

# 2022 ANNUAL PROGRESS AND SERVICES REPORT



Department of  
Job and Family Services

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#### **Excel workbook:**

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**PDF Files:**

CFS-101, parts I and III signed, titled, dated

Ohio Request for Reallotment - CFS-101 Forms, FY2021

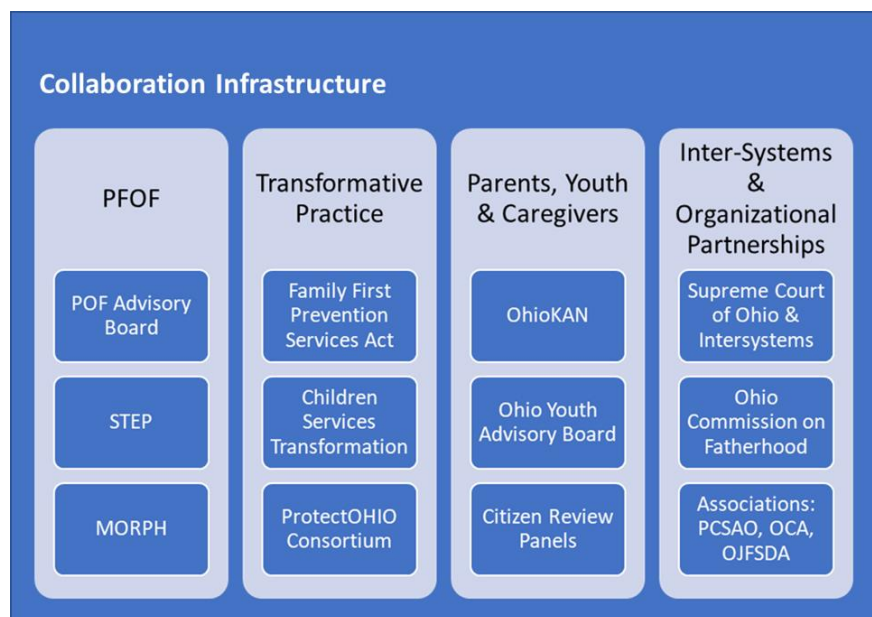
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# I. Collaboration

## 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 *2020-2024 Child and Family Services Plan*. The following diagram captured the collaborative infrastructure that has evolved into strong partnerships.



### Partners for Ohio's Families (PFOF)

To accurately illustrate how the Ohio Department of Job and Family Services (ODJFS), 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 has been 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 PFOF Advisory Board, the Solutions Through Empowerment and Partnership (STEP) team, and Microburst on Reviewing Rules and 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 PFOF Advisory Board is a standing workgroup established to identify challenges, opportunities, and solutions related to child welfare service delivery and public policy. The Board is led by Chairs Kara Wentz, Assistant Director, ODJFS and Donald Warner, Executive Director of Oesterlen Services for Youth, Inc. At least 51% of the membership represents public and private children services agencies. The remaining membership includes representatives from the Public Children Services Association of Ohio (PCSAO), the Ohio Children Services Alliance, the Supreme Court of Ohio, Children and Families Section, adult(s) who previously experienced substitute care, a family representative (biological, resource) and the Deputy Director of OFC. 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.

During 2020 and 2021 its work continued to focus on integrating the CFSR, CFSP, FFPSA goals and objectives and the recommendations of the Children Services Transformation Advisory Council. During their meetings they addressed a wide range of issues which included the Preventive Services Plan, FFPSA Preventive Services, QRTP Readiness Survey results, Level of Care, Aftercare, Child and Adolescent Behavioral Health Center of Excellence, the Kinship Support Program, tiered treatment foster care, Community of Support Grants, Resource Family Bill of Rights, and the Youth Bill of Rights. The voice of the Advisory Board has been more critical than ever in light of unique challenges faced due to the pandemic across the state.

### **Solutions through Empowerment and Partnership (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 team 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.

Over the last year, the STEP team has continued to meet monthly and provide updates on quarterly benchmarks. As a result of shifting office-wide priorities related to the Family First Prevention Services Act (FFPSA) as well as Ohio's Children Services Transformation, it has been a challenge for the STEP team to bring all of their goals to fruition. There has been some success in establishing additional learning opportunities for staff as well as progress related to an office-wide communication platform. While the office continues to see a great benefit in an internal leadership group representing a cross section of the office's program areas, OFC is currently in the process of evaluating the structure and goals of the STEP team through a continuous quality improvement lens taking new office-wide priorities into consideration.

### **Microburst on Rule Review and Program Hearing (MORRPH)**

The Microburst on Rule Review and Program Hearing (MORRPH) was created to engage stakeholders in rule and program development. Multiple MORRPHs are offered for a subject to provide opportunities for stakeholder involvement. The hearings contain a concentrated agenda with a solution focused approach to reviewing rules and program development. Attendees are encouraged to develop targeted solutions to identified concerns and the impact of the solutions on children and families, CPS programming, and SACWIS development.

In October 2020, the CPS team held five MORRPHs related to the Family First Prevention Services rule package. One hundred ten (110) attendees participated from over 37 PCSAs, along with PCSAO, Permanent Solutions for Families Network (PSFN), and the Buckeye Ranch.

During the MORRPHs participants discussed the history of FFPSA legislation, Ohio's phased in FFPSA implementation structure, the intent behind draft rule 5101:2-40-05 *PCSA Requirements for Providing Family First Prevention Services*, candidacy for prevention services, program eligibility, use of the family assessment and actuarial risk assessment model, case flow design and made solution focused suggestions for improvements. Feedback from each MORRPH was documented and sent out to all participants at the conclusion of the sessions. Recommendations provided were considered in the development of new rule 5101:2-40-05 and revisions to existing rules.

The CPS team held MORRPH sessions in January 2021 for the newly developed tools related to FFPSA. The tools included the Prevention Services Plan and the Prevention Services Review Tool. Over 80 registrants attended the MORRPHs throughout three sessions. During the MORRPHs for the FFPSA tools, attendees discussed the content of the tools, the flow of information, impacts on system functionality and impacts on the families served. Overall feedback was positive and minimal suggestions were received for changes. All comments or suggestions were documented and sent out to all attendees at the conclusion of the sessions.

### **Families First Prevention Services Act (FFPSA)**

The Family First Prevention Services Act (Family First) is federal legislation which was signed into law in February 2018. The goals of Family First include helping children remain safely at home with their families whenever possible; ensuring that children who must come into care are in the most family-like and least restrictive setting possible; and setting the expectation of high standards of care and services for children and families. Family First allows federal funds to be used for prevention services to keep at-risk children safely in their homes and places limitations on Title IV-E Foster Care Maintenance payments for residential/congregate care placements and adds new standards. Family First's focus on prevention services will allow agencies additional funding opportunities to help families with children at risk of entering foster care and the goal of prevention services is to decrease the number of children entering foster care or residential treatment programs. Children that do enter residential treatment will be receiving high quality care from agencies certified as Qualified Residential Treatment Programs (QRTS).

Family First is also about transforming children's services. This work is aligned with and supports priorities of Ohio's state partner agencies by contributing to Ohio's overarching goals for children and families, including a consistent framework and approach for Ohio's work in all areas of the state; a statewide practice model and vision for children and family services broadly; and equity in access to responsive prevention services.

ODJFS, in partnership with seven counties and one IV-E Court, began to pilot prevention services on April 1, 2021. The pilot counties include, Butler, Fairfield, Knox, Licking, Lucas, Stark, Trumbull, and Ashtabula's IV-E Court.

The pilot counties will be utilizing the five evidence-based practices services identified in Ohio's *Prevention Services Plan*: Multisystemic Therapy, Functional Family Therapy, Ohio START, Healthy Families America, and Parents as Teachers. The counties will pilot prevention services in children services casework practice from April 1, 2021 through the go live date of October 1, 2021. Meetings have been held with each pilot county to ready them for the launching of the pilot and bi-weekly calls scheduled to identify and address any strengths and concerns. Implementation and Policy Systems Team meetings continue to occur on a biweekly basis in preparation for the statewide Prevention Services implementation to begin on October 1, 2021. During the pilot, counties will provide feedback on prevention services implementation, system functionality and assessment monitoring tools in their work with families through the prevention services case category. The pilot will inform any modifications needed prior to full, statewide implementation in October.

The following four rules were included as part of the CPS rule package targeted for the launching of Ohio's FFPSA pilot on April 1, 2021:

1. 5101:2-1-01 *Children Services Definition of Terms* was amended and identifies terminology and definitions utilized in Ohio's child welfare system. The following terms have been added and defined: "candidate for foster care", "candidate for prevention services", "evidence-based practice", "family case plan" and "prevention services plan".



2. 5101:2-36-10 *PCSA Requirements for Responding to Family in Need of Services Reports* was amended and sets forth the PCSA requirements for responding to screened in Family In Need of Services reports. A requirement has been added to complete a “Family Assessment” for family in need of services reports being transferred to prevention services.
3. 5101:2-40-02 *Supportive Services for Prevention of Placement, Reunification, and Life Skills* sets forth the primary goals of all supportive services to be offered and provided by a PCSA. Language has been included to add “Prevention Services” to the list of available PCSA services.
4. 5101:2-40-05 *PCSA Requirements for Providing Family First Prevention Services* sets forth the PCSA requirements for implementing the Family First Prevention Services program. This new rule outlines the prevention services program requirements for a PCSA in the provision of prevention services to families.

During the summer of 2020, the rules were drafted and reviewed internally by ODJFS leadership, key policy team members, provided to PCSAO, and placed in pre-clearance. In the fall, five MORRPH sessions were held with PCSAs as well as two meetings with the PCSAO Rule Review Committee. The Prevention Services tools were developed to support the documentation of FFPSA within SACWIS and to ensure service provisions are regularly reviewed for effectiveness. After holding MORRPH sessions for the tools, receiving feedback, and making updates to the tools, the CPS team has been holding regular meetings with the Bureau of Automated Systems to further the development of the Prevention Services tools within SACWIS. A webinar was developed to provide an overview of the FFPSA rules and tools and delivered in October 2020 by the CPS Policy team. In January 2021, final revisions were made to the rules and they were original filed. During the winter, training opportunities were developed, and delivered to PCSAs. The trainings included case flow, assessment and service planning tools, case category assignment, and SACWIS screens utilized for Prevention Services. Public and JCARR hearings were held regarding the rule package in the spring of 2021. The rule package was final filed in March 2021 and became effective on April 1, 2021.

Ohio recently entered into a contract with a vendor for a Center of Excellence to support this work. The Ohio Department of Mental Health and Addiction Services (OhioMHAS) announced that the Case Western Reserve University (CWRU) Center for Innovative Practices at the Begun Center for Violence Prevention Research and Education, a part of the Jack, Joseph, and Morton Mandel School of Applied Social Sciences (CIP/Begun/MSASS), was awarded a two-year contract to coordinate a new statewide Child and Adolescent Behavioral Health Center of Excellence (COE).

OhioMHAS partnered with other state agencies, which included Job and Family Services, Medicaid, Youth Services, Developmental Disabilities, Health and Ohio Family and Children First, to develop and issue the RFP. Among its primary responsibilities, the COE will focus on building and sustaining a standardized assessment process, evaluating the effectiveness of services, and expanding service and care coordination capacity for children with complex behavioral health needs and their families. The COE will also provide orientation, training, coaching, mentoring, and other functions/supports as needed to support Ohio’s statewide child caring provider network.

The new COE will bolster Ohio's ongoing system transformation and improvement efforts, which to date, have included: expanding the behavioral health continuum of care to better serve youth and families; implementation of the Family First; and development of OhioRISE. ODJFS is dedicating funds to build capacity and provide evidence-based prevention services to alleviate the need to place children in foster care and support children and families in community-based settings.

### **Children Services Transformation**

In November 2019, Governor Mike DeWine created, through Executive Order 2019-27D, the Children Services Transformation Advisory Council to build on historic investments included in the State Operating Budget which provided more opportunities for families and children. Governor DeWine tasked members of the Advisory Council with reviewing the state of Ohio's children services system and developing recommendations to improve the system for all children and families. The Advisory Council included a wide range of families, youth, and subject matter experts from across the state. As detailed in last year's APSR, from November 2019 to January 2020, members held ten forums to hear from hundreds of Ohioans about their experiences with the children services system and their ideas for its improvement. Testimony from the forums identified seven core action areas that need to be addressed, including prevention, workforce, practice, kinship, foster care, adoption, and juvenile justice. The Advisory Council released its initial findings report in February 2020.

In February 2020, the Advisory Council began intensive monthly meetings to develop recommendations for reforming Ohio's children services system. Though the Advisory Council's work was slightly delayed due to the COVID-19 pandemic and meetings had to shift from in person to virtual, the Advisory Council remained committed to this crucial work. In November 2020, the Children Services Transformation Advisory Council issued a final report that includes 37 recommendations across the seven action areas that touch on all facets of child and family services.

ODJFS has now prioritized implementation of these recommendations, to ensure lasting change for Ohio's children and families. In February 2021, the OFC assumed responsibility over the project management and day to day implementation of the Advisory Council's recommendations. Project leads have been assigned to manage individual recommendations along with a project manager who is overseeing the entire initiative. OFC continues to work closely with the Director of the Governor's Children's Initiative. As the work moves forward, the two offices will continue to engage stakeholders as well as state level leadership through joint planning as there is considerable crossover work with other state agencies.

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

ODJFS selected Kinnect as the vendor to plan and implement Ohio's kinship and adoption navigator program. Kinnect designed the Ohio Kinship and Adoption Navigator Program (OhioKAN) and formally presented the program proposal on September 30, 2019. Implementation planning for the OhioKAN formally began in November 2019. Kinnect brought in partners from Chapin Hall, Jetpack and Kaye Implementation and Evaluation and a group of stakeholders with experience in kinship and adoption. All elements of the program have been brought to this group,

the Implementation Team, for discussion and feedback. The team assisted in creation of the Theory of Change, Governance structure, evaluation design, program documentation, and the program's database within the state's SACWIS system. This team continues to meet to discuss how implementation is progressing and provides feedback on potential program enhancements.

In February 2021, OhioKAN began hosting Regional Advisory Councils with the goal of supporting the successful implementation and evaluation of OhioKAN in the region. Regional council members will help identify existing programs and services that support kinship and adoptive families, how these may be enhanced, and recommend solutions to address any gaps in service provision. Regional Advisory Council membership is to be representative of the local area. Membership must include individuals with lived experience as kinship caregivers, adoptive parents, or individuals who have lived in kinship or adoptive families. Council members may represent such groups as Area Offices on Aging, faith community leaders, housing programs, health care providers, schools, local nonprofits, and local children services agencies.

