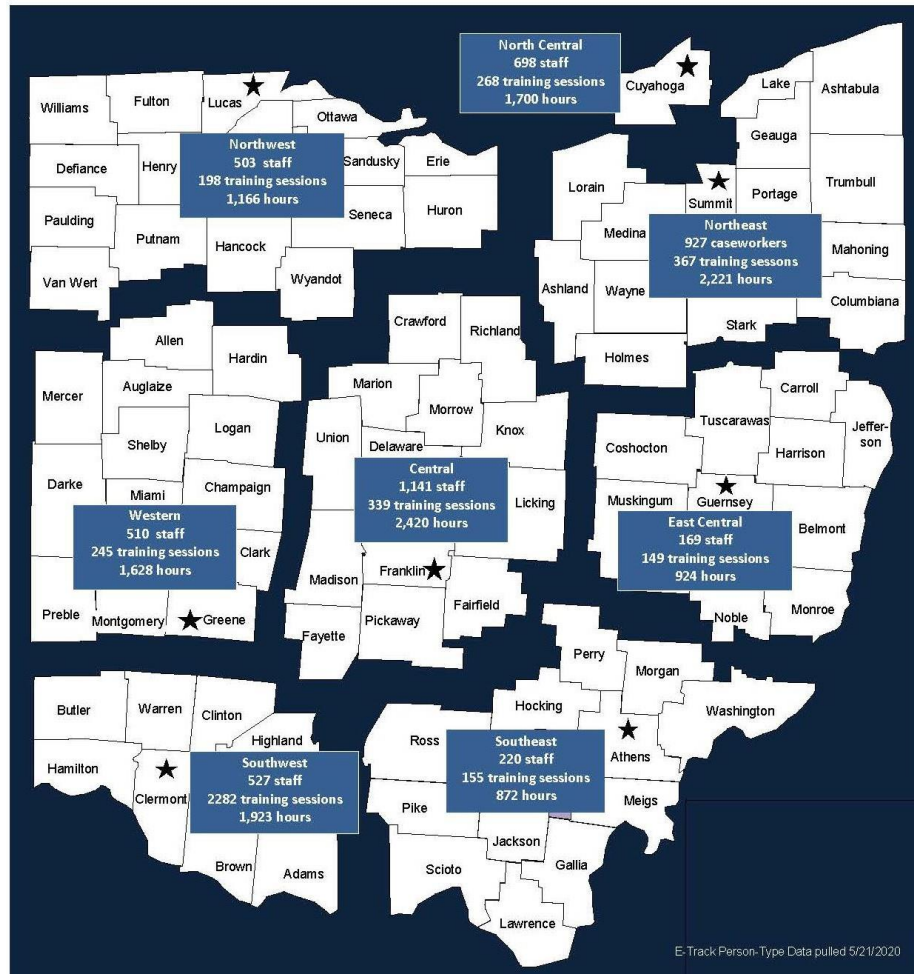
### *Ongoing Training Requirements for Staff*

Below are the annual training requirements for ongoing staff training, and the OCWTP offerings to meet those requirements.

Population to be Trained	ORC Annual Requirement	OCWTP Offerings
Ongoing training for caseworkers	Caseworkers are required to attend 36 hours of ongoing training each year	Specialized and Related Trainings
Ongoing training for supervisors	Supervisors are required to attend 30 hours of ongoing training each year	Specialized and Related Trainings

The map on the following page shows the number of staff that are registered in E-Track, and the number of training sessions and training hours offered to staff during FY 2020 by RTC.

*Count of staff that registered in E-Track, number of training sessions held, and number of training hours offered to staff in FY 2020 by RTC*



## Addressing Ongoing Skills & Knowledge Needs of Staff

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

- Routine analysis of ITNA data and Individual Development Plans to inform scheduling of needed training in each region
- Onsite county visits with each agency in the region to discuss and plan for emerging training needs
- Feedback from ODJFS Technical Assistance Specialists and participation in CPOE exit

conferences

- Recommendations from OCWTP work or advisory teams
- Analysis of specific work processes and tasks
- Routine analysis of data from training evaluation surveys
- Feedback from key informants
- State and federal mandates that prioritize key areas of focus for statewide training such as:
  - CAPMIS
  - Caseworker visits
  - Substance abuse

During FY 2020, the OCWTP offered 1,364 ongoing in-person classroom and virtual, instructor-led trainings to staff for 6,658 hours with a total of 18,913 participants. Asynchronous, ongoing learnings included 5,178 people accounting for 6,252 hours.

### **Barriers to Attendance and Strategies to Address Barriers**

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

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

As shared in past training updates, numerous sources of data indicate supervisors have difficulty leaving their units to attend training. One way the OCWTP addresses this barrier is through supervisor conferences. Supervisors reported liking the conference structure to meet their learning needs because it allows them dedicate multiple days for learning, it's a safe learning environment made up of only supervisors, and having the conference offsite makes it easier to concentrate on their own development instead of responding to their staff's needs. For several years, ECORTC/SEORTC (combined) and NCORTC have offered conferences for supervisors. In Spring 2019, 192 participants attended these two- to two-and-a-half-day conferences; however, both Spring 2020 conferences were cancelled due to COVID-19.

### **Addressing Ongoing Skills & Knowledge Needs of Caseworkers**

As noted earlier in the *Training Needs Assessment* section of this report, the top ten competency needs for caseworkers were identified. The following table addresses those trainings that are



reflective of those needs. Three competency topic areas constituted those needs: Substance Abuse, Mental Health Problems in Children and Adolescents, and Time and Stress Management.

### CASEWORKER HIGH COMPETENCY NEEDS

Caseworker Topic Area	Type	Sessions	Hours of Training	Participants
Substance Abuse	In-Person and Virtual Classroom Training	66	309	754
	Self-Directed Distance Learning	13	1,779	1,662
Mental Health Problems in Children and Adolescents	In-Person and Virtual Classroom Training	73	423	901
	Self-Directed Distance Learning	2	8	3
Time and Stress Management	In-Person and Virtual Classroom Training	70	321	884
	Self-Directed Distance Learning	3	176	162

### ***CAPMIS Priority***

Ohio's assessment and service planning model (CAPMIS) remained a priority for caseworkers ongoing training during FY 2020. To strengthen ongoing practice for caseworkers, CAPMIS focused Guided Application & Practice (GAP) sessions were created and piloted.

Due to the COVID-19 crisis, these modules were converted and implemented as distance learning.

The following details provide statewide data regarding CAPMIS trainings.

### CAPMIS Assessing Safety Training

During this 6-hour learning activity, participants strengthened their skills in assessing safety of children using the CAPMIS framework. Participants thoroughly examined the fundamental components of assessing safety - safety factors, child vulnerability, and adult protective capacities - and will explore how a thorough assessment of safety is critical throughout the life of a case.

**44** statewide sessions, **618** attendees, **366** respondents, **59%** response rate

When asked if their **“job performance will improve because of what they learned in this training”**, 96% of the respondents *strongly agreed* (97, 51%) or *agreed* (87, 45%).

#### CAPMIS Safety Planning Training

During this 6-hour learning activity, participants developed a thorough understanding of how safety plans should be used to keep children safe. Participants reviewed each of the components of an effective safety plan. Topics addressed in this workshop included:

- The link between safety assessment and safety planning
- Different types of safety plans, and how to determine the appropriate safety response
- How to assess responsible persons included in safety plans
- Safety plan monitoring requirements

**37** statewide sessions, **492** attendees, **338** respondents, **69%** response rate

When training participants were asked, **“How effective were the activities and exercises in helping you use the training content in your job?”**, 96% (326/340) said *effective* (167, 49%) or *very effective* (159, 47%).

#### CAPMIS Strengths and Needs Training

In this workshop, participants developed a detailed understanding of how the assessment of families' strengths and needs informs service provision and case planning. Participants learned how to distinguish risk contributors from non-risk contributors through proper application of the clinical assessment and how to identify and utilize family strengths to reduce the likelihood of future maltreatment.

**31** statewide sessions, **438** attendees, **307** respondents, **70%** response rate

When training participants were asked, **“How effective were the activities and exercises in helping you use the training content in your job?”**, 96% (279/291) said *effective* (166, 57%) or *very effective* (113, 39%).

#### CAPMIS Case Planning Training

This workshop provided in-depth information and practice on CAPMIS case plan development. Participants practiced applying the application of their critical thinking skills, engagement skills and family assessments in partnering with families to create effective case plans. Upon completion of the workshop, participants got a completed case plan they can use as a model, as well as a tip sheet to use as a reference.

**29** statewide sessions, **380** attendees, **267** respondents, **70%** response rate

When training participants were asked, **“How effective were the activities and exercises in helping you use the training content in your job?”**, 94% (242/257) said *effective* (134, 52%) or *very effective* (108, 42%).

## CAPMIS Guided Application & Practice (GAP) Virtual Modules Added in 2020

### Assessing and Planning with Families GAP

Designed to flexibly cover topics concerning successes and barriers regarding best practice implementation of assessing and planning with families after attending the original four CAPMIS modules. Participants were guided through concept review via quizzing, peer work review, and guided discussion. The workshop dove into best practices related to client engagement, assessing and planning in complex cases with feedback on assessments, and/or plans created by participants or participants' staff.

Part 1 - 3 statewide sessions, 29 attendees, 19 respondents, 66% response rate

Part 2 - 3 statewide sessions, 30 attendees, 17 respondents, 57% response rate

Part 3 - 3 statewide sessions, 30 attendees, 18 respondents, 60% response rate

**Part 1** - When asked if their “**job performance will improve because of what they learned in this training**”, 100% of the respondents *strongly agreed* (2, 10%) or *agreed* (18, 90%).

**Part 2** - When asked if their “**job performance will improve because of what they learned in this training**”, 100% of the respondents *strongly agreed* (3, 18%) or *agreed* (14, 82%).

**Part 3** - When asked if their “**job performance will improve because of what they learned in this training**”, 100% of the respondents *strongly agreed* (6, 32%) or *agreed* (13, 68%).

### How Can CAPMIS Work for You?

This session is designed to provide foundational concepts around best practice implementation of Assessing and Planning with families. Serves to prepare participants to maximize and deepen their learning in the four full-day CAPMIS learning modules. Participants were guided through CAPMIS concepts with quizzing, interactive discussions, and small group activities. Participants were primed to apply critical thinking to their work with families. The workshop dove into best practices related to client engagement, assessing safety, assessing risk, safety planning and case planning.

Part 1 - 3 statewide sessions, 10 attendees, 7 respondents, 70% response rate

Part 2 - 3 statewide sessions, 11 attendees, 8 respondents, 73% response rate

Part 3 - 2 statewide sessions, 9 attendees, 8 respondents, 89% response rate

**Part 1** - When asked if their “**job performance will improve because of what they learned in this training**”, 100% of the respondents *strongly agreed* (8, 53%) or *agreed* (7, 47%).

**Part 2** - When asked if their “**job performance will improve because of what they learned in this training**”, 100% of the respondents *strongly agreed* (7, 44%) or *agreed* (9, 56%).

**Part 3** - When asked if their “**job performance will improve because of what they learned in this training**”, 100% of the respondents *strongly agreed* (10, 56%) or *agreed* (8, 44%).

### Differentiating Between Safety and Risk GAP

Designed to enhance child welfare caseworkers' and supervisors' ability to differentiate between safety and risk while assessing safety and throughout the life of the case. Participants applied CAPMIS best practice thinking and application with initial and ongoing assessments of safety with specific focus on differentiating between safety and risk.

Part 1 - 5 statewide sessions, 27 attendees, 22 respondents, 81% response rate

Part 2 - 4 statewide sessions, 20 attendees, 16 respondents, 80% response rate

**Part 1** - When asked if their “**job performance will improve because of what they learned in this training**”, 92% of the respondents *strongly agreed* (10, 42%) or *agreed* (12, 50%).

**Part 2** - When asked if their “**job performance will improve because of what they learned in this training**”, 100% of the respondents *strongly agreed* (12, 48%) or *agreed* (13, 52%).

### Family Case Planning GAP

Designed as a follow up to CAPMIS Strengths and Needs Risk Assessment and CAPMIS Case Planning. Through guided discussion, participants shared their successes and barriers regarding best practice engagement, development, and implementation of family case planning. Participants also shared their struggles and strategies in partnering with families to help them meet their behavior change goals and reduce likelihood of future maltreatment.

Part 1 - 3 statewide sessions, 15 attendees, 12 respondents, 80% response rate

Part 2 - 3 statewide sessions, 15 attendees, 12 respondents, 80% response rate

**Part 1** - When asked if their “**job performance will improve because of what they learned in this training**”, 100% of the respondents *strongly agreed* (19, 56%) or *agreed* (15, 44%).

**Part 2** - When asked if their “**job performance will improve because of what they learned in this training**”, 100% of the respondents *strongly agreed* (19, 56%) or *agreed* (15, 44%).

### Family Case Planning Learning Lab

In this Learning Lab, caseworkers had an opportunity to practice skills learned in CAPMIS Strengths and Needs Risk Assessment and CAPMIS Case Planning trainings. Participants practiced and applied the connection between CAPMIS understanding and SACWIS application in developing Family Case Plans.

Part 1 - 2 statewide sessions, 7 attendees, 4 respondents, 57% response rate

Part 2 - 1 statewide sessions, 4 attendees, 2 respondents, 50% response rate

**Part 1** - When asked if their “**job performance will improve because of what they learned in this training**”, 100% of the respondents *strongly agreed* (12, 55%) or *agreed* (10, 45%).

**Part 2** - When asked if their “**job performance will improve because of what they learned in this training**”, 100% of the respondents *strongly agreed* (6, 46%) or *agreed* (7, 54%).

### ***Coaching for Caseworkers***

Between July 2019 – May 2020, approximately 95.2 hours of coaching were provided to supervisors. This figure represents a decrease from previous fiscal years.

Number of Caseworker Coaching Hours		
July 1, 2017 – June 30, 2018	July 1, 2018 – June 30, 2019	July 1, 2019 – May 31, 2020
185	133	95.2*

*\*The number of coaching hours is tracked based on the number of coaching hours submitted by an OCWTP coach in their coaching log. There may be logs that have not been submitted for this time period, therefore those hours will not be included in this total.*

For this time period, some of the caseworkers coaching topics included:

- Documentation
- Assessing child safety and risk
- Engagement
- Time management

### ***Addressing Ongoing Skills & Knowledge Needs of Supervisors***

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

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

The goals of the Supervisor Practice Work Team are to:

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

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

### ***Meeting the Ongoing Skills and Knowledge Needs of Supervisors***

Between July 2019 – May 2020, the OCWTP approved more than 18 new standardized and non-standardized learning opportunities for supervisors to meet their current, ongoing learning needs. Some of the skills addressed by these new learnings included:

- Supervising diverse teams
- Trauma-informed supervision
- Permanency
- Ethics
- Strategies to increase retention of staff
- Supporting others during the pandemic

Between July 1, 2019 – May 31, 2020, the OCWTP delivered 74 different supervision-specific workshops on 21 different topics to help address the ongoing skills and knowledge needs of PCSA supervisors.

# of Sessions	Total Training Hours	Total OCWTP Participants	Average # of Participants Per Session
74	270.75	905	Over 12

As noted earlier in the *Training Needs Assessment* section of this report, the top ten competency needs for supervisors were identified. Of the top ten competencies, six fell under the “Supervising for Optimal Job Performance” topic area. These topics, along with the following six topics, accounted for more than half of all ongoing supervisor workshops from July 1, 2019 – May 31, 2020.

Supervisor Topic Area	# of Sessions	# of Participants
Supervising for Optimal Job Performance	10	111
Management of Conflict	9	118
Time and Stress Management	8	146
Managing High Profile and Crisis Situations	6	49
Supervising Assessments and Investigations	5	35
Leadership Development	5	94

Six different topic areas accounted for another 26% of all ongoing supervisor workshops delivered from July 1, 2019 – May 31, 2020:

Supervisor Topic Area	# of Sessions	# of Participants
Team Development and Facilitation	15	16
Culture and Diversity	14	45

Supervisor Topic Area	# of Sessions	# of Participants
Supervising Adoption, Foster Care, and Kinship Care	15	40
Planning and Decision Making	15	25
Public Information and Community Relations	6	96
Human Resource Management	9	19

An additional nine topic areas were offered once or twice between July 1, 2019 – May 31, 2020:

Supervisor Topic Area	Supervisor Topic Area
Fundamentals of Supervising Casework Staff	Budgeting and Fiscal Operations
Performance Evaluation	Supervising Challenging Employees
Supervising Family-Centered and Service Delivery	Collaboration and Coordination
Supervising Ethical Practice	Written and Verbal Communication
Supervision and the Legal Aspects of Child Welfare	

### ***Coaching for Supervisors***

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

Between July 2019 – May 2020, approximately 129.25 hours of coaching were provided to supervisors. This number represents a year-over-year increase from previous fiscal years.

Number of Supervisory Coaching Hours		
July 1, 2017 – June 30, 2018	July 1, 2018 – June 30, 2019	July 1, 2019 – May 31, 2020
93.8	122	129.25*

*\*The number of coaching hours is tracked based on the number of coaching hours submitted by an OCWTP coach in their coaching log. There may be logs that have not been submitted for this time period, therefore those hours will not be included in this total.*

For this time period, some of the supervisory coaching topics included:

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

- Time management

### ***Compliance with Ongoing Staff Training Requirements***

As noted earlier, compliance numbers for the CFSR in 2017 were determined by an audit of a statewide sample of training records to assess compliance with training requirements. The 2017 audit revealed that 60% of caseworkers and 69% of supervisors were in compliance. In 2018, 52% of caseworkers and 61% of supervisors were compliant with ongoing training requirements. It is believed these compliance numbers were lower than 2017 due to the following:

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

Using E-Track's reporting capability, the 2019-2020 compliance data was determined:

Caseworkers: Of 2888 OAC caseworkers, **64%** were in compliance regarding ongoing training requirements. Data was pulled from the *Prior Year Compliance* column on a report run May 26, 2020 (showing whether each individual was compliant or non-compliant based *on their previous OAC year*).

Supervisors: Of 654 OAC supervisors, **73%** were in compliance regarding ongoing training requirements. Data were pulled from the *Prior Year Compliance* column on a report run May 26, 2020 (showing whether each individual was compliant or non-compliant based *on their previous OAC year*).

### ***Addressing Basic Skills & Knowledge for Foster and Adoptive Parents***

The Ohio Revised Code mandates prospective foster parents and prospective adoptive parents to complete pre-licensure and pre-approval training requirements.

Licensed foster parents have ongoing training requirements that must be met to maintain licensure. Approved adoptive parents do not have any ongoing training requirements.

The table below identifies the training hours requirements for prospective and licensed foster parents.

Foster Home Type	Preservice Hours	Ongoing Hours
Pre-adoptive infant foster care	12	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

The following map shows the number of foster-adoptive parents that are registered in E-Track, and the number of training sessions and training hours offered to them during FY 2020 by RTC.



*Count of foster and adoptive parents registered in E-Track, number of training sessions held, and number of training hours offered in FY 2020 by RTC*



**Note:** The OCWTP is mandated to provide training to all adopted families, public and private.

### *Initial Training Requirements for Caregivers*

Applicants who wish to become licensed caregivers or approved adoptive parents attend the standardized series, *Preservice Training*. This series, revised in 2015, consists of 12, three-hour classroom modules. For a review of this series, please see the [syllabus](#). A [Preservice Youth Version](#) is available to help guide prospective families in talking with permanent children in the home.

Between July 2019 and March 22, 2020, over 87 rounds of classroom Preservice training (1,045 sessions and 3,135 hours) were offered statewide. Average attendance was 17 participants per session. 75% of participants responding to a survey in calendar year 2019 reported they were pursuing foster care and adoption dual licensure/approval. Due to the pandemic, classroom sessions were canceled in large numbers.

## Evaluating Preservice Training

In 2019, the OCWTP revised the Preservice evaluation surveys and the process for collecting the data.

Content revisions:

- Added demographic questions
- Converted one question per survey into an open-ended question to test quality of responses

Process revisions:

- Each region completes surveys for only three modules. All regions complete the evaluation for module 12. The other modules were divided based on numbers of participants to ensure an equal amount of evaluations across modules. We discovered participants suffered from survey fatigue when evaluating all twelve modules, so we resumed the limited evaluations across RTCs.
- Participants have the option to complete the survey on-line by scanning a QR code.
- Plans to gather follow up data eight months post-training through MailChimp were put on hold to solidify the Protect Your Learning campaign process. This process will be implemented FY2021.

Most foster parents who completed evaluation surveys in Calendar Year 2019 indicated they understood the course material at the end of the session (modules 1-11) by answering the learning questions appropriately. There were 31 learning questions for these 11 modules (one question for module 1 and three for each of the other 10 modules).

- 18 items – answered correctly by 90% to 99% of respondents
- 4 items - answered correctly by 82% to 88% of respondents
- 4 items - answered correctly by 70% to 74% of the respondents
- 4 items - answered correctly by 57% to 62% of the respondents
- 1 item – answered correctly by 18% of respondents

Module 12 evaluation survey responses were compiled separately because these surveys are completed by participants in all regions. There were three learning questions in this survey which were answered correctly by 83% to 99% of the respondents.

In the module 12 survey, respondents were provided an opportunity to share additional information about the trainer or training. There were 395 respondents who shared additional information. The majority (347, 88%) of the comments were positive. Twenty-eight (7%) of these respondents wrote NA, none, or nothing. There were 17 (11%) comments that were general, unclear, questioning, or suggestive in nature. There were three (1%) respondents who offered comments that were negative about the course or the process.

Respondents were also asked if they wanted to share information about any other preservice session they attended. There were 253 responses to this question. Approximately 26% (67) of the respondents shared a positive perception of their experiences. Over two-thirds (172, 68%) reported

they had nothing to share (e.g., N/A, none, no). Less than 1% (2) of the respondents shared a negative perception of their experiences.

## **Supporting Preservice Training Transfer of Learning**

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

1. Three TOL tools were developed (or revised) and implemented in 2015 at three different points in time in the caregiver licensure process:

- [Individual Reflection Sheets](#)
- [Family Interview Guide](#)
- [ITNA](#)

79% of Preservice survey respondents in calendar year 2019 said they planned to complete the reflection sheets. 57% of respondents indicated they planned to share their reflection sheets with their worker.

2. Beginning in 2019, trainers give a brief, three-question quiz to participants at the beginning of each module on material addressed in the previous module.
3. A question on the module 12 evaluation survey reminded participants that it could be several months before they received a placement and asked them what they planned to do to keep the training information in their memory. They were given options to select from:
  - 38% reported they would write down important points and tack them to a bulletin board
  - 51% reported they would review the OCWTP website Caregiver's corner
  - 62% reported they would talk with other foster parents about the information
  - 64% reported they would review information with their worker during home study visits
  - 68% reported they would share what they learned with family or friends
  - 79% reported they would review handouts and keep them accessible
4. Licensing Specialists can attend a one-day training, *Overview of Preservice Training for Assessors*, to familiarize themselves with Preservice Training content and the transfer of learning tools. This training has been offered nine times since its development in 2015, including two times in calendar year 2019. At this point, most Licensing Specialists are familiar with the Preservice training series. However, changes are coming to Preservice to reflect the Model Standards. This training will be revised and re-promoted as a way to learn about these changes.
5. In June 2019, the OCWTP implemented a spaced retrieval campaign for Preservice Training. The campaign consists of a series of three emails that participants receive over an approximately three-week period, just after completing module 12. Each email has three short exercises. Participants do not have to complete the exercises and they can opt-

out of the campaign at any time.

### ***Virtual Preservice During the Pandemic***

During the pandemic (April to June 2020), a five-week virtual Preservice series was developed and implemented using a mix of virtual, instructor-led, and self-directed modules. Three overlapping rounds were offered over a ten-week period, allowing the OCWTP to offer the equivalent of 25 rounds of classroom Preservice virtually. Full information can be found here: <https://ocwtpcaregiverscorner.weebly.com/preservice-training.html>

Module 1: Orientation is a one-hour, self-directed course launched from the preservice training webpage. Participants completed the module at any point convenient to them. Once a participant completed the Orientation module, they self-registered for the instructor-led courses through the Preservice webpage and asked their county to register them for the Foster Parent College courses. Please see the [Course Descriptions](#) for course information and the suggested order of attendance.

As of 5/22/20, 66 participants had completed an evaluation survey for module 1. There were two learning questions which were answered correctly by 72.3 – 81.3% of respondents. 68% of respondents said their understanding of the differences between kinship care, foster care, and adoption either *somewhat* or *significantly increased*. 71.9% of respondents felt the training had the *right amount* of interactivity and 68.8% reported being *more excited* to begin the process of licensure or approval. 89.1% of respondents said the navigation of the training was either *easier than expected* or *what they expected*.

Modules 2, 4, 7, 10, and 13 are virtual, instructor-led trainings (v-ILT). These modules are modified versions of the classroom modules. The OCWTP utilized GoToTraining to ensure there were tools to make the training interactive. Each participant had to register separately and log into a separate device to track attendance and participation. A producer was available in every session to trouble shoot and monitor attendance and participation.

Data are still being collected for rounds two and three. Below is attendance and evaluation data from the instructor-led courses in round one.

### **Attendance**

<b>ROUND ONE (4/20 – 5/20)</b> Each module was offered 3x/day for 3 days	<b>Day 1 (M)</b>	<b>Day 2 (T)</b>	<b>Day 3 (W)</b>	<b>Total</b>
Module 2: The Child Welfare Team	22 23 <u>19</u> <b>64</b>	22 14 <u>20</u> <b>56</b>	20 12 <u>23</u> <b>55</b>	175  (19 per session)
Module 4: Youth Development	23 22 <u>16</u> <b>61</b>	22 20 <u>22</u> <b>64</b>	20 22 <u>23</u> <b>65</b>	190  (21 per session)

ROUND ONE (4/20 – 5/20) Each module was offered 3x/day for 3 days	Day 1 (M)	Day 2 (T)	Day 3 (W)	Total
Module 7: Minimizing the Trauma of Placement	20 22 <u>22</u> <b>64</b>	25 21 <u>24</u> <b>70</b>	23 22 <u>23</u> <b>68</b>	202  (22 per session)
Module 10: Effects of Caregiving	23 19 <u>25</u> <b>67</b>	19 22 <u>24</u> <b>65</b>	20 24 <u>24</u> <b>68</b>	200  (22 per session)
Module 13: Preservice Key Points	20 24 <u>24</u> <b>68</b>	23 19 <u>21</u> <b>63</b>	20 20 <u>24</u> <b>64</b>	195  (22 per session)
Approximately 192 participants				

Participants were asked to complete a brief evaluation survey after each vILT session. Some of the questions were used to evaluate learning and reinforce the learning objectives. Other questions were specific to their virtual training experience.

- Module one had three learning questions that were correctly answered by 99-100% of respondents (172). 96% of respondents felt the training had the *right amount* of interactivity and 98% said participating in the training was either *easier than expected* or *what they expected*.
- Module four had two learning questions that were correctly answered by 77-93% of respondents (162).
- Module seven had three learning questions that were correctly answered by 90-100% of respondents (178). Ninety percent of respondents felt the training had the *right amount* of interactivity; 5% felt it had *too much* interactivity, and 5% felt it *didn't have enough* interactivity.
- Module 10 had three learning questions that were correctly answered by 72\*-91% of respondents (174). 89% of respondents felt the training had the *right amount* of interactivity; 4% like *less* interactivity and 7% like *more* interactivity. (\*Question was faulty as it contained a two-part answer. All who responded correctly answered the first part, but several did not respond to part two.)
- Module 13 was a slightly longer survey and included more questions about their experience. 96% of respondents (138) reported tech support was *always available* to them when needed. 99% of respondents felt there was time to ask questions during the trainings and they got their questions answered. 73% of respondents felt they learned *about the same* as they would have learned in an in-person classroom setting, 25% felt they learned *more*, 2% felt they learned *less*.

Modules 3, 5, 6, 8, 9, 11, and 12 are Foster Parent College (FPC) courses. The OCWTP was already utilizing FPC for ongoing foster caregiver training. By changing the type of agreement,

they have with FPC, the OCWTP was able provide access to FPC preservice courses at no cost to the participants.

### **Preservice Foster Parent College Course Enrollment and Completion as of 5/26/2020**

RTC	Members	Enrolled	Completed	Certified Hours
CORTC	146	449	350	1,302
ECORTC	34	101	82	304
NCORTC	70	231	157	580
NEORTC	225	588	524	1,958
NWORTC	85	205	151	594
SEORTC	35	150	127	466
SWORTC	109	345	292	1,104
WORTC	62	242	212	808
<b>TOTALS</b>	<b>766</b>	<b>2,311</b>	<b>1,895</b>	<b>6,396</b>

In the module 4 evaluation survey, participants were asked about FPC. 23% of respondents felt participation was *easier than expected* and 75% felt it was *what they expected*. Additional evaluation data for FPC will be compiled once all participants have completed the courses.

Families who began classroom training but were unable to finish due to the pandemic could determine which online Preservice modules to take using the [Missed Modules Rubric](#) and [Missed Modules Rubric Instructions](#).

County training liaisons had four training opportunities to learn about the virtual Preservice. In addition, a webpage was designed for them:

<https://ocwtpcaregiverscorner.weebly.com/county-training-liaison-information.html>

Data gathered during these sessions will be used to help inform the OCWTP about the future design and implementation of virtual training for prospective and licensed caregivers.

### ***Addressing Ongoing Skills and Knowledge Needs of Foster Parents***

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

The OCWTP gathers additional needs assessment data through:

- Key informant interviews with foster and adoptive parents, caseworkers, assessors, and ODJFS staff
- A review of state law and Administrative Code
- Needs identified in Ohio's 2020-2024 CFSP
- Literature reviews and presentations by content experts at conferences
- Feedback from OCWTP trainers
- Feedback from the Foster Care, Adoption and Kinship Care (FAK) Caregiver Work Team
- RTC onsite visits to counties, RTC liaison meetings, verbal feedback from foster parents attending trainings
- SWORTC has worked with their counties since 2016 to use a standardized online caregiver ITNA to collect skill-level needs data. In FY 2020, the tool was updated to provide better reporting functionality for the collection of aggregate caregiver data by county and region.
- NCORTC soon will begin piloting a standardized online caregiver ITNA tool developed by IHS to gather skill level needs data for their region. Their start for using the tool was delayed due to COVID-19.
- Five caregiver learning interventions were created to address nine caregiver specific competencies that were previously not attached to any learning interventions.

Although not required, the OCWTP works with Ohio's county agencies to encourage foster parents in their first four years of licensure to attend the OCWTP's *Fundamentals of Fostering* series. This series builds on the learning provided during Preservice training to help foster parents go beyond an awareness level to gain deeper knowledge and develop caregiving skills. While the Fundamentals of Fostering series 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 series.

Between July 1, 2019, and March 31, 2020, 61 sessions (273 hours) of the Fundamentals of Fostering series were provided to 694 participants. Due to the pandemic, classroom training was limited or not held after 3/22/2020. Classroom training is expected to resume in June to some extent, and two sessions of the Fundamentals of Fostering series are scheduled to occur before June 30, 2020.

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

The OCWTP has developed or incorporated several trainings in critical needs areas for licensed caregivers including:

- Normalcy and the Reasonable and Prudent Parent Standard
- Caring for Children Who have Experienced Trauma (series)
- Trust-Based Relational Intervention and Trauma Systems Therapy



- CPR and First Aid
- Diversity Competence
- Substance Use/Exposure

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

The OCWTP has 802 learnings in the E-Track system designed to address the skill and knowledge needs of foster and adoptive parents. This includes standardized and trainer-developed learnings.

Of these trainings, 20 are standardized trainings for adoptive parents, including the Trust-Based Relational Intervention series. A few of these trainings were developed several years ago and the OCWTP is in the process of retiring and/or revising this series. Offerings and attendance are low for this reason. Between July 1, 2019 and March 31, 2020, 42 sessions (180 hours) were offered to 575 participants (average of 14 participants per session). Due to the pandemic, classroom training was limited or not held after 3/22/2020. Classroom training is expected to resume in June to some extent, and five adoptive parent trainings are scheduled to occur before June 30, 2020.

642 sessions (2,555 hours) of trainer-developed foster and adoptive parent trainings were offered between July 1, 2019 and March 31, 2020. There were 8,989 participants, for an average of 14 participants a session. Due to the pandemic, classroom training was limited or not held after 3/14/2020. Classroom training is expected to resume in June to some extent, and 72 sessions of trainer developed classroom foster and adoptive parent trainings are scheduled to occur before June 30, 2020.

FAK caregiver work team members developed group and regional goals based on training needs. These goals are incorporated into a work plan and discussed at the work team meetings. Goals for FY2020 and actions taken included:

- Develop and implement group email lists to keep foster care, kinship care, and adoption trainers and coaches informed of new rules, law, and research.
- Lobby for expanded use of live, instructor-led courses for foster caregivers. Proposed state rules allow for up to 50% of training to be live, instructor-led training.
- Prioritize high need coaching areas including NAS/Medically fragile infants and helping children modify behavior.
- Continue to host foster caregiver training conferences in which participants can attend trainings in their high priority needs areas.
- Update standardized trainings as needed to comply with changes in federal and state law and rule.
- Provide training in the high priority area of substance abuse in all regions of the state.

Recognizing the need for microlearning and spaced retrieval, The OCWTP launched a website for caregivers in 2018 called [Caregiver's Corner](#). The website provides information on preservice and ongoing training and links to helpful Ohio-based and national resources. This



website was used to provide both potential resources families and county training liaisons information about virtual Preservice.

Counites are embracing coaching of caregivers more and more to provide hands-on training in topics such as:

- Helping children manage their emotions and behaviors
- Caring for medically fragile infants or those affected by parental substance use

Between July 2019 – May 2020, approximately 170.5 hours of coaching were provided to foster and adoptive parents. Although it is an increase in the number of hours since FY19, it is a little over half the number of hours provided in FY18.

Number of Caregiver Coaching Hours		
July 1, 2017 – June 30, 2018	July 1, 2018 – June 30, 2019	July 1, 2019 – May 31, 2020
326	160	170.5*

*\*The number of coaching hours is tracked based on the number of coaching hours submitted by an OCWTP coach in their coaching log. There may be logs that have not been submitted for this time period, therefore those hours will not be included in this total.*

### Preparing for Change

The OCWTP is preparing for pending changes in Ohio law and rule in response to the Family First and Prevention Services Act.