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

ODJFS continues to support inclusion of youth voice (i.e., the perspectives of those with lived experience in foster care) in the development of state and local children services policies and programs. Through a grant with ACTIONOhio, the Ohio Youth Advisory Board (OYAB) provides opportunities for youth in care to develop professional leadership and advocacy skills. Specific deliverables of this grant, require ACTIONOhio to:

- Assess and share information about the ongoing needs of current and former foster youth;
- Ensure youth perspectives are considered in the development of state-level policies and practices that affect children in care;
- Cultivate leadership skills and provide opportunities for youth to develop them;
- Support establishment of county-level youth advisory boards;
- Provide opportunities for youth to develop peer-to-peer networks; and
- Help guide Ohio's implementation of the Family First Prevention Services Act by sharing the perspectives of those with lived experience in foster care for consideration.

Additionally, ODJFS provides financial support for eleven local youth advisory boards across the state. During SFY 2021, all grant agreements among ODJFS and the local youth advisory boards were revised to require formal opportunities for direct information sharing among members and Department representatives in order to increase youth input in the development of state-level foster care policies and practices.

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

Citizen Review Panels (CRP) are charged with evaluating the impact of current child services procedures and practices on 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. The contract with The Ohio State University (OSU) expires in June 2021. ODJFS is currently working on the Request for Proposals to solicit competitive proposals from Ohio's state-assisted institutions of higher education with experience in child welfare research, theory, and practice, and in the uses of case record data in the field of child welfare.

In 2020, two additional panels were added to the original three: the Northeast and Southwest Panels. April, May, and June serve as the final quarter for all five panels. The last quarterly meeting held between OSU and ODJFS was conducted virtually in March 2021. The OSU team continues to engage in membership recruitment activities for all CRP panels to maintain consistency in panel numbers. Three additional trainings have been created and added to the CRP website for CRP panel members to complete. Ohio has been chosen as the site for the National CRP conference this year. Due to the COVID-19 pandemic, the conference will be held virtually. OSU is teaming with the National CRP office to organize and structure the conference.

In April 2021, all CRP panels held their last meeting and began working on their final reports, which were due on May 15, 2021. In May 2021, the five panels held a strategic planning meeting, to discuss topics for the next coming year.

### **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: Adoption Assistance Connections to 21, Bridges, Independent Living and Transition Age Youth Programs, 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 96 young adults and their families have benefitted from AAC, and new applications arrive weekly.

***Bridges*** is Ohio's extended foster care program for young adults, ages 18-21 years old. The program allows those who have emancipated from care at the local level to voluntarily re-enter foster care under the custody of ODJFS. Bridges was launched in February 2018 for those who had emancipated from PCSA custody. In 2019, the program expanded to also include eligible young adults who had emancipated from Ohio's IV-E Courts and the Ohio Department of Youth Services. To date, more than 2,783 applications have been submitted, and 2,422 young adults have been enrolled in the program. With the passage of the Consolidated Appropriations Act, Bridges criteria was temporarily extended to serve young adults past the age of 21, and to waive program participation requirements for enrollment and retention. As of May 24, 2021, 1,274 young adults

were enrolled in the program, a nearly 85% population increase, and a 62% cumulative increase in the program numbers since these changes were implemented.

Bridges has been nationally recognized for its unique model of providing individualized services and supports needed to assist participants' transition from foster care to independence. The program's strength rests on a solid foundation of collaborative partnerships among dedicated state policy developers, PCSAs, county Departments of Job and Family Services, Title IV-E Courts, the Ohio Department of Youth 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 the COVID-19 pandemic, Gov. DeWine issued an executive order in 2020 that allowed young adults to temporarily remain in the program after age 21. In addition, special provisions contained in the Consolidated Appropriation Act of 2021 continue to ensure on-going stability for current and former foster youth. In regard to these eligibility extensions, The Collaborative has stated:

*“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 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.”*

**The Independent Living/Transition Age Youth (TAY)Team** is responsible for development of Ohio's state policies addressing Independent Living requirements for older youth in care, as well as Post-Emancipation Services and Supports. The TAY team also provides targeted program

support and technical assistance to Ohio's PCSAs and Title IV-E Courts, co-manages the National Youth in Transition Database (NYTD) Survey, and administers Ohio's Education and Training (ETV) Vouchers through a partnership with Foster Care to Success.

OFC proudly employs two former foster youth as part of the TAY team. These staff offer valuable insight to the state's program and policy decisions based on their unique experiences in care. The Foster Youth Advocates provide a needed trusted link with peers and advisory board members to ensure youth voice is heard throughout OFC's operations.

***Inter-System Programming*** works closely with Ohio Family and Children First (OFCF), and the Ohio Departments of Medicaid (ODM), Health (ODH), Mental Health and Addiction Services (OhioMHAS), Youth Services (ODYS), Education (ODE), and Developmental Disabilities (DODD) to ensure children services issues are thoroughly considered when developing multi-systemic responses to prioritized concerns. Key initiatives include, but are not limited to: Ohio's implementation of Every Student Succeeds Act, Governor DeWine's Multi-System Youth State Program, and provision of individualized placement assistance to custodial agencies having difficulty locating appropriate treatment facilities to address the unique needs of children in their care.

***The Medicaid Technical Assistance Team*** 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, and continues to require, collaboration among both internal partners (e.g., SACWIS, policy) and external entities (e.g., ODM, PCSAs, Title IV-E Courts, managed care plans, service providers).

Examples of this team's collaborative efforts and accomplishments include:

- Identifying and remedying system interface issues;
- Developing an internal case tracking system to monitor and analyze county concerns;
- Providing individualized case guidance to ensure provision of needed specialized treatment by both in- and out-of-state providers;
- Assisting out-of-state providers in enrolling in Ohio's Medicaid Plan, thereby reducing PCSAs costs of care;
- Reconciling open double billing spans, thereby reducing ODM costs associated with duplicate per member/per month fees;
- Supporting and ensuring Medicaid coverage for new Bridges enrollees; and
- Providing education and technical assistance to local partners about Medicaid coverage for adoptees and children in care, policies, procedures, and data system support.

## Ohio Children's Trust Fund

The Ohio Children's Trust Fund (OCTF) is Ohio's Community-Based Child Abuse Prevention (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 children services agency. For example, the Executive Director of OCTF is a member of OFC's senior leadership team and participated in OFC's senior leadership planning meetings for the development of the 2020-2024 CFSP. The OCTF offered input into strategies to align primary, secondary, and tertiary prevention services across the continuum of care. 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.*

Prevention efforts in Ohio continue to focus on fostering positive parenting and ensuring healthier, safer environments for children and families. During FFY 2020 the OCTF continued its work to support and strengthen Ohio's families by funding evidence-based in-home parent skill building programming, such as parent education and support programs, at the local level through Ohio's eight Regional Child Abuse and Neglect Prevention Councils. Beginning in FFY 2020, the Board approved additional funding for parent education programs directly for regional services that enhance and expand current capacity of the prevention service array to meet the needs of at-risk families. These specific programs permissible for funding are programs that the Trust Fund anticipates will be approved as part of the clearinghouse for FFPSA.

An additional component within Goal 3, Objective 2 for which the Trust Fund provided input, pertains to the development of a state plan to identify and address gaps in services. Beginning at the end of FFY 2020 and continuing throughout FFY 2021, the OCTF is updating its eight regional needs assessments and service capacity analysis to inform the Trust Fund's new regional prevention plans, which will be approved in FFY 2021. As part of the new needs assessments, the OCTF has conducted extensive interviews with parents and service providers, as well as gathered data statewide pertaining to where prevention programming is currently operational throughout the state. By sharing this data with partners in OFC, the Trust Fund can leverage their resources to inform the state plan.

Additionally, as one of nine federal Community Collaborations to Strengthen and Preserve Families grantees, the OCTF is supporting the CFSP Goal 3 through a three-county pilot area in Northeast Ohio, to provide community based child maltreatment prevention services to families prior to becoming involved in the child welfare system. It is the Trust Fund's plan to develop a model that can be replicated in other communities throughout Ohio with an outcome of reducing the need for foster care. Through this grant, the Trust Fund is working with OFC partners pertaining to establishing data sharing agreements that would track whether or not families involved in OCTF programs are able to remain outside of child welfare involvement and/or the foster care system.

The Trust Fund continued to support Goal 3, Objective 3: Enhance the well-being of Ohio's children by providing opportunities for fathers to become better parents, partners and providers. In September 2020, the OCTF Board approved a new Fatherhood initiative through its statewide



innovation grant opportunity that will be implemented in FFY 2021. This specific project was also selected for a discretionary grant through Prevent Child Abuse America to receive additional funding to expand this work into southeastern Ohio, a hard to reach area of the state. The Trust Fund, in addition to our grant partner, Ohio Guidestone, worked in alignment to ensure the Ohio Fatherhood Commission was informing their work and supported the expansion of these services throughout Ohio.

The Trust Fund continues to elevate the role of prevention within the children services continuum of care by supporting the Office for Children Services Transformation's recommendations related to prevention including investing in services, training and supports for parents as well as elevating prenatal to three prevention and early intervention efforts.

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

The Ohio Commission on Fatherhood (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 Supreme Court of Ohio 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 among 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 Action for Children and Passages, 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. It hosted the State Fatherhood Summit September 2-3, 2020, which contained 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 2020, the Commission worked with funded Fatherhood programs to pivot from in-person programming and case-management to a virtual service-delivery platform due to the COVID-19 pandemic. OCF facilitated a meeting to include OFC, OCS and ODRC staff regarding guidance and protocol in serving incarcerated non-custodial parents on Children Service case plans in state prisons.

The Commission has designated State Fiscal Years 2022-2023 funding for regional grantee programs that provide services to low income fathers and families to include parenting classes, coparenting/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. Other programs funded in SFY 20/21 are No Kidding Ohio, a teen pregnancy prevention and young parent workforce project for middle schools in urban, suburban and rural Ohio as well as Fathers at the Education Table, which is a program focused on working with fathers, whose children are on IEP's (Individualized Education Plans) and 504 plans. For more information about the Ohio Commission on Fatherhood visit [www.fatherhood.ohio.gov](http://www.fatherhood.ohio.gov)

### **Intersystem Collaboration**

As evidenced by the multitude of programs previously mentioned, OFC prioritizes services 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:

#### ***Multi-System Youth***

In October 2019, Governor DeWine launched a new program designed to prevent child custody relinquishment for the sole purpose of obtaining needed treatment. The Multi-System Youth State Program is jointly funded by ODM and ODJFS and provides the financial support necessary to ensure delivery of needed services. To access these funds, local Family and Children First Councils submit applications on behalf of individual families documenting the presenting issues, historical efforts, needed interventions, and specific funding requests. The applications are then reviewed for approval by a collaborative team comprised of representatives from: ODM, ODJFS, DODD, DYS, OhioMHAS, ODE, Ohio Family and Children First, and the Governor's Office. As of May 23, 2021, the Team had received 696 applications, and authorized over \$18 million to provide needed services and supports to 520 children from 81 counties. In addition, the team had provided 93 technical assistance sessions to numerous local entities regarding complex cases.

#### ***OhioRISE***

OhioRISE (Resilience through Integrated Systems and Excellence) is a specialized managed care organization (MCO) with expertise in providing services for the most complex multi-system youth. The Ohio Department of Medicaid will procure a special type of MCO – a prepaid inpatient health plan (PIHP) – to ensure financial incentives and risks are in place to drive appropriate use of high-quality behavioral health services. OhioRISE features multi-agency governance to drive toward

improving cross-system outcomes by bringing together local entities, schools, providers, health plans, and families as a part of the approach for improving care for enrolled youth. OhioRISE will also utilize a new 1915(c) waiver to target the most in need and vulnerable families and children to prevent custody relinquishment.

OhioRISE is designed to provide comprehensive and highly coordinated behavioral health services for children with serious/complex behavioral health needs involved in, or at risk for involvement in, multiple child-serving systems. Enrollment criteria include children enrolled in Medicaid (managed care or fee for service); up to age 21; in need of significant behavioral health services; and meet functional needs criteria as assessed by the Child and Adolescent Needs and Strengths (CANS). OhioRISE Services will include Intensive Care Coordination; Intensive Home-Based Treatment (IHBT); Psychiatric Residential Treatment Facility (PRTF); and the new 1915(c) waiver that runs through OhioRISE.

### ***The Independent Living and Transition Age Youth Regional Meetings***

In addition to providing on-going technical assistance and program support, several activities were undertaken during this reporting period to improve practices targeted to older youth in care and those who have emancipated from care. Some of these include the following:

- In July 2020, the Transition Age Youth (TAY) team partnered with PCSAO and ActionOHIO to present information about the Foster Youth to Independence Housing program. This event highlighted the ability to extend the continuum of care by leveraging the newly available housing vouchers with other Young Adult Services and timing their use to maximize housing stability (e.g., post-Bridges).
- In recognition of an increase in new child welfare workers tasked with providing care for transition aged youth, TAY staff and the Ohio Independent Living Association, offered an “Independent Living 101” training in August 2020. This event provided a high-level overview of independent living requirements and post emancipation services, including extended foster care through the Bridges Program.
- In December 2020, a webinar was held to present information about final transition planning requirements and best practices. In addition to policy mandates, the event incorporated education about Medicaid coverage, meeting the unique needs of youth with developmental disabilities, continuum of care options, extended foster care, SACWIS documentation processes, and creative financing. Presenters included representatives from the TAY Team, Bridges, SACWIS, ODM, and DODD. Over 400 participants registered for this event, including those representing PCSAs, Title IV-E Courts, Bridges Providers, and Community Stakeholders.
- On April 6, 2021, OFC and the Office of Fiscal Services jointly provided a webinar on implementation of the Consolidated Appropriations Act. Over 225 people attended this

event, presented by the TAY and Bridges Teams, the OFC Bureau of Fiscal Operations, and the ODJFS Office of County Finance and Technical Assistance.

At the time of this writing, five regional meetings are being planned for the summer of 2021. These events will address complexities associated with effective transition planning and facilitate targeted discussions among the county PCSAs and Title IV-E Courts throughout the state.

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

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

The Ohio Department of Job and Family Services (ODJFS), Office of Families and Children (OFC), is designated as the Ohio Children's Justice Act (CJA) grantee. ODJFS has been very strategic in the alignment of CJA recommendations with various state and federal initiatives through the intentional coordination of activities that promote cross system collaboration. ODJFS Deputy Director Jeffery Van Deusen serves as co-chair of the CJA Task Force and is a member of the Supreme Court of Ohio's (SCO) Advisory Committee on Children and Families. The statutorily required CJA taskforce also serves as the SCO Court Improvement Taskforce (CIP). Together, this Task Force is also known as the SCO's Subcommittee on Child Abuse, Neglect, and Dependency (CAND). The CAND provides oversight of two PIP strategies and thirteen action steps developed to ensure that children receive permanency in a timely manner. As in prior years, Ohio's Child and Family Services Plan (CFSP) developed in 2019 includes five strategies that are overseen by the Task Force. All PIP and CFSP strategies overseen by CAND have been incorporated within the annual CJA annual report and proposed activities.

### **Court and Legal Representation Improvement**

In 2020, the CAND established the Child Welfare Quality Legal Representation workgroup. The workgroup is co-chaired by two juvenile court judges and is comprised of three subcommittees: Attorney Training & Standards, Pre-Petition Representation, and Multidisciplinary Representation. Each subcommittee is responsible for specific areas of improvement which will have a positive impact on the larger group's goal of developing best practices for attorneys representing clients in child abuse, neglect, and dependency cases.

The workgroup and subcommittees have done extensive research for each individual subcommittee's toolkit and trainings. Other states with successful child welfare representation programs and models, like Washington and New Mexico, have informally partnered to share information and tips with Ohio's subcommittees in their development, implementation, and evaluation of representation programs.

The group has developed a comprehensive timeline for the next two years for each individual committee to stay on track with output development and evaluation as products begin to be released.

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

CAND's FFPSA QRTP Court Oversight workgroup compliments the work of Ohio's FFPSA Leadership Council. After conducting a review of extensive research, including approved and pending FFPSA plans from other states and juvenile competency and bind over hearing procedure, the workgroup developed an outline of a QRTP Court Oversight judicial toolkit. The toolkit draft was finalized in February 2021 and disseminated for stakeholder approval. The toolkit is now undergoing the internal review process at SCO. Once approved, live training sessions will be conducted via webinar in July and recorded for court personnel, attorneys, and children services staff.

### **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 served 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 included:

- Advising 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.
- Promoting a shared state and county vision for agency purpose and practice.
- Creating a statewide practice model that provides a consistent framework for developing goals, strategies, and action steps for all planning and performance improvement efforts.
- Developing strategies and recommendations to strengthen all areas of the system, including kinship care, foster care, adoption, practice, workforce, and prevention.
- Reviewing 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.

In November 2020, the Advisory Council issued its [Children Services Transformation Advisory Council's final report](#) that includes 37 recommendations across the seven action areas that touch on all facets of child and family services including juvenile justice. ODJFS has prioritized implementation of these recommendations, to ensure lasting change for Ohio's children and families. Implementation of many recommendations will involve ongoing collaboration with state courts, members of the legal and judicial community, and the CIP. This includes implementation of the six recommendations in the juvenile justice action area:

1. **Collaborate with the SCO's Advisory Committee on Children and Families to identify strategies to achieve greater accountability and increased communication with guardian ad litem programs to ensure better outcomes for children and families with children services court cases.** ODJFS will partner with the SCO's Advisory Committee on Children and Families and other associations to implement new amendments for Rule 48 of the Rules of Superintendence, related to guardian ad litem oversight and court processes. This will ensure cross-system awareness and rule effectiveness.
2. **Review and evaluate court-appointed special advocate and guardian ad litem programs to identify opportunities for recruitment and expansion.** Explore current court-appointed special advocate and guardian ad litem programs to understand their strengths, weaknesses, training needs, and expansion opportunities.
3. **Support continued strategic collaborative efforts between the ODJFS and the SCO Advisory Committee on Children and Families to create an implementation plan for multidisciplinary legal representation for parents.** Quality legal representation on behalf of all parties in the children services system improves outcomes for children and families. ODJFS and the SCO should explore the creation of a multidisciplinary legal representation model that mirrors the program designed by the Children's Bureau.
4. **Strengthen guidance for all involved systems and parties in children services court cases to reinforce the established 12-month requirement for reunification and permanency, with possible six-month extensions when justified by family-specific needs. Partner with the SCO to review data regarding extensions, refiled proceedings, continuances, and appeals.** Update guidance and improve education to courts and Public Children Services Agency staff regarding the use of extensions and the negative impact that unjustified extensions have on children and families. Explore options to utilize the SCO's public-facing dashboard, as well as other data-reporting mechanisms, to promote better outcomes and uniformity across counties.
5. **Review Public Children Services Agency legal representation structures throughout the state. Partner with the Public Children Services Association of Ohio, County Commissioners Association of Ohio, Ohio Prosecuting Attorneys Association, and Ohio Association of Juvenile Judges to evaluate county models for legal representation.** Determine best practices and opportunities for strengthened county partnerships that result in accountable, collaborative decision-making processes.
6. **Support the SCO's Advisory Committee on Children and Families' recommendation to implement a Child in Need of Protective Services (CHIPS) court framework to replace Ohio's current abuse, neglect, and dependency court system.** ODJFS should continue partnering with the SCO to implement a CHIPS model that provides a child-centered, family-focused alternative to the abuse, neglect, and dependency model currently utilized.

### **CFSR, PIP and the Court**

Ohio is in the 8<sup>th</sup> and final quarter of the Round 3 Child and Family Services Review (CFSR) Program Improvement Plan (PIP). CAND provides oversight of two PIP strategies and thirteen

action steps developed to ensure that children receive permanency in a timely manner. A few key activities completed to achieve the goal of timely permanency are as follows:

- Child Welfare Quality Legal Representation Training
  - In the summer and fall of 2020, CJA and CIP funds were blended to provide child welfare law and practice training and resources to over 500 attorneys, magistrates, prosecutors, CASA/GAL, court officers and children services staff. The training, Child Welfare Law and Practice “Red Book”, was developed and delivered virtually by the National Association of Council for Children (NACC). This seven-week course provided an overall review of core dependency competency areas and prepares participants to complete the Child Welfare Law Specialist certification examination. Topics covered included the Indian Child Welfare Act, investigative interviewing of the child, parent representation, federal due process, etc.
  - The task force also worked with NACC to develop and deliver a supplemental Ohio specific Red Book 3-series training. The supplemental training was held after the fall NACC national training concluded on October 21, 2020.
- CFSR/Quality Hearing Project
  - The Quality Hearing Project that began as a direct result of feedback received through the CFSR PIP process is nearing completion. Utilizing the summary of findings and recommendations from the review of shelter care and permanency/annual review recorded hearings, the workgroup developed a Court Report and Bench Guide. The court report was developed to enhance testimony and provide additional information during annual review hearings or at the court’s discretion or request for other hearings. The Bench Guide includes meaningful questions to help prompt the judicial officer to gather needed information to make required findings and to help increase parental engagement during court hearings.
  - 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 an implementation plan and associated training.
  - The original project evaluator, Dr. Alicia Summers, is conducting a follow-up study to assess the use of tools and impact on hearing quality.
- Multidisciplinary Legal Representation
  - Ohio’s first multidisciplinary legal representation pilot began in January. In May, CAND will release a Request for Grant Applications to solicit additional pilot agencies. Applicants will have the opportunity to consider implementing a pre-petition legal representation model and/or a multi-disciplinary legal representation model. Eligible applicants include Ohio juvenile courts, Ohio county public children services agencies, Ohio regional legal aid offices, Ohio county public defender’s offices, Ohio law schools, Ohio social work schools or universities, or any Ohio community entity positioned to support the pre-petition and/or multi-disciplinary legal representation model.

## II. Update to the 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
- Stakeholder feedback
- Plan for Practice Advancement

#### Safety Outcomes

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

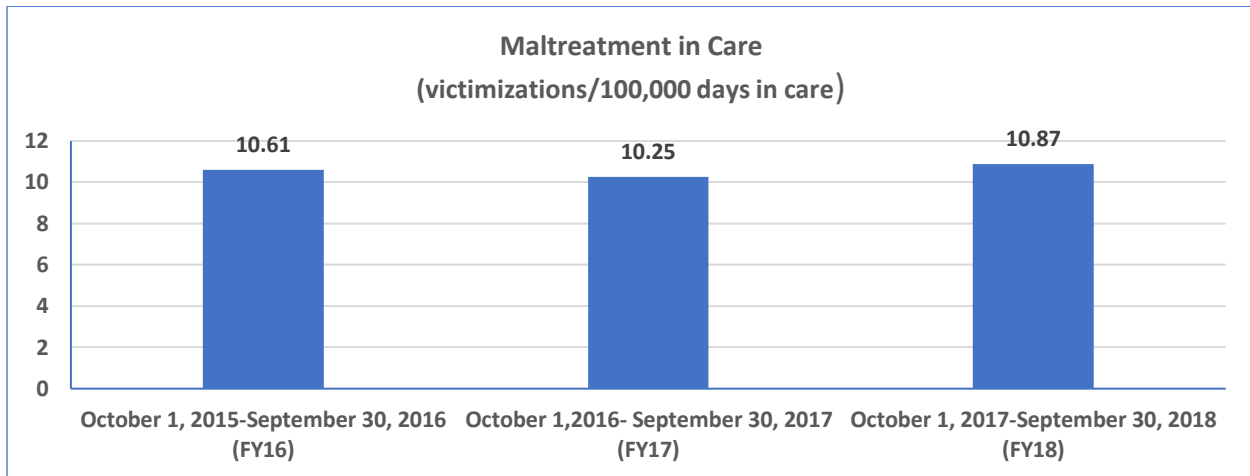
This outcome is comprised of two data indicators and one case-review safety item measure. The data indicators include: (1) Maltreatment in Foster Care and (2) Recurrence of Maltreatment. The safety item measure includes: (1) Timeliness of Investigations. A performance assessment of the data indicators 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: Maltreatment in Foster Care

Ohio continues to struggle with achieving the National Performance Standard of 9.67 or lower for Maltreatment in Foster Care as evidenced below.<sup>1</sup> During FY18 there was an increase in victimizations from the previous two observation periods.



Ohio's Risk Standardized Performance was statistically worse than the national performance for all three observation periods. Further examination of FY18 data revealed children between the ages of 6 and 10 years had a rate of 15 substantiated/indicated reports for every 100,000 days in care. Children between the ages of 11 and 16 have a rate of 13. Children less than 1 year of age have a much lower rate (4). Additionally, for this observation period African American children have a slightly higher rate (13.1) than Caucasian children (10.4).<sup>2</sup>

### *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?

### Examination of State Safety Data Indicator 2: Recurrence of Maltreatment

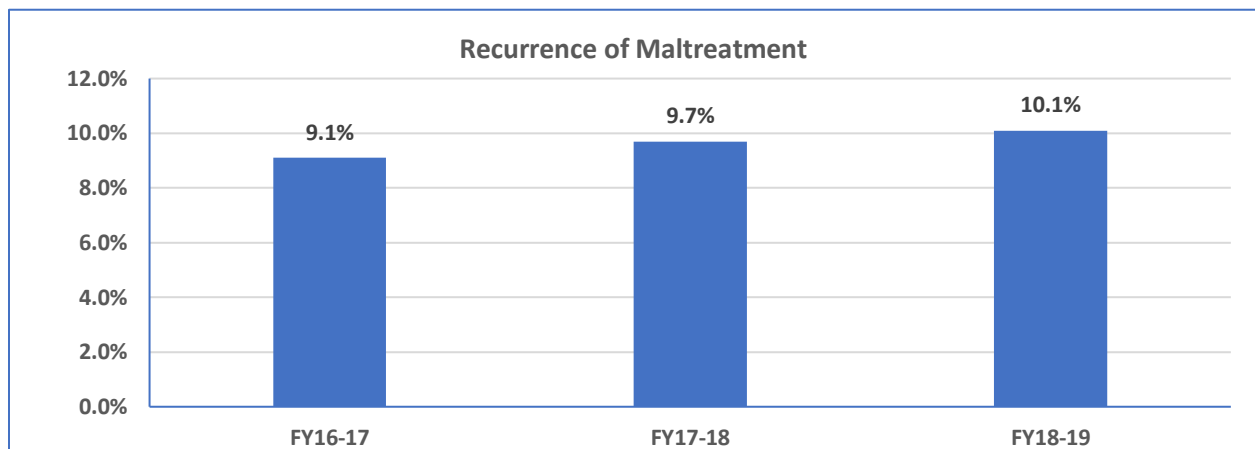
In FY17-18 and FY18-19 Ohio's observed performance did not meet the National Performance Standard of 9.5% and below. During the last reporting period there was a significant increase in the percent of recurrence of maltreatment to 10.1%. The Risk Standardized Performance for

<sup>1</sup> Children's Bureau. *Ohio Child and Family Services Review (CFSR 3) Data Profile*. February 2021.

<sup>2</sup> *Child and Family Service Review (CFSR #) Data Profile Context Data – Observed Performance on Safety Indicators Maltreatment in Care*, February 2021.



FY18-19 was reported at 13.2% which is statistically worse than the National Performance Standard of 9.5% and below. The graph below presents data on recurrence of maltreatment over three observation periods.<sup>3</sup>



During FY18-19, children who were less than 1 year old had the lowest rate of recurring maltreatment. Other age groups show little variability (~10%); a trend spanning several years. Additionally, during this observation period there is no substantial difference in rates of maltreatment by race. 9.3% of African American children are re-abused, compared to 10.6% of Caucasian children.<sup>4</sup>

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 Program Improvement Plan (PIP) Results

During CFSR Round 3 Item 1 was rated at 56%. Ohio's CFSR, PIP Improvement Goal for Item 1 was set at 62%.

<sup>3</sup> Children's Bureau. *Ohio Child and Family Services Review (CFSR 3) Data Profile*. February 2021.

<sup>4</sup> *Child and Family Service Review (CFSR #) Data Profile Context Data – Observed Performance on Safety Indicators Recurrence of Maltreatment*, February 2021.

The case review component of the CFSR, PIP commenced in October 2020 and will conclude on September 30, 2021. Between the period of October 2020 through April 30, 2021 52 applicable cases were reviewed for Item 1. Of the cases reviewed, 76.92% were rated as a Strength and, thus far, Ohio has exceeded the PIP Improvement Goal of 62%.

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

- Caseworker physically saw the child but did not interview the child about the allegations.
- Caseworker did not conduct an in-depth interview with the child in order to ascertain the child's safety. The agency did not attempt another visit to see the child and interview him in order to ascertain his safety within 5 working days as required by Ohio Administrative Code rules.
- Age appropriate children were not interviewed regarding the allegations.
- The report was not initiated and face-to-face contact with the alleged child victim was not completed in a timely manner.

### Examination of Statewide Data

Review of SACWIS data on timeliness of initiation of investigations/assessments and contact with the alleged child victim/child subject of the report over four observation periods (Calendar Year 2017 through Calendar Year 2020) screened in for either Traditional Response or Alternative Response is presented below:

#### **Traditional Response: Initiation of Reports**

<b>Initiation of Reports Screened in for Traditional Response (TR) Investigation between 2017-2020</b>							
<i>Calendar Year 2017</i>		<i>Calendar Year 2018</i>		<i>Calendar Year 2019</i>		<i>Calendar Year 2020</i>	
<b>Number of Reports Screened In</b>	<b>Percent and Number Compliant with Initiation Timeframes</b>	<b>Number of Reports Screened In</b>	<b>Percent and Number Compliant with Initiation Timeframes</b>	<b>Number of Reports Screened In</b>	<b>Percent and Number Compliant with Initiation Timeframes</b>	<b>Number of Reports Screened In</b>	<b>Percent and Number Compliant with Initiation Timeframes</b>
45,166	90.1% (N=40,678)	47,082	88.8% (N=41,817)	48,480	89.2% (N=43,226)	43,368	90.2% (N=39,134)

Initial examination of the data presented above revealed the state is able to meet initiation requirements when less reports are received (Calendar Years 2017 and 2020). However, when there was an increase in the number of reports screened in during Calendar Year 2019 agencies improved their performance when compared to Calendar Year 2018 results. There are numerous reasons that can be associated with timely initiation from workloads of caseworkers, inability to backfill caseworker positions, a surge in reports during a specific time of year, or the ability to make contact with the family. The state did see a drop in reports in Calendar Year 2020 that coincided with the COVID-19 pandemic. The reduced workload may have contributed to a slight

improvement in initiation timeliness even though agencies were simultaneously addressing numerous pandemic related issues as well.