- Staff participated on the Foster Care Training Advisory Board which produced a final report with recommendations in May 2018. These recommendations will be considered by the state as foster parent training is reformed.
- Staff researched foster parent training-related issues and developed a report with recommendations. Summary points in the paper include:
  - There is often significant time between completion of preservice training and placement. We know that without effective retrieval practice, there is a sharp forgetting curve. The goal of preservice should not be to impart all knowledge caregivers will need. The goal should be to provide them with the information they need to decide whether foster care is right for their family.
  - Given the complexities of the children in care, there is a significant body of fundamental information caregivers need to have. This information will be more relevant and better retained if it is shared when the caregivers have, or soon will have placement.
  - Ongoing training should be based on the needs of the caregivers. The better we can identify the needs, the more relevant and effective we can make the training.
- An Ad Hoc work group was formed to develop a proposal for foster parent “CORE” based on the Fundamentals of Fostering series. Efforts are already underway to revise each module of the series to be no longer than three hours in length.
- Staff researched and wrote briefs for the Tiered Treatment Foster Care (TTFC) stakeholder group in the following areas:

- Other state practices
- Medicaid
- Caregiver supports
- Assessment tools
- Access, Efficiency, Effectiveness and Satisfaction in treatment foster care
- Professionalizing foster caregivers
- Staff convened and coordinated an ad hoc committee, at the request of the steering committee, to research implications of the Model Standards requirement to provide but not certify CPR training. Conducted a literature review to guide the committee and facilitated multiple virtual meetings. The committee reached a decision to support ODJFS' decision to require CPR and first aid training, but not certification.
- The OCWTP is growing its focus and resources related to kinship care:
  - Added a full-time staff position with a kinship training focus
  - Provided the state with a report on how other states fund/provide training to this population
  - Developed and implemented *Supervising with a Kinship Lens*
  - Created and continue to update a Kinship Resource page within Caregiver's Corner website
  - Participated in the Ohio Kinship and Adoption Navigator Program (KAN) Stakeholder Meetings

## ***Conclusions***

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

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

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

## E. Service Array and Resource Development

### Assessment of Current Performance

There are two items that determine compliance with the Systemic Factor *Service Array and Resource Development*. These include: Item 29: *Array of Services* and Item 30: *Individualizing Services*. Based on the Round 3 CFSR Final Report, Ohio's performance was not found to be in substantial conformity with this Systemic Factor.

#### *Item 29: Array of Services*

Ohio's PCSAs conduct safety and comprehensive family assessments 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. Strengths, concerns, and needs identified during these assessments are then included on the Case Plan. The worker and family members work together to identify the services needed to reduce risk and effectively address safety concerns. The Case Plan also designates the agency's role in assisting the family, and details how 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. Pursuant to Ohio Administrative Code rule 5101:2-40-02, PCSAs are required to provide families with access to the following services:

- Adoption Services;
- Case management Services;
- Counseling;
- Diagnostic Services;
- Emergency Shelter;
- Help Me Grow;
- 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 child is at risk due to a parent's/guardian's/custodian's substance use, the PCSA 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.

### ***Collaborative Initiatives to Ensure a Robust Service Array***

As part of the FFPSA Planning Process, ODJFS, state agency partners and stakeholders worked diligently this past year to:

- Identify factors contributing to child welfare involvement-- particularly foster care;
- Review effective programs to address specific issues; and to
- Map current program availability.

At the time of this writing, the Deputy Directors of Ohio's child-serving agencies are working together to select programs for targeted expansion as part of the state's FFPSA Implementation efforts.

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

- Trauma-Informed Care promotes effective interventions and treatment for those who have experienced trauma.
- The Maternal Opiate Medical Support (MOMS) program holistically addresses the needs of pregnant women addicted to opioids and their children.

- 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.
- 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.
- Ohio START (Sobriety, Treatment And Reducing Trauma) initiative provides enhanced case management, intensive counseling, and recovery supports to families who come to the attention of child welfare due safety risks associated with parental substance use disorders.
- Ohio's Multi-System Youth initiative provides services and supports to ensure family stability, address behavioral health needs, and enhance local care coordination.

For additional information regarding these and other projects, see *Ohio's Health Care Oversight and Coordination Plan*.

### ***Item 30: Individualizing Services***

As previously noted, child and family participation are the foundation upon which a tailored case plan is built. Each family member's unique strengths and needs are reviewed throughout the life of the case to ensure individualized services are identified and effectively delivered. 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;
- Parental behavior changes that are needed;
- How and when the family's progress of behavior changes will be measured;
- 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 Plan for Practice Advancement (PPA) may be required.

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.

- 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 home and needs assessments, support planning, and service referral and provision.
- 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.
- 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.
- 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.

## ***Conclusions***

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 family-driven assessment and case planning processes statewide. 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 *Ohio's Health Care Coordination and Oversight Plan*.

Additionally, the 2020-2024 CFSP and the CFSR, PIP contains strategies to address Service Array and Resource Development as a result of Round 3 CFSR findings.

## F. Agency Responsiveness to the Community

### Assessment of Current Performance

There are two item measures which make up the Systemic Factor *Agency Responsiveness to the Community*. These include Item 21: *Agency Responsiveness to the Community* and Item 32: *Coordination of CFSP Services with other Federal Programs*. During Round 3 of the CFSR this Systemic Factor was found in Substantial Conformity since both items were rated as a Strength.

ODJFS has continued to make deliberate efforts to maintain inclusivity and responsiveness to its community throughout the strategic planning, implementation and evaluation of various efforts. In all phases, the agency strives to connect the work of the CFSP/APSR and CFSR PIP to the overall mission of the department when assessing agency strengths, areas needing improvement and engaging in meaningful change with our partners and stakeholders.

### COVID-19 Response

During the COVID-19 pandemic, OFC quickly enacted policies and procedures to enable maximum flexibility for staff, agencies and our partners in order to safely meet the needs of all workers, children and families involved. ODJFS implemented a work from home order beginning in March 2020, as did many of the public agencies, private agencies and courts. The agency established the CDC guidelines as the standard of operation, and temporarily modified policies as needed to adjust to concerns about in person visitation during this time. Modeling the open communications standard of Governor DeWine, ODJFS Director Hall implemented a [COVID-19 web site](#) and daily calls with county directors and her senior leadership team.

OFC followed suit and began weekly calls with public and private child serving agencies and IV-E courts to provide up-to-date information and guidance in a question and answer format. The [agency's website](#) was updated to include a specific area where agencies could find the latest correspondence, links and best practices related to children services. In response to our foster youth and youth adult population, OFC issued multiple bulletins and procedure letters to agency partners caring for foster children and young adults. Specifically, due to COVID-19, the agency shared that some young adults who had emancipated from foster care could have been experiencing employment loss, housing instability, transportation barriers and food insecurities and many more challenges as a result of COVID 19. OFC encouraged the PCSA's to work with these young adults and use their Chafee and TANF IL funds to support their emergent needs. Agencies were reminded of acceptable uses of post emancipation services, which are to support the young adults' own efforts at achieving self-sufficiency and can be given in the form of cash incentives that would allow the young adults to use their incentive money to meet any of their needs.

OFC received approval to provide funding to support certified ODJFS group homes and children's residential centers with COVID-19 response funding. This funding was made available through an existing agreement with the Ohio Children's Alliance (OCA). ODJFS' Group Homes and Residential Parenting Facilities were eligible for \$150.00 per group home and Children's Residential Centers (CRC) and Residential Parenting Facilities were eligible for \$500.00 per CRC. Agencies were permitted to use the funds to purchase:



- Hand Soap
- Hand Sanitizer
- Paper Towels
- Toilet Paper
- Ziploc Bags
- Sanitizing Wipes
- No-Touch thermometers
- Disinfectant
- Latex or Vinyl gloves
- Masks (other than KN95 masks reserved for hospital personnel)
- Medical Gowns

Agencies needed to electronically sign a simple attestation form and OCA served as the fiscal agent to make payment to all agencies directly. With the simplified process, funds were able to be distributed rapidly.

In recognition of the multitude of information and rapidity in which it was shared, OFC worked with the Governor’s office, including its Office of Children Services Transformation and Office of Children’s Initiatives, ODH, ODM, OMHAS, DODD and DYS to evaluate their practices and align OFC technical assistance to mirror federal CDC guidance. OFC maintained its focus on Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect, considering a nearly 50% decrease in child and neglect referrals during the pandemic. OFC also began weekly tracking of agencies’ reporting of incidents of COVID-19 exposure and diagnoses within ODJFS-licensed foster homes and congregate care facilities. As a result of all of these variables, OFC issued a COVID-19 [Child and Adult Protective Services toolkit](#) designed specifically for agencies to help protective services staff overcome those challenges and keep at-risk children and adults safe throughout the emergency. OFC strongly encouraged agencies to partner with their community providers to conduct virtual check-ins with families they serve or had previously served.

In all, OFC has adopted several practices, especially related to the use of technology, that demonstrate the agency’s ability to work collaboratively, efficiently and expediently to create meaningful and lasting changes that are mutually beneficial to all.

Listed below are key examples of how OFC has responded to and included “community voice” in its work.

### **Ohio SACWIS**

Ohio SACWIS staff continues to seek feedback from its user community [e.g., PCSAs, Private Child Placing Agencies (PCPAs), IV-E Juvenile Courts, Foster Care Advocates (include former foster youth), and a cross-section of OFC users across all bureaus]. Feedback from these partners is obtained in many venues, including:

**Webinars:** The Ohio SACWIS team routinely provides webinar overviews on project priorities and system functionality.

**Surveys:** The Ohio SACWIS leadership provides users the opportunity to give feedback on the usability of specific functionality changes and project priorities. Surveys are typically administered every 18 months to coincide with the state's budget cycle.

**PCSAO Directors' Meetings:** Agency directors provide feedback on CCWIS functionality, and user needs.

**Title IV-E Juvenile Court Roundtable:** Ohio SACWIS holds quarterly meetings to announce future enhancements, answer functionality questions, and gather information on desired modifications.

**Build Calls:** Ohio SACWIS conducts regular build calls to review new functionality and respond to concerns/questions from users.

**COI Workgroups:** Quarterly focus groups of county users suggest changes to support CQI process and system improvements.

**Partnership for Ohio Families Regional Teams:** Meeting monthly, Ohio SACWIS staff receive feedback on functionality and incorporates this feedback to drive development and plan for deployment.

**Partnership for Ohio Families Advisory Group:** Ohio SACWIS updates and discussion occurs with this group whose membership is comprised of PCSAs, Private Agencies, Foster Care Advocates, a court liaison and young adults who have experienced foster care.

**ProtectOHIO:** Ohio's participating counties frequently recommend Ohio SACWIS changes to ensure the system supports the fidelity of program interventions.

**Family First Prevention Service Act Leadership Advisory Committee:** Internal and external subject matter experts guide implementation decisions for QRTP and Prevention Services updates including Ohio SACWIS functionality changes.

Ohio will continue to assess and explore functionality to identify areas where the mobile solution may be expanded. Enhancements will include providing adoption assessor information in the system to allow agencies without home study assessors to quickly search a registry for available qualified staff; adding interactive mapping views to the provider match screens to improve searches for available foster homes within their removal home and school district; and provide training, visual aids and technical assistance to users regarding new and updated Ohio SACWIS functionality.

### **Ohio Certification and Licensing Management (OCALM) System**

During 2019, OFC's Bureau of Foster Care Licensing developed a system to meet the needs of both local agencies and OFC licensing staff. OCALM provides current and prospective ODJFS-certified private and public agencies the ability to log into the system directly to upload and complete required documents. As part of the development process, the staff defined requirements, tested functionality and logged defects to ensure BFCL's new licensing system would be ready for end-user access. OFC convened a focus group of private agencies representing multiple ODJFS licensed functions from all over the state throughout the process to gather feedback, and test features as they were being developed. Agencies provided very positive and concrete feedback

that was used throughout the development process. In December 2019, OCALM went live with inquiry assignment, initial certification, amendment processing, recertification, additional visits and policy revision reviews. Existing agencies submitted their user information and were configured for login and system access within the next few weeks. Users were able to update documents online without the need to resubmit a paper form and will be able to use a real-time chat feature for one-on-one assistance. Work moves forward on the development of technical assistance visits, complaint investigations, PCSA foster home reviews and report development. Full implementation is targeted for summer 2020, with future enhancements slated for upcoming years.

### **Ohio SACWIS Alleged Perpetrator Search (OSAPS) System**

Searches for Alleged Perpetrators of child abuse and neglect in Ohio are conducted for many purposes, such as for individuals who are seeking approval to foster or adopt, volunteer, or to obtain employment relating to children, as well as for out-of-state children service agencies requesting family histories due to current involvement. Additionally, federal and state laws have been updated to require an Ohio SACWIS Alleged Perpetrator search of child abuse/neglect for all residential facility employees. Licensed foster caregivers and alternative caregivers have also been among the many individuals that are required to have an OHIO Alleged Perpetrator child abuse and neglect search conducted.

In 2019, the Child Protective Services team worked with our partners in the ODJFS, Office of Information Systems (OIS) to develop the Ohio Statewide Alleged Perpetrator System (OSAPS) for external individuals to request child abuse/neglect perpetrator history, which went live on October 17, 2019. This new system replaced the former paper/mail process by directing users to create an OH ID and submit a request online along with their necessary supporting documentation. The requests are uploaded into the OSAPS database for registry staff to complete. Once a record check is completed, the individual receives an e-mail alerting them that their request is available to view.

In 2019, OSAPS received 3,174 SACWIS search requests from 44 states, Canada, Guam and United Kingdom. During 2019, OSAPS completed 9,203 private agency requests and 5,740 requests from individuals.

### **Ohio's Families and Children Rule Review Site**

Ohio created the Ohio's Families and Children Rule Review site in response to OFC's Partners for Ohio's Families initiative. It continues to operate and offers the public the opportunity to comment on 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. Additionally, the site was updated to allow the user to view past forms and rules that were available for comment. Information gathered from the site is prior to the clearance process and is also informative for the MORRPH process described in the Collaboration section of the report.

## **Fiscal Training**

OFC launched a new [Children Services/County Finance Training](#) in September 2019. The Office of Families and Children and the Office of Fiscal and Monitoring Services partnered to make this much needed training program a reality. The program was intended to broaden the knowledge base across program and fiscal, includes claiming components both in and outside of CFIS and SACWIS and provide agencies with information that will help them maximize the use of the various funding streams available to them. In 2019 OFC provided two two-day program and SACWIS in-depth trainings on Title IV-E funding and a cost allocation training. In addition, OFC provided an 'Introduction to Children Services Funding' session.

There are several sessions currently planned through the fall of 2020 including 'Laying the Fiscal Foundation,' 'The Fiscal Side of IV-E Funding,' 'Purchasing Using Federal and State Funding,' 'Peer to Peer Adoption Negotiations,' 'PCSA Quarterly Processing and CFIS Reports,' 'In Depth Adoption Assistance,' 'PCSA Quarterly Processing and CFIS Reports,' and 'Cost Report/Rate Setting for IV-E Providers.'

## **Practice Efforts**

***Promotion of Trauma Informed Care*** has been a targeted joint initiative of the Office of Families and Children, the Institute for Human Services, and the Ohio Department of Mental Health and Addiction Services (OhioMHAS) over the past several years. In the fall of 2018, the federal GAO conducted a review of trauma informed child welfare practices and available treatment services for child welfare-involved families. Other states selected to participate in this project included: Colorado, Massachusetts, North Carolina, Washington, and Wisconsin. In April 2019, the GAO released its report nationally and to Congress. Currently, researchers from Rutgers University are also conducting multi-state analyses of trauma-informed care implementation efforts and have selected Ohio as one of the project study sites. Participation in these efforts support a larger learning community.

***The Independent Living and Transition Age Youth Regional Meetings*** were facilitated by the MSSS Independent Living team in all five regions of the state in the Fall of 2019. More than 41 County agencies and 51 private agencies were in attendance. Topics included:

- Introduction to the new bureau of Multi Systems Services and Supports
- Credit Report Mandate
- National Youth in Transition Database
- New SACWIS KB article "Recording Campus Placement"
- Using Independent Living Funding to assist Bridges Participants
- Foster Youth to Independence (FYI) Housing Initiative
- The Personal Responsibility and Education Program Updates (PREP)
- Post Emancipation Services: Young Adult Services, Bridges and Adoption Assistance to 21
- Cross System Collaboration with Ohio Department of Developmental Disabilities
- Listening Session on Service Gaps in each region

***Comprehensive Addiction and Recovery Act (CARA) Implementation*** - OFC continues CARA training with Ohio's county child welfare agencies and their community partners, which include

county hospitals, clinics, treatment facilities, and community providers. Since the passage of CARA legislation in 2016, ODJFS has been working on providing a consistent standard in the practice and process of ensuring compliance. In order to do this, ODJFS continues to team with numerous projects, initiatives, and workgroups to train and educate the numerous entities who are responsible for this population. A few of the committees/ initiatives/projects OFC is actively involved in, which are focused on the families and children impacted with substance use treatment disorders (SUD), are: Ohio START (Sobriety, Treatment and Reducing Trauma), SSIP (Statewide System Improvement Program), MOMS, QIC-CCCT (National Quality Improvement Center for Collaborative Community Court Teams), and the OMNI (Opioid Use Disorder, Maternal Outcomes, and Neonatal Abstinence Syndrome Initiative Learning Committee).

Additional training sessions are being researched and curriculum developed for Multi-Systems Youth (with Medicaid and OhioMHAS), Ohio START, Title XX funding, Chafee and Independent Living and other children service funding sources such as IV-B, SCPA, TANF and Medicaid.

## **Affiliations with Partner Associations**

***Statewide Associations:*** As described throughout this report, ODJFS continues to support and cultivate strong collaboration with several statewide associations that represent the voice of public and private agencies, young adults, and families. The Public Children Services Association of Ohio (PCSAO), the Ohio Job and Family Services Directors' Association (OJFSDA), and the Ohio Children's Alliance have established themselves as active partners and have shared innovations that have had significant positive impact on our constituency. ODJFS regularly attends association meetings, providing periodic updates to these organizations on CFSP implementation activities as well as the federal CFSR. In addition, the Ohio Children's Alliance, PCSAO and OJFSDA participate on several different stakeholder leadership bodies alongside ODJFS, including the Partners for Ohio's Families Advisory Board and several of the programmatic collaborations noted above. As also noted, PCSAO and OCA have also served as fiscal agents for collaborations such as the recent COVID-19 emergency funding and PCSAO has been the liaison for impactful programs such as Ohio START and the University Partnership Program. Through these avenues, the associations provided input on behalf of their membership on issues related to the implementation of the CFSP.

***Partnership with Casey Family Programs:*** Casey Family Programs has been a strong partner to Ohio since 2007 on several important child welfare initiatives, including Differential Response, the Ohio Intimate Partner Violence Collaborative, and Permanency Roundtables. In 2019, ODJFS signed a collaboration agreement with Casey to target the following strategies:

- **Child Maltreatment Fatalities:** Reduce child maltreatment fatalities through education and implementation of the Commission to Eliminate Child Abuse and Neglect Fatalities recommendations.
- **Policy reform and will-building:** Inform state and local policy makers, legislators and child welfare system leaders about policies and practices that can contribute to child safety, permanency and well-being.

- Strengthen system capacity to address the full spectrum of system of care: Support long term systemic goal that enables child serving systems to address the child welfare system reforms from end to end.
- Strengthen system capacity to prevent entries: Reduce child maltreatment cases through practices and policies that prevent or divert most at risk families and children by targeting scarce resources, including community, mental health and domestic violence, alternative response and mandated reporters. Support long term system goals that enable child welfare systems to provide services that are responsive, adaptive, family centered and efficient in safely reducing entries.
- Strengthen system capacity to support timely permanency: Support long term system goals that enable child welfare systems to provide services that are responsive, adaptive, family centered and efficient in safely increasing exits to permanency. Emphasized expedited planning by supporting concurrent permanency options and targeted exit programs. Provide resources, training and implementation practices including case reviews to directly promote permanency options for long staying youth.

In lieu of quarterly reports, Casey has agreed to fund ODJFS \$145,000 as an investment in the above outcomes. In addition, Casey has provided funding for a portion of administrative costs related to support an Ohio Foster America fellow to facilitate planning and implantation efforts for Family First.

***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.

## **G.FOSTER AND ADOPTIVE PARENT LICENSING, RECRUITMENT, AND RETENTION**

### **Assessment of Current Performance**

This Systemic Factor includes four item measures. The Round 3 CFSR Final Report indicated Ohio was in substantial conformity with the following items: *Item 33 Standards Applied Equally* and *Item 35 Diligent Recruitment of Foster and Adoptive Homes*.

Ohio was not in substantial conformity with the following items: *Item 34 Requirements for Criminal Background Checks* and *Item 36 State Use of Cross Jurisdictional Resources for Permanent Placements*. Following is an update of current activities.

#### ***Item 33 Standards Applied Equally***

All licensing standards continue to be applied equally,

#### ***Item 34 Requirements for Criminal Background Checks***

Federal requirements under 45 CFR § 1356.30(f) require ODJFS to document that agencies it certifies have conducted criminal records checks for public and private agency childcare staff and foster and/or adoptive parents and applicants. Since 1993, section 2151.86 of the Ohio Revised Code (ORC) has required any entity that employs persons to be responsible for a child's care in out-of-home care to conduct criminal records checks for public and private agency childcare staff prior to hire. Ohio Administrative Code 5101:2-5-09, 5101:2-5-09.1 and 5101:2-48-09 identifies the frequency and manner in which criminal records checks are to be conducted. All criminal records checks must be conducted using section 2151.86 of the ORC as the reason fingerprinted.

ODJFS implemented an electronic submission of criminal background checks using the KOFAX system on January 5, 2017 for all agencies. An initial phase in was conducted over several months, and agencies continue to submit the criminal background checks quarterly for compliance review by ODJFS Foster Care Licensing Staff. Licensing Specialists continue to monitor these quarterly submissions which include new hires since the previous quarterly submission.

In the time period since ODJFS implemented electronic submission of all criminal checks for public and private agency childcare staff, and foster and/or adoptive parents and applicants, 42,677 criminal records have been submitted, 7,108 during this reporting period. 92% of those reviewed have been found to be compliant. Records identified as non-compliant were cited and the agencies were required to complete a Corrective Action Plan.

The vendor for the new Ohio Certification and Licensing Monitoring system (OCALM) built Complaint workflow as part of its Release 2 build. This build was completed in February 2020 with production and defect testing occurring in March 2020. The BFCL began using OCALM to process Complaint workflows on April 6, 2020. Complaint workflow includes all citations for criminal record check requirements found to be noncompliant with state and federal rules. The OCALM system allows the BFCL to run reports specific to the number and type of citations related



to criminal record check requirements on a quarterly basis. Due to this functionality being new, the BFCL has not yet compiled enough data for quarterly reporting. Within the latter part of 2020, reports will be utilized to identify trends in noncompliance.

House Bill 166 of the 133rd General Assembly enacted the following changes to Sec. 5103.037 and Sec. 5103.0310 of the ORC to comply with the provisions of PL 115-123, the Family First Prevention Services Act (FFPSA):

- Prior to employing or appointing a person as board president, or as an administrator or officer, agencies must complete the following activities:
  - Request an alleged perpetrator search in SACWIS. The process can be found at: <http://jfs.ohio.gov/ocf/childprotectiveservices.stm>.
  - Request an alleged perpetrator search of any state the individual has resided in within the last five years. The process can be found at: <http://centerforchildwelfare.fmhi.usf.edu/ChildProtective/AdamWalsh.pdf>.
  - Complete a search of the United States department of justice national sex offender public web site regarding the person. The website is located at: <https://www.nsopw.gov/>.
- Prior to employing an employee, volunteer, intern or contractor, and agency must complete the following activities:
  - Bureau of Criminal Investigation (BCI) record check pursuant to Ohio Revised Code (ORC) 2151.86
  - FBI criminal record check pursuant to ORC 2151.86
  - An alleged perpetrator search in SACWIS. The process can be found at: <http://jfs.ohio.gov/ocf/childprotectiveservices.stm>.
  - An alleged perpetrator search of any state the individual has resided in within the last five years. The process can be found at: <http://centerforchildwelfare.fmhi.usf.edu/ChildProtective/AdamWalsh.pdf>.
  - A search of the United States department of justice national sex offender public web site regarding the person. The website is located at: <https://www.nsopw.gov/>.

Documentation of all checks and searches above must be placed in the individual's personnel file. An individual an individual will not be for employment if either of the following is true:

- The individual's alleged perpetrator results show a finding of substantiated abuse or neglect within the past ten years.
- The individual is listed on the national sex offender public website.

*Goal 2, Objective 5 of the 2020-2024 CFSP addresses background check requirements.*

### ***Item 35 Diligent Recruitment of Foster and Adoptive Homes.***

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



section was added to the foster care and adoption website. This section features several articles with helpful information, as well as a resource map for all providers. Along with the Foster Care and Adoption Website providing helpful information to interested families, ODJFS has maintained a social media presence on several platforms to share information about foster care, adoption, and kinship care. During the summer of 2020, ODJFS will also go live with a statewide adoption photolisting. The previous photolisting was overseen by a vendor and inactivated in November 2019, therefore this listing will be the first state-run photolisting and an extension of our website.

When children are unable to return home to their primary families or find permanency with kin, they often come into the permanent custody of Ohio's county agencies. When this happens, many times the child is adopted by the foster family currently caring for them. For the sake of stability and attachment, this is often seen as the best possible option for the child at that point in time. Because foster caregivers often adopt children who have been placed with them, foster parent turnover will always be an issue and continuous foster parent recruitment and retention efforts must always be a priority. Increased efforts must be placed on foster parent retention, as national data trends show that nearly half of all foster parents stop fostering during the first year.

To better enhance Ohio's ability to recruit foster care applicants and retain the ones who do complete the process, ODJFS was exploring a collaboration with the National Council for Adoption (NCFA) on a cross-comparative research project to determine differences in recruitment and retention practices. Due to competing priorities and the realities of COVID-19, ODJFS has not yet been able to commit to the research project with the National Council for Adoption.

In 2019 the Office of Children Services Transformation and PCSAO convened a stakeholder group to focus on Caregiver Supports, Training, Recruitment and Retention. The group has met numerous times over the past year to create statewide foster parent recruitment and retention assistance and modernize Ohio's Foster Care System. The group is working to help retention efforts, including the creation of a foster parent Bill of Rights.

*The Update to the 2020-2024 Foster and Adoptive Parent Diligent Recruitment Plan also addresses ongoing diligent recruitment efforts.*

### ***Item 36 State Use of Cross Jurisdictional Resources for Permanent Placements***

To address the findings outlined in the Round 3 CSR Report ODJFS has engaged in the following activities;

- A NEICE ICPC and ICAMA webinar was held on May 30, 2018, which provided an overview of the completely redesigned SACWIS ICPC functionality, including implementation of NEICE, the National Electronic Interstate Compact Enterprise. Ohio was the first state to implement a direct interface with the NEICE Clearinghouse. The webinar was presented prior to the implementation and was recorded and posted to the SACWIS Knowledge Base, along with a question/answer document.
- Prior to implementation, in June 2018, all county ICPC coordinator and their staff were invited to participate in testing the new functionality. In-person testing was available over 6 days, while others tested remotely.
- On June 13, 2018, over 40 ICPC coordinators from more than 30 PCSAs participated in a hands-on practice session and testing, held following their statewide quarterly meeting.

SACWIS business analysts created incoming placement requests from the NEICE test environment so all participants could practice processing requests and navigate through the new screens. SACWIS business analysts were on hand to provide a walkthrough to participants, and to provide support during the hands-on practice.

- The new ICPC functionality was implemented in SACWIS on June 30, 2018, and the NEICE interface went live on September 6, 2018.
- The online SACWIS Knowledge Base has the following resources available to support ICPC workers:
  - ICPC Requirements Checklists for Adoption, Foster/Relative/Parent, and Residential placement requests. These were provided by OFC's Deputy Compact Administrator in the Substitute Care Policy section and list the required documentation for each type of ICPC request.
  - *Completing an Outgoing ICPC Request via NEICE* article with step by step instructions.
  - *Completing an Incoming ICPC Request from NEICE* article with step by step instructions
  - *SACWIS ICPC-NEICE Tips* document.
- A County and State ICPC Quarterly Meeting is hosted by OFC's Deputy Compact Administrator. The SACWIS business analyst has participated in these meetings upon request to respond to questions from PCSAs. The September 10, 2019 meeting was held as a webinar. SACWIS provided a walkthrough of the ICPC and NEICE functionality and responded to questions.
- The SACWIS Help Desk and subject matter expert continues to provide ongoing technical assistance to county ICPC workers as questions or concerns arise.
- On June 9, 2020 a ICPC meeting was held via Microsoft Teams. During this meeting the Deputy Compact Administrator presented a training on the Interstate Compact. This training presented a general overview of ICPC, a review of the articles/regulations, and what the process is. The presentation also included a SACWIS demonstration for entering ICPC intakes, creating ICPC records, linking documents in SACWIS, the information to enter and how to enter the ICPC record – including the date field for recording compliance with the Safe and Timely Act. Information regarding NEICE processes were also shared. There were 59 county staff in attendance at this meeting. Attendees were able to ask questions and discuss scenarios.

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

#### Review of Goals, Objectives, and Interventions

A review was conducted to determine if the Goals, Objectives, Strategies, Benchmarks and Time frames needed to be amended. Based on a review of information contained in the *Progress Measures Updates*, *Benchmark Progress Reports* and *Feedback Loops* for each Goal, there is currently no need to make adjustments to the Goals, Strategies, and Benchmarks. However, there was a need identified to adjust the due dates for some benchmarks as a result of information presented in Benchmark Progress Reports. Where applicable, changes are reflected in **red** under Timeframe.

#### Implementation and Program Supports

Ohio has developed a thorough working knowledge of implementation science through its partnership with the National Implementation Research Network (NIRN). ODJFS has worked with NIRN to apply the principles and methods of implementation science to the state's rollout of its Differential Response practice model. Through this process, the state has examined the essential drivers of implementation quality defined by NIRN: staffing/staff selection, training, coaching, performance assessment, facilitative administration, data systems to support decision-making, systems intervention, and leadership. The interventions within the CFSP were selected with this critical framework in mind, and the required implementation supports are embedded seamlessly throughout the plan.

#### Training and Technical Assistance

- *Describe the state's training and technical assistance provided to counties and other local or regional entities that operate state programs and its impact on the achievement of CFSP/CFSR goals and objectives since the submission of the 2020-2024 CFSP. Describe training and technical assistance that will be provided by the state in the upcoming fiscal year (See 45 CFR 1357.16(a)(5)).*

The following training and technical assistance occurred during this reporting period and will continue into the next reporting periods:

- The State's CFSR, PIP activities have included the provision of specialized assessment and planning training to the 15 CFSR counties with unique training plans. In order to support these trainings, the Ohio Child Welfare Training Program was able to certify 10 new CAPMIS trainers. These trainers can provide specialized assessment and planning training to any of the 88 county agencies in need. Additionally, the Ohio Child Welfare Training Program offered training on Ohio's Practice Profiles, which outline the fundamentals of best practices in child welfare. These trainings were offered virtually and are based upon

webinars created by the Statewide CQI system. *(Assists in achieving: Goal 1, Strategy 2 – CFSR, PIP: and Goal 1, Objective 2, Strategy 3 - 2020-2024 CFSP).*

- Ohio has been offering intensive Motivational Interviewing (MI) trainings thanks to a State Opioid Response Grant from the Ohio Department of Mental Health and Addiction Services. Ohio is training an initial round of PCSAs between May and September 2020 and is building the capacity to offer ongoing MI training through those participating in a Train the Trainer during this same time. The MI skillset is highly complementary to the specialized assessment and training series and are intended to build upon one another. *(Assists in achieving: Goal 1, Strategy 3 – CFSR, PIP)*
- OFC created a cohort of expert practitioners who convene at least quarterly to discuss and share best practices around assessment and planning. This group, the CAPMIS Infusion group, consists initially of the 15 CFSR counties in 2020. *(Assists in achieving Goal 1, Objective 4 -, Strategy 1- 2020-2024 CFSP, Goal 1, Strategy 2 – CFSR, PIP)*
- Ohio’s Kinship and Adoption Navigator Program (OhioKAN) is currently developing training for all levels of staff who will be operating the new program. Initial trainings will consist of education on the program model, training for each individual role in OhioKAN (coach, navigator, director), learning communities to address ongoing implementation needs, and training on how to use the OhioKAN SACWIS module. Trainings will continue to be developed throughout the year to ensure staff are competent in issues related to kinship and adoption, trauma, and cultural inclusion. *(Assists in achieving: Goal 2, Objective 7, Strategy 3 – 2020-2024 CFSP)*
- OFC, Bureau of Child & Adult Protection Services, Substitute Care and Permanency Section provided training on June 18, 2020 to adoption staff on the *use of the new Ohio Adoption Photolisting*. This training was intended for any child-focused recruiter or PCSA adoption staff who has requested access to upload profiles or is considering access to upload profiles. *(Assists in achieving Goal 1 of Ohio’s Foster Care and Adoptive Parent Diligent Recruitment Plan)*
- The Ohio SACWIS team is dedicated to offering help and training to PCSA and Private Agency staff who are new to using Ohio SACWIS. Additionally, as functional changes and enhancements are implemented in Ohio SACWIS on an ongoing basis, training and support to navigate the changes is offered to Ohio SACWIS users of all experience levels. Help, training and support offerings for Ohio SACWIS are made available in a variety of methods that include, but are not limited to, webinars, Knowledge Base guides, on-demand training videos, learning labs, and in-person instruction. Often, multiple methods are utilized to give the user community variety and to allow them to learn at their own speed and as their schedules allow. The following list contains information on topics and methods of delivery which assist Ohio in achievement of CFSR. PIP Goals, CFSP Goals and the mission of the OFC.