### **Traditional Response: Face-to-Face Contact with the Alleged Child Victim**

A critical factor to ensure safety of the child is to have face-to-face contact with the child within established timeframes. The following table presents results over a four-year observation period.

<b>Initiation of Reports Screened in for Traditional Response (TR) Investigation between 2017-2020: Worker Attempted or Completed Visit in the First Four Days with Alleged Child Victim</b>							
<i>Calendar Year 2017</i>		<i>Calendar Year 2018</i>		<i>Calendar Year 2019</i>		<i>Calendar Year 2020</i>	
<b>Number of Reports Screened In</b>	<b>Percent and Number Compliant with Attempted or Completed Visits with Alleged Child Victim</b>	<b>Number of Reports Screened In</b>	<b>Percent and Number Compliant with Attempted or Completed Visits with Alleged Child Victim</b>	<b>Number of Reports Screened In</b>	<b>Percent and Number Compliant with Attempted or Completed Visits with Alleged Child Victim</b>	<b>Number of Reports Screened In</b>	<b>Percent and Number Compliant with Attempted or Completed Visits with Alleged Child Victim</b>
45,166	79.1% (N=35,720)	47,082	81.9% (N=38,565)	48,480	89.2% (N=41,817)	43,368	84.9% (N=36,826)

Over the first three observation periods there has been an improvement in agency performance in attempts or completed visits with the alleged child victim. The last observation period is likely an outlier due to the COVID-19 pandemic.

### **Alternative Response: Initiation of Reports**

<b>Initiation of Reports Screened in for Alternative Response (AR) Assessment between 2017-2020</b>							
<i>Calendar Year 2017</i>		<i>Calendar Year 2018</i>		<i>Calendar Year 2019</i>		<i>Calendar Year 2020</i>	
<b>Number of Reports Screened In</b>	<b>Percent and Number Compliant with Initiation Timeframes</b>	<b>Number of Reports Screened In</b>	<b>Percent and Number Compliant with Initiation Timeframes</b>	<b>Number of Reports Screened In</b>	<b>Percent and Number Compliant with Initiation Timeframes</b>	<b>Number of Reports Screened In</b>	<b>Percent and Number Compliant with Initiation Timeframes</b>
40,605	92.2% (N=37,455)	41,098	92.5% (N=38,030)	40,459	92.9% (N=37,570)	34,727	94.2% (N=32,715)

During the four observation periods there has been an improvement in performance for initiation of reports. The state did receive fewer overall reports during 2020 due to the COVID-19 pandemic so this is likely contributing to the reduced number of reports screened in for Alternative Response.

## Alternative Response: Face-to-Face Contact with Child Subject of the Report

Initiation of Reports Screened in for Alternative Response (AR) Assessment between 2017-2020: Worker Attempted or Completed Visit with Child Subject of the Report							
Calendar Year 2017		Calendar Year 2018		Calendar Year 2019		Calendar Year 2020	
Number of Reports Screened In	Percent and Number Compliant with Attempted or Completed Visits with Child	Number of Reports Screened In	Percent and Number Compliant with Attempted or Completed Visits with Child	Number of Reports Screened In	Percent and Number Compliant with Attempted or Completed Visits with Child	Number of Reports Screened In	Percent and Number Compliant with Attempted or Completed Visits with Child
40,605	79.1%% (N=32,108)	41,098	80.1% (N=32,936)	40,459	82.27% (N=33,294)	34,727	83.3% (N=32,715)

During the four observation periods there has been an improvement in performance for attempted or completed visits with the child subject of the report.

### Examination of County CPOE Monitoring Results

The Child Protection Oversight and Evaluation (CPOE) Stage 12 Phase 1 reviews commenced in September 2020. During initial meetings with PCSAs, the following county specific reports are discussed which help to assess agency performance for **Item 1**:

- *Intake Assessment Lifecycle Report (SACWIS)*
- *Intake Detailed Statistical Report (SACWIS)*
- *Initiation Contact Timely (CPS: Key Practice Indicator Report) (ROM)*

Based upon discussions and analysis of the data, the PCSAs and ODJFS developed a *Plan for Practice Advancement* (PPA) to address changes that will need to occur to improve services and outcomes. Agencies that identified **Item 1** as an Area Needing Improvement included strategies in their PPA to address the following:

1. Staff Resource Issues
2. Time Management
3. Training
4. Monitoring and Evaluation

Thus far, the following strategies were contained in approved PPA's:

- Experienced caseworker will transition to a full-time intake worker to expedite entry of initial intakes and proposed screening decisions. This will streamline screening decision

timeliness and case linkage/assignment in SACWIS for screened in reports. (*Staff Resource Issues*)

- Internal training on the initiation of investigations will be developed and delivered by Assessment/Investigation Unit Supervisor. Training components will focus on timeliness and assuring safety. (*Staff Resource Issues, Training*)
- Establish specified timeframes for completing work. For example, workers will prepare cases and assessments and route them to a Lead Worker. The Lead Worker will review the assessments to ensure accuracy and completeness. If there are no issues, the Lead will forward the documents to the CPS Administrator. If compliance issues need to be addressed, the documents will be returned to the worker for corrections. To keep informed parties informed, an email will be sent to the worker, with CPS administrator copied, specifying the required additional work to be completed. The worker will address the issues and return documents for final review, while adhering to required timeframes). (*Time Management*)
- To give investigators ample time to initiate screened in reports, the Screener will immediately notify the investigator when an intake has been screened in. Additionally, the Screener will track the time the case was screened in and the time the investigator was notified. (*Time Management*)
- A team consisting of the Social Service Administrator, Screener and assigned Investigator/Assessor will meet daily to screen intakes to make decisions on any new referrals and/or discuss the status of current investigations/assessments and upcoming due dates. (*Time Management*)
- Supervisor will generate the *Lifecycle and Initiation Contact Timely Reports* to monitor worker's compliance with timeframes. These reports will be shared at least weekly with workers. The monthly timeliness of investigation goal will be to reach at least 95% . (*Time Management*)
- Caseworkers will e-mail their planned daily prioritized tasks to their supervisor each morning. Tasks will include SACWIS documentation of initiation and completed contact or attempted face-to-face contacts from the previous workday. Caseworkers will keep a checklist for each case to cross off when completed, and to track requirements such as initiation, and face-to-face attempts, assessments, waivers, extensions, dispositions, ICWA, and required correspondence, like disposition letters. (*Time Management*)
- Assessment/Investigation Unit Supervisor will notify the Social Services Administrator of any case exceeding 45 days post screened-in report with written justification for continued specific Assessment/Investigative activities. (*Time Management*)
- Quality Assurance staff and/or supervisors will produce, at least monthly, SACWIS and ROM reports to monitor improvement. When identified strategies do not result in improvement, agencies will modify their PPA and include other strategies. (*Monitoring and Evaluation*)

## 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, case record reviews examine: (1) services provided to prevent removal or re-entry into foster care; and (2) risk and safety assessment and management.

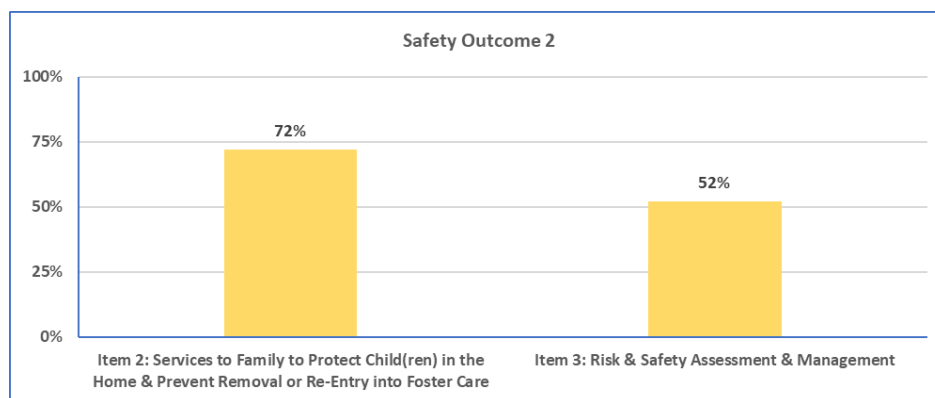
### *Safety Item Measures*

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, it was determined that Ohio was not in substantial conformity with Safety Outcome 2. As evident in the figure below, the lowest level of compliance was seen in Item 3: Risk and Safety Assessment and Management.



The primary causal themes that emerged during the PIP development process for this low level of performance 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.

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

[Examination of CFSR Round 3 Program Improvement Plan \(PIP\) Results](#)

During CFSR Round 3 Item 2 was rated at 72%. The PIP Goal for **Item 2** was set at 78%.

The case review component of the CFSR, PIP commenced in October 2020 and will conclude on September 30, 2021. Between the period of October 2020 through April 30, 2021, 52 applicable cases were reviewed for **Item 2**. Of the cases reviewed, 88.46% were rated as a Strength and, thus far, Ohio has achieved the PIP Improvement Goal of 78%.

[Examination of County CPOE Monitoring Results](#)

During initial CPOE Stage 12 Phase 1 reviews the following county specific reports are discussed which help to assess PCSA/IV-E court performance for **Item 2**:

- *Agency Safety Plan Report (SACWIS)*
- *Agency Safety Plan Contacts Report (SACWIS)*
- *Case Reopening Report (SACWIS)*
- *Case Services Report (SACWIS)*
- *Child Custody Removal Reasons and Statistics (SACWIS)*
- *Family Assessment Risk Contributor Report (SACWIS)*
- *Report Conclusions Report (ROM)*
- *Maltreatment Allegations (CPS Count) (ROM)*
- *Child Safety Each Month of In-Home Services (In-Home Outcomes (ROM)*
- *Maltreatment Reports During In-Home (In-home Outcomes) (ROM)*
- *Removal Reasons for Children Entering Foster Care (Foster Care: Key Practice Indicators) (ROM)*

Based upon discussions and analysis of the data PCSAs/IV-E courts, in collaboration with ODJFS, develop a *Plan for Practice Advancement* (PPA) to address changes that will need to occur to improve services and outcomes in response to areas of children services practice identified. Agencies/IV-E courts that identified **Item 2** as an Area Needing Improvement included strategies in their PPA to address:

1. Training
2. Practice Enhancements
3. Monitoring and Evaluation
4. Collaboration

Thus far, the following strategies were contained in approved PPA's:

- All Social Services staff will register to participate in the 2021 MESA/Motivational Interviewing Training Series. (*Practice Enhancements*) (*Training*)
- Identify staff that have not completed Assessing Safety 114-11-CPM-S and Overview of Fatherhood 210-23-ODJFS-I-S trainings. (*Training*)
- Policy and review tool will be developed to further review cases. (*Monitoring and Evaluation*)
- Staff will receive ongoing training to ensure families receive front loaded services to strengthen families, reduce risk, and ensure services are in place so children can remain safely in their home when possible or to prevent re-entry into foster care. (*Practice Enhancements*) (*Training*)
- Caseworkers will ensure services are arranged and follow-up with provider has occurred prior to closing a case. (*Practice Enhancements*)
- Caseworkers will complete a follow-up meeting with the family prior to closing. (*Practice Enhancements*)
- New Caseworkers will complete Effective Home Visiting Training. (*Training*)
- New Caseworkers will receive coaching and training on case processing with ODJFS and Rapid Response to build critical thinking skills. (*Practice Enhancements*)
- Agency will continue to investigate state programs and other services or programming opportunities that will assist in supporting families so children may be maintained in their own homes (e.g., Ohio START). (*Collaboration*)
- Engage in providing further education to community stakeholders to ensure proper support. (*Collaboration*)
- Quality Assurance staff and/or supervisors will produce, at least monthly, SACWIS and ROM reports to monitor improvement. When identified strategies do not result in improvement performance PCSA's/IV-E courts will modify their PPA and include other strategies. (*Monitoring and Evaluation*)



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

#### Examination of CFSR Round 3 Program Improvement Plan (PIP) Results

During CFSR Round 3 Item 3 was rated at 52%. The PIP Goal for Item 3 was set at 56%.

The case review component of the CFSR, PIP commenced in October 2020 and will conclude on September 30, 2021. Between the period of October 2020 through April 30, 2021, 90 applicable cases were reviewed for **Item 3**. Of the cases reviewed, 58.89% were rated as a Strength and, thus far, Ohio has achieved the PIP Improvement Goal of 56%.

#### Examination of County CPOE Monitoring Results

During initial CPOE Stage 12 Phase 1 reviews with PCSAs and IV-E Courts, the following county specific reports are discussed which help to assess performance for **Item 3**:

- *Agency Safety Plan Report (SACWIS)*
- *Agency Safety Plan Contacts Report (SACWIS)*
- *Case Reopening Report (SACWIS)*
- *Case Services Report (SACWIS)*
- *Child Custody Removal Reasons and Statistics (SACWIS)*
- *Family Assessment Risk Contributor Report (SACWIS)*
- *Intake Assessment Lifecycle Report (SACWIS)*
- *SAR/Case Review Due Date Report (SACWIS)*
- *Child Protection Reports by Screening Decisions CPS: Counts (ROM)*
- *Report Conclusions /Findings (CPS: Counts) (ROM)*
- *Maltreatment Allegations (CPS Counts) (ROM)*
- *Investigations Completed Within Required Time (CPS: Key Practice Indicators) (ROM)*
- *Pending CPS Reports (CPS: Key Practice Indicators) (ROM)*
- *Child Safety Each Month of In-Home Services (In-Home Outcomes) (ROM)*
- *Maltreatment Reports During In-Home (In-home Outcomes) (ROM)*

Based upon discussions and analysis of the data PCSAs/IV-E Courts, in collaboration with ODJFS, develop a *Plan for Practice Advancement (PPA)* to address changes that will need to occur to improve services and outcomes in response to areas of children services practice identified. Agencies and IV-E courts that identified **Item 3** as an Area Needing Improvement included strategies in their PPA to address:

1. Training
2. Time Management
3. Practice Enhancements
4. Monitoring and Evaluation

Thus far, the following strategies were contained in approved PPA's:

- Caseworkers will contact relevant collateral sources, witnesses, and service providers to gather detailed information to assess safety, risk, protective capacity, and for the development of effective Safety Plans. (*Practice Enhancements*)
- New Caseworkers will complete Effective Home Visiting Training (*Training*)
- New Staff will participate in specialized SACWIS training on Case Review/Semi-Annual Review tools. (*Training*)
- Supervisor will ensure transfer of learning occurs through supervision and coaching. In cases that are particularly difficult or complex, group decision making meetings will be held for specific cases. (*Practice Enhancements*)
- Case Closures need to be completed and finalized in SACWIS when the child in care leaves the custody of the court. (*Time Management*)
- Maintain monthly contact with the parent(s)/caregiver(s) in the home to ensure reunification. Informal assessments of risk and safety will be completed with parent(s)/caregiver(s) in the home. (*Practice Enhancements*)
- Monthly face-to-face contact will be completed with the parent(s)/caregiver(s). At least one contact will be made in the parent(s)/ caregiver(s) home every other month to observe home conditions and assess risk and safety to any other children living there. If the first attempt at contact is unsuccessful, the probation officer will make up to two additional home visit attempts (announced or unannounced) that month. (*Practice Enhancements*)
- Caseworkers are expected to make contact timely while utilizing Zoom; face time or some format of face-to-face computer/phone time; phone contact (last resort); porch visit to ensure timely completion of Safety Assessments, Family Assessments, and ongoing assessments. (*Practice Enhancements*)
- Supervisors will make available to all intake staff on a monthly basis the *SACWIS Report Intake Assessment Lifecycle Report for Child Abuse Neglect and Dependency*. (*Monitoring and Evaluation*)
- Ongoing assessments of risk and safety will be documented in activity logs, SAR, and Case Reviews. (*Practice Enhancements*)
- Intake Supervisor will keep a written record of upcoming due dates for *Safety Assessments* and *Family Assessments* as well as past due assessments. (*Practice Enhancements*)
- Supervisors will use the SACWIS and ROM data reports as a guide to confirm compliance. (*Monitoring and Evaluation*)
- To ensure timeliness and opportunity for supervisory approval, train staff on mandate to enter *Family Assessments* into SACWIS 48 hours prior to the date of case closure or case transfer. (*Time Management*)
- Obtain training/coaching session through Regional Training Center on time management for all staff. If necessary, additional individual coaching will be obtained. (*Time Management*)

- Intake Supervisor and caseworkers will continue to utilize the Intake Roster in order to have a quick reference on individual case status. (*Practice Enhancements*)
- Quality Assurance staff and/or supervisors will produce, at least monthly, SACWIS and ROM reports to monitor improvement. When identified strategies do not result in improvement performance agency will modify their PPA and include other strategies. (*Monitoring and Evaluation*)

Both ODJFS, county and court staff statewide data will be examined to determine the impact of COVID-19 and the Stay at Home Order on achieving Safety Outcome 2.

## 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.

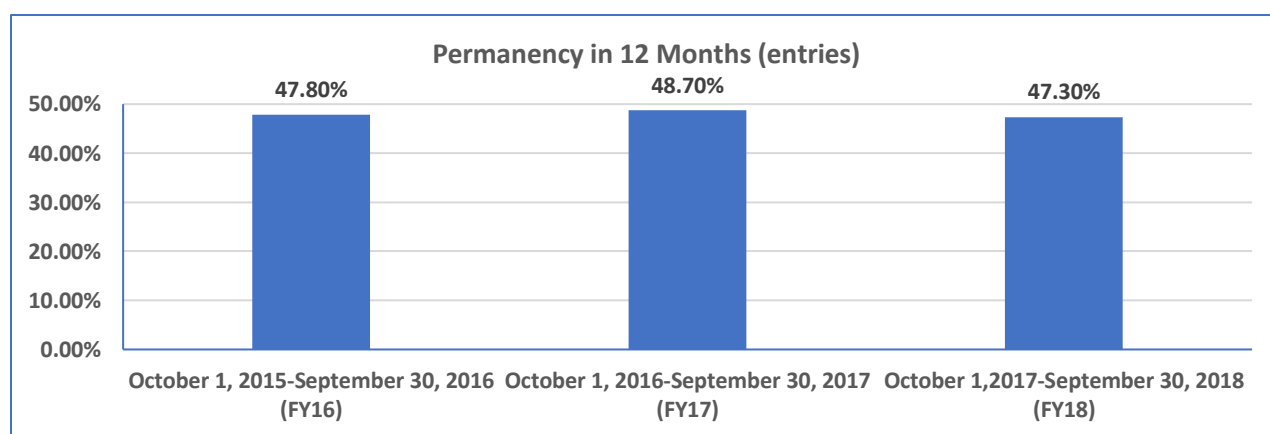
PERMANENCY OUTCOMES		
<b>P1</b>	<b>Permanency in 12 Months for Children Entering Foster Care</b>	Of all children who enter foster care in a 12-month period, what percent discharged to permanency within 12 months of entering foster care?
<b>P2</b>	<b>Permanency in 12 Months for Children in Foster Care 12 to 23 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) 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?
<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?

PERMANENCY OUTCOMES		
<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% 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>5</sup>



For FY18, age does not appear to be a factor in obtaining permanency in 12 months, which is notable given such a high number are placed at less than 1 year old. The percent obtaining permanency in twelve months is close to uniform across all age groups. Similarly, there are slight differences in permanency in 12 months for African American and Caucasian children. In FY18, 46% of African American children obtained permanency in 12 months, compared to 48% of Caucasian children. <sup>6</sup>

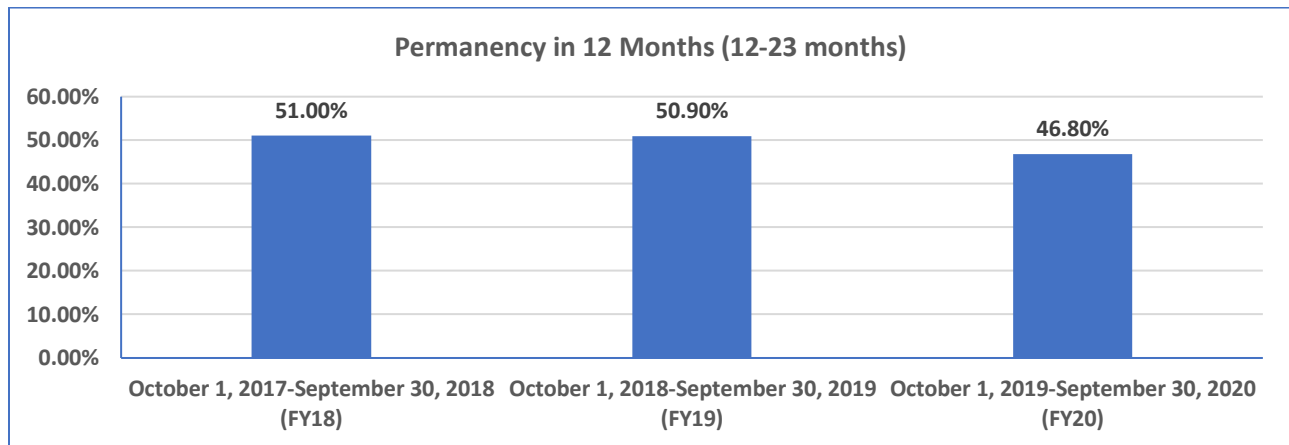
Through such programs as 30 Days to Family, Youth Centered Permanency Roundtables and Wendy's Wonderful Kids there has been a gradual improvement in achieving permanency for all age groups.

<sup>5</sup> Children's Bureau. *Ohio Child and Family Services Review (CFSR 3) Data Profile*. February 2021.

<sup>6</sup> Children's Bureau. *Child and Family Service Review (CFSR 3) Data Profile Context Data – Observed Performance on Permanency Indicators Permanency in 12 months (entries)*. February 2021.

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

In the last three observation periods Ohio has exceeded the National Performance of 45.9% and above. However, during the last observation period, there has been a decline in achieving permanency in 12 months for children in foster care 12 to 23 months. The following graph reflects these results.<sup>7</sup>



It should be noted that Ohio's Risk Standardized Performance has been statistically better than the National Performance.

For children in care between 12-23 months on October 1, 2019, 54% of the children less than the age of 5 years obtain permanency by September 30, 2020. This proportion decreases as children increase in age. For African American children, 44.3% obtained permanency compared to 48% of Caucasian children.<sup>8</sup>

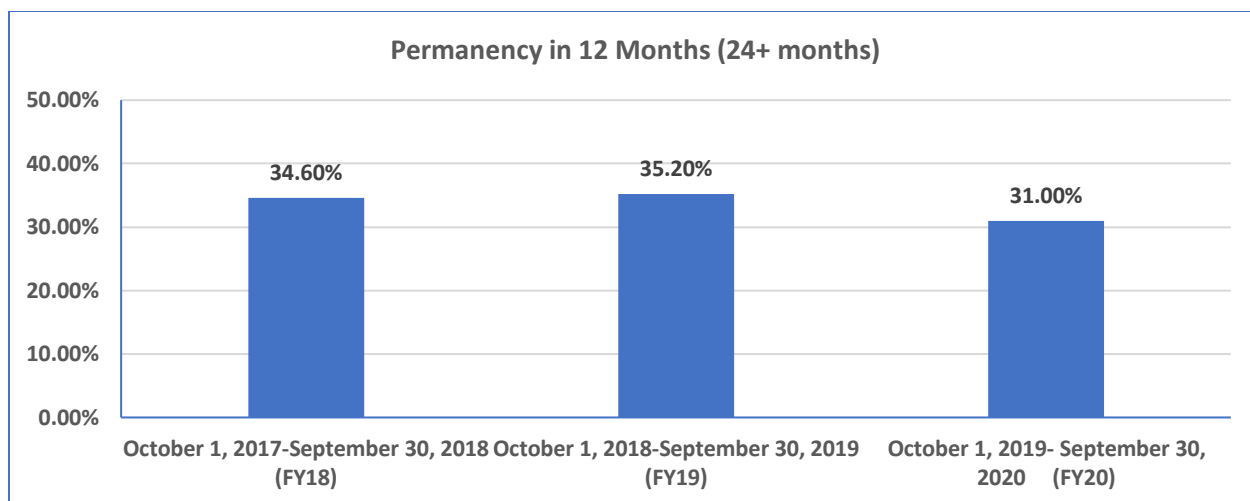
### Permanency in 12 Months for Children in Foster Care 24 Months +

During the last observation period there was a decrease in the percent of children achieving permanency in 12 months for those children who have been in foster care 24 months or longer. Thus, falling slightly short of achieving the National Performance of 31.8% and above. The COVID-19 pandemic with court closures may have had an impact on performance. The following graph displays the results of this data indicator over 3 observation periods.<sup>9</sup>

<sup>7</sup> Children's Bureau. *Ohio Child and Family Services Review (CFSR 3) Data Profile*. February 2021.

<sup>8</sup> Children's Bureau. *Child and Family Service Review (CFSR #) Data Profile Context Data – Observed Performance on Permanency Indicators Permanency in 12 (12-23 months)*, February 2021.

<sup>9</sup> Children's Bureau. *Ohio Child and Family Services Review (CFSR 3) Data Profile*. February 2021.



Ohio's Risk Standardized Performance is statistically no different than the National Performance except for the FY20 observation period where the state's Risk Standardized Performance was statistically worse than the National Performance.

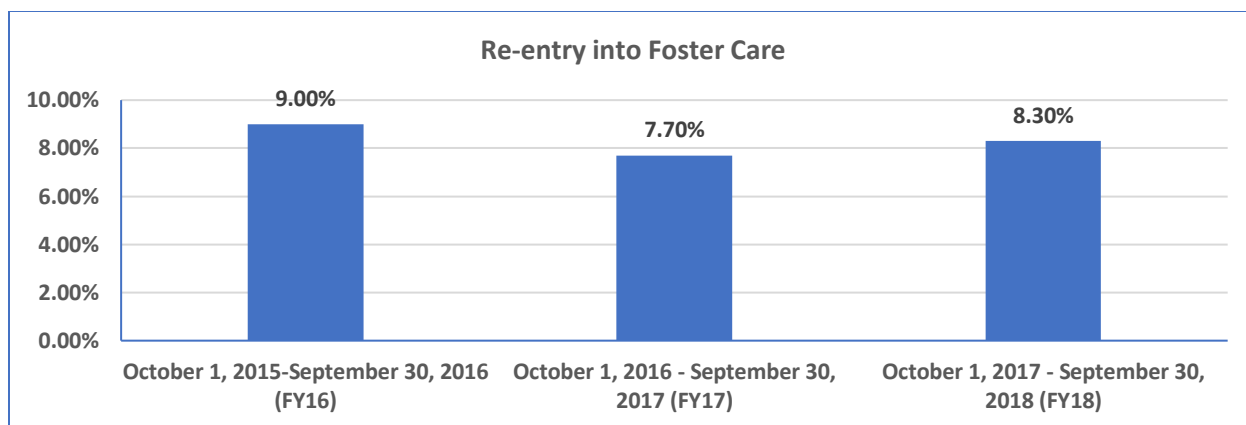
Similar to children in care between 12 and 23 months, children less than 6 years of age and in care over 24 months on October 1, 2019 are more likely to obtain permanency. While slightly over half (52%) of the children between the age of 1 and 5 obtain permanency by September 30, 2020, only 19.8% of those between 11 through 16 years of age obtain permanency. There are notable differences in permanency for these children depending on a child's race. For African American children in care on October 1, 2020 for 24+ months, only 25% obtained permanency compared to nearly 34% of Caucasian children.<sup>10</sup>

### Re-Entry to Foster Care

When examining observed performance over the past three observation periods there have been fluctuations in Ohio's Performance in achieving the National Performance of 8.1% and above. In FY18 there was a decline in Ohio's performance from FY 17 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>11</sup>

<sup>10</sup> Children's Bureau. *Child and Family Service Review (CFSR #) Data Profile Context Data – Observed Performance on Permanency Indicators Permanency in 12 (24+ months)*, February 2021.

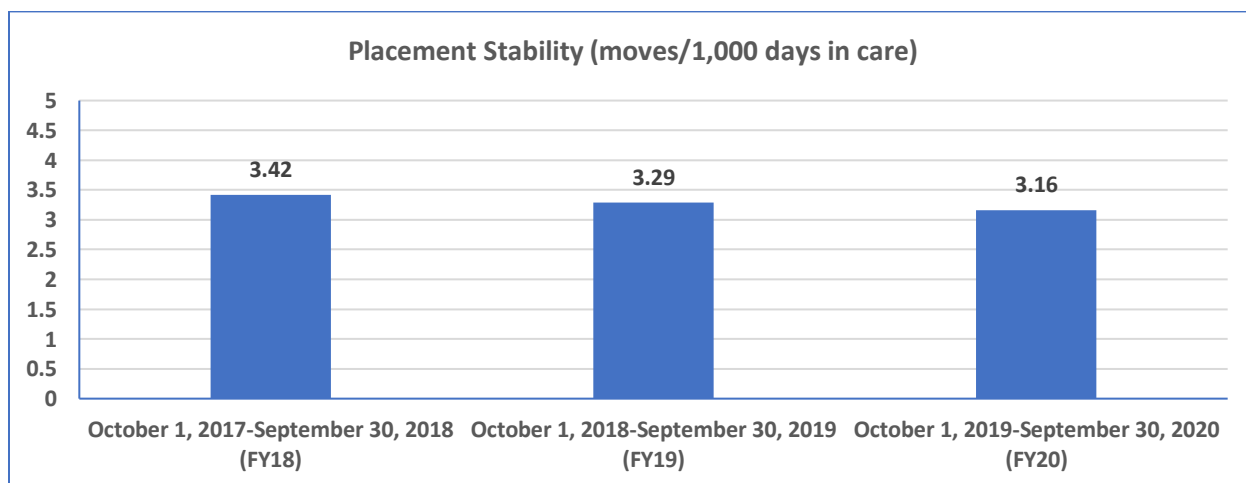
<sup>11</sup> Children's Bureau. *Ohio Child and Family Services Review (CFSR 3) Data Profile*. February 2021.