Title	Knowledge Base Article/Materials	Other Delivery Method
Overview of New SACWIS Functionality Payment Processing of Non Adoption Payments	Yes and Q&A document	Webinar
Detailed Presentation of the Family Case Plan Tool	Yes and FAQ document, conversion document	Training Video
Detailed Presentation of the Revised Case Review Tool	Yes and FAQ document	Training Video
Detailed Presentation of the Revised SAR Semi-annual Administrative Review Tool	Yes and FAQ document	Training Video
Overview of Child Welfare Measures of Performance Webinar	PP Slides and Definitions	Webinar
Adding an Agency Point of Contact for the Interface with the Social Security Administration	Yes and Q&A document	Webinar
Medicaid and Managed Care Plan Guidance	Yes	
Managed Care Plan Change - Paramount Advantage	PP Slides and Q&A document	Webinar
Recording Legal Status and Custody Episode	Yes	Webinar May 2020
Recording an Initial Removal	Yes	Webinar May 2020
Recording a Placement Record	Yes	Webinar May 2020
Creating an Individual Child Care Agreement	Yes	Webinar May 2020
Recording Program Categories	Yes	
Quarterly Provider Module End-User Training		In person instruction and learning lab
Intake Assessment/Investigation Face-to-Face Contact Report	Yes	
Creating and Understanding the Bridges Comprehensive Report	Yes	
Instructions for Single Sign-On (SSO)	Yes	

Title	Knowledge Base Article/Materials	Other Delivery Method
Completing Substance Abuse and CARA Information on an Intake	Yes	
Protective Service Alerts and Report Disposition SACWIS Enhancements		Webinar May 2020
Recording an Assessment-Investigation Initiated Activity Log	Yes	
Completing the Education Section of the JFS 01443 Form Child's Education and Health Information Report	Yes	Training Video
Completing the Health Section of the JFS 01443 Form Child's Education and Health Information Report	Yes	
Placing a Youth/Young Adult in a Campus Setting	Yes	
SACWIS ICPC-NEICE Tips	Yes	
ICPC NEICE Communication Types	Yes	
Calculating Federal, State, and Local Shares for Adoption Assistance Subsidies.	Yes	
Process for Returned, Voided, Fraudulently Redeemed Warrants and Stop Payment/EFT Cancel Requests	Yes	

- Ohio SACWIS and child protection services policy staff members collaborated to provide 7 regional presentations of the revised Family Case Plan/Case Review/Semi-annual Administrative Review functionality in June and July of 2019. Each presentation included a guided walk-through of each tool and the opportunity for discussion of Ohio SACWIS and policy related questions that attendees had. The sessions assisted in the successful implementation of the initiative by the PCSA workforce when it became available in January 2020. Additionally, learning labs in 2 different regions were offered to all Ohio SACWIS users in September and October 2019. The learning labs provided participants with the opportunity to get a hands-on feel for the redesigned work items. These sessions were led by SACWIS and Technical Assistance Specialist staff members. This approach gave attendees another opportunity to immediately get the answers to any outstanding SACWIS or practice questions. (*Assists in achieving Goal 3, Strategy 2 -CFSR, PIP*)

In FY 2021, OFC anticipates the need to utilize technology and virtual platforms more than ever before to provide training and technical assistance. Budget limitations and continued COVID-19 concerns are likely to require provision of training virtually more often. The OCWTP is in the process of adapting caseworker CORE and other trainings to a platform that can be offered

virtually to ensure fundamental training is available to newly hired caseworkers. (Refer to Systemic Factor- Staff and Provider Training)

The anticipated need for continued technical assistance and training continues to be high around assessment and planning best practices. Ohio plans to continue increasing its training and coaching capacity through partnership with the OCWTP. Additionally, OFC plans to increase participation in the CAPMIS Infusion group as well as in the Statewide CQI process.

Ohio continues to build capacity for collaboration to provide enhanced levels of technical assistance. Building relationships through initiatives such as Statewide CQI, CAPMIS Infusion, and ASAP assists in expanding a culture of collaboration with county agencies and creates an open dialogue where individuals from counties feel comfortable reaching out for technical assistance. Those facilitating initiatives, providing training, providing coaching, and those providing technical assistance are finding new ways to work together to provide a cohesive message of best practice.

### **Technical Assistance and Capacity Building Needs**

- *Describe the technical assistance and capacity building needs that the state anticipates in FY 2021 in support of the CFSP/CFSR goals and objectives. Describe how capacity building services from partnering organizations or consultants will assist in achieving the identified goals and objectives. (See 45 CFR 1357.16(a)(5).) States that have engaged with the Capacity Building Center for States, the Capacity Building Center for Courts, and/or the Capacity Building Center for Tribes are encouraged to reference needs and planned activities that were documented during assessment and work planning.*

Technical assistance by Chapin Hall has been utilized throughout the development and implementation of the OhioKAN program. Chapin Hall has helped to create the OhioKAN Theory of Change, governance structure, and job descriptions. Chapin Hall will continue to work with OhioKAN to finalize the procedure manual, coaching strategy, training curriculum, system for continuous quality improvement, and strategy for stakeholder and community education and engagement. Chapin Hall has a long history as a research and policy center focused on improving the well-being of children, youth, families, and their communities. The knowledge and expertise that the Chapin Hall team brings will enhance the implementation OhioKAN program. *(Assists in achieving: Goal 2, Objective 7, Strategy 3 – 2020-2024 CFSP).*

### **Research, Evaluation, Management Information System**

- *Provide information on activities carried out since submission of the CFSP or planned for the upcoming fiscal year in the areas of research, evaluation, or management information systems in support of the goals and objectives in the CFSP. This may include activities carried out under discretionary grants awarded by the Children's Bureau. (See 45 CFR 1357.16(a)(5).)*



Ohio has engaged in several activities related to research and evaluation over the last year and will continue to participate in activities over the next year that support the CFSP goals and objectives. These include, but are not limited to, the following:

- Ohio is a site for the Quality Improvement Center for Workforce Evaluation's workforce project to research, synthesize data and generate effective strategies to improve workforce outcomes. Six experimental counties and three control counties are involved with this project. The Coach Ohio intervention combines coaching training with Resilience Alliance sessions. A data sharing agreement exists so Ohio SACWIS data can be provided to assist with the evaluation. Additionally, staff at each county are periodically surveyed on workforce related issues. The SACWIS data, which includes human resources related data, and the survey data will be combined to evaluate Ohio's intervention. The intervention will be ending over the next few months but evaluation on this project will continue for the next two years. *(Assists in achieving Goal 1, Objective 1 -2020-2024 CFSP, Goal 2, Strategy 2 – CFSR, PIP)*
- A data sharing agreement with an external evaluator exists to support the evaluation of the 30 Days to Family pilot. Data is provided from Ohio's SACWIS system on children served by the program as well as on children who were eligible for the program who were not served. SACWIS data is joined to model fidelity information so the program can be comprehensively evaluated. *(Assists in achieving Goal 2, Objective 1, Strategy 1 -2020-2024 CFSP, Goal 1, Strategy 1, Option 1- CFSR, PIP)*
- Ohio is currently working to establish OhioKAN, Ohio's Kinship Navigator program. OFC has provided multiple sets of aggregate data to guide the development of this program. In the next year, a data sharing agreement will likely be developed to support the evaluation of the program. The work related to OhioKAN will require changes to Ohio SACWIS as well. The work is currently well underway. OhioKAN will be set up as a new agency within Ohio SACWIS, responsible for 10 regions throughout the state. This initiative requires changes to the Intake module and its Case linking process to identify OhioKAN Intakes and Cases, as well as to capture OhioKAN applicable data fields within the Intake. OhioKAN cases will have its own menu with work items such as Case Overview, Activity Log, Intake List, Case Services, Forms and Notices, and Case Closure. These case work items will require OhioKAN specific modifications. A Mini assessment named BASICS will be created, which will also get its own left navigation link. Security will be implemented to keep these cases separate from other child welfare cases. The updates are slated for release by July 2020. *(Assists in achieving: Goal 2, Objective 7, Strategy 3 – 2020-2024 CFSP)*
- A comprehensive data quality plan was created in the past year for the Ohio State Automated Child Welfare Information System (SACWIS) program. It provides adequate governance for tracking and resolving data quality issues and enabling continuous quality improvement (CQI). Through the efforts of CQI, these will be updated biennially as data quality is incrementally addressed, or as federal requirements change.



Key objectives include:

1. Provide timely, secure and accurate information to assess and monitor the quality of SACWIS services delivered.
2. Ensure accurate data shared in federal reporting (ex. Adoption and Foster Care Analysis and Reporting System (AFCARS), National Youth in Transition Database (NYTD), Annual Progress and Services Report (APSR))
3. Utilize Informatica Data Quality (IDQ) to monitor and detect data inconsistencies that may need to be remediated.
4. Evaluate and recommend steps to remediate or accommodate identified SAWIS data quality issues
5. Regularly review metrics for continuous improvement opportunities.

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

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

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

**Progress Measures Update:**

The intervention is still underway, and the evaluator will not have aggregate data until 2021.

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

## Objective 1: Coach Ohio<sup>8</sup>

**Strategy 1: Implement Resilience Alliance in Summit, Montgomery, Hamilton, Champaign, Wayne and Knox Counties, the experimental counties in Ohio's Quality Improvement Center for Workforce Development (QIC-WD) grant.**

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

**Timeframe:** Year 1

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

**Timeframe:** Years 1-3

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

**Timeframe:** Years 1-3

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<sup>8</sup>This Objective is identified in Goal 2, Strategy 2 of Ohio's CFSR, PIP.

***Progress Report:***

Ohio's Intervention, Coach Ohio: Promoting Resilience and Optimism, pairs the Resilience Alliance (RA) strategy with the Atlantic Coast Child Welfare Implementation Center (ACCWIC) Coaching model. Over the past six months, each site (Summit, Montgomery, Hamilton, Champaign, Wayne, Knox) completed the 24-week Resilience Alliance curriculum. As the team has learned more about supervisors, plans are being made to expand the intervention to improve supportive supervision in the implementation sites.

The 24 weeks proved to be a test of endurance for many, which meant that counties had to find ways to keep energy and enthusiasm high. Most of the intervention counties were able to keep a significant portion of their staff engaged. Each agency's administration made special efforts to reiterate their support for the RA program. Some of the agencies did this through e-mail and in-person communications, and others used agency newsletters. Administration communicated RA as a priority to their agency supervisors through established agency communication channels. An advantage of these efforts was that staff in each county heard from their administration routinely about the importance of RA and reaffirming their buy-in to building the Resilience of their workforce. Despite each county's best efforts, each site did experience some level of decline in the rate of participation with RA. However, the implementation team believes the individuals remaining were highly invested in building their own resilience.

One of the most encouraging outcomes of the RA was the interest in follow up sessions. In all but one county, caseworkers asked for RA to continue in some fashion. As a result, counties created a "booster session" type format to continue working on resilience skills. These sessions are held at least monthly, but as they arose from demand within each individual county, each county implemented a slightly different format. Another encouraging fact of these follow up sessions was that the administration not only heard the workers requests for RA follow up but also allowed the caseworkers to have substantial input into the formats.

Following completion of Resilience Alliance in December 2019, the Implementation Team met to begin planning additional interventions to increase supportive supervision. The supervisors had not yet adopted coaching as a daily practice, and it became obvious through observation and early research data that the supervision workforce needed enhanced supportive supervision skills. The planning for additional interventions is believed to be vital to the project. Originally the intervention was intended to be a Supervisor based intervention. Supervisors were to focus on coaching and participate in RA to help know what to coach about, but supervisors were not able to successfully implement coaching. The RA groups took up the majority of the intervention's focus and energy. Given that evaluation of the current state, the Intervention Team agreed that supervisors would need additional support to enhance their supportive supervision skill sets.

The Implementation Team is planning shorter events for the upper administration of all six implementation sites, and two days of intensive training for supervisors. These training days will be followed with coaching and support. We are hopeful this intervention will prove effective at increasing the supportive supervision skills of our supervisors.

Evaluation efforts have been ongoing through the project. The evaluator, Anita Barbee of the University of Louisville, will be continuing evaluation efforts through 2021. Data analysis and

reporting will follow the evaluation efforts, and we anticipate learning a great deal regarding the intervention's usefulness and broad application.

***Feedback Loops;***

Based upon feedback from participating counties on RA, the Implementation Team began planning additional interventions to increase supportive supervision and provided 'booster' sessions that participants requested.

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

**Timeframe:** Years 4-5

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

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

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

**Timeframe:** Year 1

***Progress Report:***

The new Integrated Children Services/County Finance Training Program was launched on September 5, 2019. The Office of Families and Children and the Office of Fiscal and Monitoring Services partnered to make this much needed training program a reality. The program is intended to broaden the knowledge base across program and fiscal. It includes claiming components both in and outside of the County Finance Information System (CFIS) and the Statewide Automated Child Welfare Information System (SACWIS) and provides agencies with information that will help them maximize the use of the various funding streams available to them.

Since the launch, two, two-day programs and SACWIS in-depth training sessions on Title IV-E funding have been completed as well as 2 cost allocation training opportunities. In addition, *Introduction to Children Services Funding* and *Laying the Fiscal Foundation* sessions took place in late fall of 2019.

There are several sessions currently planned through the fall of 2020 including: *The Fiscal Side of IV-E Funding*, *Purchasing Using Federal and State Funding*; *Peer to Peer Adoption Negotiations*; *PCSA Quarterly Processing and CFIS Reports*; *In Depth Adoption Assistance*; *PCSA Quarterly Processing and CFIS Reports*; and *Cost Report/Rate Setting for IV-E Providers*. Additional training sessions are being researched and curriculum developed for Multi-Systems Youth (with Medicaid and OhioMHAS), OhioSTART, Title XX funding, Chafee and Independent Living and other children service funding sources such as IV-B, SCPA, TANF and Medicaid.

***Feedback Loops:***

In the eight months since the program was launched, the sessions provided have been very well received and county partners have expressed how valuable and beneficial they have been.

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

**Timeframe:** Year 1

***Progress Report:***

The Office of Families and Children partnered with the Office of Fiscal and Monitoring Services to compile a list of fiscal subject matter experts. These experts have each had a hand in preparing the training curriculum offered which includes:

- *Introduction to Children Services Funding*
- *Laying the Fiscal Foundation*
- *Maximizing Funding Assistance*
- *Introduction to Random Moment Time Study*
- *An In-Depth Review of Title IV-E Programming*
- *Purchasing Using Federal and State Funding*
- *Quarterly Processing of County Financial Reports*
- *An In-Depth Review of Adoption Assistance*
- *Title IV-E Cost Reporting and Rate Setting for Providers*
- *The Fiscal Side of Title IV-E Funding*

***Feedback Loops:***

In the eight months since the program launched, the sessions provided have been very well received. Many of the subject matter experts at the local level have helped to facilitate these training opportunities and share information with their peers.

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

**Timeframe:** Years 1-2

***Progress Report:***

The new Integrated Children Services/County Finance Training Program Webpage is available to Title IV-E agencies, so they are aware of the upcoming fiscal training opportunities. This webpage includes links to online modules that have been created since the fiscal training program launch and can be viewed at any time for training purposes. Thus far, the following training modules are available:

- *Introduction to Children Services Funding*
- *Introduction to the Random Moment Time Study*
- *How a Law becomes a Rule*
- *Understanding the Federal Child Welfare Policy Manual*

- *Understanding Child Welfare Policy – State of Ohio Laws*
- *A Brief Tour of Program Policy in the Ohio Revised Code and ODJFS E-manuals*
- *Understanding the Title IV-E State Plan*

***Feedback Loops:***

Many of our county partners have expressed their appreciation of having online training modules available to their staff at any time. This assists in providing foundational knowledge to new workers or workers changing roles within their agencies.

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

**Timeframe:** Years 2-5

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

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

**Timeframe:** Year 1-**Year 2**

***Progress Report:***

On February 12, 2020 the RFP Stakeholder Workgroup reconvened for an all-day meeting to finalize the development of priorities and deliverables to be identified in the RFP. The Workgroup was comprised of both internal stakeholders (ODJFS Technical Assistance Specialists, Child Welfare Transformation staff, Fiscal Staff and Policy Staff) and external stakeholders (representatives from 5 of the state’s 8 Regional Training Centers and a representative from the Public Children Services Association of Ohio). The final draft of the RFP was completed and submitted to the ODJFS, Office of Contracts Administration on February 28, 2020. However, due to the impact of the COVID-19 pandemic in early March 2020, it was not possible for the Contracts Department to proceed as planned with finalization and issuance of the RFP in March 2020, in order to have the vendor agreement in place to be effective July 1, 2020. Due to these circumstances, ODJFS and the current vendor are currently in the process of executing an additional 1-year extension (July 1, 2020 – June 30, 2021). The ODJFS, Office of Contracts Administration is also concurrently proceeding with development of the RFP for the biennial vendor agreement for the OCWTP to be in place no later than July 1, 2021.

***Feedback Loops:***

Internal stakeholders (ODJFS Technical Assistance Specialists, Child Welfare Transformation staff, Fiscal Staff and Policy Staff) and external stakeholders (representatives from 5 of the state’s 8 Regional Training Centers and a representative from the Public Children Services Association of Ohio) were involved in the development of priorities and deliverables identified in the RFP.

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

**Timeframe:** ~~Year 1~~ **Year 2**

***Progress Report:***

Due to the unexpected delays in releasing the RFP this benchmark could not commence during Year 1.

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

**Timeframe:** ~~Years 1-2~~ **Year 3**

***Progress Report:***

As noted in the Progress Report under Benchmark 1 of this Strategy, a new vendor for the OCWTP will not be determined until July 1, 2021. At the start of the contract a Training Plan will be created.

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

**Timeframe:** ~~Years 2-5~~ **Years 3-5**

***Progress Report:***

As noted in the Progress Report under Benchmark 1 of this Strategy, a new vendor for the OCWTP will not be in place until July 1, 2021. At the start of the contract the vendor will provide statewide training, monitor the effectiveness of the training and transfer of learning, and determine how trainees are viewing the quality and applicability of the training.

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

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

**Timeframe:** Year 1-**Year 2**

***Progress Report:***

The CFSR PIP team met with 15 CFSR counties and developed individualized training plans for each county. The COVID-19 virus has prevented OFC from completing the training timely with Lucas, Shelby, Trumbull, and Clermont counties. The other counties have completed their CAPMIS Infusion training plans and are now participating in quarterly CAPMIS Infusion sessions. The CAPMIS Infuser sessions are gatherings of the Assessment and Planning experts from each county. The purpose of these meetings is to develop a cohort of experts to address challenging practice concerns and develop effective methods of teaching assessment and planning to caseworkers in each agency. It is anticipated the training for Lucas, Shelby, Trumbull, and Clermont counties will be completed in Year 2 and their identified staff will join the CAPMIS Infusion sessions following the training.

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

**Timeframe:** Year 1

***Progress Report:***

Recruitment and approval of additional CAPMIS trainers was a deliverable in the ODJFS contract with the Institute for Human Services (IHS). IHS recruited individuals who had CAPMIS-practice expertise to explore their interest in becoming a OCWTP Coach; sent and collected coaching application materials from prospective coaches; interviewed prospective coaches; and approved six individuals as OCWTP Coaches who had CAPMIS-practice expertise.

The IHS Trainer Development Program Manager collaborated with the Casework Practice lead on interviews for new CAPMIS trainers. Presentation skills were assessed during the interview process and feedback was provided to the Casework Practice lead. CAPMIS trainers were enrolled in TOT sessions and then new trainers/coaches were approved.

**Strategy 4: Advance substance abuse training resources through OCWTP.**

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

**Timeframe:** Year 1

***Progress Report:***

In partnership with the Public Children Services Association of Ohio (PCSAO), the OCWTP provided support to the Ohio START program by administering the training program needed to implement Ohio START. This included provision of training and technical assistance. As a result, Ohio START trainings were integrated into regular OCWTP training offerings. Trainings included the following:

- *Child Trauma Screening*
- *Drug Screening as a Clinical Tool*
- *Engagement Skills, from Theory to Practice*
- *Family Team Meetings*
- *Motivational Interviewing*
- *Screening and Intervention for Substance Use Disorders (UNCOPE)*
- *Supporting a Recovery Lifestyle*
- *Trauma and Addiction: Fire and Ice*

Additional Ohio START trainings currently in development include:

- *Building Resilience in Families*
- *Screening and Intervention for Substance Use Disorders (UNCOPE) for Caregivers*



The OCWTP continues to support this initiative in the following ways:

- Work with currently approved substance abuse trainers in the development of new trainings for caseworkers, supervisors and caregivers.
- Develop four new substance abuse workshops.
- Work to approve and prepare additional subject matter experts from the area of substance abuse to train in the OCWTP system. Trainers represent both the treatment and prevention systems. One new trainer has been approved and two are in the final approval stages.
- Implement 12 online courses for caseworkers, supervisors, and caregivers on trauma, addiction, and medication-assisted treatment developed by the OhioMHAS e-Based Academy.

The eight OCWTP Regional Training Centers have engaged in the following activities during this reporting period:

Central Ohio Regional Training Center (CORTC)

CORTC offered a minimum of one substance abuse training per quarter. Additional classes were scheduled upon request. Learning interventions were advertised during the quarterly Director/Liaison meetings, site visits, and Franklin County management meetings.

East Central Ohio Regional Training Center (ECORTC)

ECORTC utilized the online modules through Ohio Department of Mental Health and Addiction Services (OhioMHAS) e-Based Academy and advertised the new modules developed by OCWTP at quarterly meetings for Directors and Placement Staff.

North Central Ohio Regional Training Center (NCORTC)

NCORTC regularly offered Ohio START courses at the training center. RTC staff are on a committee with Cuyahoga County staff to ensure START training needs are met. The NCORTC provides onboarding and orientation training to all START Family Advocates hired in Cuyahoga County.

Northeast Ohio Regional Training Center (NEORTC)

NEORTC is aware that substance abuse issues are one of the major reasons for CPS involvement and that it is important for caseworkers and supervisors to have as much knowledge of substance abuse issues to better serve children and families. NEORTC offered several substance abuse trainings every quarter, including numerous trainings held in September 2019, which is recognized nationally as Recovery Month. Training offered included:

- *Helping Address Substance Use Disorder through Effective Engagement, Screening (UNCOPE tool), Assessment, and Treatment*, every quarter as Summit County Children Services requires it for all new hires.
- *Substance Abuse Toolkit Training* (five modules of stand-alone training) and will be offering the training again starting in June 2020.

- Substance abuse trainings that were originally part of the Ohio START grant, Family Team Meetings (February 2020), and Drug Screening as a Clinical Tool (scheduled for June 2020).

NEORTC is committed to bringing on new substance abuse trainers and worked with a substance abuse professional who has been approved and is developing her own training.

#### Northwest Ohio Regional Training Center (NWORTC)

NWORTC provided five in-person substance abuse trainings. However, several were canceled due to the pandemic. During this pandemic and the stay at home order, NWORTC has referred workers to online training through the OCWTP. Workers are also directed to the NCTSN (National Child Traumatic Stress Network) where some topics workers took were substance abuse related. Lucas County is in the process of implementing Ohio START to aid in keeping children in their own homes with intensive services for parents who are experiencing issues with addiction. LCCS plans to have this program up and running in August 2020.

#### Southeast Ohio Regional Training Center (SEORTC)

SEORTC scheduled ongoing substance abuse training at SEORTC and in their assigned counties as requested. SEORTC has hosted Ohio START training.

#### Southwest Ohio Regional Training Center (SWORTC)

SWORTC scheduled six substance abuse trainings and one training is scheduled for June 2020. SWORTC hosted one Ohio START training this fiscal year. SWORTC also scheduled the Substance Abuse Toolkit training (five modules of stand-alone training), but three were cancelled due to low registrations.

#### Western Ohio Regional Training Center (WORTC)

WORTC has offered new substance abuse training to staff and caregivers several times.

#### ***Feedback Loops:***

The eight OCWTP Regional Training Centers maintain contact with their assigned agencies to identify critical training needed.

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

**Timeframe:** Year 1

#### ***Progress Report:***

Recruitment and approval of these additional CAPMIS trainers was a deliverable in ODJFS' contract with the Institute for Human Services (IHS). IHS was successful in approving the new trainers/coaches to focus specifically upon CAPMIS.

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

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

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

**Timeframe:** Years 1-2

***Progress Report:***

OFC's SIM participated in monthly virtual calls in June, August, and October. The meetings on months aside from these either did not have meetings scheduled or were canceled due to conflicts or low attendance.

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

**Timeframe:** Years 1-3

***Progress Report:***

The QIC-WD all-site meeting scheduled for April 2020 was cancelled due to COVID-19 concerns and replaced with a 4-hour webinar which OFC attended. There is currently a discussion about rescheduling the all-site meeting for October 2020.

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

**Timeframe:** Years 3-5

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

**Timeframe:** Years 3-4

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

**Timeframe:** Years 4-5

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

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

***Progress Report:***

Benchmarks for this strategy are not scheduled to commence until Year 2 and Year 3.

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

**Timeframe:** Years 3-5

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

**Timeframe:** Years 3-5

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

**Timeframe:** Years 2-5

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

***Progress Report:***

Benchmarks for this strategy are not scheduled to commence until Year 3.

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

**Timeframe:** Years 3-5

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

**Timeframe:** Years 3-5

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

**Impact:** Permanency Outcomes 1 and 2

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

***Progress Measures Update:***

CPOE Stage 11, Item 10: Review of CPOE Stage 11 results found PCSAs achieved 90% compliance in making concerted efforts to place children with relatives when appropriate.

Permanency Indicators: At this juncture, all 5 observed performance data for the Permanency Indicators indicates that Ohio has exceeded the National Performance in the last observation period reported. In Ohio's CFSR Round 3 Final Report it was noted that "these statewide data are promising indicators of some strengths in permanency practice in Ohio."

Kinship Care Data: Examination of Placement Type for the period of July 1, 2019 to May 22, 2020 indicated that as of the end of each month in the period, approximately 27% of the children in care were placed with Kin. When children were discharged from care approximately 24% were discharged to the custody of relatives. An additional 4-5% were discharged to the custody of kinship non-relatives.

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

## Objective 1: Increase use of kinship care.

### Strategy 1: Expand the 30 Days to Family Program (PIP)<sup>9</sup>

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

**Timeframe:** Year 1

***Progress Report:***

**30 Days to Family** is an intense short-term intervention developed by the Foster & Adoptive Care Coalition to: (1) increase the number of children placed with relatives when they enter the foster care system; and (2) ensure natural and community supports are in place to promote stability for the child. The program model features two major elements: family finding and family support interventions. An interim analysis of the 30 Days to Family program, looking at data from nine pilot counties between January 1, 2018 and June 30, 2019, was completed in September 2019. The interim report concluded several positive outcomes for youth served by the program. These outcomes included an increased likelihood of placement with kin, fewer days in foster care, and reduced likelihood of placement in more restrictive placements, particularly for children placed with kin.

In October of 2019 a new evaluator was identified to continue the evaluation. The evaluator is working with Kinnect and ODJFS to identify data needed for continued evaluation of the program.

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

**Timeframe:** Years 1-2

***Progress Report:***

The 30 Days to Family Program is fully operational in 14 counties. Counties currently participating in 30 Days to Family include: Allen; Clark; Cuyahoga; Fairfield; Hamilton; Hancock; Highland; Lorain; Lucas; Montgomery; Sandusky; Stark; Summit; and Wood. In Fiscal Year 2021 it is expected two additional counties will be added.

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

**Timeframe:** Years 2-5

***Feedback Loops:*** Reports from PCSAs implementing 30 Days to Family have indicated the 30 Days to Family Worker has been success in locating relatives or kin as either placement options, back-up placements options, or supports to families. One PCSA reported that since the inception of 30 Days to Family other staff are also looking more thoroughly for kin before placing children/youth in care. The evaluation of the program will be used to assess program effectiveness and identify any changes needed to the program.

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<sup>9</sup>This Strategy is contained under Goal 3, Strategy 1, Option 1 of the CFSR, PIP.

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

### **Strategy 1: Revise Ohio's foster care licensing standards to relieve licensure barriers for relative caregivers and all foster care applicants.**

**Benchmark 1:** Review federal foster care licensing model standards.

**Timeframe:** Year 1

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

**Timeframe:** Years 1-2

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

**Timeframe:** Years 1-2

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

**Timeframe:** Year 1

#### ***Progress Report:***

A small workgroup of stakeholders from across the state met during the spring/summer of 2019 to review the federal foster care licensing model standards. The workgroup consisted of public and private agency assessors, Ohio Child Welfare Training Program staff, foster and adoptive parents, and ODJFS staff from foster care licensing and policy. The workgroup reviewed model standards in relationship to current foster care licensing regulations and ultimately recommended to align with the vast majority of the model standards. The decisions of the workgroup were presented to the Family First Leadership Council, who voted unanimously to accept the recommendations of the workgroup. The decisions of the group were shared in multiple meetings and webinars, including Ohio Adoption Planning Group meetings, Ohio Children's Alliance meetings, and a statewide webinar with agency directors and assessors. Ohio Administrative Code (OAC) rules were drafted and posted for pre-clearance and clearance review. Numerous comments were received, and a few rules were revised in response to that feedback. The rules will be effective in the Summer of 2020.

The workgroup also recommended a rule change to include kinship caregivers in the definition of relatives for non-safety waiver purposes only. During each presentation mentioned above, information was shared about the availability of non-safety waivers for relatives and kin wanting to be licensed foster caregivers. The Ohio Child Welfare Training Program also revised assessor curriculum to include the availability of such waivers. Once the rules are effective, a procedure letter or other notification to agencies will be released to again remind agencies of this option for certifying relatives and kin as foster caregivers.

#### ***Feedback Loops:***

Public and private agency assessors, Ohio Child Welfare Training Program staff, foster and adoptive parents, and ODJFS staff from foster care licensing and policy participated in a workgroup to review the federal foster care licensing model standards. Recommendations made

by these stakeholders resulted in acceptance of the recommendations by the Family First Leadership Council. Throughout the process different stakeholders were involved in reviewing and assisting in planful implementation of the rules.

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

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

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

**Timeframe:** Year 1

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

**Timeframe:** Year 1

#### ***Progress Report:***

In a report released on February 3, 2020, the Public Children Services Association of Ohio (PCSAO) identified initial recommendations for: (1) expanding and defining the number of tiers currently considered “treatment” foster care (as distinguished from traditional family foster care), serving children with more challenging medical or behavioral health needs; (2) establishing appropriate payment ranges for caregivers; and (3) modernizing the role of the caregiver through supports, training, recruitment, and retention. The recommendations represent more than six months of work in 2019 by a broad-based group of stakeholders assembled by PCSAO and the Office of Children Services Transformation (OCST) at ODJFS. Stakeholder members included staff from the Office of Families and Children, Office of Medicaid, Casey Family Programs, Ohio Family Care Association, Public Children Services Agencies, private foster care agencies, behavioral health providers as well as persons with lived experience including a former foster youth and two foster parents.

The Recommendations include the following:

- Recommendation 1: Expand and enhance the levels of foster care beyond traditional and treatment by creating three tiers of treatment foster care that better meet the variety of challenging needs of children entering the system and those that may be stepping down from congregate care or entering treatment foster care in lieu of congregate placement. This expansion will establish a range of tiers, which includes the highest form of treatment foster care. This recommendation recognizes that some counties may have a tiered system in place that may correspond with these proposed tiers.
- Recommendation 2: Adjust foster care per diems based on the level of care provided by establishing a standard per diem range for traditional foster care that is consistent across



the state. Establish consistent per diem ranges for the three tiers of treatment foster care while further standardizing the core features of quality treatment foster care. These ranges should consider actual cost of living, including costs associated with the expected care needs of the child. We recommend a workgroup to focus on this issue, as it is quite complicated.

- **Recommendation 3:** Professionalize the role of foster parents by determining skills required, support provided, and expectations for entering foster care as one's primary area of focus. Professionalization is not synonymous with employment; rather professionalization should be focused on role definition, skill expectation, training needs, and mentorship. Professionalism should also consider recruitment, capacity-building, and other important issues. We recommend a workgroup to focus on this issue just as we did with payment, as it is also quite complicated.

In the coming months, workgroups that will include staff from both the OFC and OCST will flesh out the recommendations, refine the proposed tiers, and develop a comprehensive structure for treatment foster care. The full report can be found at:

<https://www.pcsao.org/pdf/misc/TTFCReportFinal.pdf>

#### ***Feedback Loops:***

In order to effectively work on this Strategy, numerous stakeholders had to be included as active participants. Stakeholders included staff from the Office of Families and Children, Office of Medicaid, Casey Family Programs, Ohio Family Care Association, Public Children Services Agencies, private foster care agencies, behavioral health providers as well as persons with lived experience including a former foster youth and two foster parents. As this work continues to unfold these stakeholders, as well as potentially other stakeholders, will be involved.

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

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

**Timeframe:** Year 1

#### ***Progress Report:***

Twelve level of care assessments were initially considered and through research were narrowed down to two, the *Child and Adolescent Needs and Strengths (CANS)* and the *Child and Adolescent Service Intensity Instrument (CASII)*. Group members spoke directly to agencies currently using each assessment tool and to the assessment authors as they were making recommendations.

#### ***Feedback Loops:***

Critical to addressing this strategy was to involve representatives from: OFC, the Ohio Department of Medicaid, Casey, public children services agencies, private child placing agencies, the Public Children Services Association of Ohio, Ohio Children's Alliance, and Case Western

Reserve. These representatives had extensive knowledge about Level of Care Assessment Tools and would be impacted by the decision regarding the Level of Care Tool(s) that would be selected.

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

**Timeframe:** Year 2

**Benchmark 3:** Monitor and evaluate effectiveness.

**Timeframe:** Years 2-3

## **Objective 4: Improve quality of congregate care.**

### **Strategy 1: Evaluate current congregate care programs to determine right-sizing of congregate care.**

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

**Timeframe:** Year 1

#### ***Progress Report:***

During this reporting period, the QRTP subcommittee developed an Agency Level of Readiness Survey which was designed to identify a residential agency's readiness with the following five QRTP requirements: (1) accreditation; (2) treatment model; (3) clinical and nursing staff; (4) family engagement and outreach; and (5) aftercare planning. Agencies/licensing staff rated each requirement as either ready, somewhat ready, or not ready.

The survey was completed for all certified ODJFS and Ohio Department of Mental Health and Addiction Services (OhioMHAS) child-serving residential agencies. There was a total of 146 agencies surveyed. Results of the survey provided data related to the percentage of agencies meeting specific QRTP requirements and identified the needs of others. Survey results were used to assist ODJFS in focusing on readiness activities to support agency compliance with QRTP requirements.

Based on analysis of survey data, there was a need to focus initial readiness activities on accreditation requirements. The QRTP Agency Readiness Workgroup and QRTP Accreditation Workgroup hosted two Accreditation forums in February 2020 and April 2020 for agencies who were not already accredited. The forums included presentations and breakout sessions with the three approved Ohio accrediting bodies: Council on Accreditation (COA); Commission on Accreditation of Rehabilitation Facilities (CARF); and Joint Commission on Accreditation of Healthcare Organizations (JACHO). The forums were well attended, and attendees reported learning a lot and appreciated the opportunity to ask questions.

The Agency Level of Readiness Survey will be completed again during the next reporting period to continue to evaluate certified ODJFS and ODMHAS agencies' level of readiness to meet QRTP requirements and inform QRTP readiness activities.

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

**Timeframe:** Year 1

***Progress Report:***

To examine the federal requirements for Qualified Residential Treatment Programs (QRTS) within Family First, OFC staff facilitated workgroups comprised of representatives from:

- Public Children Service Agencies;
- Private Child Serving Agencies;
- Children’s Residential Centers;
- Ohio Mental Health and Addiction Services;
- Ohio Department of Developmental Disabilities; and
- Ohio Department of Medicaid.

Foster parents, kinship parents; and adults with lived experience as youth and parents involved with the child welfare system also participated on the workgroups.

The workgroups met no less than monthly for approximately nine months in 2019 prior to making final recommendations to the Statewide Leadership Committee for consideration.

Level of Care Assessments

Twelve level of care assessments were initially considered and later narrowed down to two, the *Child and Adolescent Needs and Strengths (CANS)* and the *Child and Adolescent Service Intensity Instrument (CASII)*. Group members spoke directly to agencies currently using each assessment tool and to the assessment authors as they were making recommendations.