Ohio's Risk Standardized Performance for FY18 was 9% which is statistically worse than the National Performance. Looking at the data for FY18 we posed the following question: *After obtaining permanency within 12 months, how likely are children to re-enter care?* We found that across all age groups, 91.7% of the children do not return to care. However, the age group most likely to return to care are the 11-16-year old's (12%). The group least likely to return are those under 1 year old (5.8%). The rule of thumb is that the older the child is whose enters care, the more likely he/she may re-enter care if permanency is achieved the first time. African American and Caucasian children have very similar re-entry rates, 8.7% and 8.4 % respectively.<sup>12</sup>

### Placement Stability

As depicted below, over three observation periods Ohio's placement stability continues to be statistically better than the National Performance of 4.44 and below.<sup>13</sup>



<sup>12</sup> Child and Family Service Review (CFSR 3) Data Profile Context Data – Observed Performance on Permanency Indicators Re-entry to Foster Care in 12 months, February 2021.

<sup>13</sup> Children's Bureau. Ohio Child and Family Services Review (CFSR 3) Data Profile. February 2021.

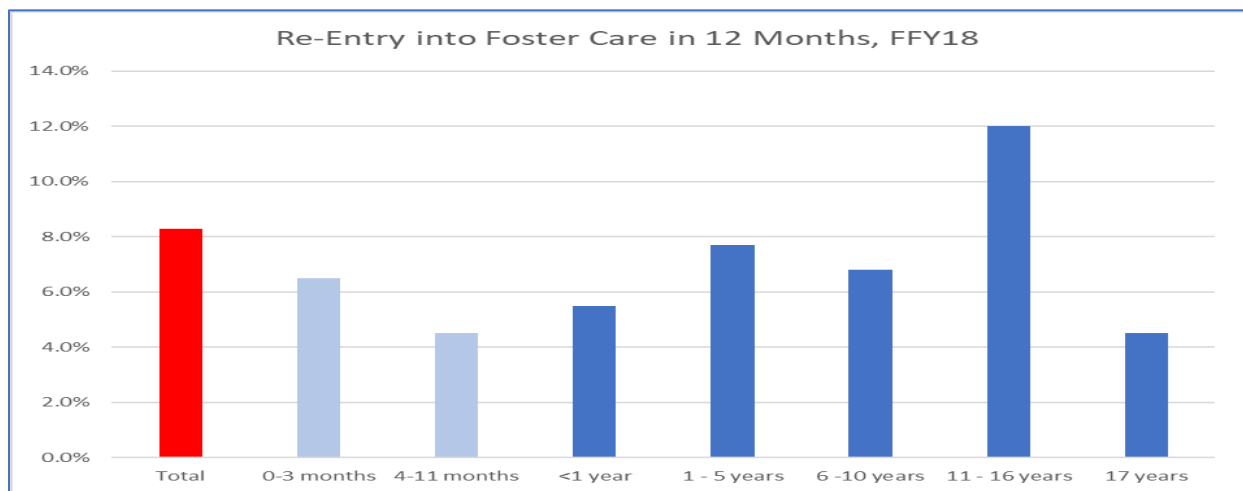
Further examination of the data reveals that the older the child is, the more moves he/she is likely to have. There is no appreciable difference between African American and Caucasian children on the stability of placement. Extensive efforts to identify kin, placements that are able to meet the needs of the child/sibling group and are in the child's own community has resulted in increased placement stability.

## Conclusions

With 14 children removed for every 1,000 children in Ohio's population in FY20, there were notable differences in age and race. Children less than 1 year old were the most likely group to enter care than any other age. Specifically, those less than 1 year old were 3.8 times more likely to enter care than children between the ages of 1 and 5 years.

In addition to age differences, there are important differences across races. African American children (under the age of 18 years) are more likely to enter care than Caucasian children. For every 1,000 African American children, 6.6 African American children were removed. For every 1,000 Caucasian children, 2.8 are removed. This means that African American Children are 2.3 times more likely to enter care than Caucasian ( $\text{Disparity} = 2.3 = 6.6 / 2.8$ ). However, children with two or more races have even higher rates of entry than African American children. For every 1,000 children of two or more races, 9.6 children entered care. Thus, children with two or more races are more likely to enter care than African American children.<sup>14</sup>

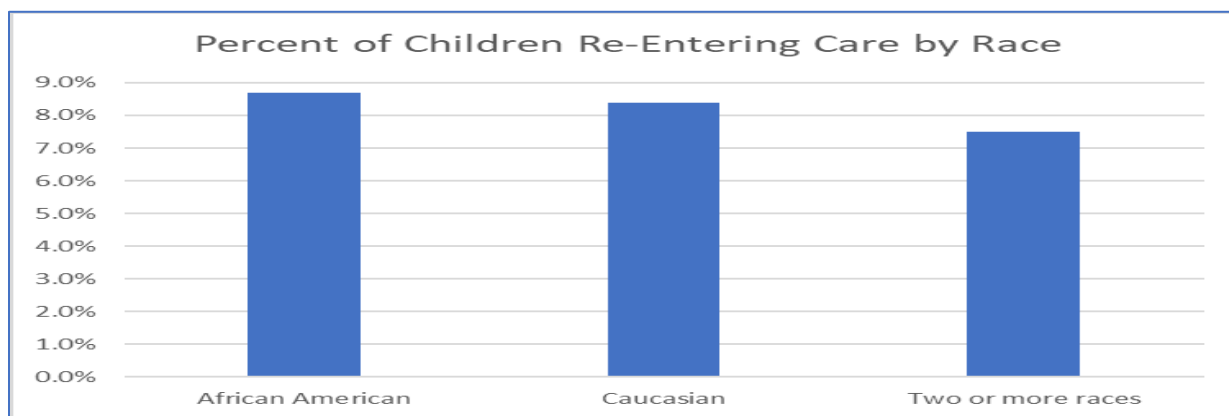
The figure below shows data from the Federal Data Profile on the percentage of children re-entering foster care within 12-months of obtaining permanency. The group with the highest re-entry rate, and consistent over several years, are those children between the ages of 11 and 16. 12% of this age group have re-entered care, far surpassing other age groups.



<sup>14</sup> *Child and Family Service Review (CFSR #) Data Profile Context Data – Population, Entries, and Entry Rates per 1,000*, February 2021.



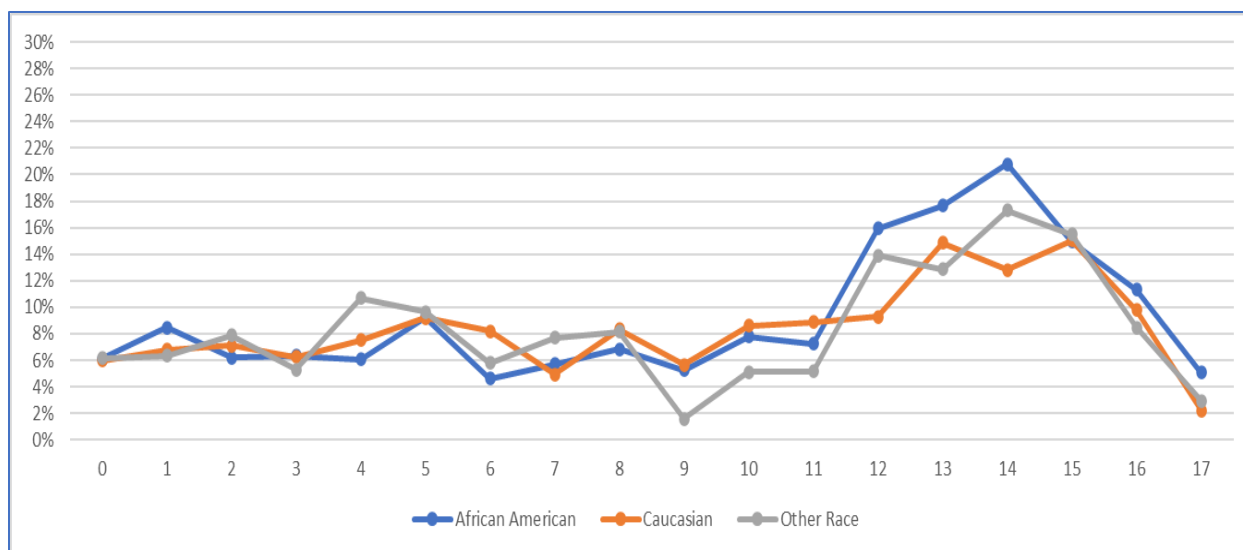
In addition to the Profile's data on age, data on race is also provided and shown below. While there are wide differences in re-entry by age, there are narrow differences between African Americans, Caucasians, and those of two or more races. These rates hover at 8%.



Ohio replicated the Data Profile and extended the analysis. The figure and table presented below depicts the relationship between race and age on the rate of re-entry between April 1, 2015- March 31, 2019. When the rates of re-entry are examined by race, there are very slight differences in the percent of re-entry (7%-8%) for African American, Caucasian, and Other Race children.

When age is added as a dimension, differences emerge. Across all races, pre-teenagers show little variability on the rate of re-entry by race. When children reach the age of 12, across all races, the likelihood of re-entry increases and continues until the age of 16. Most notably, African American children ages 12 through 14 have higher rates of re-entry than Caucasian and Other race children. After the age of 15, the rates decrease across all races. With this evidence, children between 12 and 15 who obtain permanency within 12 months are most vulnerable to re-entry into foster care.

		African American			Caucasian			Other Race			Total	
		Did Not Re-enter	Re-entered	Percent Re-Entering	Did Not Re-enter	Re-entered	Percent Re-Entering	Did Not Re-enter	Re-entered	Percent Re-Entering	Did Not Re-enter	Percent Re-Entering
Age	0	689	45	6%	1641	104	6%	579	38	6%	3096	6%
	1	324	30	8%	659	48	7%	252	17	6%	1330	7%
	2	302	20	6%	616	47	7%	211	18	8%	1214	7%
	3	280	19	6%	602	40	6%	197	11	5%	1149	6%
	4	264	17	6%	517	42	8%	167	20	11%	1027	8%
	5	245	25	9%	475	48	9%	178	19	10%	990	9%
	6	249	12	5%	459	41	8%	162	10	6%	933	7%
	7	214	13	6%	463	24	5%	156	13	8%	883	6%
	8	205	15	7%	408	37	8%	124	11	8%	800	8%
	9	199	11	5%	417	25	6%	126	2	2%	780	5%
	10	178	15	8%	436	41	9%	130	7	5%	807	8%
	11	179	14	7%	350	34	9%	110	6	5%	693	8%
	12	153	29	16%	440	45	9%	93	15	14%	775	11%
	13	210	45	18%	401	70	15%	115	17	13%	858	15%
	14	301	79	21%	517	76	13%	129	27	17%	1129	16%
	15	410	72	15%	543	96	15%	142	26	15%	1289	15%
	16	439	56	11%	581	63	10%	184	17	8%	1340	10%
	17	224	12	5%	311	7	2%	99	3	3%	656	3%
Total		5065	529	9%	9836	888	8%	3154	277	8%	19749	9%



At this juncture, 3 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.
- Expanding the frequency and duration of parent/child visits as case plan progress builds safety.
- Use of concurrent planning for substitute care cases – not waiting to begin planning for more than one possible avenue to permanency.
- Reviewing and discussing the Case Plan or Family Services Plan with families during each visit.
- Establishing more frequent caseworker visits with parents.

### **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.

### **Caseworker, Child, and Family**

- Planning overnight/extended visits between the parents and children in preparation for reunification.

**Caseworker and Provider**

- Frequent face-to-face and telephone contact with community service providers to assess family progress on case plan objectives.
- 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.
- 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.

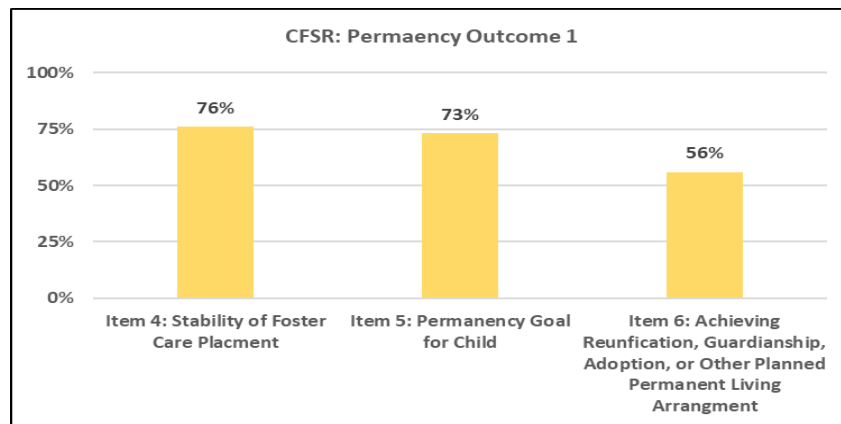
***Permanency Item Measures***

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 will be monitored during CPOE 12 Phase 3 using the CFSR case review tool.

Items		Evaluation Criteria
4	<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).
5	<b>Permanency goal of child</b>	Determine whether appropriate permanency goals were established for the child in a timely manner.
6	<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.

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.

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

[Examination of CFSR Round 3 Program Improvement Plan Results](#)

During CFSR Round 3 Item 4 was rated at 76%. As a result of the CFSR Round 3 findings, the PIP Goal for Item 4 was set at 82%.

The case review component of the CFSR, PIP commenced in October 2020 and will conclude on September 30, 2021. Between the period of October 2020 through April 30, 2021, 40 applicable cases were reviewed for Item 4. Of the cases reviewed, 85% were rated as a Strength and, thus far, Ohio has exceeded the PIP Improvement Goal of 82%.

[Examination of County CPOE Monitoring Results](#)

During initial CPOE Stage 12 Phase 1 reviews with PCSAs and IV-E Courts, the following county specific reports are discussed which help to assess performance for **Item 4**:

- *Agency Placement Cost Report (SACWIS)*
- *Children in Placement Report (SACWIS)*
- *Placement Leave Report (SACWIS)*
- *Placement Stability (Federal Indicators) (ROM)*
- *Re-Entry to Foster Care (Federal Indicators) (ROM)*
- *Placement Moves Rate per 1,000 Days of Care Maltreatment Allegations (Foster Care Outcomes) (ROM)*

Based upon discussions and analysis of the data PCSAs and IV-E Courts, in collaboration with ODJFS, develop a *Plan for Practice Advancement (PPA)* to address changes that will need to occur to improve services and outcomes in response to areas of child welfare practice identified. Agencies and IV-E courts that identified **Item 4** as an Area Needing Improvement included strategies in their PPA to address:

**1. Practice Enhancements**

2. Training
3. Monitoring and Evaluation
4. Collaboration

Thus far, the following strategies were contained in approved PPA's:

- Implement a new process called the Disruption Conference, to help prevent placement changes or future moves for all non-emergent placements. A Disruption Conference request form will be developed. The form will be used any time a caseworker determines a placement move may be occurring in the future. The Disruption Conference form will then be given to the Child Placement Coordinator who will invite all essential parties to the conference to discuss needs of the child, family, etc. A summary of the Disruption Conference will be entered into SACWIS. Once the Disruption Conference Process and forms have been developed all staff will be trained on the internal process and how to identify potential placement instability. **(Practice Enhancements) (Training)**
- The Child Placement Coordinator and/or the Ongoing Supervisor will generate the *Placement Stability Report* from ROM and review the agency's placement report on a monthly basis to evaluate placement changes that may have occurred. This will allow the agency to reflect on those specific cases and to apply what they have learned from that situation in order to avoid similar issues in the future. **(Monitoring and Evaluation)**
- Agency will work on a development plan for kinship and foster homes to better enable them to care for the needs of child. **(Practice Enhancements)**
- Agency will continue to work with community partners, which including Family Children First Council, to continue to bring support/training opportunities to caregivers. **(Training) (Collaboration)**
- Placement stability reports will be monitored to identify children that experience moves while in agency custody to determine contributing factors. **(Monitoring and Evaluation)**

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

##### [Examination of CFSR Round 3 Program Improvement Plan Results](#)

During CFSR Round 3 Item 5 was rated at 73%. As a result of CFSR Round 3 findings, the PIP Goal was set at 79%.

The case review component of the CFSR, PIP commenced in October 2020 and will conclude on September 30, 2021. Between the period of October 2020 through April 30, 2021, 40 applicable cases were reviewed for Item 5. Of the cases reviewed, 95% were rated as a Strength and, thus far, Ohio has exceeded the PIP Improvement Goal of 79%.

### Examination of County CPOE Monitoring Results

During initial CPOE Stage 12 Phase 1 reviews with PCSAs and IV-E Courts, the following county specific report is discussed which helps to assess performance for **Item 5**:

- *AFCARS Exception Report (SACWIS)*

Based upon discussions and analysis of the data there were no agencies or courts at this time that developed a *Plan for Practice Advancement (PPA)* to address **Item 5**.

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

#### Examination of CFSR Round 3 Program Improvement Plan Results

During the CFSR Round 3 Item 6 was rating at 56%. As a result of CFSR Round 3 findings, the PIP Goal was set at 63%.

The case review component of the CFSR, PIP commenced in October 2020 and will conclude on September 30, 2021. Between the period of October 2020 through April 30, 2021, 40 applicable cases were reviewed for Item 6. Of the cases reviewed, 80% were rated as a Strength and, thus far, Ohio has exceeded the PIP Improvement Goal of 63%.

### Examination of County CPOE Monitoring Results

During initial CPOE Stage 12 Phase 1 reviews with PCSAs and IV-E Courts, the following county specific reports are discussed which help to assess performance for **Item 6**:

- *Adoption Finalization Report (SACWIS)*
- *Children in Placement Report (SACWIS)*
- *Children Needing Permanency Report (SACWIS)*
- *MEPA Child Report (SACWIS)*
- *Permanency in 12 Months (Federal Indicator) (ROM)*
- *Permanency in 12-23 Months (Federal Indicator) (ROM)*
- *Permanency in 24+ Months (Federal Indicator) (ROM)*
- *Countdown to Permanency (Foster Care: Countdown to Outcomes) (ROM)*
- *Permanency in 12 Months of Entry (Foster Care Outcomes) (ROM)*
- *Permanency in 24 Months of Entry (Foster Care Outcomes) (ROM)*
- *Permanency During Year for Children in Care for 12-23 Months (Foster Care Outcomes) (ROM)*
- *Permanency During Year for Children in Care for 24+ Months (Foster Care Outcomes) (ROM)*
- *Adopted in Less than 12 Months of TPR (Foster Care Outcomes) (ROM)*



Based upon discussions and analysis of the data PCSAs and IV-E Courts, in collaboration with ODJFS, develop a *Plan for Practice Advancement* (PPA) to address changes that will need to occur to improve services and outcomes in response to areas of children services practice identified. Agencies and courts that identified **Item 6** as an Area Needing Improvement included strategies in their PPA to address:

1. Collaboration
2. Timeliness
3. Practice Enhancements
4. Data Analysis

Thus far, the following strategies were contained in approved PPA's:

- Hold monthly legal staffings with the agency legal counsel (the local assistant prosecutor) to review all custody cases (including abandonment cases) to ensure all timeframes are met. (*Timeliness*) (*Collaboration*)
- Agency will meet with Juvenile Court Judge to establish timelines for Court Processes. (*Collaboration*)
- Caseworkers will consult with Agency Attorney weekly and will document such in the Attorney communication tab. CPS Leadership including Intake and Ongoing Supervisors, Executive Director and Agency Attorney will meet weekly to discuss legal issues and processes. (*Collaboration*)
- The agency will share information with the assigned Guardian ad litem (GAL) on a monthly basis. The agency will provide written correspondence to the GAL requesting timely filing of motions for reunification and will follow-up with the written correspondence if no response from the GAL within three working days with documentation of such in an activity log. (*Collaboration*) (*Practice Enhancements*) (*Timeliness*)
- Agency will refer and collaborate with the Wendy's Wonderful Kids recruiter on matching children with adoptive families. (*Practice Enhancements*) (*Collaboration*)
- For all permanent custody cases, the adoption assessor/foster care placement worker will establish due dates for all permanency activities (pre-adoptive staffing, matching conference, child specific recruitment strategies). (*Timeliness*) (*Practice Enhancements*)
- Adolescents that are going to age out of agency custody will have a final Transition Plan and be made aware of all available opportunities (post emancipation services, Bridges, CCMEP etc.). (*Practice Enhancements*)
- Caseworkers will gather information to be placed in the Child Study Inventories (CSI's) throughout the life of the case before the case is transferred for adoption services. (*Practice Enhancements*)
- Supervisor will complete a meeting with each ongoing caseworker to identify cases which have children in agency custody for eight months or more. Once cases have been identified, the supervisor will meet bi-weekly with caseworker(s) to establish case-by-case deadlines to submit required permanency paperwork to the Prosecutor's office. A bi-monthly review

of cases will be completed to identify children in agency custody for more than 8 months who need permanency. *(Data Analysis) (Practice Enhancements)*

- The Management Team will utilize the ROM (Federal) Permanency in 12 Months for Children in Foster Care 12 to 23 Month and the ROM (Federal) Permanency in 24 Months or More report to analyze the drill down data to determine the reasons why children are not obtaining permanency in accordance with the Federal timelines for the permanency goals of reunification, guardianship or adoption. Based on the data analysis of permanency for children, the Management Team will review and revise procedures, as applicable, to assist agency staff in obtaining permanency for children in accordance with the Federal timelines for reunification, guardianship, or adoption. *(Data Analysis) (Practice Enhancements)*
- Progress in implementing the strategies will be monitored through monthly caseworker supervision; QA quarterly case reviews of ongoing cases; weekly and monthly Management and Legal Team case staffing; and the Management Teams data analysis. *(Practice Enhancements)*

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

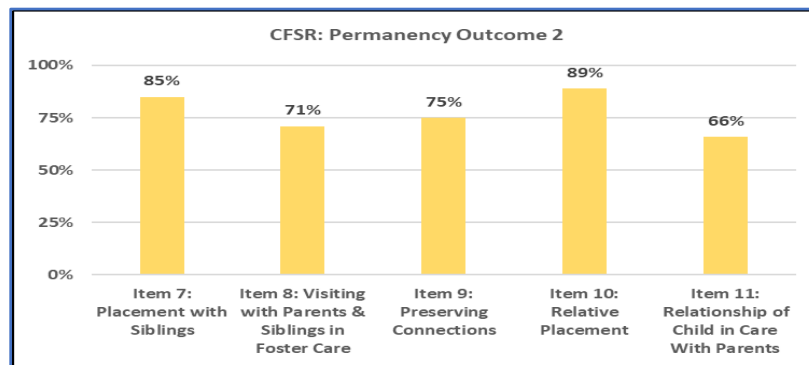
Compliance with Permanency Outcome 2 is determined through a review of case records to examine the following five permanency item measures: (1) placement with siblings; (2) visiting with parents and siblings in foster care; (3) preserving connections; (4) relative placement; and (5) relationship of child in care with parents. The following table lists the items reviewed under this outcome and their evaluation criteria.

<b>Item</b>		<b>Evaluation Criteria</b>
<b>7</b>	<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.
<b>8</b>	<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.
<b>9</b>	<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.
<b>10</b>	<b>Relative placement</b>	Determine if concerted efforts were made to place the child with relatives when appropriate.
<b>11</b>	<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% 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.

### *Item 7: Placement with Siblings*

#### Examination of CFSR Round 3 Program Improvement Plan Results

The case review component of the CFSR, PIP commenced in October 2020 and will conclude on September 30, 2021. Between the period of October 2020 through April 30, 2021, 31 applicable cases were reviewed for Item 7. Of the cases reviewed, 96.77% (30 cases) were rated as a Strength and, thus far, Ohio has exceeded its CFSR Round 3 level of performance.

#### Examination of County CPOE Monitoring Results

During initial CPOE Stage 12 Phase 1 reviews with PCSAs and IV-E Courts, the following county specific reports are discussed which help to assess performance for Item 7:

- *Placement Roster Report (SACWIS)*
- *Siblings Placed Together (Foster Care; Key Practice Indicators) (ROM)*

Based upon discussions and analysis of the data PCSAs and IV-E Courts, in collaboration with ODJFS, develop a *Plan for Practice Advancement (PPA)* to address changes that will need to occur to improve services and outcomes in response to areas of children services practice identified. Counties that identified **Item 7** as an Area Needing Improvement included strategies in their PPA to address Practice Enhancements:

Thus far the following strategies were contained in PPAs:

- Additional network foster home contact numbers will be added each time the foster parent list so that after hour removals will have more options for placements thus increasing the chance that siblings will be kept together. (*Practice Enhancements*)
- Agency will utilize relative/kinship providers to provide substitute care/respite/additional supports for families and children when possible. (*Practice Enhancements*)
- SACWIS history/associated members will be reviewed when there's a potential removal at intake for suitable family members, including paternal relationships. (*Practice Enhancements*)

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

##### Examination of CFSR Round 3 Program Improvement Plan Results

The case review component of the CFSR, PIP commenced in October 2020 and will conclude on September 30, 2021. Between the period of October 2020 through April 30, 2021, 36 applicable cases were reviewed for Item 8. Of the cases reviewed, 72.22% (26 cases) were rated as a Strength and, thus far, Ohio has seen a slight improvement in performance when compared to the CFSR Round 3 results.

##### Examination of County CPOE Monitoring Results

During initial CPOE Stage 12 Phase 1 reviews with PCSAs and IV-E Courts discussions occur around providing children/youth and their parents and siblings in foster care with the opportunity to frequently visit. Based upon discussions PCSAs and IV-E Courts, in collaboration with ODJFS, develop a *Plan for Practice Advancement* (PPA's) to address changes that will need to occur to improve services and outcomes in response to areas of child welfare practice identified. One county thus far identified **Item 8** as an Area Needing Improvement and included the following strategy in their PPA:

- Siblings not placed together may have approved contact with their siblings through such manners as: (some form of face time) Zoom, Facebook, phone calls, text, and/or letters. (*Practice Enhancement*)

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

##### Examination of CFSR Round 3 Program Improvement Plan Results

The case review component of the CFSR, PIP commenced in October 2020 and will conclude on September 30, 2021. Between the period of October 2020 through April 30, 2021, 40 applicable cases were reviewed for Item 8. Of the cases reviewed, 80% (32 cases) were rated as a Strength

and, thus far, Ohio has seen a slight improvement in performance when compared to the CFSR Round 3 results.

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

During initial CPOE Stage 12 Phase 1 reviews with PCSAs and IV-E Courts discussions occur around preserving connections for children/youth in foster care. Based upon these discussions there were no *Practice Advancement* (PPA's) needed to address **Item 9**.

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.
- Completed Eco Maps.

#### **Agency, Family, Child/Youth**

- Asked family/youth during Youth Centered Permanency Roundtables.
- Engaged a 30 Days to Family Worker to search for family members.
- Engaged in case mining.

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

#### [Evaluation of CFSR Round 3 Program Improvement Plan Results](#)

The case review component of the CFSR, PIP commenced in October 2020 and will conclude on September 30, 2021. Between the period of October 2020 through April 30, 2021, 39 applicable cases were reviewed for Item 10. Of the cases reviewed, 82.05% (32 cases). were rated as a Strength and, thus far, Ohio has seen a decline in performance when compared to the CFSR Round 3 results.