Trauma Informed Care Models

In order to thoroughly evaluate trauma informed care models, the workgroup sought guidance from Ohio’s Trauma Informed Care Coordinator and the statewide Trauma Informed Care Collaborative. Stakeholders provided examples of trauma informed care models their agencies currently use or that they were knowledgeable about to be included on a list combined with trauma models available on the National Childhood Traumatic Stress Network and the California Evidence-Based Clearinghouse for Child Welfare. The list of approved trauma informed care models is posted on Ohio’s Family First Prevention Services Act website, <http://jfs.ohio.gov/ocf/Family-First.stm>, and serves as the guide for agencies to use when choosing a model to adopt. SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach has also been included on the website to ensure all agencies are implementing a model that meets the ten implementation domains and six principles of a trauma informed approach outlined in the guide. In addition, the SAMHSA definition of a trauma informed treatment model will be included in OAC rules with references to Ohio’s approved trauma informed care models and the SAMHSA guidance document.

### Clinical and Nursing Staff Coverage

Examples of clinical and nursing staff coverage agreements were used as a baseline to begin drafting recommendations for OAC rules. The group expanded on FFPSA language and included in OAC the requirement that clinical and nursing staff are accessible on-site or face to face to meet the child's clinical and/or mental health needs 24 hours a day, 7 days a week.

### Family Engagement

Family engagement efforts were considered for both youth in a QRTP and for the purpose of aftercare. With consideration of the child or youth's developmental needs and best interest, it was recommended that treatment be family-driven with both the child and the family included in all aspects of care. QRTPs will facilitate regular contact between the child and family, actively involve and support the family, and provide outreach and ongoing aftercare support. The workgroup defined family-based aftercare support as: "individualized, community-based, trauma-informed supports that build on treatment gains to promote the safety and well-being of children and families, with the goal of preserving the child in a supportive family environment."

### Discharge Plans

Upon review of current agency discharge plans, the workgroup recommended Ohio adopt a more robust approach to discharge planning and for planning to begin no later than the next business day after the youth is admitted to the QRTP. The discharge plan will be individualized, and child/family driven, will be reviewed no less than monthly and will include family-based aftercare support within the family's community for six months after discharge. Aftercare will require monthly contact with the child and family to promote and maintain engagement. It will also require that the QRTP coordinate engagement with community providers serving the child or family and provide the family with written documentation outlining how to access additional supports.

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

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

**Timeframe:** Year 1

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

**Timeframe:** Years 1-5

### ***Progress Report:***

ODJFS worked in collaboration with representatives from the Ohio Department of Mental Health and Addiction Services (OhioMHAS) to create a list of trauma informed care training competencies to be used at congregate care settings. This list was developed based on the SAMHSA six principles and ten domains. This list was shared with both the statewide trauma informed care committee and the ODJFS trauma informed care treatment model workgroup. Both groups are comprised of representatives from various stakeholder groups, including congregate care centers, private child serving agencies, public children services agencies, Ohio Department

of Developmental Disabilities, Ohio Department of Education, child advocacy groups, and individuals with lived experience. Feedback and input were received from both groups before finalizing the training competencies list. In addition to the training competencies list, training resources and technical assistance documents are included on the website providing access to various trauma informed care trainings available through the OhioMHAS E-based Academy. Agencies interested in obtaining in-person trainings have access to local trauma informed care trainers and resources through the following website: <https://mha.ohio.gov/Health-Professionals/About-Mental-Health-and-Addiction-Treatment/Trauma-informed-Care/TIC-Regional-Collaboratives>.

ODJFS and OhioMHAS are also partnering to complete a follow-up survey with residential agencies to continually assess trauma informed care knowledge and development needs within the congregate care workforce. The initial survey was conducted in the fall of 2019 with 146 agencies surveyed. Based on the results, the Treatment Model Considerations Workgroup identified a need to develop and provide trauma informed training resources to agencies of varying sizes.

***Feedback Loops:***

To work on Objective 4, OFC wanted to ensure vast representation in the planning and implementation work. Workgroups were established and included representatives from: Public Children Service Agencies; Private Child Serving Agencies; Children's Residential Centers; Ohio Mental Health and Addiction Services; Ohio Department of Developmental Disabilities; and Ohio Department of Medicaid. Foster parents, kinship parents; and adults with lived experience as youth and parents involved with the child welfare system also participated on the workgroups.

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

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

**Benchmark 1:** Quarterly submissions will continue to be due on the last business day of the quarter.

**Timeframe:** Years 1-5

***Progress Report:***

Federal requirements under 45 CFR § 1356.30(f) require ODJFS to document that agencies it certifies have conducted criminal records checks for public and private agency childcare staff and foster and/or adoptive parents and applicants. Since 1993, section 2151.86 of the Ohio Revised Code (ORC) has required any entity that employs persons to be responsible for a child's care in out-of-home care to conduct criminal records checks for public and private agency childcare staff prior to hire. OAC rules 5101:2-5-09, 5101:2-5-09.1 and 5101:2-48-09 identify the frequency and manner in which criminal records checks are to be conducted. All criminal records checks must be conducted using section 2151.86 of the ORC as the reason for fingerprinting.

ODJFS implemented an electronic submission of criminal background checks using the KOFAX system on January 5, 2017 for all agencies. An initial phase in was conducted over several months, and agencies continue to submit criminal background checks quarterly for compliance review by ODJFS, Foster Care Licensing Staff. Licensing Specialists continue to monitor these quarterly submissions which include new hires since the previous quarterly submission.

Since ODJFS implemented electronic submission of all criminal checks for public and private agency childcare staff, and foster and/or adoptive parents and applicants, 42,677 criminal records have been submitted, 7,108 during this reporting period. Ninety-two percent of those reviewed have been found to be compliant. Records identified as non-compliant were cited and agencies were required to complete a Corrective Action Plan.

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

**Benchmark 1:** The BFCL will generate a report once per quarter to identify trends in compliance with criminal record check requirements. Licensing specialists will provide technical assistance to agencies on an individual and collective basis to identify most frequent noncompliance areas.

**Timeframe:** Years 1-5

#### ***Progress Report:***

The vendor for the new Ohio Certification and Licensing Monitoring system (OCALM) built Complaint workflow as part of its Release 2 build. This build was completed in February 2020 with production and defect testing occurring in March 2020. The BFCL began using OCALM to process Complaint workflows on April 6, 2020. Complaint workflow includes all citations for criminal record check requirements found to be noncompliant with state and federal rules. The OCALM system allows the BFCL to run reports specific to the number and type of citations related to criminal record check requirements on a quarterly basis. Due to this functionality being new, the BFCL has not yet compiled enough data for quarterly reporting. Within the latter part of 2020, reports will be utilized to identify trends in noncompliance.

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

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

**Timeframe:** Years 1-2\*

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

**Timeframe:** Years 1-2\*

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

**Timeframe:** Years 1-2\*

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

**Timeframe:** Years 1-2\*

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

***Progress Report:***

House Bill 166 of the 133rd General Assembly enacted the following changes to Sec. 5103.037 and Sec. 5103.0310 of the Ohio Revised Code in order to comply with the provisions of PL 115-123, the Family First Prevention Services Act (FFPSA):

**5103.037 Appointment of board president, administrator, or officer.**

(A) Prior to employing or appointing a person as board president, or as an administrator or officer, an institution or association shall do the following regarding the person:

- (1) Request a summary report of a search of the uniform statewide automated child welfare information system in accordance with divisions (A) and (B) of section 5103.18 of the Revised Code;
- (2) Request a certified search of the findings for recovery database;
- (3) Conduct a database review at the federal web site known as the system for award management;
- (4) Conduct a search of the United States department of justice national sex offender public web site.

(B) The institution or association may refuse to hire or appoint a person as board president, or as an administrator or officer as follows:

- (1) Based solely on the findings of the summary report described in division (B)(1)(a) of section 5103.18 of the Revised Code or the results of the search described in division (A)(4) of this section;



(2) Based on the results of a certified search or database review described in division (A)(2) or (3) of this section, when considered within the totality of circumstances.

(C) The director of job and family services shall adopt rules in accordance with Chapter 119. of the Revised Code necessary for the implementation and execution of this section.

*(Added by 133rd General Assembly File No. TBD, HB 166, §101.01, eff. 10/17/2019)*

### **5103.0310 Background checks.**

(A) Prior to employing a person, an institution or association, as defined in division (A)(1)(a) of section 5103.02 of the Revised Code, shall do the following regarding the person:

(1) Conduct a search of the United States department of justice national sex offender public web site regarding the person;

(2) Request a summary report of a search of the uniform statewide automated child welfare information system in accordance with divisions (A) and (B) of section 5103.18 of the Revised Code.

(B) The institution or association may refuse to hire the person based solely on the results of the search described in division (A)(1) of this section or the findings of the summary report described in division (B)(1)(a) of section 5103.18 of the Revised Code.

(C) The director of job and family services shall adopt rules in accordance with Chapter 119. of the Revised Code necessary for the implementation and execution of this section.

*(Added by 133rd General Assembly File No. TBD, HB 166, §101.01, eff. 10/17/2019.)*

Family, Children and Adult Procedure Letter 347 was published on February 10, 2020 reiterating the above requirements, addressed the foster and adoptive parent requirements, and expanded staff requirements. This procedure letter can be viewed at:

<http://emanuals.jfs.ohio.gov/FamChild/FCASM/FCASPL/FCASPL-347.stm>.

### ***Feedback Loops:***

OFC worked with the Office of Legal and Acquisition Services and the Office of Legislation to ensure Ohio was in compliance with the new requirements regarding background checks as a result of changes to the Social Security Act, as amended by Public Law 115-123.



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

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

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

#### ***Progress Report:***

OFC has worked with the Office of Fiscal and Monitoring Services to create coding for the PCSAs and Title IV-E Juvenile Courts to claim Title IV-E expenses for legal representation. This has been designed to differentiate between legal representation costs for children in out of home care as well as those at imminent risk of removal. OFC will be moving forward with the claiming of these expenses by Title IV-E Juvenile Courts beginning July 1, 2020. OFC is also partnering with the Ohio Public Defender's Office to create a claiming mechanism for the Public Defenders providing legal representation for abuse, neglect and dependency cases. This is being planned for launch by July 1, 2021.

#### ***Feedback Loops:***

County agencies have expressed their appreciation about the opportunity to receive reimbursement for these expenses.

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

**Timeframe:** Years 1-2

#### ***Progress Report:***

The webinar providing procedures for how legal representation expenses may be claimed will be scheduled in early summer 2020.

### **Strategy 2: In collaboration with the Supreme Court of Ohio's Court Improvement Project, pilot parent and child representation programs to implement best practices for attorneys representing parties in cases.<sup>10</sup>**

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

**Timeframe:** Year 1

#### ***Progress Report:***

The established practice model chosen by the Supreme Court of Ohio, in collaboration with ODJFS, is the Cornerstone Model from The Center for Family Representation. The Cornerstone

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<sup>10</sup> This Strategy is contained under Goal 4, Strategy 2, Option 3 of the CFSR, PIP.

Model is an interdisciplinary approach to working with families where an attorney is paired with a social worker. The model supports family reunification by devoting intensive advocacy during a case in four areas: placement, services, family conferences, and parental visitation. The legal basis for Cornerstone is reasonable efforts, state dependency statutes, and state regulations.

The Supreme Court of Ohio in collaboration with ODJFS was working with staff from The Center for Family Representation in NYC to provide training to Ohio Courts. Unfortunately, the Covid-19 Pandemic has impacted The Center for Family Representation and they are not able to provide the training in person or virtually at this time.

The Supreme Court of Ohio has reached out to our state Court Improvement Grant Regional Director for assistance in locating a similar best practice model that will provide virtual training.

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

**Timeframe:** Years 1- 2

***Progress Report:***

The Supreme Court of Ohio in collaboration with ODJFS has offered two of the largest Courts involved in the CFSR, Summit and Franklin, to consider implementing the Cornerstone Model. Summit County Juvenile Court in partnership with their County Children's Services provider has agreed to pilot the model. If a similar best practice model can provide virtual training, it is anticipated training can be provided during the fall of 2020.

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

**Timeframe:** Years 2- 3

**Benchmark 4:** Continue implementation while beginning to evaluate pilot's effectiveness and explore sustainability to increase pilot participation and eventual rollout.

**Timeframe:** Years 3- 5

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

**Timeframe:** Years 4-5

**Benchmark 6:** Accountability to the sub-committee on CAND as established by their protocol.

**Timeframe:** Years 1-5

***Progress Report:***

At the Child Abuse and Neglect Subcommittee meeting on March 4, 2020 members were briefed on the status of the project.

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

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

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

**Timeframe:** Year 1-5

#### ***Progress Report:***

Summit County Juvenile Court and Franklin County Domestic Relations and Juvenile Division were chosen to complete a child welfare case review from shelter care through termination of parental rights. The Supreme Court of Ohio contracted with Dr. Alicia Summers to complete the review. Based on Dr. Summers' review, the Case Management staff at the Supreme Court of Ohio explored the reasons for case delays identified by Summers's review, as well as their recommendations to eliminate barriers to the timely processing of the cases.

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

**Timeframe:** Years 1-3

#### ***Progress Report:***

Summit County Juvenile Court and Franklin County Domestic Relations and Juvenile Division have reviewed the causes of case delay that were identified in the Supreme Court of Ohio's case reviews and are implementing immediate changes. They are also identifying longer-term strategies that will reduce delays. Some examples of immediate changes include changing the process for issuing service to parties involved in the case to ensure timeliness; stakeholder meetings to educate reasons for case delays; and coordinating docket schedules to ensure parties are available to attend hearings. A few examples of long-term strategies include increased mediators for child welfare cases; increased referrals to mediation program; attorney training; and increased usage of Family Dependency Treatment Courts. The Covid-19 pandemic has affected the progress of these strategies as Ohio Courts and Child Welfare Offices have had to adapt to implementing virtual hearings and meetings to ensure the safety of staff and clients.

#### ***Feedback Loops:***

Strategies and benchmarks identified under Objective 7 were developed and are being implemented based upon CQI principles.

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

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

**Timeframe:** Years 1- 2

### ***Progress Report:***

In addition to the update from Goal 2, Objective 6, Strategy 1, Benchmark 1, the Subcommittee on Responding to Child Abuse, Neglect and Dependency (CAND) plans to establish a quality legal representation workgroup to address this need. The workgroup formation has been delayed by COVID-19.

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

**Timeframe:** Year 2

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

**Timeframe:** Years 3-4

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

**Timeframe:** Years 4-5

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

**Timeframe:** Years 4-5

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

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

**Timeframe:** Years 1-2

### ***Progress Report:***

OFC has worked with the Office of Fiscal and Monitoring Services to create coding for PCSAs and Title IV-E Juvenile Courts to claim Title IV-E expenses for legal representation. This has been designed to differentiate between legal representation costs for children in out of home care as well as those at imminent risk of removal. There are plans to move forward with the claiming of these expenses by Title IV-E Juvenile Courts beginning July 1, 2020.

OFC is also partnering with the Ohio Public Defender's Office to create a claiming mechanism for the Public Defenders providing legal representation for abuse, neglect and dependency cases. This is being planned for launch by July 1, 2021.

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

**Timeframe:** Years 1-2

***Progress Report:***

The webinar communicating how legal representation expenses may be claimed will be scheduled in early summer 2020.

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

**Impact:** Safety 1, Well-Being 1

**Measures of Progress:** Entry rate

### ***Progress Measures Update:***

Ohio's Child and Family Services Review (CFSR 3) Data Profile Context Data Report on Population, Entries, and Entry Rates per 1,000 prepared by the Children's Bureau in February 2020 indicated there has been an increase in entries into care. During FY15 there were 9,318 entries (3.5 entry rate per 1,000). There has been a steady increase in entries and in FY19 there were 11,116 entries (4.3 entry rate per 1,000).

When examining Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry into Foster Care during CPOE Stage 11, it was identified that agencies had made concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after a reunification in 90% of the applicable cases reviewed. As a result of these findings there is additional credence in the Objectives, Strategies, and Benchmarks established under Goal 3.

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

## Objective 1: Identify Children at risk of foster care

**Strategy 1: QIC-CCCT pilot in three counties to develop multi-system approach to ensure safety of infants under one year of age and compliance with CARA requirements.**

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

**Timeframe:** Years 1-5

***Progress Report:***

The National Quality Improvement Center for Collaborative Community Court Teams (QIC-CCCT) selected three demonstration sites in Ohio (Trumbull, Fairfield, Coshocton) to assist in designing, implementing and testing new and innovative approaches that “meet the requirements of the Comprehensive Addiction and Recovery Act (CARA) amendments to the Child Abuse Prevention and Treatment Act (CAPTA) and that better meet the needs of infants and families.” Ohio sites began submitting administrative data to Advocates for Human Potential, Inc. (AHP) in the fall 2019. Data collection metrics include, but are not limited to, the following:

- Enrollment information
  - # of referrals
  - Status
  - Reasons for not enrolling
  - Demographics
  - Housing
  - Substance Use
- Standardized Assessment tools
  - North Carolina Family Assessment (NCFA)
  - Adverse Childhood Experiences (ACEs)
  - Ages & Stages Questionnaires (ASQ)
- Child Welfare Data

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

**Timeframe:** Years 1-5

***Progress Report:***

Site data is collected monthly and submitted to AHP every 6 months. The data is then uploaded and extracted to create interactive data dashboards containing data for all 15 sites. AHP is responsible for evaluating all 15 sites and providing technical support.

**Benchmark 3:** Disseminate the findings/best practices statewide via regional forums.

**Timeframe:** Year 5

***Feedback Loops:***

Evaluation findings and lessons learned from demonstration sites will provide the field and local courts across the country with information on the most effective multi-system strategies and approaches to improve the way in which parents and caregivers and their children are served.

**Strategy 2: Develop Statewide Title IV-E Prevention Service Plan.**

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

**Timeframe:** Year 1

***Progress Report:***

OFC has been working on prevention services planning and implementation for the Family First Prevention Services Act (FFPSA). The Prevention Services Subcommittee focused on defining candidacy while several workgroups worked on the evidence-based service array for prevention services. Workgroups included:

- In-Home Parenting Workgroup
- Mental Health Workgroup
- Substance Use Disorder (SUD) Workgroup
- Case Flow Process Workgroup

The subcommittee's goal was to design a Prevention Services Plan that aligns evidence-based programs with the needs of families and children to keep children safe with their families whenever possible. The Prevention Services Subcommittee received additional facilitation support from the Center for the Study of Social Policy (CSSP). The Prevention Services Subcommittee hosted a 2-day planning retreat with CSSP to discuss Ohio's plan to develop recommendations for a definition of "candidate for foster care", draft a case flow map, and support the state in drafting a resource document for Ohio's prevention continuum.

The subcommittee proposed several recommendations to the FFPSA Leadership Committee along with several implementation considerations for the state and counties. They include the following;

- Ohio will opt in to take advantage of Title IV-E support for evidence-based prevention programs that have a trauma informed and treatment framework.
- Candidates for foster care will include:
  1. A child who has an open in-home child welfare case and is receiving services. This includes the following types of open in-home cases: court ordered protective supervision, voluntary cases, children with an in or out of home (including with kinship) safety plan, and children who are involved in multiple systems including juvenile justice, behavioral health, and developmental disabilities.
  2. Infants with an inadequate Plan of Safe Care in accordance with CARA who have assessed safety and risk concerns/identified for the FFPSA track by the Title IV-E Agency.
  3. Siblings and other children in the home of a child in foster care who are: (1) living with the parent who the child in foster care was removed from; and (2) there is an open case with a goal of reunification for the child who is in foster care with the removal parent.
  4. Siblings and other children in the home of a child who has experienced a screened in fatality or the child and siblings of a child who has experienced a screened in near fatality and has assessed safety and risk concerns/identified for the FFPSA track by the Title IV-E Agency.
  5. Children who have discharged from custody and achieved permanency, recently (within the last 12 months) and the parent/caregiver agrees to ongoing services.



6. Children who have been adopted recently (within the last 12 months) and there are assessed safety and risk concerns/identified for the FFPSA track by the Title IV-E Agency.
7. Children who are at-risk of experiencing a disrupted adoption.
8. Pregnant (including expectant fathers) and parenting youth in foster care, including those who are in extended foster care.

The Ohio Children's Trust Fund participated on the states' Family First Leadership Committee as a subject matter expert, since the spring of 2019, in order to ensure Ohio has a uniform system of care for prevention services. As part of that work, several OCTF staff members participated on the Prevention Services Subcommittee. Additionally, the OCTF executive director and an OCTF program manager assisted in co-chairing the In-Home Parenting Workgroup, which was one of three sub workgroups of the Prevention Services Subcommittee. In October of 2019, OCTF participated in Ohio's Prevention Services Subcommittee retreat, which was facilitated by the Center for the Study of Social Policy (CSSP), to define candidates for foster care.

**Benchmark 2:** Develop Child's prevention plan.

**Timeframe:** Year 1 - **Year 2**

***Progress Report:***

Work is currently underway to create a child specific prevention plan. A great deal has been done to create case pathways and workflows to help tease out those cases that would fall into the prevention services continuum. This includes the various activities that will be conducted when working with prevention services candidates. This process mapping is providing the framework for the case planning tools that need to be crafted and or adjusted to create the prevention plan. The plan is to build the prevention plan into the case plan functionality so that it appears as one plan and can also be removed from the case plan and used as a stand-alone document for situations such as when an open case steps down to a prevention services case. This work is still in process. As it is being documented, the data elements and functionality that need to be incorporated into SACWIS are also being addressed.

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

**Timeframe:** Year 1 - **Year 2**

***Progress Report:***

The policies and protocols for monitoring child safety have yet to be created, but once completed will be incorporated into the child specific prevention plan. Existing Risk Assessment Structured Decision-Making tools are currently being revamped to be more dynamic and to support the assessment of risk in real time. As part of the evaluation strategy an ongoing CQI structure will also be in place.

***Feedback Loops:***

OFC wanted to ensure vast representation in the planning work for FFPSA. The Prevention Services Subcommittee was created and is comprised of representatives from across Ohio's public and community-based agencies, including but not limited to: ODJFS; county Public Children

Service Agencies (PCSAs); the Public Children Services Association of Ohio (PCSAO); the Ohio Children's Trust Fund (OCTF); the Department of Youth Services (DYS); the Ohio Department of Mental Health and Addiction Services (OhioMHAS); the Ohio Department of Health (ODH); the Ohio Department of Medicaid; private foster care providers; former foster youth; kinship providers; foster parents; and community-based mental health agencies. To assist in the conversations around prevention services, OFC partnered with the Center for the Study of Social Policy (CSSP).

### **Strategy 3: Provide kinship supports through the statewide Kinship Navigator program.**

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

**Timeframe:** Year 1

#### ***Progress Report:***

In February 2019, Kinnect was identified as the vendor responsible for developing the Ohio Kinship and Adoption Navigator Program (OhioKAN) model. On September 30, 2019, after extensive research and stakeholder feedback, Kinnect submitted their program proposal to ODJFS. The proposal recommended OhioKAN be implemented in 10 regions statewide and offer a variety of services to meet the needs of families. The services would include information and referral; a robust website; assistance with obtaining hard goods; and case management services. The proposal also provided an evaluation plan throughout implementation and maintenance of the program.

In November 2019, the initial OhioKAN planning meeting was held with staff from ODJFS, Kinnect, and subcontractors Chapin Hall, JetPack, and Kaye Implementation and Evaluation to develop the program model. Additional stakeholders have been added to review and provide feedback on planning, implementation, outreach and evaluation of the program. This group of stakeholders includes people with lived experience, professionals working in the field of kinship and adoption, mental health professionals, the legal community, researchers, and other related stakeholders.

**Benchmark 2:** Plan for implementation and sustainability of statewide rollout.

**Timeframe:** Years 2-3

**Benchmark 3:** Implementation of program based on funding allocations.

**Timeframe:** Years 2-5

#### ***Feedback Loops:***

The vendor responsible for developing the Ohio Kinship and Adoption Navigator Program (OhioKAN) engaged stakeholders (e.g., people with lived experience, professionals working in the field of kinship and adoption, mental health professionals, the legal community, researchers) in developing the program model and reviewing and providing feedback on planning, implementation, outreach and evaluation of the program. Use of stakeholders in each stage of development, planning, implementation, and evaluation of the program will be a critical component to ensure the program will meet the needs of kin.

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

### **Strategy 1: Identify prevention services that align with the needs of children and families at-risk of foster care and a sustainable fiscal plan for implementation.**

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

**Timeframe:** Year 1

#### ***Progress Report:***

OFC wanted to ensure vast representation in the planning work for FFPSA. The Prevention Services Subcommittee was created and is comprised of representatives from across Ohio's public and community-based agencies, including but not limited to: ODJFS; county Public Children Service Agencies (PCSAs); the Public Children Services Association of Ohio (PCSAO); the Ohio Children's Trust Fund (OCTF); the Department of Youth Services (DYS); the Ohio Department of Mental Health and Addiction Services (OhioMHAS); the Ohio Department of Health (ODH); the Ohio Department of Medicaid; and community-based mental health agencies.

To assist in the conversations around prevention services, OFC partnered with the Center for the Study of Social Policy (CSSP). A two-day retreat was held in December of 2019 which was facilitated by staff from CSSP. This retreat was instrumental in helping the subcommittee define candidacy and narrow the scope of prevention services to be considered and prioritized as part of Ohio's prevention service array.

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

**Timeframe:** Year 1

#### ***Progress Report:***

As part of the FFPSA work, the Prevention Services Subcommittee reviewed data from multiple sources. This included statewide data on the demographics of children and families who are coming to the attention of child welfare and those who are entering foster care and returning home within the first 90 days, entry pathways for children into foster care, overlap with other systems (including behavioral health/juvenile justice (BH/JJ), child needs, parent needs, and needs of kinship caregivers, services currently provided across the state and funded by multiple agencies including ODJFS, Family and Children First Councils, the Ohio Children's Trust Fund, Ohio Department of Health, BH/JJ, and the Ohio Commission on Fatherhood.

The OCTF executive director and an OCTF program manager assisted in co-chairing the In-Home Parenting workgroup, which was one of three sub workgroups of the Prevention Services Subcommittee. Through this workgroup, OCTF engaged a cross-system team in the process of identification and review of over a dozen evidence-based parenting programs for consideration to

include in Ohio's IV-E Prevention Services Plan. Through a series of approximately 6 meetings, the group discussed the merits of each EBP in terms of Ohio's capacity, training needs, existing providers, and ability to adhere to the program's fidelity. The workgroup shared a final list of recommended programs for consideration with the larger Prevention Services Subcommittee. The task of this work group culminated with the Prevention Services Subcommittee retreat facilitated by the Center for the Study of Social Policy in October of 2019, at which time the final list of recommended programs was accepted by the larger subcommittee and then ultimately presented to the FFPSA Leadership Committee. Ohio's Evidence-based service array options for later prioritization are presented in the following table.

<b>Mental Health Programs</b>	<b>Substance Use Programs</b>	<b>In-Home Parent Skill-Based Programs</b>
<ol style="list-style-type: none"> <li>1. Assertive Community Treatment</li> <li>2. Child Parent Psychotherapy</li> <li>3. Dialectical Behavior Therapy</li> <li>4. Eye Movement Desensitization and Reprocessing Therapy</li> <li>5. Functional Family Therapy</li> <li>6. High-Fidelity Wrap</li> <li>7. I-FAST, Cognitive Behavioral Therapy</li> <li>8. Integrated Treatment of Complex Trauma</li> <li>9. Mobile Response and Stabilization Services</li> <li>10. Motivational Interviewing</li> <li>11. Multi-Dimensional Family Therapy</li> <li>12. Multi-System Therapy</li> <li>13. Parent-Child Interaction Therapy</li> <li>14. Solution-Based Casework</li> <li>15. Trauma Focused-Cognitive Behavioral Therapy</li> <li>16. Youth Acceptance Project</li> </ol>	<ol style="list-style-type: none"> <li>1. 7 Challenges</li> <li>2. Acceptance and Commitment Therapy</li> <li>3. Adolescent Community Reinforcement Approach</li> <li>4. Integrated Dual Disorder Treatment</li> <li>5. Medication Assisted Treatment, including</li> <li>6. Methadone Maintenance Therapy</li> <li>7. MOMs</li> <li>8. OhioSTART</li> <li>9. SBIRT</li> </ol>	<ol style="list-style-type: none"> <li>1. 24/7 Dad</li> <li>2. AFFIRM Caregiver</li> <li>3. Boot Camp for New Dads</li> <li>4. CCIC's Effective Black Parenting</li> <li>5. Healthy Families America</li> <li>6. Incredible Years (Baby/Toddler Preschool, School-Aged)</li> <li>7. InsideOut Dad</li> <li>8. Love Notes</li> <li>9. Nurse Family Partnership</li> <li>10. Nurturing Parenting Program</li> <li>11. Parenting Wisely</li> <li>12. Parents Anonymous</li> <li>13. Parents as Teachers</li> <li>14. SafeCare</li> <li>15. Step-By-Step</li> <li>16. Triple P</li> </ol>

Moving forward OCTF will continue to be a part of the implementation planning pertaining to the prevention services array for Ohio to ensure a uniform continuum of care between primary, secondary, and tertiary prevention services across the state.

**Benchmark 3:** Inclusion of necessary non-FFPSA EBPs or other promising interventions that meet the needs of Ohio’s Children and Families.

**Timeframe:** Years 1 -2

***Progress Report:***

The Prevention Services Subcommittee is in the process of prioritizing the evidence-based services that will be a part of the initial Prevention Plan. Their goal is to draft a Title IV-E Plan that clearly articulates the overarching vision for prevention services, the connection with the prevention work of sister agencies, and the work of the subcommittee and workgroup recommendations by the fall of 2020.

Currently, the OCTF funds a variety of EBPs and innovative practices. OCTF trains on Ohio’s Parent Café Model, which is implemented in multiple regions of the state. Additionally, OCTF funds statewide grant initiatives such as legal consultations as a prevention strategy and Strengthening Families Ohio – integrating the protective factor framework into early childhood centers. The OCTF also funds mentoring services and most recently is adjusting programmatic needs of families to provide outreach and support to families as a COVID-19 response effort.

**Benchmark 4:** Cross-system fiscal planning to support the prevention services array.

**Timeframe:** Year 1

***Progress Report:***

OFC plans to create a cross-system fiscal committee to help outline the fiscal implications of creating a prevention continuum across the state. This will include a review of how Ohio can leverage the Family First Transition Act to build prevention services and will include providing start-up costs for new/existing agencies to build EBPs.

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

**Timeframe:** Years 1-2

***Progress Report:***

This body of work has been categorized as part of the state’s implementation considerations. Once the selection of the final EBPs Ohio determines it will move forward with, there will be a need to solidify how monitoring and fidelity will take place.

***Feedback Loops:***

OFC wanted to ensure vast representation in the planning work for FFPSA. The Prevention Services Subcommittee was created and is comprised of representatives from across Ohio’s public and community-based agencies, including but not limited to: ODJFS; county Public Children Service Agencies (PCSAs); the Public Children Services Association of Ohio (PCSAO); the Ohio Children’s Trust Fund (OCTF); the Department of Youth Services (DYS); the Ohio Department of Mental Health and Addiction Services (OhioMHAS); the Ohio Department of Health (ODH); the Ohio Department of Medicaid; private foster care providers; former foster youth; kinship providers; foster parents; and community-based mental health agencies.

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

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

**Timeframe:** Years 1-5

***Progress Report:***

During this reporting period, Ohio has undertaken a multi-faceted approach to identifying the gaps in services available to children, ages 0-3, and to develop a plan to remedy this. As part of the FFSPA planning process:

- Data was analyzed to determine the specific factors contributing to children being at risk for removal by age group;
- Evidence-based practices to address those needs were identified;
- Current service availability was mapped by county.

At the time of this writing, Deputy Directors of each of Ohio's child-serving departments are working together to select specific services to be prioritized based on the presenting needs, and to develop targeted implementation strategies by which to increase availability.

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

**Timeframe:** Years 1-5

***Progress Report:***

In an effort to decrease custody relinquishment for the purpose of obtaining treatment and increase in-state service provision, Governor DeWine instituted the Multi-System Youth initiative in October 2019. This project brings together representatives from child welfare, mental health and addiction services, juvenile justice, developmental disabilities, education, and Medicaid to address challenges faced by children with multi-system needs and their families. This team meets weekly to review cases, provide technical assistance to local partners, and approve funding for individualized services and supports.

As of June 9, 2020, the team had received 274 applications from 63 counties; 39 requests were for technical assistance only. During the past 8 months, the team has spent over \$4.3 million to provide the services and supports needed to meet clinical needs and keep children from entering foster care.

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

#### **Strategy 1: Engage the Ohio Fatherhood Commission and explore programs and initiatives that are working and replicate in other areas.**

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

**Timeframe:** Year 1

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

**Timeframe:** Years 1-5

#### ***Progress Report:***

The Ohio Commission on Fatherhood (Commission) is housed within ODJFS, which ensures regular and meaningful collaboration amongst all divisions. This structure also makes it very seamless when assisting fathers and families with case concerns or questions.

The Commission updated the *Best Practice Guide for Engaging Fathers: A Toolkit for Children Services Staff* in May 2019, and OFC continues to promote its use amongst children services workers. The toolkit brings awareness to the important role fathers play in the lives of their children. During development of the CFSR/PIP, OFC engaged the Commission with the goal of establishing and/or expanding Family Team Meetings practices to include fathers. OFC continues to explore practical applications for fatherhood programs such as Brothers United, which received Healthy Marriage Responsible Fatherhood grant funding from HHS/ACF Office of Family Assistance. The goal is to continue to connect these programs at the local level to learn how these types of programs can be a better resource to various systems.

A key initiative or goal of the Commission is to conduct practitioner training, which includes children services professionals. Also, it will host the State Fatherhood Summit (every four years by statute), scheduled for Sept. 2-3, 2020, which contains a breakout session on Fatherhood and Children Services. The Commission also trains grantees in domestic violence recognition and prevention, fatherhood curricula, child support policy and processes and data collection. During 2019, the Commission developed and provided guidance on the following policy and procedure recommendations:

- House Bill 366 –Child Support Guidelines Bill
- Home Visiting Rules in Maternal, Child and Family Health –Changed to include fathers and families in home visiting services
- Mandatory Father Inclusion and Engagement on Children Services Case Plans (Father Engagement Toolkit for Children Services Workers)

The Commission has designated State Fiscal Years 2020-2021 funding for regional grantee programs that provide services to low income fathers and families to include parenting classes, co-parenting/healthy relationship skills and economic stability services (job readiness, employment and job retention). The Commission funds the Dads2B program which is an early intervention strategy for expectant and new fathers with a focus on breastfeeding, ABC's of safe sleep, safe birth spacing, and smoking cessation. Another program funded in SFY 20/21 is No Kidding Ohio, a teen pregnancy prevention and young parent workforce project for middle schools in suburban and rural Ohio, with an additional project location scheduled to begin in Cleveland this coming school year. For more information about the Ohio Commission on Fatherhood please visit [www.fatherhood.ohio.gov](http://www.fatherhood.ohio.gov)

Additionally, the OCWTP has provided three courses related to *fathers* over the past year which explored strengths-based attitudes and relationship-based practices to aid in the use of father engagement strategies. These courses include the following:

1. *Fathers, Inequality, and Ethics in Child Welfare*
2. *Fatherhood*
3. *Overview of Fatherhood: Empowering Fathers to Improve their Child's Life*

The following courses were offered across the OCWTP RTCs:

#### **CORTC**

- *Fathers, Inequality, and Ethics in Child Welfare*

#### **ECORTC**

- *Overview of Fatherhood: Empowering Fathers to Improve their Child's Life*
- *Fathers, Inequality, and Ethics in Child Welfare*

#### **NCORTC**

- *Fathers, Inequality, and Ethics in Child Welfare*

#### **NEORTC**

- *Fathers, Inequality, and Ethics in Child Welfare*
- *Fatherhood*
- *Overview of Fatherhood: Empowering Fathers to Improve their Child's Life*

#### **NWORTC**

- *Fathers, Inequality, and Ethics in Child Welfare*

#### **SWORTC**

- *Fathers, Inequality, and Ethics in Child Welfare*

#### **WORTC**

- *Fathers, Inequality, and Ethics in Child Welfare*



***Feedback Loops:***

The Ohio Commission on Fatherhood works closely with OFC and other entities to enhance engagement of fathers with children/youth who are in the custody of PCSAs.

## Goal 4: Reduce recurrence of maltreatment.

**Impact:** Safety Outcome 2

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

### ***Progress Measures Update:***

Recurrence of Maltreatment- Prior to FY17 Ohio's Observed Performance was at 9.5% and below, thus meeting the National Performance Standard. A significant level of improvement was evident in the Observed Performance for FY16. However, during FY17 there was an increase in the percent of recurrence of maltreatment to 9.7%. The Risk Standardized Performance for FY17 was reported at 12.6% which is statistically worse than the national Performance Standard of 9.5% and below.

The State CQI Committee, as reported under Objective 2, continues to further examine recurrence data to identify potential factors which lead to recurrence. The CQI data subcommittee has begun an aggregate analysis of traits of children who experienced recurrence of maltreatment to attempt to identify patterns and assess possible interventions. This work is still in its early stages.

ODJFS staff and PCSAs can utilize the newly created *Ohio Department of Job and Family Services Child Welfare Measures Dashboard* to access the state/county report entitled *Recurrence of Maltreatment: Percent Child Experiences Recurrence* to determine performance regularly. Additionally, ROM reports on recurrence of maltreatment and maltreatment in foster care are used by ODJFS/PCSAs to drill through to the case(s) to identify potential factors which lead to recurrence. During Child Protection Oversight and Evaluation (CPOE) monitoring and technical assistance visits the technical assistance specialist discussed outcomes data with agency staff to explore what is "behind the numbers."

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

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

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

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

**Timeframe:** ~~Year 1~~ **Year 2**

***Progress Report:***

This benchmark could not be completed during this reporting period because the enhanced Ohio Screening Guidelines draft document is pending approval by ODJFS Legal and ODJFS-OFC Senior Management staff. Additionally, delays occurred due to the COVID-19 stay at home orders. This, in turn, did not allow for distribution of the enhanced Ohio Screening Guidelines to PCSA's and Juvenile Courts.

Following approval of the Ohio Screening Guidelines, the guidelines will be distributed to all eighty-eight PCSA's and Juvenile Courts. A statewide webinar presentation will be held to introduce the guidelines.

This benchmark will be completed in Year 2.

***Feedback Loops:***

During the development of the screening guidelines, a workgroup was formed to address screening and pathway assignment practices. The workgroup included staff from: fifteen PCSAs representing all Ohio County population sizes (small, small-medium, medium, large, metro and major metro); OFC policy; Child Protection Oversight and Evaluation (CPOE) Technical Assistance; Foster Care Licensing; SACWIS; and the Institute for Human Services (IHS)/Ohio Child Welfare Training Program (OCWTP). PCSA representation included both line staff and management. In total there were 25 workgroup members. ODJFS Legal staff also participated in workgroup meetings to provide consultation with Statute related to the screening categorization and pathway assignment practices.

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

**Timeframe:** ~~Years 1-2~~ **Year 2**

***Progress Report:***

Due to the delay in completing Benchmark 1, this Benchmark cannot commence until Year 2.

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

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

**Benchmark 1:** Information is accurately recorded in SACWIS for allegation referrals including the estimated date of the maltreatment.

**Timeframe:** Years 1-5

***Progress Report:***

Counties can access data reports related to recurrence of maltreatment and maltreatment in foster care in the Results Oriented Management (ROM) reporting system. Counties are able to drill-down to obtain details on the children who have experienced recurrence of maltreatment and

maltreatment in foster care and can then validate the data in SACWIS. Over the last year, the Continuous Quality Improvement (CQI) Data Subcommittee reviewed the case records for all children who were reported to have experienced maltreatment in foster care to ensure that the incident date was accurately recorded in SACWIS. It was previously found that data entry errors related to this was causing the state's rate of maltreatment in foster care to be inflated. When errors were found, the county was contacted and asked to request corrections through the SACWIS Help Desk.

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

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

**Timeframe:** Years 1-5

### ***Progress Report:***

As stated above, the CQI Data Subcommittee reviewed all case records for children who were reported to have experienced maltreatment in foster care to ensure that the incident date was accurately recorded in SACWIS. It was previously found that data entry errors related to this was causing the state's rate of maltreatment in foster care to be inflated. When errors were found, the county was contacted and asked to request corrections through the SACWIS Help Desk. Approximately 80 records were corrected in this effort.

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

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

**Timeframe:** Years 1-5

### ***Progress Report:***

The CQI data subcommittee conducted an extensive review of case records for children who reportedly experienced maltreatment in foster care and found data entry errors were contributing to Ohio's rate of maltreatment in foster care. Corrections were made on this and attempts to educate counties on how to correctly enter the data was made. The CQI data subcommittee has also begun an aggregate analysis of traits of children who experienced recurrence of maltreatment to attempt to identify patterns and assess possible interventions. This work is still in its early stages.

Ohio's *Family Assessment* includes a risk assessment matrix. Based upon responses to the questions in the matrix, a risk level is established, and a matrix indicated case decision is established (such as transfer to ongoing services or close). Data analysis has found that when agencies override the matrix indicated case decision and choose to do something less restrictive, such as close the case when the matrix says to transfer it to ongoing, the case is more likely to

reopen. The OFC team has educated the CFSR counties on the relationship between overriding the matrix indicated case decision and cases reopening. The CFSR counties are now taking a closer look at overriding matrix indicated cases decisions and some counties are transferring more cases for ongoing services.

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

**Timeframe:** Years 2-5

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

**Timeframe:** Years 4-5

***Feedback Loops:***

To develop further understanding of factors impacting recurrence of maltreatment and maltreatment in foster care, state and county data analysts and child welfare practitioners have teamed up to review recurrence data on a regular basis to identify traits of children who experienced recurrence of maltreatment and attempt to identify possible interventions to reduce recurrence. Information obtained from discussions which occur during CPOE visits and CQI data committee meetings continues to be shared. As a result, new hypotheses may emerge.

## IV. QUALITY ASSURANCE SYSTEM

- *Assess the progress in making planned enhancements in capacity to the state's current CQI/QA system. Include information on training or other supports to enhance the capacity of CQI/QA staff.*

The State of Ohio continues to progress in enhancing the capacity of the current CQI/QA system by expanding the pool of qualified partners who are specifically trained in the application of the Federal On-Site Review Instrument (OSRI). Throughout the CFSR Round 3 state led process, co-reviews occurred linking 22 county-level peer reviewers with OFC Technical Assistance Specialists. Trained county partners become OSRI trained taking that expertise back to their own county to inform local level practice. A comprehensive 3-day training had been scheduled new and returning peer reviewers; however, due to COVID-19 the training will be moved to a virtual platform. The training will be still be comprehensive and include how to use the federal Onsite Review Instrument and incorporate the new federal guidance on reviewing cases.

The Peer Partner committee, a subcommittee of the CQI Advisory Team, has been tasked with expanding the state's current CQI/QA system. The charge of the sub-committee is to develop a cohort of self-identified subject matter experts, including the partners noted above, who are committed to assisting public and private partners in their ongoing efforts to improve child welfare outcomes. The Peer Partner subcommittee has developed a series of objectives that will be accomplished including, but not limited to, the development of an interest survey; the creation of a Peer Partner Website and the recruitment of additional Peer Partners. Additionally, a key step in this process will include connecting the county with an identified need to a subject matter expert who can address the need within a CQI/QA model.

- *If not already addressed in the "Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes" in Section C3, describe how the CQI/QA system was used to revise goals, objectives, and interventions.*

Refer to "Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes" which describes how the CQI/QA system was used to determine if revisions were needed to established goals, objectives, and interventions.

- *If not already addressed in "Progress Made to Improve Outcomes" in Section C3, describe how the CQI/QA system was used to measure progress on achieving goals, objectives, and interventions.*

Refer to "Progress Made to Improve Outcomes" which describes how the CQI/QA system was used to measure progress on achieving goals, objectives, and interventions.

- *If not already described in “Collaboration” in Section C1, describe how feedback loops are being utilized as part of the CQI/QA process to provide useful information that parents, families, youth, and other partners and stakeholders will find useful to assist the state in system improvement efforts.*

There are numerous ways in which OFC collaborates and provides feedback loops to county agency partners and stakeholders.

### ***Data Dashboard***

The *Children Services Performance Measures Dashboard* is an innovative tool designed to assist PCSAs in addressing acute needs in children services. PCSA leaders have been utilizing the dashboard since December 19, 2019 through a secure login provided by the Office of Families and Children. The data in the dashboard is updated daily.

The Performance Measures are divided into 3 categories: system measures, practice measures, and outcome measures.

System Measures provide data addressing system-wide workforce, caseload, and capacity trends. Reports within the System Measures component include caseworker caseload estimates, caseworker counts, intake assessment and screening data, and case transfers to ongoing by risk level.

Practice Measures provide data that will help PCSAs achieve overall improved foundational children services practices that are key to family engagement and positive child outcomes. Reports within the Practice Measures component include safety assessment and family assessment completion, initial case plan completion, completion of caseworker visits with adults and children, and intake assessment timeliness reports.

Outcome Measures provide data that will help PCSAs achieve overall improved child safety, well-being, and permanency outcomes. Reports within the Outcome Measures component include counts of children in care, recurrence of maltreatment, child abuse and neglect report recurrence, child reentry into care, and children aging out of care.

Most reports within the dashboard have filter and drilldown features. Filter features allow the user to view counts or percentages for each specific report and allow for the selection of specific populations. Drilldown features allow comparisons to be made between counties and allow drilldowns by county size. Trends can also be viewed using the drilldown features.

### ***Agency Self-Assessment***

The Child Protection Oversight and Evaluation (CPOE) Stage 12 review methodology and structure is intended to assess county performance regarding substantial conformity in the pre-determined areas of review and provide feedback loops with the county from the initial entrance to the final exit of the Child Protection Oversight and Evaluation Process. Additionally, this information is shared with other Bureau’s (policy) within the department to drive rule/policy changes to enhance the rule making process that assists the state in overall system improvement.

The CPOE Stage 12 quality assurance process is comprised of an ongoing and continual set of activities, beginning with a PCSA or Court self-assessment. The self-assessment provides an opportunity for the PCSA or Court to gather and analyze qualitative and quantitative data and

information to evaluate their child welfare programs and practice, and to identify strengths and opportunities for improvement. The PCSA or Court are encouraged to provide accurate ratings and thoughtful responses to the questions, while commenting on best practices the agency has implemented or challenges the PCSA or Court is experiencing. The completed self-assessment will be utilized to generate discussion during the CPOE process.

The self-assessment tool is modeled after the *CFSR Statewide Self-Assessment Instrument*, and consists of the following three sections:

- **Section 1:** Agency specific data regarding agency structure, staffing, workload, and retention.
- **Section 2:** Assessment of the outcome areas of Safety, Permanency, and Well-Being.
- **Section 3:** Assessment of the systemic factors of:
  - Information Systems,
  - Quality Assurance Systems,
  - Staff Training, Supervision and Staff Development,
  - Service Array and Resource Development, and
  - Agency Responsiveness to the Community.

At least 60 days prior to the negotiated entrance conference date, the assigned TAS provide the PCSA or Court with the self-assessment tool and instructions (*including a list of relevant SACWIS and ROM reports*). The PCSA or Court will return the completed self-assessment tool no less than two weeks prior to the entrance conference date. The assigned TAS will send an email to the PCSA or Court 30 days prior to the entrance conference to remind the agency to submit the completed self-assessment tool within the next two weeks. The PCSA or Court should be prepared to discuss their self-assessment findings, along with corresponding data reports (*which will be provided by the TAS*), during the entrance conference.

### ***Microburst on Reviewing Rules Policies Hearing (MORRPH)***

Microburst on Reviewing Rules Policies Hearing (MORRPH)- In November of 2019, OFC announced a new activity developed by the Child Protective Services (CPS) Policy team aimed at providing each PCSA with the opportunity to engage in a collaborative review process: Microburst on Reviewing Rules Policies Hearing (MORRPH). One definition of “hearing” is an opportunity to be heard. The Partnership for Ohio’s Families (PFOF) created regional teams to assist in better collaboration and partnering between PCSAs and ODJFS. MORRPH is an enhancement to the ODJFS regional teams’ activities.

MORRPH is a series of three-hour hearings held regionally throughout Ohio. The hearings contain a concentrated agenda with a solution focused approach to reviewing rules and program development. Attendees develop targeted solutions to identified concerns and the impact of the solutions on children and families, CPS programming and SACWIS development. Upon completion of all MORRPHs, the draft rule is developed and shared on Ohio’s Families and Children Rule Review Site at <http://ohiorulereview.org/> thus providing an additional opportunity for review and comment.

In April 2020, OAC 5101:2-33-02 *PCSA requirement to participate in child protection oversight and evaluation* went through the MORRPH process. There were 13 sessions held which were



facilitated by Technical Assistance Specialists from various field offices from ODJFS. Discussions about the rule, CPOE review process and feedback was received. Following the MORRPH sessions, ODJFS met with the Public Children Services Agency Organization (PCSAO) Rules committee to discuss the input and clarify questions from the local county agencies. This feedback was used to amend and update the rule language. This rule is currently in pre-clearance.

- *Describe the state's current case review instrument and whether the state is using the federal Onsite Review Instrument (OSRI) as part of the state's ongoing QA/CQI process.*

The State of Ohio is and has been using the Federal On-Site Review Instrument (OSRI) as part of the state's ongoing QA/CQI process through multiple Child Protection Oversight and Evaluations (CPOE). CPOE is authorized by Ohio Administrative Code and requires Public Children Services Agencies (PCSA) to participate with ODJFS staff no less than once every twenty-four months in the Quality Improvement reviews. Following completion of the reviews, if there are areas identified as needing improvement, ODJFS requires the development of what is now called a Plan for Practice Advancement (PPA). The PPA is developed collaboratively with the PCSA and is monitored on a quarterly basis for twelve (12) months.

CPOE is the process through which Ohio can measure PCSA practice and provide Technical Assistance/Quality Assurance. Subsequently, the PPA process is where Ohio can expand on the previously measured practice and implement objectives aimed at continuously improving practice.

- *Provide an update to move towards or sustain the ability to conduct a State Case Review Process for CFSR Purposes.*

**Sustain:** Ohio continues to utilize the Federal On-Site Review Instrument (OSRI) for both CPOE and of course, the CFSR. ODJFS plans to continue the successful training plan initially applied to the CFSR Round 3 case reviews for the PIP reviews.

## **V. Update on Service Description**

### **Child and Family Services Continuum**

Ohio's publicly-funded child welfare services continuum includes robust programming to support the following essential functions: (1) Child Abuse and Neglect Prevention; (2) Child Maltreatment Assessment and Intervention; (3) Child Placement and Family Reunification; (4) Permanency for Children; and (5) Preparation and Support of Youth Transitioning from Care. Ohio's CFSP, CFSR, PIP, and FFPSA efforts have been aligned to develop the coordinated, cross-system approach needed to improve targeted child outcomes. Together, these activities work toward expanding and strengthening the range of existing services, while developing new, evidence-based programming. Enhancing the full continuum of care to best meet the needs of all families served by Ohio's child welfare system, from prevention and family preservation through achievement of timely permanency, is the purpose of this collaborative work.

### **Service Coordination Across Systems**

#### **Ohio Family and Children First**

Ohio Family and Children First (OFCF) is a statutorily defined partnership of state and local government, communities, and families. It was established to streamline and coordinate services for families whose children are challenged by multi-system needs. OFCF's vision is for every child and family to thrive and succeed within healthy communities. Toward this end, OFCF seeks to improve child and family well-being by building community capacity, coordinating systems and services, and engaging families.

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

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

The success of FCFC service coordination efforts depends on integrating the following key components into this process:

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

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

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

### **Health Care Services**

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

## **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 to counties statewide is as follows:

- 40% is distributed equally among all PCSAs; and
- 60% is distributed based upon each county's population of children less than one hundred per cent of the federal poverty level as compared statewide in the same category, utilizing the most recent available calendar year data from the United States bureau of census figures.

Expenditures are reimbursed with 75% federal Title IV-B, subpart 1 funds. The county must use eligible state funding or provide local funds at a 25% match rate for the nonfederal share.

Children to be served: 211,756

Families to be served: 93,134

## **Services for Children Adopted from Other Countries**

Ohio provided inter-country adoption services through training, homestudy, in-home services (e.g., Reactive Attachment Disorder therapy, counseling, therapeutic supports, behavioral intervention supports to assist families with parenting strategies, attachment and bonding supports) and post-adoption services (e.g., Post Adoption Special Services Subsidy program). The Post Adoption Special Services Subsidy (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.

Adoptive families continue to secure last resort funds for services to address the special needs of the children they have adopted. The special needs approved for PASSS included, but are not limited to the following:

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

While the individual caps remain the same for PASSS families, additional funds have been requested for the PASSS ceiling for SFY 2021 due to the launch of OhioKAN. OhioKAN navigators will be ensuring that post adoption families are aware of PASSS and assist them through the application process with their local PCSA.

To ensure the safety of children adopted abroad, agencies must conform to standards governed by ODJFS through the Ohio Administrative Code (OAC) and Ohio Revised Code (ORC). Every PCSA, private child placing agency (PCPA) and private non-custodial agency (PNA) approved or certified by ODJFS involved in processing international adoptions is to adhere to all state and federal requirements pertaining to adoption. PCPAs and PNAs undergo oversight and monitoring by ODJFS to include reviews of case records, policies and procedures to ensure compliance with the ORC, the OAC and their own agency policies.

## Services for Children Under the Age of Five

A SACWIS point-in-time snapshot of Ohio's population of children in care on June 1, 2020 shows 1,001 children ages 0-5 in the permanent custody of PCSAs. This is an increase in the number of children ages 0-5 reported in 2019. When examining the length of time these children are in care, the mean number of days these children have spent in custody, to date, is 816 days while the median number of days is 770. The mean number of days that these children have spent in permanent custody, to date, is 28 days while the median number of days is 223. During this reporting period, when compared to last year's reporting period, the median number of days spent in the permanent custody of the agency has increased.

The SACWIS point in time snapshot of Ohio's population of children in care on June 1, 2020 identifies 5,565 children ages 0-5 in the temporary custody of PCSAs. This is a slight increase from last year. The mean number of days for children in this age group to have spent in temporary custody, to date, is 311 while the median number of days in custody is 264. The length of time children in this age group remain in custody increased.

Ohio Administrative Code rule 5101:2-40-02 *Supportive Services for Prevention of Placement, Reunification and Life Skills*, requires PCSAs to provide an array of supportive services for children and families (either directly or through community service providers). 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, as well as when infants demonstrate effects of substance abuse or prenatal substance exposure. "Help Me Grow" services include developmental evaluations and assessments, speech and hearing services, family training and counseling, home visits, occupational and physical therapy, social and psychological services, and service coordination.

In addition, Ohio implements several cross-system programs to address developmental needs of vulnerable children under the age of 5 who are in foster care, being served in-home, and those who live in community-based settings. Some of these are outlined below.

### Early Learning and Development Standards

The State Board of Education adopted Ohio's Early Learning and Development Standards to advance the assessment and teaching of young children. These standards were designed through a collaborative process of child-serving agencies to better reflect the comprehensive development of children, birth through age 5. Team members included representatives from: ODE, ODJFS, ODH, Ohio Department of Mental Health (now known as the Ohio Department of Mental Health and Addiction Services, OhioMHAS), the Ohio Department of Developmental Disabilities, and Governor Kasich's Office of Health Transformation. This team worked with national experts, providers, subject matter experts and other stakeholders to fully develop the standards and promote their consistent application statewide. Implementation sites included pre-school programs, Head Start centers, family-based child care settings, and day care programs.

The links below provide detailed descriptions of each of the standards.

- Introduction
  - Social-Emotional Development
  - Approaches Toward Learning
- Cognitive Development and General Knowledge (including Math, Science and Social Studies)
  - Language and Literacy Development
  - Physical Well-Being and Motor Development
  - Implementation Guides

To view a short video about the standards, go to:

<http://education.ohio.gov/Topics/Early-Learning/Early-Learning-Content-Standards>

### **Ohio's Early Learning Assessment**

Ohio's Early Learning Assessment (ELA) is a tool teachers use with preschool-age children to determine each student's developmental level. It is based on the teacher's observation of the child's skills, knowledge and behaviors throughout the year. The ELA addresses seven major areas:

- Social Foundations,
- Language and Literacy,
- Mathematics,
- Science,
- Social Studies,
- Physical Well-Being and Motor Development, and
- Fine Arts.

Teachers use the assessment results to monitor each child's growth and development, and to create individualized learning plans for each student. Twice per year, ELA data are reported to the Ohio Department of Education to track trends, identify potential service needs, and develop responsive programming. This information is also used for reporting federal IDEA Early Childhood Outcomes.

For more information about Ohio's ELA, go to:

<http://education.ohio.gov/Topics/Early-Learning/Kindergarten/Early-Learning-Assessment>

### **Ohio's Kindergarten Readiness Assessment**

At the beginning of each school year through November 1, children enrolled in Ohio's public-school kindergarten programs undergo the Kindergarten Readiness Assessment (KRA). This tool is based on the early learning standards (above) and measures each student's knowledge and abilities in social skills, language and literacy, mathematics, science, social studies, physical well-

being and motor development. While earlier iterations of the KRA were formalized, one-on-one evaluations of literacy, the current version is integrated into daily instruction. Most of it is completed via teacher observation of the child in class or during recess. As such, it is conducted in a more natural setting, and the students are less anxious. Completion of the tool facilitates development of individualized educational interventions based on each child's responses. Teachers then share the results with the child's parents/caregivers to foster partnership with family members and facilitate the child's academic success.

The results of the state's fifth administration were as follows:

- 40.9 percent (48,763) of Ohio's kindergarten students were Demonstrating Readiness, meaning they entered kindergarten with sufficient skills, knowledge and abilities to engage with kindergarten-level instruction;
- 36.4 percent (43,480) of these children were Approaching Readiness and needed supports to be able to engage with kindergarten-level instruction; and
- As many as 22.7 percent (27,066) of children were Emerging in Readiness, meaning they needed significant support to engage in kindergarten-level instruction.

Through use of the KRA, teachers are provided the information needed to tailor individual student interventions, based on each child's strengths and needed supports. To view a short video about Ohio's KRA, go to:

<http://education.ohio.gov/Topics/Early-Learning/Kindergarten/Ohios-Kindergarten-Readiness-Assessment>

### **Early Childhood Mental Health Consultation**

Ohio's Early Childhood Mental Health Consultation (ECMHC) Program is designed to improve outcomes for young children (infants - six years old) who are at risk for abuse or neglect, and/or who demonstrate poor social skills or delayed emotional development. ECMHC services include:

- Clinical consultation to early childhood programs regarding:
  - Problem identification;
  - Referral processes;
  - Classroom management strategies;
  - Maternal depression;
  - Parental substance abuse;
  - Domestic violence; and
  - Other stressors on young children's well-being.
- Guidance to family members (including parents, kinship caregivers and foster parents) to increase skills in creating nurturing environments for young children.

ECMHC promotes use of evidence-based behavioral health practices as a means of delivering effective, cost-efficient care. Some of these include *Devereux Early Childhood Assessments*



(DECA); *The Incredible Years Program for Parents, Teachers, and Children*; *The Edinburgh Postnatal Depression Screen (EPDS)*; *The Therapeutic Interagency Preschool Program*; *Trauma Focused Cognitive Behavioral Therapy*; *Positive Behavior Supports*; and *Teaching Tools for Young Children with Challenging Behaviors*. In addition, OhioMHAS, ODJFS, and ODE continue to encourage use of the core competencies as a staff development tool. To view the competencies, go to:

<http://mha.ohio.gov/Portals/0/assets/Prevention/EarlyChildhood/core-competencies.pdf>

### **Maternal Opiate Medical Support Program**

Over the past several years, ODJFS, the Ohio Department of Mental Health and Addiction Services, and the Department of Medicaid have partnered to comprehensively address the challenges of substance use disorders and child maltreatment. These efforts included a pilot project designed to holistically address the needs of pregnant women addicted to opioids and their children. The “MOMS” (Maternal Opiate Medical Support) project was an initiative designed to improve outcomes for 300 women and babies by engaging expectant mothers in a combination of counseling, medication-assisted treatment (MAT), case management, and non-clinical services that promote recovery (e.g., housing, transportation, child care).

The goals of MOMS were to improve maternal and fetal outcomes, increase family stability, and reduce costs associated with neonatal abstinence syndrome. Compared to a matched Medicaid comparison cohort, MOMS participants received more prenatal care and behavioral health services during pregnancy and after delivery; were more likely to receive MAT during pregnancy and after delivery; and had better outcomes with child protective services post-delivery.

For more information about MOMS, go to:

<https://mha.ohio.gov/Health-Professionals/About-Mental-Health-and-Addiction-Treatment/MOMS-Project>

During this reporting period, the Ohio Department of Mental Health and Addiction Services utilized federal funding received from 21st Century Cures Act to expand the number of MOMS sites available in the state. At the time of this writing, MOMS is operational in Akron, Athens, Canton, Cincinnati, Columbus, Toledo, Youngstown and Warren.

### ***MOMS Plus***

MOMS Plus is a separate initiative led by the Ohio Perinatal Quality Collaborative (OPQC). Members of the Collaborative include the Ohio Department of Medicaid, the Ohio Department of Health, the Ohio Association of Community Health Centers, the March of Dimes, the Centers for Disease Control and Prevention, the Ohio Colleges of Medicine Government Resource Center, and the Ohio Medical Technical Assistance and Policy Program. As part of the MOMS Plus initiative, the OPQC has established seven (7) sites throughout the state to further advance collaborative care for pregnant women with Opioid Use Disorders. Hospitals serve as lead coordination point for these projects. Locations include the following counties, though patients served often live in neighboring areas: NW (Lucas); SW (Hamilton); SE (Athens) Central

(Franklin, Muskingum, Ross, Scioto); NE (Cuyahoga, Summit, Trumbull, Mahoning); and West Central (Allen, Clark, Montgomery, Warren). This project is designed to:

- Increase identification of pregnant women with Opioid Use Disorders;
- Increase the percentage of pregnant women who receive prenatal care, Medication-Assisted Treatment, and behavioral health counseling;
- Improve communication amongst obstetricians, opioid treatment providers and community resources;
- Increase the percentage of women with negative toxicology screens at delivery;
- Decrease the percentage of full-term infants with Neonatal Abstinence Syndrome who require pharmacological treatment;
- Increase the percentage of babies who go home with their mother (due to an effective Plan of Safe Care being in place); and
- Improve the coordination of continued care following pregnancy.

To view the project's key driver diagram, go to:

<https://opqc.net/sites/bmidrupalpopqc.chmcres.cchmc.org/files/MOMS%2B/OPQC%20MOMS%2B%20KDD.pdf>

For additional information about MOMS Plus, go to:

<https://www.opqc.net/projects/active-projects/maternal-opiate-medical-supports-plus-moms>

## Efforts to Track and Prevent Child Maltreatment Deaths

ODJFS has implemented an internal review as well as additional tracking of the types of child fatalities associated with children and families the local PCSAs are involved with and where abuse and/or neglect are suspected in the child's death. Each agency must enter information on referrals involving a child's death into SACWIS and screen the referral. SACWIS has a report, *Child Fatality/Near Fatality Administrative Report*, that displays the agency name, fatality status recorded at intake (Fatality or Near Fatality); fatality status at the time of the work item; fatality status at the time of disposition; person ID, Child Name, Date of Birth, Deceased Date, Intake ID, Intake Received Date, Incident Date, Intake Category, Intake Type, Intake Screening Decision, etc. The report can capture the Child's Harm Description from the Intake Disposition if it is entered into the system. Email notifications are sent from SACWIS to the Technical Assistance Manager whenever a child fatality or near fatality is entered in SACWIS. They in turn, forward the email to the assigned technical assistance specialist to complete an initial review and high-level summary of the events leading to the child's death. If compliance and/or practice issues are evident in this review, a recommendation for further review is completed and presented to the Child Fatality Review Team.

The review team looks at causes of death reported to agencies recorded in the SACWIS system. This includes screened in and screened out reports. While the primary focus of the reviews will be

for children in the agency custody or who had services provided as an in-home case within one year of their fatality or near fatality, any child that dies because of maltreatment will be recorded and the cause of death will be captured. The purpose of the review is to determine patterns, systemic issues of the CPS process, and assist PCSAs and communities to reduce child deaths.

The following are the number of child fatalities reported to NCANDS for the identified federal fiscal year:

<b>Year</b>	<b>Number of Fatalities</b>
2015	74
2016	66
2017	73
2018	106
2019	78

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

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

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

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

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

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

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

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

The FIMR Process includes the following:

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

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

- Case Review Team (CRT) – reviews case summaries and develops recommendations. The Team must include members who have:
  - Diversity and community involvement in the CRT.
  - Influence and commitment to improvement of services.
  - Provided or currently provide services for families as well as serve as community advocates.

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

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

ODJFS has also engaged in a data sharing agreement with ODH to provide data regarding child abuse and neglect history for decedents in their Violent Death Reporting System. This has allowed ODJFS to cross-reference children reported in this system to SACWIS data. One key finding is that the two populations do not always match because at times children who are severely abused

and ultimately die live in an adjoining state. They may be taken to a hospital in Ohio where they perish or are pronounced dead. The death is then recorded in Ohio, but the child abuse or neglect would be investigated by the adjoining state.

The plan for 2020-2024 as well as compliance with the FFPSA requirements for child maltreatment deaths will include creating a robust partnership with State agencies, private and public children service agencies, law enforcement and the courts to create a comprehensive statewide plan to link all the information currently gathered, and improve the quality of the data in order to develop targeted, evidence-based prevention strategies and programs for both public health education, public service awareness campaigns and child welfare practices. An initial meeting was held at the beginning of the State Fiscal Year to plan further activities.

## **MaryLee Allen Promoting Safe and Stable Families Program (title IV-B, subpart 2)**

### **Family Preservation Services**

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

Programs and services provided include:

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

These dollars are also used to support counties' efforts to preserve families in crisis. ODJFS issues the emergency services assistance allocation (ESAA) as two separate allocations to reimburse PCSAs for direct and administrative costs associated with providing emergency support to children and families. 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:

- ODJFS allocates forty per cent of the statewide allocation equally among all PCSAs; and
- ODJFS allocates sixty per cent of the statewide allocation is based on each county's population of children less than one hundred per cent of the federal poverty level as compared statewide in the same category, utilizing the most recent available calendar year data from the U.S. bureau of census figures.

ODJFS reimburses the PCSAs for allowable direct and administrative ESAA preservation expenditures with seventy-five per cent Title IV-B, subpart 2 funds. The PCSA shall use eligible state funding or provide local funds at a twenty-five per cent match rate for the nonfederal share.

Children to be served: 34,893

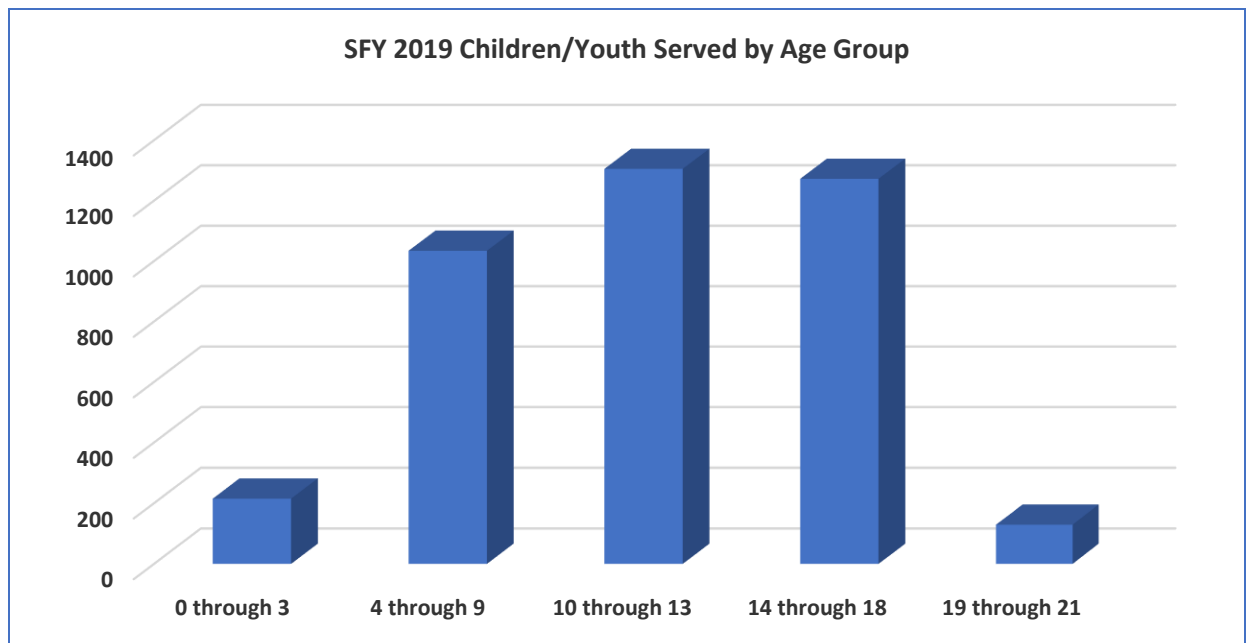
Families to be served: 17,469

## Family Support Services

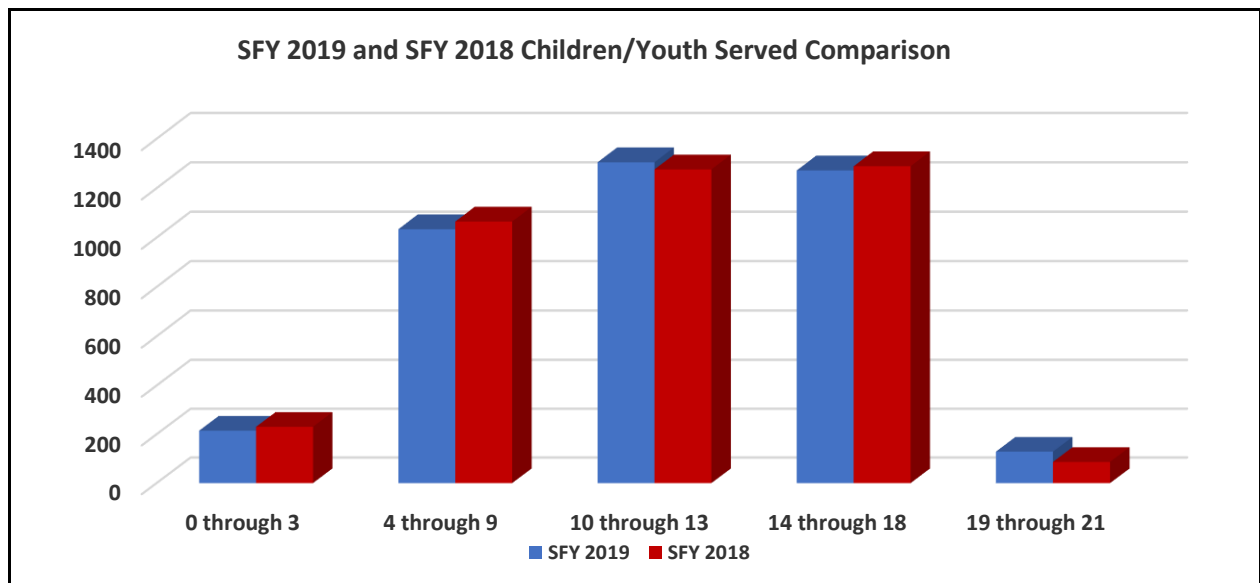
Family support services are intended to help families provide safe and nurturing environments for their children. The Cabinet's Family-Centered Services and Supports (FCSS) project reflects the state's cross-system commitment to implementing a coordinated continuum of services and supports for children, ages 0-21, with multi-system needs and their families. This initiative is jointly funded by ODJFS (Title IV-B dollars) and state funds from the Ohio Departments of Mental Health and Addiction Services, Youth Services, and Developmental Disabilities. These dollars are appropriated to local FCFCs to provide non-clinical, family-centered services and supports. Use continues to require identification of needs on an individualized service coordination plan which must be jointly developed with the family. To read more about the purpose and criteria established for use of these funds, go to: <http://www.fcf.ohio.gov/Initiatives/System-of-Care-FCSS>.

### *Total Number and Ages of Children Served*

The total number of children served between the ages of 0-21 during SFY 2019 was **3,955**. This is **7 more children than were served in SFY 2018 (3,948)**. The **10 through 13-year old age group (1,305 youth) is the largest age group** of children being served through service coordination with FCSS funds. The age ranges of 14 through 18 (second highest with 1,272) and 4 through 9 (third highest with 1,034) also have large numbers of children being served with FCSS funding. The number of youth served in the 19 through 21-year old age group (129) was a sizable increase over SFY 2018 (87). The process of High-Fidelity Wraparound continues to be an available level of coordination among many county FCFCs, and the process has become an effective tool for at-risk youth with a higher complexity of cross-system needs. The graph and table below show a comparison of the number of children served in SFY 2019 in each age group and the percent of the total children served in each age group.

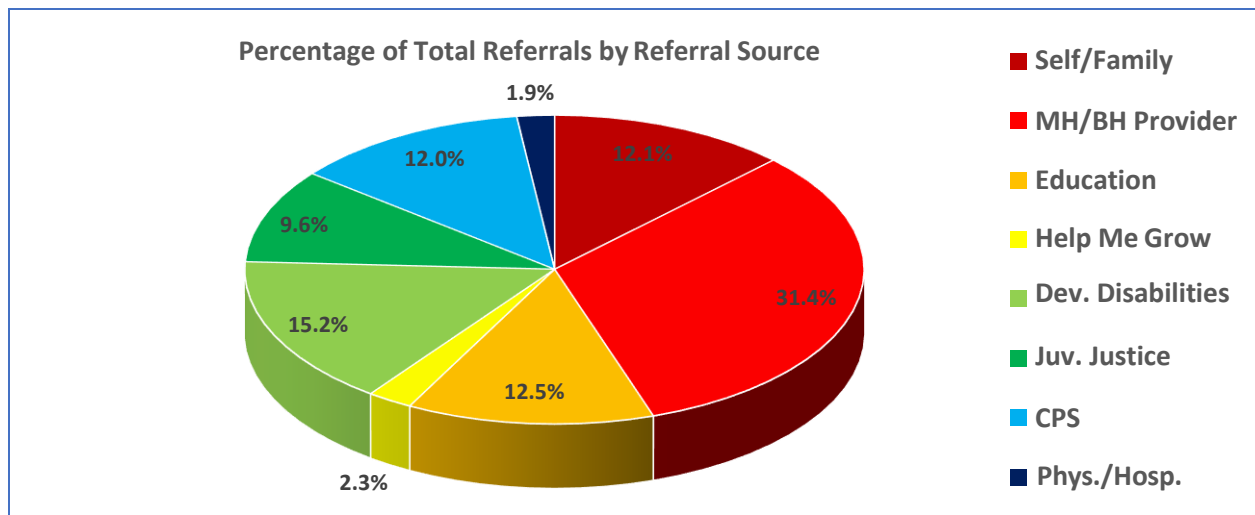


Ages of Children	0 – 3	4 – 9	10 – 13	14 – 18	19 - 21	Total
SFY 2019	215	1034	1305	1272	129	3955
Percent of Total in Age Group	5.4%	26.1%	33.0%	32.2%	3.3%	100%



### *Number of Referrals by System*

The following graph illustrates the referrals to FCFC Service Coordination/Wraparound by originating system.



### *Total Number of Families Served*

FCFC service coordination is a family focused process, and thus, addresses the needs of the identified child and the child's family. The **total number of families served in SFY 2019 was 3,431 compared to 3,221 families served in SFY 2018**. This was an increase of **210 families** served in SFY 2019.

### *Service/Support Needs by Category Identified at Intake*

FCFCs report the identified child's service or support needs at the point of intake, regardless of whether the child was receiving services or supports to address that need. To be eligible for multi-disciplinary Service Coordination through the FCFC, a child or youth must have two or more identified needs. During SFY19:

- **10,099 identified needs** (average 2.55 needs per child) were identified.
- Although the actual percentages increased during the past fiscal year, the top three categories of children's needs at intake remained consistent with those in the past: **Mental Health (67%), Special Education (40%) and Poverty (35%).** When combined, these three categories account for 5,607 of the identified needs, or 56% of the total identified needs in 13 categories.
- **556 (14%)** children/youth presenting with **Autism spectrum related needs** at intake, which is an increase in the percentage from SFY 2018 (12%).
- All bolded percentages in the next chart indicate an increase in the percentage of children presenting with the need compared to the previous fiscal year.

The table below shows the number of needs identified in each category.



Category of Service/Support Need	% of Youth with this Need SFY 19	% of Youth with this Need SFY 18	% of Youth with this Need SFY 17	% of Youth with this Need SFY 16	% of Youth with this Need SFY 15	% of Youth with this Need SFY 14	% of Youth with this Need SFY 13
Mental Health	67%	59%	51%	58%	57%	58%	53%
Poverty	35%	35%	35%	48%	46%	46%	43%
Special Education	40%	36%	30%	40%	38%	40%	36%
Dev. Disability	29%	24%	21%	24%	22%	22%	22%
Unruly	20%	19%	15%	18%	18%	18%	15%
Child Neglect	12%	10%	11%	12%	12%	12%	12%
Delinquent	10%	10%	8%	11%	9%	11%	10%
Physical Health	8%	8%	8%	11%	10%	11%	10%
Autism Spectrum	14%	12%	12%	12%	11%	10%	NA
Child Abuse	9%	7%	7%	9%	9%	9%	9%
Alcohol/Drug	7%	6%	6%	8%	8%	7%	7%
No PCP	3%	1.3%	5%	6%	4%	5%	4%
Help Me Grow	3%	3%	6%	5%	5%	4%	4%

### ***FCSS Funded Services and Supports Provided through FCFC Service Coordination***

County FCFCs were asked to provide information about the number of the different types of services and supports paid for with FCSS funds through FCFC Service Coordination when that service/support was written into a family's Individual Family Service Coordination Plan.

The **total number of various types of services/supports** provided with FCSS funds during SFY 2019 was **6,568** which is an increase of **348** from SFY 2018 (6,220).

- **Service coordination accounted for 39% of all types of services** and was the most frequently reported individual type of service/support for which FCSS funds were used. All families must be enrolled in FCFC Service Coordination to access FCSS funds; however, some counties have access to other funding sources to support the operational costs of service coordination and/or Wraparound.
  - 67 (78%) counties reported using FCSS funds to assist in the support of service coordination and to provide other services and supports for families in service coordination.
  - 19 counties (22%) reported that they used none of the FCSS funds to support the FCFC Service Coordination process and used all their funds to provide services and supports to families in service coordination.

The chart below provides the details of the frequency of all service types reported.

Type of Service/Support Provided	Percent of total Services and Supports provided SFY 19	Number/Percent of Families Receiving Service/Support SFY 19	Number/Percent of Families Receiving Service/Support SFY 18
Service Coordination	39.0%	2564/ (74.7%)	1863/ (58%)
Respite	16.9%	1111/ (32.4%)	840/ (26%)
Social/Recreational Supports	14.5%	950/ (27.7%)	1174/ (36.4%)
Transportation	8.8%	579/ (16.9%)	622/ (19.3%)
Structured activities to improve family functioning	5.5%	364/ (10.6%)	479/ (15%)
Non-clinical in-home parenting/coaching	3.7%	245/ (7.1%)	327/ (10%)
Mentoring	4.1%	268/ (7.8%)	283/ (9%)
Parent Advocacy	2.1%	137/ (4.0%)	196/ (6%)
Parent Education	1.2%	78/ (2.3%)	151/ (5%)
Safety and Adaptive Equipment	3.5%	229/ (6.7%)	237/ (7%)
Non-clinical Parent Support Groups	0.3%	18/ (0.5%)	25/ (0.8%)
Youth/Young Adult Peer Support	0.2%	10/ (0.3%)	18/ (0.6%)
Other	0.2%	15/ (0.4%)	5/ (0%)
<b>Total</b>	100%	6,568	6,220

***Number of Families who access an Advocate during Service Coordination***

Families utilizing FCFC Service Coordination are encouraged to invite a family advocate, mentor or support person of the family's choice to participate in any meetings. In SFY 2019, **315** (9.2%) families accessed a family advocate.

### ***Number of Children in Out-of-Home Placement during Service Coordination***

One of the goals of providing service coordination is to prevent or reduce the incidence of out-of-home placement of children. For this report, any placement lasting longer than 72 hours is considered to be an out-of-home placement, except respite care which can be provided for up to

***94.5% of children  
served with FCSS  
funds remained in  
their own homes in  
SFY 2019.***

seven (7) consecutive days without being considered an out-of-home placement. Out-of-home placements include residential treatment facilities, local or state correctional facilities, group homes and foster care. During SFY 2019, there were **216 children who were placed in an out-of-home placement** while they were actively receiving FCSS funded supports and participating in service coordination. This accounted for **5.5% of the total number** of children who were receiving FCSS funded supports and participated in FCFC Service Coordination/High-Fidelity Wraparound. There was no data collected regarding the length of these placements, but

some FCFCs reported that the out-of-home placements were brief for the purpose of stabilization. Many of the children who enter service coordination are at high risk for out-of-home placement, and in some counties, it is a criterion for admittance to the FCFC Service Coordination Process. This low incidence of out-of-home placements is considered a very positive outcome.

### ***Number of Families Successfully Completing FCSS Supported Service Coordination***

The data submitted from the counties indicated that **80% of the families who exited FCFC Service Coordination were successful in completing the families' goals** that were written into each family's Individualized Family Service Coordination Plan. This is an impressive accomplishment, considering the families' high level of need upon entering the program and the children's potential of entering out-of-home care.

	<b># Families Exiting Service Coordination</b>	<b># Families Successfully Completing 100% of Family Goals</b>	<b>Total # Families Successfully Completing 75-100% of Family Goals</b>
SFY 19 Number / Percentage of Families Exiting	1393 100%	537 38.5%	1115 80%
SFY 18 Number/ Percentage of Families Exiting	1436 100%	580 40.4%	1166 81.2%

### ***Conclusion***

This summary of the use of the FCSS funding indicates that using the FCFC Service Coordination Process combined with the FCSS funding is leading to a cost-effective method of obtaining better outcomes for the children and families being served. These children are at the highest risk for failure within our traditional service systems and are often on the verge of placement outside of their homes. As indicated in this report, these are not "one size fits all" youth, or youth with one specific system need. The power of this type of service coordination with the support of FCSS

funds is the opportunity for families to creatively design integrated family service plans with trusted and unique teams.

This summary provides a snapshot of how the FCSS funds were used by counties during SFY 2019 and compares the data collected to FCSS data collected in previous fiscal years. It should be noted that the number of children and families served through FCFC Service Coordination/High-Fidelity Wraparound and the services and supports included in this report only include those families and children for whom FCSS funds were used. FCFCs may use other available local funding to provide services and supports needed and to support the FCFC Service Coordination Process. In addition, services and supports needed by children and families may not meet the criteria for use of the FCSS funds. Often, the FCFC Service Coordination/High-Fidelity Wraparound teams find community resources that are donated or have no cost associated with them. The FCSS funds are not used unless other resources are exhausted. As reported by the county FCFCs, these funds are highly valued to meet the needs of families when other funding sources are unavailable to meet unique family needs.

## **Family Reunification Services**

The Family First Prevention Services Act (FFPSA), enacted on February 9, 2018, modified the definitions of “Family Reunification Services (formerly time-limited Family Reunification Services)” when applied to utilization of Title IV-B, subpart 2 funds. As a result of these changes, public children services agencies and other entities using IV-B, Subpart 2 funds shall be able to claim allowable expenditures for the following services and activities:

“Family Reunification Services” for the purposes of utilizing Title IV-B, "subpart 2" means the services and activities listed in this definition that are provided to a child who is removed from his home and placed in a foster home or a residential facility or a child who has been returned home and to the parent, guardian or custodian of such a child, in order to facilitate the reunification of the child safely and appropriately within a timely fashion, but only during the fifteen month period that begins on the date the child returns home.

Family Reunification Services include:

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

Prior to the enactment of FFPSA, time-limited family reunification services were provided to a child and his or her caregivers to facilitate a safe and timely return home following placement in a substitute care setting. Use of these funds was restricted to the 15-month period that begins on the

date that the child is considered to have 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 equally among all PCSAs; and
- 60% of statewide funding is distributed to PCSAs based on each county's population of children less than one hundred per cent of the federal poverty level as compared statewide in the same category, utilizing the most recent available calendar year data from the U.S. bureau of census figures.

Expenditures are reimbursed with 75% federal Title IV-B, subpart 2 funds. ODJFS allocates State General Revenue Funds at a 25% match rate for the nonfederal share.

Children to be served: 16,456

Families to be served: 10,151

## **Adoption Promotion and Support**

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

The amount of PASSS funding is negotiated after adoption finalization. Limitations include

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

PASSS is funded 75% through Title IV-B, Part II and 25% through Ohio's General Revenue Fund (GRF). Adoptive families continue to secure last resort funds for services to address their child's special needs. The special needs approved for PASSS included, but was not limited to the following:

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

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

Agencies can process applications, claim reimbursement electronically, as well as produce detailed reports on funds (e.g., services requested and utilized, amounts approved or denied, and the demographics of the families that use PASSS). As of March 31, 2019, nearly 905 applications for PASSS have been received for SFY 2018. Over \$5.7 million has been approved to cover special services for adopted children. ODJFS has reimbursed just over \$2.4 million of the funds requested.

Children to be served:

Families to be served:

## Service Decision-Making Process for Family Support Services

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

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

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

### *Service Category Percentages and Rational*

**Each of the four service categories of: family preservation, community -based family support, time-limited family reunification, and adoption promotion and support had a minimum of twenty percent of the total funds allocated to provide services as outlined within the category. The amount allocated to each service category is outlined in CFS-101, Part 2.**

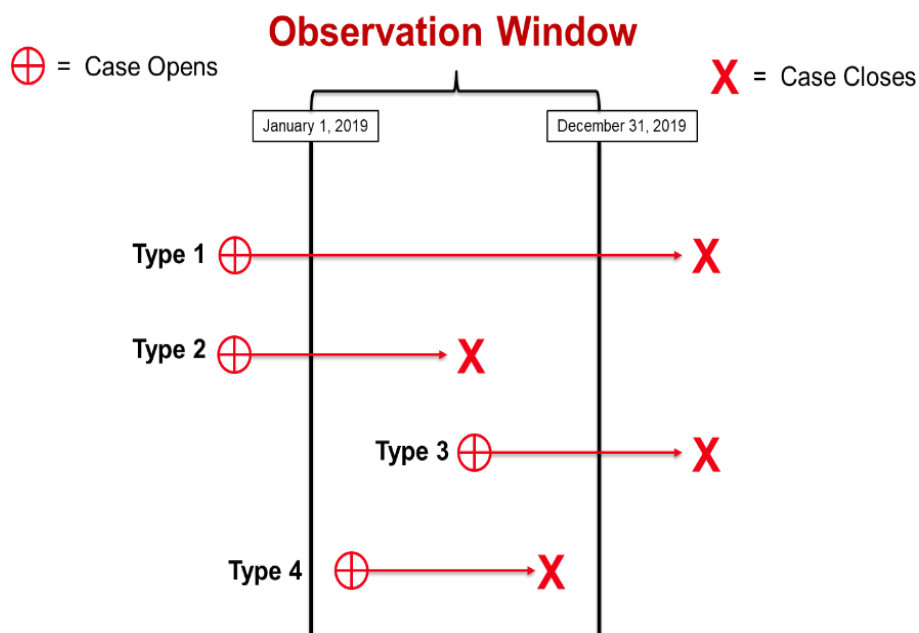
All categories are designed to assist families and children either through county allocation or statewide programing. Percentages allocated to each category are based on historical spending patterns for various services. As such, the services provided, and spending patterns change over time depending on local needs and priorities. Adjustments are made to each category in order to effectively respond to the needs of the community agencies and families we serve.

## Populations at Greatest Risk of Maltreatment

In the 2020-2024 CFSP, states were required to identify and describe which populations are at the greatest risk of maltreatment, how the state identifies these populations and how services will be targeted to those populations. In the 2021 APSR, provide an update noting any changes or emerging trends in the populations the state has identified as at greatest risk of maltreatment and how services will be targeted to these populations during the coming year.

### Characteristics of Families and Children at Risk

During this reporting period the characteristics of children and families were examined in an observation window spanning one year: January 1, 2019 through December 31, 2019. The case inclusion criteria are depicted in Figure 1 and includes four types of cases. Type 1 consists of cases opened prior to January 1, 2019 and remained opened past the closing of the observation window. Type 2 involves cases beginning before the observation window but closed during the observation window. Type 3 opened during the observation window and remained open after December 31, 2019. Type 4 consists of cases opened and closed during observation period.



Design allows for the selection of multiple Types within the year.

*Figure 1 Case types within the observation window*

For these cases, a broad array of assessment data from SACWIS were extracted.<sup>11</sup> These assessments identify significant child, caretaker, and family issues, and are listed in Figure 2.

<sup>11</sup> If a case in the observation window had prior involvement, that case's assessment data augmented the current case data.



Adult: Cognitive Abilities
Adult: Physical Health
Child: Emotional Behavioral Functioning
Adult: Emotional Mental Health Functioning
Adult: Domestic Violence
Adult: Substance Abuse
Adult: Stress
Adult: Parenting Difficulties
Adult: Caretaker Victimizes Children
Adult: Caretaker Abused as Child
Child: Physical Cognitive Social Development
Case with Substantiated or Indicated Report
SA 1: Serious Physical Harm to a Child
SA 2: Caretaker Won't Protect Child
SA 3: Caretaker Threatens Child
SA 4: Family Member is Violent
SA 5: Are Acts of Family Violence
SA 6: Caretaker Using Drugs/Alcohol
SA 7: Mental or Physically Ill Caretaker
SA 8: Caretaker Unable to Meet Child's Needs
SA 9: Household Hazards
SA 10: Caretaker Has Negative View of Child
SA 11: Refuse Access of Family Might Flee
SA 12: Insufficient Injury Explanation
SA 13: Unable to Meet Physical or Emotional Needs
SA 14: Sexual Abuse Suspected, Immediate Harm
SA 15: Other Safety Factors

*Figure 2: Issues identified in assessments.*

The issues confronting child welfare families are as complex as they are varied. This presents a unique challenge to analyze and present vast amounts of data without overlooking or minimizing important themes. A technique commonly used to prevent such loss of data is a cluster analysis. A cluster analysis takes each family case, examines its attributes (assessment findings), compares it to every other case, and then allocates that case into 1 of 20 groups, or clusters. Thus, the cases in a cluster share a unique pattern of problems. The full results of this cluster analysis are shown in Figure 3.

To ease the interpretation of Figure 3, a stylized analysis consisting of issues having more than a 15% threshold of the population are shown in Figure 4.

Number of Cases in Profile	Percent of Cases in Profile	Cluster	Adult: Physical Health	Child: Emotional Behavioral Functioning	Adult: Emotional Mental Health Functioning	Adult: Domestic Violence	Adult: Substance Abuse	Adult: Stress	Adult: Parenting Difficulties	Adult: Caretaker Victimized	Adult: Caretaker Abused as Child	Child: Physical Cognitive Social Development	Case with Substantiated Indicated Report	SA 2: Caretaker Won't Protect Child	SA 4: Family Member is Violent	SA 5: Are Acts of Family Violence	SA 6: Caretaker Using Drugs/Alcohol	SA 7: Mental or Physically Ill Caretaker	SA 8: Caretaker Unable to Meet Child's Needs	SA 9: Household Hazards	SA 10: Caretaker Has Negative View of Child	SA 11: Refuse Access of Family Might Flee	SA 12: Insufficient Injury Explanation	SA 13: Unable to Meet Physical or Emotional Needs	SA 14: Sexual Abuse Suspected, Immediate Harm	SA 15: Other Safety Factors	
1,259	2%	1	7%	55%	68%	78%	93%	83%	70%	16%	29%	42%	68%	83%	76%	56%	91%	47%	56%	32%	10%	9%	10%	10%	13%	6%	
672	1%	2	11%	63%	25%	44%	14%	29%	65%	16%	13%	31%	22%	71%	90%	86%	36%	38%	34%	14%	63%	19%	48%	40%	20%	16%	
1,008	1%	3	42%	83%	83%	84%	86%	87%	96%	92%	84%	83%	56%	86%	91%	88%	76%	46%	67%	17%	56%	11%	34%	35%	16%	40%	
8,450	12%	4	10%	24%	68%	32%	51%	39%	24%	13%	68%	18%	17%	4%	9%	5%	20%	8%	3%	2%	1%	2%	2%	1%	3%	2%	
668	1%	5	11%	73%	54%	52%	10%	64%	69%	20%	58%	35%	70%	77%	78%	69%	7%	36%	58%	8%	24%	9%	25%	52%	29%	28%	
948	1%	6	14%	32%	50%	11%	58%	42%	92%	17%	55%	48%	74%	75%	7%	4%	55%	32%	84%	66%	11%	18%	7%	38%	11%	11%	
1,829	2%	7	10%	40%	9%	8%	84%	20%	46%	39%	17%	25%	29%	54%	7%	2%	77%	4%	33%	15%	8%	7%	17%	9%	5%	7%	
1,474	2%	8	61%	69%	95%	89%	97%	94%	92%	89%	89%	40%	51%	76%	60%	39%	85%	37%	60%	21%	8%	22%	5%	15%	15%	27%	
1,176	2%	9	60%	67%	95%	37%	30%	84%	90%	76%	81%	71%	20%	37%	15%	9%	10%	56%	66%	49%	31%	9%	21%	42%	9%	16%	
1,560	2%	10	50%	88%	97%	93%	63%	92%	95%	59%	88%	85%	46%	66%	71%	53%	18%	50%	18%	9%	34%	8%	38%	17%	25%	11%	
4,701	6%	11	38%	87%	73%	37%	54%	75%	85%	16%	15%	49%	19%	5%	6%	4%	8%	5%	5%	2%	8%	2%	3%	6%	10%	6%	
2,352	3%	12	26%	27%	81%	53%	98%	77%	90%	63%	51%	57%	61%	74%	11%	9%	92%	19%	51%	13%	5%	10%	27%	26%	4%	9%	
1,579	2%	13	39%	79%	94%	93%	92%	95%	97%	69%	82%	73%	37%	93%	89%	82%	83%	67%	87%	61%	57%	43%	31%	70%	25%	26%	
1,145	2%	14	11%	85%	35%	46%	13%	69%	87%	29%	57%	79%	27%	44%	50%	25%	6%	6%	12%	9%	15%	7%	57%	12%	8%	17%	
4,359	6%	15	20%	87%	65%	78%	80%	76%	80%	71%	88%	82%	32%	6%	10%	11%	27%	5%	8%	4%	6%	4%	3%	8%	11%	12%	
5,426	7%	16	13%	23%	26%	92%	62%	37%	32%	27%	23%	17%	39%	7%	45%	52%	18%	4%	3%	1%	3%	2%	2%	1%	4%	3%	
1,069	1%	17	52%	81%	93%	66%	89%	90%	89%	24%	33%	86%	58%	20%	58%	57%	73%	23%	17%	18%	8%	5%	10%	18%	7%	9%	
1,911	3%	18	29%	59%	33%	78%	13%	10%	73%	69%	85%	45%	10%	7%	14%	25%	4%	4%	24%	11%	4%	3%	3%	5%	15%	18%	
30,704	42%	19	7%	34%	5%	9%	8%	3%	7%	6%	10%	25%	13%	1%	2%	1%	3%	1%	2%	1%	1%	1%	1%	2%	4%	2%	
889	1%	20	14%	89%	62%	48%	23%	73%	88%	56%	67%	82%	19%	85%	17%	20%	6%	14%	87%	15%	19%	5%	5%	18%	12%	9%	
			Number of Cases	12,111	34,036	27,919	27,303	28,484	25,987	29,453	18,435	26,485	27,351	18,142	13,504	13,015	11,468	15,226	7,487	11,084	5,461	5,202	3,126	5,083	6,118	5,194	4,687
			Percent of Cases	17%	47%	38%	37%	39%	36%	40%	25%	36%	37%	25%	18%	18%	16%	21%	10%	15%	7%	7%	4%	7%	8%	7%	6%

Figure 3: Results from the cluster analysis

Number of Cases in Profile	Percent of Cases in Profile	Cluster	Adult: Physical Health	Child: Emotional Behavioral Functioning	Adult: Emotional Mental Health Functioning	Adult: Domestic Violence	Adult: Substance Abuse	Adult: Stress	Adult: Parenting Difficulties	Adult: Caretake Victimized	Adult: Caretaker Abused as Child	Child: Physical Cognitive Social Development	Case with Substantiated Indicated Report	SA 2: Caretaker Won't Protect Child	SA 4: Family Member is Violent	SA 5: Acts of Family Violence	SA 6: Caretaker Using Drugs/Alcohol
1,259	2%	1	7%	55%	68%	78%	93%	83%	70%	16%	29%	42%	68%	83%	76%	56%	91%
672	1%	2	11%	63%	25%	44%	14%	29%	65%	16%	13%	31%	22%	71%	90%	86%	36%
1,008	1%	3	42%	83%	83%	84%	86%	87%	96%	92%	84%	83%	56%	86%	91%	88%	76%
8,450	12%	4	10%	24%	68%	32%	51%	39%	24%	13%	68%	18%	17%	4%	9%	5%	20%
668	1%	5	11%	73%	54%	52%	10%	64%	69%	20%	58%	35%	70%	77%	78%	69%	7%
948	1%	6	14%	32%	50%	11%	58%	42%	92%	17%	55%	48%	74%	75%	7%	4%	55%
1,829	2%	7	10%	40%	9%	8%	84%	20%	46%	39%	17%	25%	29%	54%	7%	2%	77%
1,474	2%	8	61%	69%	95%	89%	97%	94%	92%	89%	89%	40%	51%	76%	60%	39%	85%
1,176	2%	9	60%	67%	95%	37%	30%	84%	90%	76%	81%	71%	20%	37%	15%	9%	10%
1,560	2%	10	50%	88%	97%	93%	63%	92%	95%	59%	88%	85%	46%	66%	71%	53%	18%
4,701	6%	11	38%	87%	73%	37%	54%	75%	85%	16%	15%	49%	19%	5%	6%	4%	8%
2,352	3%	12	26%	27%	81%	53%	98%	77%	90%	63%	51%	57%	61%	74%	11%	9%	92%
1,579	2%	13	39%	79%	94%	93%	92%	95%	97%	69%	82%	73%	37%	93%	89%	82%	83%
1,145	2%	14	11%	85%	35%	46%	13%	69%	87%	29%	57%	79%	27%	44%	50%	25%	6%
4,359	6%	15	20%	87%	65%	78%	80%	76%	80%	71%	88%	82%	32%	6%	10%	11%	27%
5,426	7%	16	13%	23%	26%	92%	62%	37%	32%	27%	23%	17%	39%	7%	45%	52%	18%
1,069	1%	17	52%	81%	93%	66%	89%	90%	89%	24%	33%	86%	58%	20%	58%	57%	73%
1,911	3%	18	29%	59%	33%	78%	13%	10%	73%	69%	85%	45%	10%	7%	14%	25%	4%
30,704	42%	19	7%	34%	5%	9%	8%	3%	7%	6%	10%	25%	13%	1%	2%	1%	3%
889	1%	20	14%	89%	62%	48%	23%	73%	88%	56%	67%	82%	19%	85%	17%	20%	6%
Number of Cases			12,111	34,036	27,919	27,303	28,484	25,987	29,453	18,435	26,485	27,351	18,142	13,504	13,015	11,468	15,226
Percent of Cases			17%	47%	38%	37%	39%	36%	40%	25%	36%	37%	25%	18%	18%	16%	21%

Figure 4: Stylized cluster analysis

## Interpreting a Cluster Analysis

Here's how to interpret the cluster analysis. With 42% of the cases, Cluster 19 is the most common. It is shown in Figure 5.

Number of Cases in Profile	Percent of Cases in Profile	Cluster	Adult: Physical Health	Child: Emotional Behavioral Functioning	Adult: Emotional Mental Health Functioning	Adult: Domestic Violence	Adult: Substance Abuse	Adult: Stress	Adult: Parenting Difficulties	Adult: Caretake Victimized	Adult: Caretaker Abused as Child	Child: Physical Cognitive Social Development	Case with Substantiated Indicated Report	SA 2: Caretaker Won't Protect Child	SA 4: Family Member is Violent	SA 5: Acts of Family Violence	SA 6: Caretaker Using Drugs/Alcohol
30,704	42%	19	7%	34%	5%	9%	8%	3%	7%	6%	10%	25%	13%	1%	2%	1%	3%

Figure 5: Cluster 19

By scanning across the shaded cells, the percent of families in this cluster having each of these issues is shown: 7% have an adult with a physical health problem; 34% have at least one child with an emotional or behavioral functioning issue; 5% of the cases have an adult mental health issue; 9% of the cases are experiencing domestic violence; and 25% of the cases have a child who has physical, cognitive or social development issues. Although the cases in this cluster appears to have “few” issues, it is notable that there are child problems that might lead to further distress if the issues are unaddressed, especially for the 13% that have had at least one substantiated or indicated report.

When Cluster19 is compared with Cluster 15 (depicted in Figure 6), a different pattern appears.

Number of Cases in Profile	Percent of Cases in Profile	Cluster	Adult: Physical Health	Child: Emotional Behavioral Functioning	Adult: Emotional Mental Health Functioning	Adult: Domestic Violence	Adult: Substance Abuse	Adult: Stress	Adult: Parenting Difficulties	Adult: Caretake Victimized	Adult: Caretaker Abused as Child	Child: Physical Cognitive Social Development	Case with Substantiated Indicated Report	SA 2: Caretaker Won't Protect Child	SA 4: Family Member is Violent	SA 5: Acts of Family Violence	SA 6: Caretaker Using Drugs/Alcohol
4,359	6%	15	20%	87%	65%	78%	80%	76%	80%	71%	88%	82%	32%	6%	10%	11%	27%

Figure 6: Cluster 15

Although Cluster 15 represents a much smaller percent of families (6% compared to Cluster 19's 42%), it has disturbing levels of dysfunction across multiple issues. Families in this cluster are more likely, than not, to have the following issues:

- Child: Emotional behavior functioning (87% of families)
- Adult: Emotional Mental Health Functioning (65% of families)
- Adult: Domestic Violence (78% of families)
- Adult: Substance Abuse (80% of families)
- Adult: Stress (76% of families)
- Adult: Parenting Difficulties (80% of families)
- Adult: Caretaker Victimized Children (71% of families)
- Adult: Caretaker Abused as Child (88% of families)

In this cluster, nearly a third of the cases had at least one substantiated or indicated report.

### Cases With At Least One Substantiated or Indicated Abuse Report

As shown in Figure 4, 25% of the cases had at least one substantiated or indicated report. However, if we look at this proportion across all clusters, there are 13 clusters that have even higher proportions. Figure 7 shows the percent of cases within each cluster having at least one substantiated or indicated report in 2019.

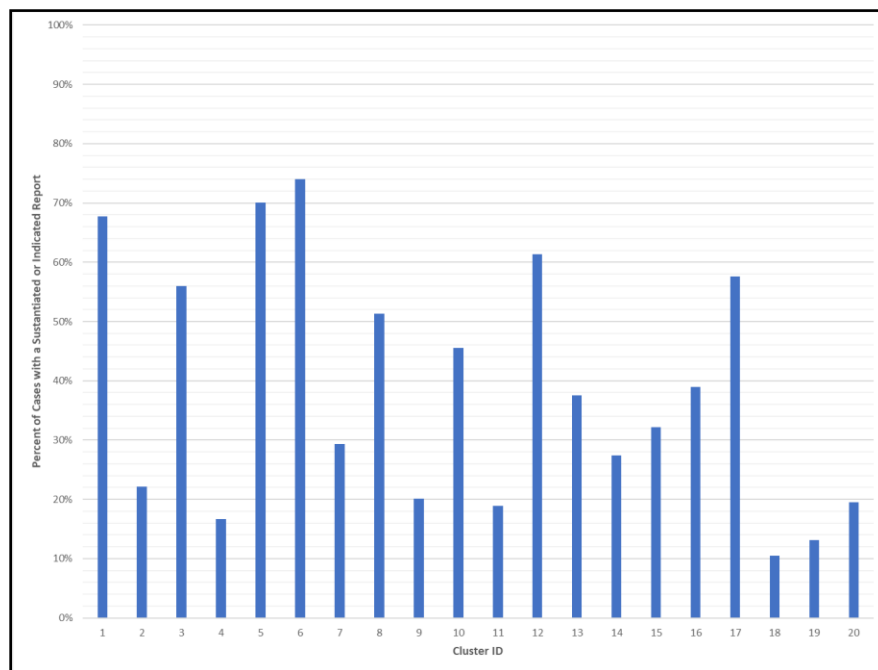


Figure 7: Percent of cases with at least one substantiated or indicated report by cluster.

By isolating the cases in this substantiated/indicated group, the cluster analysis can be used to uncover the proportion of families with each issue. Figure 8 shows, for cases with a substantiated or indicated report in 2019, the percentage of cases having each of the assessment issues:

- Between 30% and 40% of the cases, have a caretaker who victimizes other children; a caretaker who will not or cannot protect the child; and a caretaker who uses drugs/alcohol - placing the child at risk of serious harm.
- Between 40% and 50% of the cases, a child with problems in emotional/behavioral functioning; a child physical, cognitive, or social development problems; domestic violence; and caretakers who were abused as children.
- Between 50% and 60% of the cases had adults with problems in mental and emotional functioning; adult substance abusers, high stress; and parenting practices.

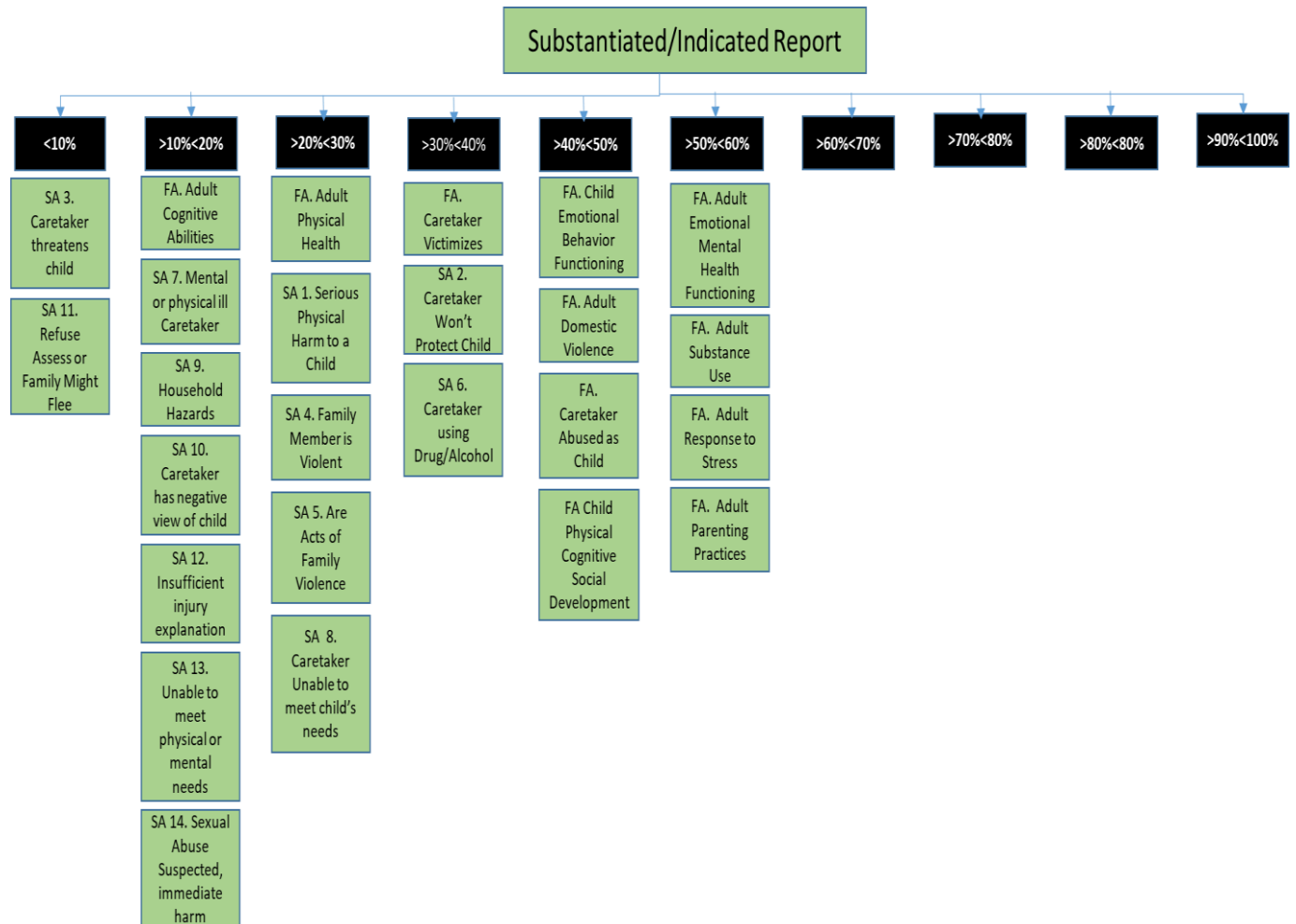


Figure 8

With these issues identified, services under development for the Family First Prevention Services Act (FFPSA) can be mapped. Figure 9 maps the current evidence-based treatments relative to how Ohio defines the child problem and the associated Federal term. Similar to Figure 9, Figure 10 maps parent/caregiver problems to the services thus far identified by the FFPSA.

	Federal Terms						
Ohio Term	Child Permanency	Behavioral & Emotional Functioning	Child Safety	Delinquent Behavior	Substance Use	Educational achievement & attainment	Social Functioning
Emotional Behavioral		o Brief Strategic Family Therapy					o Parents as Teachers
Physical Cognitive Social		o Functional Family Therapy					o Trauma Focused Cogn. Behavioral Therapy
Sexual Abuse		o Healthy Families America					
Abused, Neglected, Dependent		o Multisystemic Therapy	o Healthy Families America				
		o Parent Child Interaction Therapy	o Parents as Teachers				
Substance Abuse					o Functional Family Therapy o Multisystemic Therapy		
Aging Out of Foster Care						o Healthy Families America	
Teen Pregnancy							
Delinquent Behavior				o Brief Strategic Family Therapy o Functional Family Therapy o Healthy Families America o Multisystemic Therapy			
Children in Custody	o Multisystemic Therapy o Safe Care					o Healthy Families America	

Figure 9: Current evidence-based treatments for children relative to Ohio's terminology and Federal terminology.

	Federal Terms				
Ohio Terms	Parent/Caregiver Substance Abuse	Family Functioning	Positive Parenting Practices	Parent/Caretaker Mental or Emotional Health	Economic and Housing Stability
Domestic Violence					
Parenting Difficulties			o Healthy Families America o Multisystemic Therapy o Parent Child Interaction Therapy o Trauma-Focused Behavioral Therapy		
Physical Illness					
Cognitive Difficulties		o Healthy Families America o Parent Child Interaction Therapy o Trauma Focused Cogn Beh Therapy o Multisystemic Family Therapy			
Substance Abuse	o Brief Strategic Family Therapy o Motivational Interviewing o Families Facing the Future o Methadone Maintenance Therapy				
Financial Distress					
Homelessness					Nurse Family Partnership
Stress		o Healthy Families America o Parent Child Interaction Therapy o Trauma Focused Cogn Beh Therapy o Multisystemic Family Therapy			

Figure 10: Current evidence-based treatments for adults relative to Ohio's terminology and Federal terminology.

Using these issue-service maps and those problems consisting of more than 30% of the cases having at least one substantiated or indicated report, the following evidence-based services include: Functional Family Therapy, Multisystemic Therapy, Brief Strategic Family Therapy,

Motivational Interviewing, Families Facing the Future, Methadone Maintenance Treatment, Healthy Families America, Parent-Child Interaction Therapy, Parents as Teachers, Trauma Focused Cognitive Behavioral Therapy.

## **Kinship Navigator Funding (title-IV-B, subpart 2)**

ODJFS has been very active in developing a new Kinship Navigator program. The department has broadened Ohio's Navigator program to include the development of an Adoption Navigator Program with the Kinship Navigator Program. While kinship caregivers and adoptive parents are distinct populations with individualized needs, common needs exist across both groups. Therefore, ODJFS has braided resources in both programmatic areas to support the development of programming to meet these families' needs.

### FY 2018 Kinship Navigator Funding

With the Kinship Navigator Funds available beginning in federal fiscal year 2018, Ohio contracted with an external consultant, Kinnect, to develop the framework for the Ohio Kinship and Adoption Navigator Program. On September 30, 2019, after extensive research and stakeholder feedback, Kinnect submitted a program proposal to ODJFS. The proposal recommended OhioKAN be implemented in 10 regions and offer services at the level necessary to meet the needs of families. The proposal included an implementation and evaluation plan to incorporate a rigorous study of the program's effectiveness and continuous quality improvement (CQI) throughout implementation and maintenance of the program.

Additional Kinship Navigator funds were used to support the expansion of Ohio's Foster and Adoption website (<https://fosterandadopt.jfs.ohio.gov>) to include Kinship Care. This website has been updated to incorporate kinship specific resources. Available resources include:

- Articles on issues such as legal services, educational services and financial assistance.
- An interactive service providers map to assist caregivers in locating services in their area.
- An FAQ section and search function to easily navigate the resources needed.
- A Contact Us form to allow caregivers an opportunity to reach out to OFC for additional questions or assistance.

OFC provided funding to two counties with Kinship Navigator Programs to develop new kinship programming. One county created a post assistance for kinship program (PAK) that is designed to preserve and assist kinship families in crisis who have legal custody of children with specific or special needs. The other county utilized the funds to assist kinship care providers in meeting the needs of children in their care. The funds are intended to assist with clothes for the changing seasons, daycare, transportation expenses, enrichment activities such as sports, music and STEM camps as well as non-Medicaid covered services such as equine therapy.

Funds were also used to support a Kinship Caregiver Month Media Campaign. During the month of September 2019, ODJFS conducted a media campaign to promote Kinship Month and the launch of the updated website.

## FY 2019 Kinship Navigator Funding

Kinship Navigator Funds available beginning in federal fiscal year 2019 are being utilized to develop an OhioKAN module in Ohio's SACWIS system. This module is being developed in partnership with stakeholders, including local agencies, individuals with lived experience, and evaluators. The database will be used as a statewide system to document case records and have the functionality to capture the data necessary for an evaluation of program effectiveness.

A majority of the funds will be used to support the development of the OhioKAN module in SACWIS; however, funds will again be used to support the Kinship Caregiver Month Media Campaign. During the month of September 2020, ODJFS plans to conduct a media campaign to promote Kinship Month.

## **Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits**

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 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 exceeding the allocation amount are the responsibility of the PCSA.

The following methodology is used to distribute available funds: PCSAs receive their portion of the total allocation based on the number of unduplicated children in substitute care by county divided by the total number of unduplicated children in substitute care in Ohio, based on the previous calendar year.

The caseworker visits allocation reimburses the PCSA for the direct cost of caseworker visits to children who are in the PCSA's custody. PCSAs report direct service expenditures on the JFS 02820 *Children Services Quarterly Financial Statement* and/or the JFS 02827 *Public Assistance (PA) Quarterly Financial Statement*.

The caseworker visits administrative allocation reimburses PCSAs for the administrative costs related to caseworker visits to children who are in the agency's custody. PCSAs may claim reimbursement of administrative costs for caseworker visits through the social services random moment sample (SSRMS) reconciliation/certification of funds process. Additionally, PCSAs may also request to transfer the caseworker visits administration allocation to the caseworker visits direct services allocation. A request to transfer funds is to be made by submitting a JFS 02725



Family Service Agencies and WIA Local Area Budget Transfer Request prior to the end of the period of availability.

Expenditures are reimbursed with 75% federal Title IV-B Subpart 2 funds. The PCSA must use eligible state funding or provide local funds at a 25% match rate for the non-federal share.

### **Improving the Quality of Caseworker Visits**

Monthly Caseworker Visit Formula Grants have been used by agencies to institute CQI procedures at their agency which focus on improving the quality of visits. For some agencies this may entail supervisors using check sheets to review the comprehensiveness and quality of documentation, meeting with caseworkers to discuss their notes, and having QA staff review documentation of visits and activity logs from a quality perspective.

### **Performance Standards**

Ohio has consistently met the 95% federal target goal over the past three years. Ohio's Federal Fiscal Year (FFY) 2017 Monthly Caseworker Visit data achieved 95.95% compliance. In 2018, Monthly Caseworker Visit data achieved 96% compliance. In 2019, Monthly Caseworker Visit data achieved 96.17% compliance. Ohio continues to make gradual improvements in its the level of compliance and in the quality of visits

A Comprehensive Visitation Report is available in SACWIS allowing each user to see both statistical and detailed drilldown data. Statistical information from this report is emailed to Directors and Administrators in each of the 88 county PCSAs on a monthly basis. Additionally, using SACWIS data, the Office of Families and Children developed a *Children Services Performance Measures Dashboard* accessible to all agency Directors and Administrators. Through this dashboard, interactive visitation data is presented using Tableau making it easier to see and understand the data.

## **Adoption and Legal Guardianship Incentive Payments**

Adoption incentives earned from FFY2015-FFY2019 total \$2,755,501. Of this amount, \$1,686 lapsed. Over the course of FFY2019, this funding was used toward:

- Expanding the number of adoption recruiters statewide.
- Increasing the compensation rate for adoption recruiters.
- Adding kinship caregiver resources to the Foster and Adoption Website,
- Maintaining the state's photo listing that provides detailed information about children available for adoption.
- Providing funds to local agencies for adoption facilitation and post adoption services.
- Providing additional funding to support additional adoption recruiters as well as increasing the amount provided per recruiter to the OFC contract with the Dave Thomas Foundation. This foundation works to find adoptive homes for children with extreme special needs or older children for whom it is more difficult to find adoptive placements. agencies for post-adoption services and supports.
- Youth Centered Permanency Roundtables.

## Adoption Savings

The total adoption savings reinvestment amount for FFY2015 - FFY2019 is \$20,245,253. Of this amount, \$15,396,010 has been expended for FFY2015- FFY2018. For FFY 2019 \$4,849,243 was the total calculated adoption savings. Of this amount, \$565,173 has been spent on post adoption services, \$484,924 has been spent on the at-risk population, and \$3,394,469 has been spent on IV-E/IV-B allowable services. This leaves an unexpended balance of \$ 404,677. During SFY2019, in addition to using these dollars at the local level for at-risk youth, IV-E/IV-B allowable services and post adoption services, provided one-time funding to agencies for post adoption/post guardianship activities. For SFY 2020 the funding is being used to provide support networks, home based therapy, educational support, and resource and referral services to post adoption and post guardianship families. We are also providing additional subsidy payments to young adults receiving adoption assistance who are turning 21 during the COVID crisis period. Beginning in 2021, the funding will be used to support the adoption navigator program.

## Adoption Savings Methodology

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

## *John H. Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee Program)*

The Chafee Foster Care Program for Successful Transition to Adulthood, including the Education and Training Voucher (ETV) Program, provides funding to promote and support youth who have experienced foster care at age 14 or older in their transition to adulthood.

- *Briefly describe the services provided since the submission of the 2020-2024 CFSP, highlighting any changes or additions in services or program design for FY 2021 and how the services assisted or will assist in achieving program goals (45 CFR 1357.16(a)(4)). Indicate how these activities have been integrated into the state's continuum of services and aligns with the state's vision. Describe how Chafee-funded services support the goals identified in the state's CFSR PIP (see Section C3).*

Chafee services and programs support some of Ohio's most vulnerable citizens. Efforts being made at the state and local level to provide effective services to support the needs of youth and young adults with foster care experience aligns with OFCs-vision that: "all children, youth and vulnerable adults have a safe and permanent family that nurtures and promotes their overall well-being." Efforts to improve outcomes in this area are driven by the voice of young adults with lived experience as noted in the Collaboration Section of this report.

PCSAs are responsible for providing independent living and transition age youth services to young adults age 14-21 that are currently in foster care or have left foster any time after turning age 18. These services include but are not limited to:

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

Once a young person emancipates from foster care, they are eligible to receive post emancipation services from their local PCSA or they may be eligible for Ohio's extended title IV-E foster care program, Bridges. Ohio refers to post emancipation services provided by PCSAs as Young Adult Services. The PCSAs can use their federal Chafee allocation to support the provision of Young Adult Services.

ODJFS keeps *Ohio's Plan to Strengthen Chafee Services*, which is presented below, at the forefront of its work by building strong relationships with county partners and service providers. These relationships are supported by offering education, training opportunities and technical assistance regarding policy mandates and best practices when providing service to eligible youth and young adults. ODJFS and its partners recognize and emphasize the importance of normalcy, age appropriate responsibilities and activities as well as safe and meaningful relationships with appropriate adults, kin and family.

<b>Ohio's Plan to Strengthen Chafee Services 2020-2024</b>
1. Continue to educate service providers on Independent Living Services for youth in foster care age 14 and older to assist in their successful transition to adulthood
2. Promote opportunities for youth and young adults with foster care experience to safely engage in meaningful relationships with appropriate adults, kin and family.
3. Promote the benefits of normalcy, age or developmentally appropriate activities, positive youth development and experiential learning for youth in foster care age 14 and older and how independent living funds can support these activities and experiences. (Program Purpose 3 & 7)

### Ohio's Plan to Strengthen Chafee Services 2020-2024

- |  |
|--|
| 4. Provide training and technical assistance to County PCSA's on their responsibility to provide post-emancipation services to young adults that have emancipated from foster care, how to utilize other state programs and community resources to assist the young adult's own efforts to achieve self-sufficiency. |
| 5. Partner with Foster Care to Success to provide eligible young adults with vouchers for education and training to provide financial assistance and support their post-secondary opportunities.   |
| 6. Support permanency efforts by promoting Kinship Services and Adoption Assistance Connections for youth that exited foster care for permanency after the age of 16 years of age.   |

Ohio equally prioritizes independent living services to youth in foster care and post emancipation services to those young adults that have emancipated. Emancipated young adults have two program options in Ohio for post emancipation services with Young Adults Services and Bridges. ODJFS diligently works with PCSA's that provide young adult services to ensure they have the support and training to effectively serve the older population. Eligible young adults also have access to Education and Training Vouchers (ETV) until age 25 to assist with post-secondary plans and Medicaid benefits up to the age of 26. Within all training and technical assistance, ODJFS does not prioritize the benefits of post emancipation services over the benefits of permanency. ODJFS intentionally promotes permanency by offering education and technical assistance about kinship services and adoption assistance connections. These programs provide ongoing support to young adults that exit foster care for permanency instead of emancipation.

Since submission of the 2020-2024 CFSP, Ohio created a process where a young adult that is currently enrolled in the Bridges program can also request additional services that may not be offered by the Bridges program from their local PCSA. The OFC Independent Living and Bridges teams worked together with the State Automated Child Welfare Information System (SACWIS) team and the Fiscal Operations team to create a streamlined process for PCSA's and Bridges providers to concurrently provide supports when needed to young adults enrolled in the Bridges program. OFC offered training and technical assistance on the process via a webinar and at the Independent Living and Transition Age Youth regional meetings.

Ohio is current evaluating the option of expanding Chafee services to young adults that have aged out of foster care to age 23. Currently, Ohio serves this same population up to age 21. An analysis is being conducted to determine the cost, resources and capacity of 88 PCSAs to support the additional population. As part of this analysis, Ohio is looking at innovative ways to possible re-design some aspects of the current Independent Living Program, that is current state supervised and county administered, to streamline service provision consistently across the state.

- *Provide an update on the state's plan to strengthen the collection of high-quality data through NYTD and integrate these efforts into the state's quality assurance system. To the extent not addressed in "Collaboration" in Section C1 or "Quality Assurance" in Section C4, provide an update to the state's process for sharing the results of NYTD data collection with families and youth; tribes, courts and other partners; Independent Living coordinators; service providers and the public. Describe how the state, in consultation with youth and other*

*stakeholders, is using the state's quality assurance system, NYTD data and any other available data to improve service delivery and refine program goals.*

• ODJFS continues to engage stakeholders in analysis of NYTD data through the following venues:

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

The Transition Age Youth Team partnered with the SACWIS Business Analyst to host a NYTD Refresher webinar on October 29, 2019. This provided an opportunity to review the importance of the NYTD survey, compliance guidelines and review past NYTD findings with Ohio's IL Champions from each PCSA. The Transition Age Youth Team also presented NYTD findings at the Ohio Independent Living Association and Ohio Youth Advisory Board meetings.

ODJFS has employed two former foster youth to join the OFC Independent Living Team. These young adults plan to work with state and local youth advisory boards and ACTIONOhio to review and create strategies for using the NYTD data to inform and enhance policy decisions regarding independent living programs that promote better outcomes for young adults experiencing foster care.

- *Provide an update on coordinating services with "other federal and state programs for youth (especially transitional living programs funded under Part B of Title III of the Juvenile Justice and Delinquency Prevention Act of 1974), abstinence education programs, local housing programs, programs for disabled youth (especially sheltered workshops), and school-to-work programs offered by high schools or local workforce agencies" in accordance with section 477(b)(3)(F) of the Act.*

OFC's Transitional Youth Coordinators in partnership with OFC's Bridges Team continues to annually host five regional meetings throughout the state as well as an annual statewide meeting involving both public and private agency partners. All public or private entities providing independent living services to foster youth ages fourteen and above are invited to attend these meetings. These meetings were most recently held in October/November 2019. Additionally, the Ohio Independent Living Association (OHILA) meets quarterly, and any PCSA or private entity providing independent living services to foster youth ages fourteen and above are invited to attend these meetings. The first virtual OHILA meeting occurred on May 27, 2020. Ohio Reach has been an important partner with ODJFS to support Ohio's former foster youth in reaching post-secondary success. Ohio Reach was awarded a line item in Ohio's 2019 Budget and is currently being revamped under the Department of Higher Education's purview. While Ohio Reach is currently inactive, ODJFS State Independent Living Coordinator has formed a new partnership with Fostering Academic Achievement Nationwide (FAAN). This is a national group made up of child welfare and higher education professionals across the nation focuses on increasing services and supports for young adults with lived experience in post-secondary settings.

ODJFS continues to partner with the Department of Youth Services and the Personal Responsibility Education Program (PREP) to offer free life skills programming to PCSA's and Title IV-E Courts to use in their Independent Living programming. The PREP program covers many of the same topics and currently, as a result of social distancing orders, has updated their program to be offered virtually. The Independent Living and Transition Age Youth Manager serves on the Balance of State Continuum of Care Board as an at large member. This partnership has helped the agency increase partnerships with housing experts across the state and is considered a valued partner for Foster Youth to Independence implementation. ODJFS financially and programmatically supports the Ohio Youth Advisory Board and eleven local youth advisory boards. These advisory boards provide opportunities for youth to develop as leaders, acquire professional skills in organizational and public speaking and serves ODJFS with a statewide youth voice on child welfare policy and programs.

In July 2019, the U.S. Department of Housing and Urban Development announced the "Foster Youth to Independence" (FYI) Voucher Program. The FYI program provides eligible young adults with a housing voucher to assist in the prevention of homelessness among young adults with foster care histories. In order to receive a voucher, the child welfare agency must ensure the provision of supportive services for the duration of the voucher. While FYI operates in most states at the community level, it is important that state child welfare agencies support and facilitate conversations to assist in implementation of this initiative.

Based on FYI program criteria, 55 of Ohio's 88 counties are eligible to participate based on historical Family Unification Program participation. OFC views implementation of the FYI program as a significant way to reduce the amount of Chafee funding that is permitted to be spent on room and board. FYI implementation in these 55 counties could eliminate room and board expenses and allow Chafee funds to be used for other services and supports.

For FYI to be implemented, a partnership needs to be established between the: Public Housing Authority (PHA), PCSA and the Continuum of Care (COC) in those eligible communities. Since July 2019 when FYI was established, OFC has been promoting the new program and the benefits of establishing the necessary partnerships required to implement FYI at the local level. To date, Ohio has verified that 3 of 55 eligible PCSA's have recently implemented the FYI program.

In collaboration with the PCSA's OFC has identified implementation barriers include the eligibility age of the young adult far exceeds the eligibility age of Chafee services and PCSA's do not have a surplus of county funds to contribute for the non- Chafee eligible population. PCSAs are also concerned with their capacity to provide ongoing case management supports to the number of young adults eligible for the required thirty-six-month time period.

As OFC evaluates the option to expand Chafee services to young adults up to the age of 23, OFC is also looking at ways to assist PCSAs in facilitation of the FYI program. Pairing the expansion of Chafee and FYI might assist Ohio in having the necessary capacity to implement both Chafee expansion and FYI.

- *Provide an update on how the state involves the public and private sectors in helping youth in foster care achieve independence (section 477(b)(2)(D) of the Act).*

ODJFS continues to partner with the Children’s Bureau, Office for Housing and Urban Development, PCSA’s and Public Housing Authorities to determine how to effectively implement FYI in the eligible areas in Ohio. Conversations have also begun with the housing continuum of care organizations for additional support and housing knowledge. These groups are attending webinar and trainings and looking at potential capacity concerns involved in FYI implementation.

### *Education and Training Vouchers (ETV) Program*

- *Briefly describe the services provided since the submission of the 2020-2024 CFSP highlighting any changes or additions in services or program design for FY 2021 and how the services assisted or will assist in establishing expanding or strengthening program goals.*
- *If applicable address any change in how the ETV program is administered, whether by the state child welfare agency in collaboration with another state agency or another contracted ETV provider.*
- *Provide to CB an unduplicated number of ETVs award each school year (July 1<sup>st</sup> to June 30<sup>th</sup>). (Please see Section F2 and Attachment D).*

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 a 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:

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

The following table presents information on the unduplicated number of ETVs awarded.



## Annual Reporting of Education and Training Vouchers Awarded

Name of State/ Tribe:

Ohio

	Total ETVs Awarded	Number of New ETVs
<u>Final Number:</u> <b>2018-2019 School Year</b> (July 1, 2018 to June 30, 2019)	343	138
<b>2019-2020 School Year*</b> (July 1, 2019 to June 30, 2020)	303	141

**Care Packages:** In addition to ETV funding, OH ETV students receive two care packages during the school year, the packages are themed: Valentine's Day, End of the Year/Exams. Receiving Care Packages not only tells the students they are cared about but it also sends a tangible message that the community recognizes them as hard working and deserving college students.

**FosterU:** All OH ETV students receive Academic Success and Career Planning materials throughout the semester. The materials are posted on FosterU, links are sent to students weekly via email and text messages. Students leaving foster care may not understand the college culture, so the information is developed to help them make informed decisions. Topics include money management and understanding financial aid, student loans, time management, and health and nutrition. New material may be written, as needed, or adapted from other sources to be relevant for foster youth. The purpose of the information is to fill knowledge gaps to help them progress towards earning a credential and entering the workforce.

### *Chafee Training*

- In the 2020-2024 CFSP, states provided information on specific training planned for FYs 2020-2024 in support of the goals and objectives of the Chafee plan. If needed, provide an update on the specific training needed in support of the goals and objectives of the states' Chafee plan and to help foster parents, relative guardians, adoptive parents, workers in group homes, and case managers understand their opportunity to promote and assist youth in the transition to adulthood, consistent with section 477(b)(3)(D) of the Act. Please note that such training should be incorporated into the title IV-E/IV-B training plan, but identified as pertaining to Chafee, with costs allocated appropriately. State are encouraged to incorporate principles of Positive Youth Development (PYD) in its Chafee training in support of the program.*

ODJFS currently contracts with the Ohio Child Welfare Training Program (OCWTP) to provide custodial agencies with opportunities to train staff and foster parents working with youth and young adults age fourteen and older. ODJFS will continue to collaborate with OCWTP to expand use of specialized trainings for workers and caregivers on topics such as: Normalcy, Permanency



and Positive Youth Development. Examples of current curricula include: Positive Youth Development, Maintaining Permanent Connections and Transition Planning.

The OCWTP offers four standardized workshops for caregivers of transitioning youth. The National Resource Center for Youth Development (NRCYD) Independent Living series is a set of three workshops (total 24 hours), and the other workshop, Fostering Self-Reliance in Children and Youth: Roots and Wings, is part of the Fundamentals of Fostering series. The OCWTP also maintains a strong catalogue of non-standardized learnings for staff and caregivers focused on transitioning youth – a much broader topic.

ODJFS's Transition Age Youth Team will continue to provide ongoing training opportunities to Public Children Services Agencies, IV-E Courts and Private Agency partners on topics that include best practices, policy mandates and how to efficiently use Independent Living Funding to support youth and young adults with foster care experience.

## **VI. CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES**

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

ODJFS will seek to continue to improve ICWA compliance through:

- Updated policy guidance;
- Revision of Administrative Code rules, as needed;
- Provision of education on ICWA through statewide video conferences and/or conference workshops; and
- Provision of ongoing and case-specific technical assistance.

In addition, ODJFS will share promising practices and educational resources gathered through its participation on the State Indian Child Welfare Managers Workgroup. Due to COVID-19 the State Child Welfare Managers Workgroup was cancelled. 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.

## **VII. CAPTA State Plan Requirements and Updates**

### **Introduction**

The Ohio Department of Job and Family Services (ODJFS) is the single state agency that administers the Basic State Grant issued under CAPTA. Most social services programs under the department's purview are county administered with ODJFS providing direction to local agencies through administrative rules and program guidance.

Grant funds are primarily used to support program development and implementation. This is done directly by the policy and program staff at ODJFS, often in collaboration with public and private agency partners or other stakeholders, or indirectly through funding contracts to community-based agencies or other organizations. The objectives and activities included in this plan are coordinated with and support the activities outlined in Ohio's Child and Family Services Plan required under title IV-B of the Social Security Act.

Grant funds are used to provide training and technical assistance to child protective services (CPS) caseworkers and supervisors on all programming outlined in this plan, including the Comprehensive Assessment and Planning Model – Interim Solution (CAPMIS) and Differential Response (DR). Several publications, developed and reproduced with grant funds, are used to support training for mandated reporters and the public on reporting child abuse and neglect. Those publications are made available to anyone free of charge.

### **Changes to State Law**

Ohio has not enacted any statutory changes that would affect CAPTA program eligibility since the last update was submitted in 2018.

### **Significant Changes to the Previously Approved CAPTA Plan**

There have been no changes to the previously approved CAPTA plan in the past state fiscal year.

### **CAPTA Update**

ODJFS will continue to use grant funds to support existing programming and develop new programs and projects designed to enhance Ohio's CPS system. Specifically, Basic Grant funds will be allocated to support the following CAPTA objectives:

1. Improving the intake, assessment, screening and investigation of reports of child abuse and neglect.
2. Improving case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families.

3. Enhancing the general child protective system by developing, improving and implementing risk and safety assessment tools and protocols, including the use of differential response.
4. Developing, strengthening, and facilitating training including:
  - a. Training regarding evidence-based strategies, including the use of differential response, to promote collaboration with the families;
  - b. Training regarding the legal duties of agency/court personnel and law enforcement;
  - c. Personal safety training for caseworkers; and
  - d. Training in early childhood, child, and adolescent development.
5. Developing and implementing procedures for collaboration among child protective services, domestic violence services, and other agencies in:
  - a. Investigations, interventions, and the delivery of services and treatment provided to children and families, including the use of differential response, where appropriate; and
  - b. The provision of services that assist children exposed to domestic violence, and that also support the caregiving role of their non-abusing parents.
6. Developing and delivering information to improve public education relating to the roles and responsibilities of the child protection system including the use of differential response and the nature and basis for reporting suspected incidents of child abuse and neglect.
7. Supporting and enhancing interagency collaboration among public health agencies, agencies in the child protective service system, and agencies carrying out private community-based programs:
  - a. To provide child abuse and neglect prevention and treatment services (including linkages with education systems), and the use of differential response; and
  - b. To address the health needs, including mental health needs, of children identified as victims of child abuse or neglect, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports.

***Objective 1: Improving the Intake, Assessment, Screening and Investigation of Reports of Child Abuse and Neglect***

**Screening Update**

The Screening Guidelines have been updated. Language and guidance specific to The Comprehensive Addiction and Recovery Act (CARA) and Plans of Safe Care have been included in the update. Ohio Screening Guidelines draft document is pending approval from ODJFS Legal and ODJFS-OFC Senior Management staff. Delays occurred due to the COVID-19 stay at home orders. Following approval of the Ohio Screening Guidelines, the guidelines will be distributed to all eighty-eight PCSA's and Juvenile Courts. A statewide webinar presentation will be held to introduce the guidelines.

***Objective 2: Improving Case Management, Including Ongoing Case Monitoring, and Delivery of Services and Treatment Provided to Children and their Families***

**Case Planning Tools Update**

The following Comprehensive Assessment Model – Interim Solution (CAPMIS) tools have been redesigned and released into SACWIS on January 17, 2020: Family Case Plan, Case Review and Semi-annual Administrative Review (SAR). The SACWIS functionality was initially anticipated to be released in September 2019. Due to unforeseen issues with the functionality and other priority programming within SACWIS, the new tools were released into SACWIS on January 17, 2020. A six-month phase in period has been established to assist PCSAs in utilizing the new tools for open cases with a case plan prior to the January release date. This reduced the rate of conversion of existing case plans on the previous case planning tools into the redesigned Family Case Plan.

The following identifies the significant improvements which occurred from the redesign:

- Improved the utility of entering case information by being more intuitive and dynamic in the design.
- Instructional supports and field guides were developed within the SACWIS application to better guide caseworkers and supervisors with assessments and service planning while using the tools.
- The Family Service Plan, used in the Alternative Response Pathway, and the Case Plan, used in the Traditional Response Pathway, have been combined resulting in the Family Case Plan. The Family Case Plan is utilized in both the Alternative Response and Traditional Response pathways. The Family Case Plan tool promotes the success of the Alternative Response methodology while providing enhanced user-friendliness of the tool being implemented in the field with the families being served.
- The visitation plan has been incorporated within the Family Case Plan creating an improved process for documenting and updating the adult/child visitations, sibling visits and the ability to link activity logs to multiple visitation plans.
- The reassessment of safety and the family's strengths and needs have been enhanced to support PCSAs in conducting individualized assessment for each family case plan participant and improves thorough documentation of the assessment of safety and risk.
- The caseworker visits summary and quality of visit documentation is included in the Case Review which allows the caseworker to view all face-to-face visits to the family for the review period.

As previously mentioned, the implementation of the new tools contained a six-month phase in for PCSAs. The following outlines the implementation processes:

- Open cases without a Case Plan or Alternative Response (AR) Family Service Plan automatically transitioned to the Family Case Plan tool. All proceeding Case Reviews and SARs will be completed on the revised tools.

- All open cases with an approved AR Family Service Plan or Case Plan will be required to have a completed Family Case Plan within six months from the implementation date of the SACWIS functionality.
- Cases are required to update to the Family Case Plan when the AR Family Service Plans and Case Plans for an existing case when a case plan amendment/update is necessary.
- The implementation team created a SACWIS data report to assist PCSAs in identifying cases for closure prior to the release of the new tools.

Leading up to the SACWIS release date, CPS program staff and SACWIS staff collaborated to provide multiple learning opportunities for agencies to become familiar with the new functionality.

- Multiple SACWIS knowledge base resources were posted including self-paced video demonstrations to be available on-demand, a recorded webinar, and knowledge base articles which provide a step-by-step walkthrough of the functionality.
- CPS policy staff and SACWIS staff teamed and provided seven live walk-through presentations of the new functionality to assist leads within each agency with preparing to implement the new functionality throughout June and July of 2019. Six sessions were dedicated to PCSA staff regionally. One session was held at the Juvenile IV-E roundtable to meet the unique implementation and training needs of the IV-E courts.
- Eleven (11) Learning labs were held in September and October of 2019. Agencies were encouraged to identify designated staff to attend the learning labs to develop the capacity to assist internal staff with the implementation of the new functionality. SACWIS and field office staff were on hand during the sessions to provide direct support and address their individual implementation issues or concerns.

### **Ohio's Citizen Review Panel Update**

Ohio's Citizen Review Panels (CRP) are county-based and each panel focuses on a specific topic of concentration. In January of 2016, ODJFS entered into a contract with The Ohio State University (OSU) and three panels were established. The Children's Bureau recommends a focus on integrating Safety, Permanency, and Well-Being. At the end of 2018, Ohio had three CRPs located in different areas of the state. The Safety Panel is in Franklin County, the Permanency Panel is in Athens County, and the Well-Being Panel is in Hamilton County.

OSU provides administrative support to the CRPs and redesigned the program to create the three new CRPs in Ohio. The OSU team provides the following services to the CRP panels:

- Membership recruitment
- Tracking/maintenance of panel membership
- Training new CRP members
- Maintenance of online training site
- Assisting with agenda creation for bimonthly meetings
- Partnering with new chairpersons to run the meetings
- Facilitating communication between CRPs and ODJFS/PCSAs
- Providing support to panels in obtaining data from ODJFS
- Assisting panels in gathering data from other sources

- Data analysis

Panels reviewed statewide data to make recommendations that are applicable statewide rather than narrowed to their respective geographic location. Panel members are volunteers and are not appointed or compensated for their work. They were strategically recruited to ensure the panels have equal representation among gender, race, age, and professional discipline. CAPTA details the following two objectives for the CRP program:

1. Evaluate the impact of current child services procedures and practices on children and families in the community.
2. Provide the information to the public for outreach.

ODJFS received Panel Recommendations for 2019. The following are the recommendations from each of three initial panels:

#### **Safety Panel**

- Increase the state budget for child welfare services and divert funds specifically for workforce development.
- ODJFS should assist PCSAs in implementing technological changes that assist with managing workloads.
- ODJFS should form a workgroup to investigate the development of a measure of caseload size and complexity that determines caseload assignment recommendations.
- ODJFS should implement a consistent system for tracking turnover and tenure.
- Track workforce initiatives and provide funding for successful initiatives.

#### **Permanency Panel**

- ODJFS and PCSAs should facilitate collaborative efforts between PCSAs and local court systems to clarify roles and expectations and foster relationship building.
- ODJFS should convene stakeholders to further investigate the processes for how PCSAs access, utilize, and ultimately make decision based on treatment information.

#### **Well-Being Panel**

- ODJFS should launch a public campaign to increase community awareness of the funding needs for the child welfare system.
- ODJFS must promote awareness among PCSAs of fiscal state technical assistants and the resources they can provide.
- ODJFS must develop a comprehensive guide of best practices for drawing down federal dollars and other viable funding sources.
- ODJFS and PCSAs provide community stakeholders with training on changes in child welfare resulting from the implementation of the Family First Prevention Services Act (FFPSA).

Two additional panels were added this past year, the Northeast and Northwest Panels. These panels have focused on their selected topics this past year and will be providing recommendations in the 2020 CRP Final Report. The OSU team will move forward with recruitment activities for

the Northwest, Southwest and Central Ohio CRPS. The goal is to add at least two to four more members to each panel before the start of the next work year. The required three online CRP training topics have been selected and content for these trainings is being developed for review by ODJFS.

Columbus, Ohio was selected to hold the 2020 National CRP Conference in June. However, due to the current COVID-10 pandemic, this conference will be rescheduled, with Columbus, Ohio hosting next year.

The annual CRP strategic planning meeting was held on May 28, 2020. This meeting provided CRP members to reflect on the previous year's work and choose topics for the next year. The Ohio CRPs submitted their annual report to ODJFS in May of 2020.

### **Program and Staff Development Update**

CPS program staff continue to be responsible for: program and policy development; provision of technical assistance; legislative reviews; and serving as subject matter experts for numerous statewide initiatives and programs including, but not limited to, SACWIS, Differential Response, the Ohio IPV Collaborative, Child Protection Oversight and Evaluation monitoring, and the Ohio Child Welfare Training Program. Basic State Grant funds are allocated, as needed, for CPS staff to attend meetings, training workshops and conferences on all of the above child protective services practice initiatives. The program work described above continues.

### ***Objective 3: Enhancing the General Child Protective System by Developing, Improving and Implementing Risk and Safety Assessment Tools and Protocols, Including the Use of Differential Response***

#### **Differential Response Update**

In State Fiscal Year 2019-2020, Ohio continued to support activities to sustain Differential Response practice model fidelity across the child welfare system.

Data reports to track overall county performance on fidelity measures can be obtained in the Business Intelligence Channel. The following information from the *AR Intake Summary Report* shows how many reports are being categorically assigned to the Alternative Response and Traditional Response pathways:

- From May 1, 2019 to April 30, 2020 Ohio screened in 85,243 reports of Child Abuse and Neglect.
- 38,070 were assigned to the Alternative Response (AR) pathway (44.7%). This reflects consistency in the statewide percentage of reports being assigned to the AR Pathway, which was previously 46%.
- 47,173 were assigned to the Traditional Response pathway (55.3%).

The Supervisory Coaching Toolkit continues to be encouraged as a way to help supervisors assess and provide feedback to workers on skills found in their SACWIS documentation. The case review



tool allows supervisors and caseworkers to achieve fidelity to the Differential Response model and promote improvement in clinical competency and case documentation practice.

Efforts to integrate Comprehensive Assessment Planning Model -Interim Solution (CAPMIS), Differential Response and SACWIS content in Caseworker Core have ensured training curricula address new caseworkers' specific learning needs to conduct assessments and case plans consistent with Ohio's practice model. Evaluations from the workshops routinely reflect workers' appreciation of the application of CAPMIS in Ohio's Differential Response system. A long-term trainer, coach, and agency consultant recently shared the integration of CAPMIS in CW Core along with the CAPMIS-specific workshops has improved practice regarding safety assessment and risk assessment statewide. Feedback continues to be positive. Select CAPMIS and Caseworker Core modules are currently being made available in the virtual learning environment.

#### ***Objective 4: Developing, Strengthening, and Facilitating Training***

##### **Agency Training Update**

A tailored plan was developed to provide training, coaching, and consultation to PCSAs starting with the participating CFSR county administrators, supervisors, and caseworkers on the Assessing Safety, Safety Planning, Assessing Strengths and Needs, Case Planning. Ohio's Regional Training Centers (RTCs) execute the training plan through promotion and scheduling of trainings, coaching, and GAP sessions. Ohio is comprised of eight RTCs, each is responsible for the scheduling, registration, and administration of child welfare-related training within its region. Each RTC collaborates with its constituent agencies regarding the identification of training needs, the implementation of training and transfer of learning.

- The Southwest Ohio Regional Training Center (SWORTC) held 14 CAPMIS workshops. Additionally, a variety of CAPMIS modules were offered. Case Planning GAP sessions and Labs were held during the pandemic. SWORTC facilitated virtual coaching during the pandemic with a focus on safety assessments, interviewing, and documentation. SWORTC facilitated coaching sessions with a focus on CAPMIS (assessments and documentation).
- The Northeast Ohio Regional Training Center (NEORTC) provided a strong commitment to providing CAPMIS training. A round of the four CAPMIS trainings were held every quarter. Lorain County Children Services and Trumbull County Children Services (two of the CFSR counties) had CAPMIS Infusion sessions during this fiscal year. Lorain trained all staff while Trumbull trained their Managers and Administrators (Trumbull CAPMIS sessions for supervisors and caseworkers were postponed due to the COVID-19 Pandemic). Stark County DJFS, while not a CFSR county, had also requested to host all four CAPMIS trainings for their staff (Administrators, Supervisors, and Caseworkers); however, those sessions have been postponed as well due to the pandemic.
- The East Central Ohio Regional Training Center (ECORTC) offered over 10 coaching series in 2019, on CAPMIS competency areas for supervisors and workers in assessing safety, documentation, and case planning. Each county in ECORTC region has been offering a training plan unique to their needs to offer in-class CAPMIS courses, followed-

up by coaching for newer staff and staff still in the early phase of building competencies. One new CAPMIS trainer was recruited for the ECORTC region.

- The Western Ohio Regional Training Center (WORTC) has been very active on the CAPMIS / Casework Practice Work Team in all areas.
- The Southeast Ohio Regional Training Center (SEORTC) supported CAPMIS Infusion training in Athens and Scioto Counties; provided quarterly scheduling of CAPMIS workshops at SEORTC; and CAPMIS coaching requests were fulfilled in counties as requested.
- The Central Ohio Regional Training Center (CORTC) offered the four CAPMIS modules, Caseworker Core and Labs, and GAP sessions in the individual counties in response to their CPOE results or TAS requests. CAPMIS coaching was also provided to caseworkers and supervisors at the request of counties and/or their TAS. Statewide online CAPMIS GAP sessions are currently scheduled in response to COVID-19. These sessions have been advertised to the CORTC counties.
- The North Central Ohio Regional Training Center (NCORTC) supported Cuyahoga County to be a pilot site for the newly revised CAPMIS and Caseworker Core modules. A CAPMIS Implementation Committee comprised of caseworkers, supervisors, senior managers and trainers to quickly identify and respond to targeted needs within the county was implemented. IHS and ODJFS staff participate and provide just-in-time guidance and support to the group, which is then shared county-wide. Cuyahoga is not a CFSR county but participates out of a desire to improve practice proactively. NCORTC solicits regular feedback from CAPMIS trainers and agency administrators regarding potential new trainers for recruitment. Two trainers within their region were approached by RTC and IHS staff to expand their CAPMIS and Caseworker Core certifications due to their outstanding abilities.
- The Northwest Ohio Regional Training Center (NWORTC) held 18 CAPMIS sessions from July 1, 2019 - April 28, 2020. There were 44 CAPMIS sessions scheduled for Lucas County for their CAPMIS Infusion which included directors, managers, supervisors and caseworkers. However, several of these sessions were cancelled in March, April and June 2020 due to COVID-19. Williams and Putnam Counties also had CAPMIS training scheduled, which were cancelled due to COVID-19. Currently, NWORTC workers are taking online CAPMIS training that have recently been added to the virtual library due to COVID-19.

To build the infrastructure and program support to offer coaching, following the completion of CAPMIS workshops, a planned discussion with OCWTP coaches regarding their experience coaching to support what was taught/learned in the CAPMIS courses was conducted. Additionally, consultation occurred with agency directors and administrators who expressed an interest in offering coaching to supervisors following completion of the CAPMIS courses.

Seven online trainings were developed and hosted from October 21, 2019 – November 15, 2019. These trainings providing SACWIS case plan updates to trainers, UPP instructors/coordinators, IHS staff and other OCWTP partners. On October 22, 2019 the revised *Caseworker Core Module 6: Case Planning and Delivery in Family-Centered Child Protective Services* was provided. It was the first session following the SACWIS updates going live in the training environment. Five consultation meetings (December 2019 to March 2020) with ODJFS policy team were held to address caseworker core revisions and CAPMIS Infuser GAP sessions. The Casework Practice Work Team, finalized the following five CAPMIS GAP sessions for caseworkers and converted them to the virtual platform:

- *Assessing & Planning with Families (6hrs)*
- *Differentiating Between Safety & Risk (3hrs)*
- *Family Case Planning (3hrs)*
- *Family Case Planning Learning Lab (3hrs)*
- *How Can CAPMIS Work for You? (6hrs)*

***Objective 5: Developing and Implementing Procedures for Collaboration among Child Protective Services, Domestic Violence Services, and Other Agencies***

**Update**

In response to strong county interest in the early 2010s, the State of Ohio, supported by Casey Family Programs, the National Center for Adoption Law & Policy (NCALP)—now the Family and Youth Law Center, DMA, the HealthPath Foundation of Ohio, and the Ohio Domestic Violence Network initiated the development of the Ohio Intimate Partner Violence (IPV) Collaborative. This multi-faceted initiative was aimed at building IPV response competency within child protective services agencies and fostering enhanced partnerships among child welfare, courts, domestic violence service providers and other critical stakeholders. Several pilot counties requested training and technical assistance to enhance their response in these cases and identified the Safe and Together Model™ created by David Mandel & Associates, LLC (DMA)—now the Safe & Together Institute—as a model of interest.

The Safe & Together™ CORE training provides a comprehensive introduction to domestic violence using a perpetrator pattern-based, child-centered, and survivor strengths approach. The Model was originally developed for child welfare systems, so it goes beyond a primer on domestic violence to teach practical skills and tools rooted in child welfare assessment, interviewing, documentation, and case-planning. The Safe & Together Model also improves the ability of child welfare to work with complex cases that have substance abuse, mental health, and other intersecting problems, making the connections with domestic violence clearer and helping to ensure a more holistic approach to serving families.

Safe & Together™ has gone through multiple expansions in Ohio. After a successful pilot, Ohio became the first S&T training site to certify local trainers to meet growing training needs across the state. Since the original four counties, workers from 55 additional county PCSAs have participated in Safe & Together™ trainings bringing the current total to 59, or 67 percent of Ohio counties. So far, thirty-seven (62%) of those have brought the trainings back to their counties for

booster trainings for new, incoming staff. Approximately 274 PCSA staff members and community partners have participated in Safe & Together™ trainings within the past year.<sup>12</sup> Meanwhile, Ohio has retained seven (63%) of the original 11 certified trainers, a rarity among Safe & Together sites, which gives Ohio the unique benefit of trainers who are not only extensively experienced in child welfare and domestic violence, but who have also been training and practicing the Model for nine years.

### 2019-2020 Milestones

The Safe & Together Institute (S&TI) has continued to work with seven Ohio-based trainers through regular communications and technical assistance, quarterly trainer meetings, and pre- and post-training discussions around practice needs. All trainers completed a recertification process in 2019 that will allow them to maintain certification through fiscal year 2020-2021. The Collaborative is currently working with the Ohio Department of Jobs and Family Services to coordinate a new initiative with Ohio's certified Safe & Together trainers designed to provide consultations in child welfare cases involving domestic violence in designated counties as part of Ohio's CFSR Program Improvement Plan (PIP).

The Ohio IPV Collaborative Coordinator has continued to participate in the state-wide, multi-agency Linking Systems of Care for Ohio's Youth stakeholder group and Supportive Services workgroup. In November, she attended the North America Safe and Together Conference, where Jennifer Sosniak, a Franklin County caseworker, was recognized as the 2019 Safe & Together Champion for North America (she was nominated by an Ohio certified trainer).

S&TI has initiated annual updates to its most frequently used curricula, including the CORE and Supervisor trainings. Ohio started using the latest versions this January. S&TI has also hosted multiple trainings in Ohio as part of their ongoing technical assistance, including three webinars—on Worker Safety, Partnering with Survivors, and Case Planning. S&TI faculty also presented two in-person workshops in Columbus this past summer: *Partnering with Survivors* and *Introduction to Intersections: Domestic Violence, Substance Abuse, and Mental Health*.

A total of 59 counties have completed the Safe and Together™ model training. Defiance and Paulding became the latest counties to introduce the Model last fall. Child welfare staff, law enforcement and court personnel participated in the training.

Current efforts focus on reaching untrained counties, establishing regular trainings in regional training centers (The North Central Ohio RTC, Northeast Ohio RTC, and Central Ohio RTC have started offering CORE trainings 2-3 times each year; the Northwest Ohio RTC is offering CORE this fall for the first time since 2012), building supervisory capacity, reviewing implementation and evaluation strategies, and planning additional training support opportunities. With the new challenges presented by COVID-19 and mandatory social distancing, the Collaborative has been working with trainers and S&TI to get Ohio workers access to a virtual CORE training.

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<sup>12</sup> Please note, training numbers have been lower this year reflecting an initial delay in contract processing and training cancellations due to COVID-19 precautions and regulations.

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

***Objective 6: Developing and Delivering Information to Improve Public Education Relating to the Role and Responsibilities of the Child Protection System***

**Improving Public Education Relating to the Role and Responsibilities of the Child Protection System Update**

The following reference manuals continue to be available and copies are distributed when CPS program staff provide mandated reporter training, nurses training, and teachers in-service training. Additionally, copies are provided to Ohioans upon request and encouraged to be used as a desk reference. The manuals inform the target audience in educating the difference between an injured child and an abused child, how to interact with a child who is suspected to be abused or neglected, how to report concern of a maltreated child to a PCSA and inform of Ohio's child protection system.

- *The Child Abuse and Neglect - A Reference for Medical Professionals*
- *The Child Abuse and Neglect - A Reference for the Community*
- *The Child Abuse and Neglect - A Reference for Educational Professionals*

ODJFS has been focused on educating and training the multi-systems involved regarding CARA and plans of safe care through state administration systems and community-based trainings and presentations. Training specific to each system and their individual needs has been presented throughout the year. Collaboration between the multi-systems has been stressed in education and training for the following; medical partners, behavioral health organizations, mental health providers, substance abuse treatment agencies and community providers who serve infants and families impacted by substance abuse, particularly newborn infants. ODJFS has incorporated a two-tiered process with communities. An initial training occurs with the PCSA staff to identify CARA criteria and identify the strengths and barriers within the community which impact working with children and families to ensure reporting, development of a plan of safe care and monitoring of a plan of safe care. For the second phase, the local community stakeholders attend to better understand the CARA responsibilities across systems and address processes and responsibilities for CARA to better execute at the local level. Education continues with the focus on collaboration between the medical community and child welfare. ODJFS continues to present CARA via trainings, conferences, presentations, web-based trainings, in person meetings, conference calls and through information sharing via the internet. This education and training will continue to improve the understanding of CARA's required collaboration of community systems while educating on the impact across systems. Enhancement of developmental resources, services and educational materials to support this goal will continue.

*Objective 7: Supporting and enhancing interagency collaboration among public health agencies, agencies in the child protective service system, and agencies carrying out private community-based programs*

**Interagency Collaboration Update**

**Pediatric Sexual Assault Nurses**

The ODJFS continues to support the Pediatric Sexual Assault Nurse Examiners (PSANE) program through a grant to the Mayerson Center for Safe and Healthy Children. The Mayerson Center for Safe and Healthy Children trains medical providers from medically underserved Ohio communities to conduct skilled, medical evaluations for sexual abuse and severe physical abuse cases. PSANE Instruction & Assessment assists medical providers in developing necessary skills, educate and meet certification requirements for new Ohio RNs and APNs as Pediatric Sexual Assault Nurse Examiners and provide education and understanding of the Child Advocacy Center process for those professionals dealing with child sexual abuse. These opportunities allow PSANE to retain competence, meet continuing education requirements and maintain quality assurance for experienced Ohio RNs and APNs as Pediatric Sexual Assault Nurse Examiners.

PSANE training was held September 23-27, 2019. Registered participants represented McComb, Dayton, West Jefferson. Louisville and Cincinnati, OH with additional nurses from Michigan City, Indianapolis and Jasper, IN and Buchanan, MI. Healthcare Systems included Blanchard Valley Health, Akron Children's Hospital, Dayton Children's Hospital, Nationwide Children's Hospital, Riley Hospital for Children, TriHealth, St. Joseph Health, Memorial Hospital and Health Care Center, Franciscan Health and Cincinnati Children's Hospital. Due to shelter-in-place orders during the COVID19 pandemic, the PSANE training scheduled for March 9-13, 2020, was canceled. Rescheduling of the training will occur.

**PSANE Instruction -Medical Peer Review**

The Medical Peer Review is a new initiative for 2020-2021. The Medical Peer Review initiative will plan, schedule, conduct, maintain and support quarterly Ohio-wide Internet based medical peer review program to develop/maintain necessary skills, including medical assessment capability, and to sustain quality assurance. Additionally, the activities will support development and maintenance of the on-line network, pre-conference case selection and DVD recording/distribution.

The first quarter activities included planning, recruiting, advertising and preparing for the online program. The first peer review session took place on October 15, 2019. Registered participants represented Akron Children's, Dayton Children's, Cleveland MetroHealth and Cincinnati Children's Hospitals. The second session was held on January 21, 2020, with registered participants from Akron Children's, Dayton Children's, Nationwide and Cincinnati Children's Hospitals. The April session has been postponed and the next regular scheduled session is to be held June 16, 2020.

## **Peer Review of Forensic Interviews**

Ongoing peer review and support are critical quality assurance and continuing education components of the forensic interviewing program supported through these funds. Activities included:

### *1. Web-based peer review sessions*

Monthly web-based peer review sessions are provided to Ohio's Child Advocacy Centers. A survey of participants was conducted, and participants would also like to expand the peer review sessions to include relevant articles and speakers in addition to critiquing forensic interviews. Statewide Peer Review of Forensic Interviews is held the third Thursday of every month. Sites currently include Clark, Fairfield, Franklin, Greene, Hamilton, Ross, Stark, Summit, Tuscarawas, Warren and Wayne counties.

## **Beyond the Silence Forensic Interview Training**

Oversight for Ohio's forensic interviewing instructional and training program, *Beyond the Silence*, continues to be offered through the Mayerson Center for Safe and Healthy Children. Instructional sessions are linked to the Ohio Child Welfare Training Program and held at regional training centers unless an on-site session appears more appropriate or needed. The curriculum meets the National Children's Alliance standard for forensic interview training. The manual was revised to include the OJJDP Publication, *Child Forensic Interviewing: Best Practices*. Law enforcement officers, children's services workers, developmental disabilities workers, victim's advocates, prosecutors, nurses and hospital social workers from 43 of the 88 counties have been trained through this initiative.

Two levels of instruction are offered through the programming: a three-day introductory (BTS 1) course and a three-day advanced (BTS 2) course. Since the trainings are held at the regional training centers, they attract a multi-county audience, with a multidisciplinary audience often representing serving 6-10 counties. Nine BTS 1 and three BTS 2 sessions have been held before March 2020. Additionally, one Guided Application and Practice (GAP) Refresher session was held in November 2019. The GAP Refresher addressed the best practices in forensic interviewing, testifying about forensic interviews, suggestibility in forensic interviews and the value of open-ended questions.

## **Services to Substance Exposed Newborns Update**

Education and training have continued throughout Ohio regarding the Comprehensive Addiction and Recovery Act (CARA) of 2016. Ohio Administrative Code Chapter 5101:2-36 *Assessment and Investigation* went through JCARR and was final approved on April 16, 2018. Since this time ODJFS has been focused on educating and training the multi-systems involved in ensuring this legislation is followed. Training specific to each system and their individual needs has been presented. Collaboration between the multi-systems has been stressed in education and training for the following; medical partners, behavioral health organizations, mental health providers, substance abuse treatment agencies and community providers who serve infants and families impacted by substance abuse, particularly newborn infants. Many provider systems were under



the assumption the responsibility of compliance with CARA was the sole responsibility of the Public Children Services Agencies (PCSAs). Education to the many hospitals throughout Ohio continues to improvement engagement and collaboration between the medical community and child welfare for reporting, Plan of Safe Care development and Plan of Safe Care monitoring.

As CARA and Plans of Safe Care requirements are better understood by child welfare, ODJFS continues to examine where practice, processes and procedures can be improved to ensure consistency across Ohio's counties. Focus continues on the education of CARA across the state of Ohio. ODJFS continues to present CARA via trainings, conferences, presentations, web-based trainings, in person meetings, conference calls and through information sharing via the internet. This education and training will continue to improve the understanding of CARA's impact across systems and as ODJFS continues to monitor compliance. Enhancement of developmental resources, services and educational materials to support this goal will continue.

Ohio reported the following to NCANDS in this past year's submission:

- the number of infants identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder;
- the number of infants with safe care plans; and
- the number of infants for whom service referrals were made, including services for the affected parent or caregiver.

ROGRAM	FFY 2016	FFY 2017	FFY 2018	FFY 2019	FFY 2020
CRP/CRB	\$90,000	\$412,800	\$412,800	272,699	\$279,914.75
CASA/GAL Training	\$150,000	\$152,450	\$150,000	200,000	\$194,920.00
Differential Response	\$300,000	\$0.00	\$0	\$0	\$0
P-SANE	\$125,000	\$125,000	\$63,600	70,000	\$70,000.00
CAPMIS Study	\$300,000	\$298,115	\$0	\$0	\$0
CARA			\$2,220,913	\$2,220,913	\$2,028,144.00
CAPM Development					\$200,000.00
<b>TOTAL^</b>	\$965,000	\$988,365	\$2,847,313	\$2,763,582	\$2,773,005.75

^To the extent that total costs are higher than the award, they will be charged to surplus grant balances from previous awards.



## **VIII. Updates to Targeted Plans within the 2020-2024 CFSP**

**The four Plans listed below can be found in the Appendices**

- **Appendix B: Foster and Adoptive Parent Diligent Recruitment Plan**
- **Appendix C: Health Care Oversight and Coordination Plan**
- **Appendix D: Disaster Plan**
- **Appendix E; Training Plan**

## IX. Statistical and Supporting Information

### a. **CAPTA Annual State Data Report Items:**

#### *Child Protective Service Workforce*

- The number of child protective service personnel responsible for the:
  - Intake of reports filed in the previous year: 514
  - Screening of such reports: 825
  - Assessment of such reports: 2,807
  - Investigation of such reports: 2,807
- **Data on the education, qualifications and training of personnel and demographic information of personnel (section 106(d) (10) (A-C))**

Ohio has statutorily mandated educational requirements for child protective services casework staff hired after October 2000. Pursuant to section 5153.112 of the Revised Code, caseworkers must possess a bachelor's degree in human services-related studies at the time of hire; have a bachelor's degree in any field and been employed for at least two years in a human services occupation; have an associate degree in human services-related studies; or have been employed for at least five years in a human services-related occupation. Individuals hired without a bachelor's degree in human services-related studies are required to obtain a job-related bachelor's degree within five years of the date of hire. Requirements for advancement are county defined. The Revised Code statute can be viewed at: <http://codes.ohio.gov/orc/5153.112>.

Training requirements for caseworkers are outlined in section 5153.122 of the Revised Code and rule 5101:2-33-55 of the Administrative Code. Caseworkers are required to complete 102 hours of Core training within the first year of employment and 36 hours of training each year thereafter. Caseworkers are also required to complete 12 hours of training on domestic violence within the first two years of employment.

Training requirements for supervisors are outlined in section 5153.123 of the Revised Code and rule 5101:2-33-56 of the Administrative Code. Supervisors are required to complete 60 hours of in-service training within the first year of continuous employment as a PCSA supervisor. After the first year of continuous employment, supervisors are required to complete 30 hours of training annually in areas relevant to the supervisor's assigned duties. During the first two years of continuous employment as a PCSA supervisor, the supervisor is required to complete 12 hours of training in recognizing the signs of domestic violence and its relationship to child abuse.

Training records for individual CPS personnel are maintained by the county agency through the Ohio Child Welfare Training Program's learning management system (e-Track). Although this system has the capability of tracking the education, training and demographic information

for county agency staff participating in training, the fields for collecting this information are not required.

Some education and demographic information on the statewide CPS workforce have been entered into individual person records created in SACWIS. However, this is not mandatory information for a person record, and is not included for all caseworker person records entered by each agency. The following tables reflect the available socio-demographic and educational level data of protective services caseworkers that is accessible from the system:

RACE	# EMPLOYEES
Multi race	10
African American	113
White	523
Undetermined	114
Unknown	81
Null	2313
Total	3154

AGE	# EMPLOYEES
20-30 Years	204
31-40 Years	170
41-50 Years	100
51-60 Years	38
61 Years & Over	11
Missing Data	2608
Total	3131

GENDER	# EMPLOYEES
Male	287
Female	1863
Unknown/Null Data	1004
Total	3154

- **The average caseload for child protective services workers responsible for intake, screening, assessment, and investigation of reports (section 106(d)(7)(B))**

Caseload and workload requirements are defined by each county, and not tracked at the state level. For this reporting year, Ohio again used SACWIS data to report workload data.

In compiling the information, it was noted that personnel data fields are not mandatory, and are frequently left blank. In addition, counties use different nomenclature to identify work units. Some counties use generic categories (e.g. Intake, Assessment, Ongoing) and others use county specific categories (e.g. Unit A, West Section, FAS 1, etc.). Staff could identify correct categories for some agencies by calling the counties directly.

As recorded in SACWIS (taking into consideration the inconsistencies with data recording noted above), the average caseload for an Intake Worker (screening, assessment/investigation) as of September 30, 2019, was 10.28 cases; and 24.51 cases for assessment/investigation Supervisors.

- **The average number and the maximum number of cases per worker and supervisor (section 106(d)(10)(D))**

As a state-supervised, county-administered CPS system, staffing and workload policies are established by local agencies.

- **The number of children referred to child protective services under policies and procedures established to address the needs of infants born with and affected by illegal substance abuse, withdrawal symptoms, or a Fetal Alcohol Spectrum Disorder (section 106(d) (15))**

The data fields in Ohio's SACWIS that capture information on children alleged at the time of the referral, to be affected by illegal substance abuse, withdrawal symptoms or Fetal Alcohol Spectrum Disorder (FASD). This reporting information continues to improve and transform as we learn more about this population and how to treat the families and children. The number of children alleged to be impacted by FASD, illegal substance abuse or withdrawal symptoms upon referral was 9,095. Of those referrals they were evenly split between traditional (4,557) and alternative response (4,538) investigations. In the previous reporting year there were only 4,397 children alleged to be impacted by FASD, illegal substance abuse or withdrawal symptoms. Ohio's enhancements to SACWIS have been deemed federally compliant with the Comprehensive Addiction and Recovery Act (CARA) of 2016. Changes were made to Ohio's SACWIS system in October of 2016, which required users to answer a series of CARA related questions and flagged those cases for tracking purposes at the intake level and reassessed throughout the continuum of the case. Enhancements to data retrieval have occurred each year since improving Ohio's ability to identify and serve this vulnerable population. Of the 9,095 substance related referrals from May 2019-April 2020; 7,745 were identified as CARA infants. With updated reporting Ohio's SACWIS can further analyze the substances identified as affecting those infants. The top three for this reporting period were: THC, cocaine, and opiates respectively.

- **The number of children under the age of three involved in a substantiated case of child abuse or neglect that were eligible to be referred to agencies providing early intervention services under part C of the Individuals with Disabilities Education Act (IDEA), and the number of these children referred to these early intervention services (section 106(d) (16))**

Ohio identifies children eligible for referral to early intervention services under part C of the Individuals with Disabilities Education Act in SACWIS based on age and child abuse or neglect report disposition. SACWIS generates a “tickler” for every case where the identified child victim in a substantiated child abuse or neglect report was under the age of three.

In FFY 2019, 6,087 children under age three (3) who had a substantiated child abuse/neglect report were eligible to receive services under Help Me Grow. This is an increase from 5,684 in FFY 2018.

In FFY 2019, 40,406 reports linked to 35,097 different cases were screened in for Alternative Response and referred to preventive services.

### **Juvenile Justice Transfers**

Ohio’s juvenile offender cases are processed through the local juvenile court system. Based upon the alleged crime committed, a decision is made to either handle the case in the adult criminal justice system or through the juvenile court. The transfer of youth into the adult system is determined by either a judicial waiver, statutory exclusion, or through a prosecutorial waiver.

ODJFS does not track juvenile offenders who may be tried in the adult court system. However, data is collected in Ohio’s SACWIS on the number of youth who are discharged from local PCSAs into a commitment/custodial status with the Ohio Department of Youth Services. This would follow adjudication on a delinquent offense, which requires a secure correctional setting.

In FFY 2019, 35 children exited from PCSA custody to commitment to the Ohio Department of Youth Services. This reflects the total of legal custody status terminations recorded with a reason of ‘Custody to DYS’. This does not include the number of children that are committed to DYS that are not in the legal custody status of a PCSA or not in the child welfare population.

## Education and Training Vouchers

### Attachment D

#### Annual Reporting of Education and Training Vouchers Awarded

Name of State/ Tribe:

Ohio

	Total ETVs Awarded	Number of New ETVs
<u>Final Number: 2018-2019 School Year</u> (July 1, 2018 to June 30, 2019)	343	138
<b>2019-2020 School Year*</b> (July 1, 2019 to June 30, 2020)	303	141

Comments:

## Inter-County Adoptions

In Calendar Year 2019, 643 of the children in foster care for at least one day were reported as previously adopted. Only ten of the children have a birth country listed that is not the United States. It should be noted, however, that of the remaining children, 429 do not have their birth country listed.

The primary removal reasons for the children with previous adoptions were:

➤ Abandonment	4
➤ Alcohol Abuse of child	1
➤ Alcohol Abuse of Parent	2
➤ Caretaker's inability to cope	34
➤ Child's Disability	1
➤ Child's Behavioral Problem	126
➤ Death of Parents	10
➤ Delinquency	57
➤ Dependency	243
➤ Drug Abuse of Parent	6
➤ Emotional Maltreatment	7
➤ Inadequate Housing	2
➤ Intimate Partner Violence	1
➤ Neglect	56
➤ Physical Abuse	41
➤ Relinquishment	19
➤ Sexual Abuse	22
➤ Sibling Removal	3
➤ Unruly Status Offender	8

The current permanency goal (or last goal if the case is now closed) for those same children was:

➤ Adoption	180
➤ Independent Living/Emancipation	76
➤ Maintain in own home	74
➤ Permanent Placement with a Relative	22
➤ PPLA	27
➤ Return Child to Parent	146
➤ No goal listed (likely short term placements)	118

The age of the child when the previous adoption finalized:

➤ 0	35
➤ 1-3	189
➤ 4-6	186
➤ 7-9	111
➤ 10-12	87
➤ 13-15	33
➤ 16	2

# APPENDICES

- **Appendix A:** Information Systems Assessment of Current Performance in Improving Outcomes or Systemic Factors
- **Appendix B:** Foster and Adoptive Parent Diligent Recruitment Plan
- **Appendix C:** Health Care Oversight and Coordination Plan
- **Appendix D:** Disaster Plan
- **Appendix D1:** Revisions Made to the Disaster Plan
- **Appendix E:** Training Plan
- **Appendix F:** Attachment D- Annual Reporting of Education and Training Vouchers Awarded
- **Appendix G:** Financial Information  
Section G: Financial Information  
**Excel workbook:**
  - CFS-101, Part I for FY 2021;
  - CFS-101, Part II with planned expenditures for the use of FY 2021 funds;
  - CFS-101, Part III with estimated and actual expenditures of FY 2018 grants for the title IV-B, and, at state option, the Chafee and ETV programs.CFS-101, parts I and III signed, titled, dated  
Ohio Request for Reallotment - CFS-101 Forms, FY2021
- **Appendix H:** Ohio Citizen Review Panels State Fiscal Year 2018-2019 Annual Report
- **Appendix H1:** ODJFS Response to Citizen Review Panel Report Recommendations