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

During initial CPOE Stage 12 Phase 1 reviews with PCSAs and IV-E Courts, the following county specific reports are discussed which help to assess performance for **Item 10**:

- *Initial Placements with Relatives (Foster Care: Key Practice Indicators) (ROM)*
- *Placement Type (Foster Care Key Practice Indicators) (ROM)*

Based upon discussions PCSAs and IV-E Courts, in collaboration with ODJFS, develop a *Plan for Practice Advancement* (PPA's) to address changes that will need to occur to improve services

and outcomes in response to areas of child welfare practice identified. Counties that identified **Item 10** as an Area Needing Improvement included strategies that focused on:

1. Practice Enhancements
2. Training
3. Monitoring and Evaluation

Thus far, the following strategies were contained in approved PPA's:

- All youth in the custody of the agency will have a genogram developed within 30 days of entry into custody that identifies not only those who may be a placement option but also those who may provide emotional support to the child or family. Assigned caseworkers will staff genogram and relative search information with their direct supervisor during individual supervision. The Ongoing Unit Supervisor and Social Services Administrator will discuss any identified barriers during individual supervision. (*Practice Enhancements*)
- The Management Team will research family locator programs to assist the agency's ongoing efforts to identify and locate relatives. (*Practice Enhancements*)
- The Management Team will develop a family search and engagement letter. This letter will be used to notify and inquire about the willingness of individuals to care for a relative child that has entered the agency's temporary custody. During a staff meeting, the Management Team will review the new family search and engagement letter, the procedures for sending out the letters and the importance of following up on the letters sent to relatives. The Ongoing Supervisor will review the caseworker's ongoing efforts to identify, locate, inform, and evaluate potential relatives as possible placement options during monthly supervision. (*Practice Enhancements*)
- Each case record (SACWIS/Traverse) will have a summary of relative attempted contacts (in-person, phone, letter, internet searches, other electronic media) for each individual identified on the genogram. Information will include a highlight of information discussed and the family members' desire for involvement with the child/family. This will be completed prior to the first case review (90 Day Review) and reviewed for updates at each subsequent review (Case Reviews and Semi-Annual Administrative Review). (*Practice Enhancements*)
- Internal training to be developed and delivered by Ongoing Unit Supervisor to address strategies for relative searches for ongoing staff. (*Training*)
- Run a *Relative Placement Report* to establish a baseline number of relative placements. This report will be run on a quarterly basis to determine relative placement data throughout the PPA timeframe. (ROM: Foster Care: Key Practice Indicators > Initial Placements with Relatives). (*Monitoring and Evaluation*)
- Agency will utilize the ROM *Initial Placements with Relatives Report* to analyze the drill down data to determine the reasons why children who were removed from their homes were not initially placed with relatives. In addition, the Management Team will utilize the ROM *Placement Type Report* to analyze the data to determine the reasons why children have not been placed with relatives since entering foster care. (*Monitoring and Evaluation*)

- Based on the data analysis of children placed with relatives, the agency will develop a formal protocol to identify and locate relatives during the assessment/investigation phase and ongoing efforts to identify, locate, inform, and evaluate potential relatives as possible placement options for children already in foster care. (*Evaluation*) (*Practice Enhancements*)

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

#### Evaluation of CFSR Round 3 Program Improvement Plan Results

The case review component of the CFSR, PIP commenced in October 2020 and will conclude on September 30, 2021. Between the period of October 2020 through April 30, 2021, 34 applicable cases were reviewed for Item 11. Of the cases reviewed, 76.47% (26 cases) were rated as a Strength and, thus far, Ohio has seen an improvement in performance when compared to the CFSR Round 3 results.

#### Examination of County CPOE Monitoring Results

During initial CPOE Stage 12 Phase 1 reviews with PCSAs and IV-E Courts discussions occurred with PCSAs and IV-E Courts on the intent of **Item 11**. 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***

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.

## **WELL-BEING OUTCOMES**

There are no data indicators that are associated with the three Well-Being Outcomes. Case review 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.**

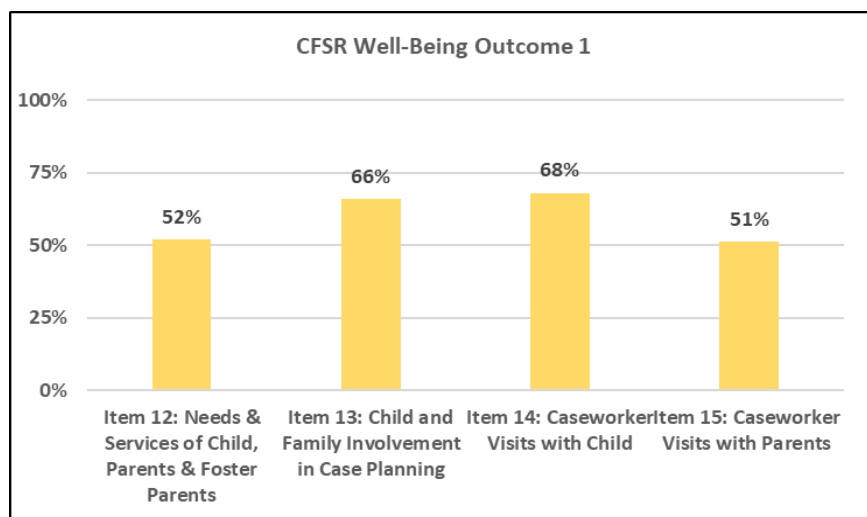
#### ***Well-Being Item Measures***

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% during CFSR Round 3 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.

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

#### [Evaluation of CFSR Round 3 Program Improvement Plan Results](#)

During the CFSR Round 3 Item 12 was rating at 52%. As a result of CFSR Round 3 findings, the PIP Goal was set at 56%.

The case review component of the CFSR, PIP commenced in October 2020 and will conclude on September 30, 2021. Between the period of October 2020 through April 30, 2021, 90 applicable cases were reviewed for Item 12. Of the cases reviewed, 61.11% were rated as a Strength and, thus far, Ohio has exceeded the PIP Improvement Goal of 56%.

### Examination of County CPOE Monitoring Results

During initial CPOE Stage 12 Phase 1 reviews with PCSAs and IV-E Courts, the following county specific reports are discussed which help to assess performance for **Item 12**:

- *Agency Independent Living Report (SACWIS)*
- *Identified Father Report (SACWIS)*

Based upon discussions PCSAs and IV-E Courts, in collaboration with ODJFS, develop a *Plan for Practice Advancement* (PPA's) to address changes that will need to occur to improve services and outcomes in response to areas of child welfare practice identified. Counties that identified Item 12 as an Area Needing Improvement included strategies that focused on:

1. Practice Enhancements
2. Monitoring and Evaluation

Thus far, the following strategies were contained in PPAs:

- Identify absent/non-custodial parents during all open assessments/investigations through family inquiry, request birth certificates and initiate contact with CSEA. Absent/non-custodial parent information will be documented in SACWIS after information is verified. Phone calls will be made to non-custodial parents who have a relationship (visitation and/or child support) with their child when an assessment/ investigation opens to inform them of agency involvement and to gather information that would be helpful in the assessment/ investigation process. (*Practice Enhancements*)
- Supervisors will discuss identification and engagement of absent/non-custodial parents during desk reviews with caseworkers. SACWIS participant and relationship information will also be checked for accuracy during desk reviews. (*Monitoring and Evaluation*)
- The administrator and supervisors will review quality assurance documents to determine if information needs added to them regarding monitoring absent/non-custodial parent engagement and involvement. (*Monitoring and Evaluation*)
- The ongoing supervisor will create and review the SACWIS *Identified Fathers Report* on a quarterly basis. (*Monitoring and Evaluation*)
- Each parent/caregiver and child residing in the home will be assessed for their needs to determine if treatment services (alcohol and drug, mental health, parenting, etc.) are necessary. Parents/caregivers and other children in the home will be referred to services as needed and their progress in treatment will be monitored through contacts with the service provider as well as skills demonstrated as a result of treatment. (*Practice Enhancements*)
- The court will collaborate with other agencies and state-run computer systems in an attempt to locate an absent parent. (*Practice Enhancements*)
- Performance Management Unit will run *Identified Fathers Report* in SACWIS monthly and send to Supervisors. Workers will determine if a father is identified and enter known information in SACWIS. If the father is unknown, workers will document attempts to

identify and locate in a SACWIS activity log. Supervisors will review *Identified Fathers Report* with staff during monthly case reviews. (*Monitoring and Evaluation*)

- The agency will combine Team Decision Meetings with Case Reviews to ensure a more thorough review occurs about case progress and how the progress/lack of progress impacts case decisions. Additionally, the agency will review agency policies and procedures pertaining to Team Decision Meetings and Case Reviews and will update the policies and procedures accordingly. Strategies will be developed and implemented on how caseworkers can present uncomfortable information to parents during Team Decision/Case Review and SAR meetings. During monthly supervision, the Ongoing Supervisor will discuss cases where caseworkers are having difficulty discussing uncomfortable information/situations and will provide support and guidance on how to appropriately have difficult conversations with parents. (*Practice Enhancements*)

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

#### Evaluation of CFSR Round 3 Program Improvement Plan Results

During the CFSR Round 3 Item 13 was rating at 66%. As a result of CFSR Round 3 findings, the PIP Goal was set at 70%.

The case review component of the CFSR, PIP commenced in October 2020 and will conclude on September 30, 2021. Between the period of October 2020 through April 30, 2021, 90 applicable cases were reviewed for Item 13. Of the cases reviewed, 84.44% were rated as a Strength and, thus far, Ohio has exceeded the PIP Improvement Goal of 70%.

#### Examination of County CPOE Monitoring Results

During initial CPOE Stage 12 Phase 1 reviews with PCSAs and IV-E Courts, the following county specific reports are discussed which help to assess performance for **Item 13**:

- Family Team Meeting Statistical Report (SACWIS)
- Identified Father Report (SACWIS)

Based upon discussions and analysis of the data PCSAs and IV-E Courts, in collaboration with ODJFS, develop a *Plan for Practice Advancement* (PPA) to address changes that will need to occur to improve services and outcomes in response to areas of children services practice identified. Counties that identified **Item 13** as an Area Needing Improvement included strategies in their PPA to address:

1. Practice Enhancements
2. Training
3. Monitoring and Evaluation

The following strategies were contained in approved PPAs:

- When cases are transferred to the ongoing unit, the ongoing caseworker will send letters or make face to face contact with the absent/non-custodial parent in order to involve them in the case planning process. (*Practice Enhancements*)
- Provide training on the family case plan case reviews, semi-annual reviews. (*Training*)
- Review case planning services with parent/caregiver on a monthly basis. Parent/caregiver will be informally assessed for services that are needed. (*Practice Enhancements*)
- Attempts to locate absent parent(s) will be made on a bi-monthly basis. (*Practice Enhancements*)
- Review Case Plan with parent/caregiver during the monthly face-to-face contact that is made. Each parent/caregiver and child residing in the home will be assessed for their needs to determine if treatment services (alcohol and drug, mental health, parenting, etc.) are necessary. Parents/caregivers and other children in the home will be referred to services as needed and their progress in treatment will be monitored through contacts with the service provider as well as skills demonstrated as a result of treatment. The court will collaborate with other agencies and state-run computer systems in an attempt to locate an absent parent. (*Practice Enhancements*)(*Monitoring and Evaluation*)
- Hold a training with staff regarding records request policy, procedures, and documentation. (*Training*)
- New hires will attend *Case Documentation and Effective Case Writing Skills* 315-23. (*Training*)

The following effective practices were identified:

### **Caseworker and Family**

- Caseworkers were developing Case Plans with families during Family Team Meetings or Family Conferences.
- Case Plans were amended frequently to reflect changes as they occurred.
- Agencies invited parents with known addresses to Semiannual Administrative Reviews through letters sent to parents as well as providing verbal notifications during contacts with parents.
- Mothers, stepfathers, custodial fathers were invited to participate in case planning, Family Team Meetings and Semiannual Administrative Reviews.
- 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 Program Improvement Plan Results](#)

During the CFSR Round 3 Item 14 was rating at 68%. As a result of CFSR Round 3 findings, the PIP Goal was set at 72%.

The case review component of the CFSR, PIP commenced in October 2020 and will conclude on September 30, 2021. Between the period of October 2020 through April 30, 2021, 90 applicable cases were reviewed for Item 14. Of the cases reviewed, 84.44% were rated as a Strength and, thus far, Ohio has exceeded the PIP Improvement Goal of 72%.

### Examination of County CPOE Monitoring Results

During initial CPOE Stage 12 Phase 1 reviews with PCSAs and IV-E Courts, the following county specific reports are discussed which help to assess performance for **Item 14**:

- *Comprehensive Visitation Report (SACWIS)*
- *Months Worker-Child Visits Made (ROM)*
- *Months with Visit In-Home (ROM)*
- *Worker-Child Visitation Pending/Completed (Foster Care: Caseworker Visits) (ROM)*
- *Monthly Visits Made with Involved Children (State Involved: Caseworker Visits) (ROM)*

Based upon discussions and analysis of the data PCSAs and IV-E Courts, in collaboration with ODJFS, develop a *Plan for Practice Advancement* (PPA) to address changes that will need to occur to improve services and outcomes in response to areas of children services practice identified. Counties that identified **Item 14** as an Area Needing Improvement included strategies in their PPA to address:

1. Time Management
2. Practice Enhancements
3. Training and Coaching
4. Monitoring and Evaluation

The following strategies were contained in approved PPAs:

- Inform staff of agency expectations to enter all monthly ongoing visit documentation into SACWIS by the next business/workday. (*Time Management*)
- The Intake and Ongoing Supervisors will review caseworker visit documentation for quality during bi-weekly or monthly supervision. (*Practice Enhancements*)
- Obtain training/coaching session on time management for all staff. If necessary, additional individual coaching will be obtained. (*Time Management*) (*Training and Coaching*)
- Ongoing Supervisor will generate the *Comprehensive Visitation Report* from SACWIS on a monthly basis in order to evaluate the overall completion of all required monthly ongoing visits. (*Monitoring and Evaluation*)
- Ongoing Supervisor will randomly select two cases during individual staffing each month to evaluate the timeliness of monthly ongoing visits into SACWIS. (*Monitoring and Evaluation*)
- Caseworkers will attend Friday meetings where topics will include importance of completing monthly visits and quality of documentation of visits. (*Training*)

- Ongoing supervisors will conduct bi-weekly case conferences during which they will monitor completion of monthly visits and assist with scheduling. (*Practice Enhancements*) (*Monitoring and Evaluation*)
- Administrator will generate SACWIS *Comprehensive Visitation Report* mid-month to determine which cases still need visits. (*Monitoring and Evaluation*)
- Ongoing supervisors and administrator will review the SACWIS *Comprehensive Visitation Report* to track completion of visits and the Ongoing supervisor will review quality during bi-weekly case conferences. (*Monitoring and Evaluation*)(*Practice Enhancements*)
- Intake and Ongoing Supervisors will review caseworker visit documentation for quality during bi-weekly or monthly supervision. ((*Monitoring and Evaluation* (*Practice Enhancements*))

A noted barrier was a high/moderate turnover of caseworkers and supervisors. Due to COVID-19, agencies faced additional challenges in recruiting and hiring staff. 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). Additionally, caseworker contacts with children may have been impact by COVID-19 restrictions and some families not having access to the internet to engage in virtual visits with caseworkers.

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

##### Examination of CFSR Round 3 Program Improvement Plan Results

During the CFSR Round 3 Item 15 was rating at 51%. As a result of CFSR Round 3 findings, the PIP Goal was set at 56%.

The case review component of the CFSR, PIP commenced in October 2020 and will conclude on September 30, 2021. Between the period of October 2020 through April 30, 2021 85 applicable cases were reviewed for Item 15. Of the cases reviewed, 71.76% were rated as a Strength and, thus far, Ohio has exceeded the PIP Improvement Goal of 56%.

##### Examination of County CPOE Monitoring Results

During initial CPOE Stage 12 Phase 1 reviews with PCSAs and IV-E Courts, the following county specific report is discussed which help to assess performance for Item 15:

- *Comprehensive Visitation Report (SACWIS)*

Based upon discussions and analysis of the data PCSAs and IV-E Courts, in collaboration with ODJFS, develop a *Plan for Practice Advancement* (PPA) to address changes that will need to occur to improve services and outcomes in response to areas of children services practice identified. Counties that identified Item 15 as an Area Needing Improvement included strategies in their PPA to address:



1. Time Management
2. Practice Enhancements
3. Training and Coaching
4. Monitoring and Evaluation

Thus far the following strategies were contained in approved PPAs:

- Inform staff on the agency expectation to enter all monthly ongoing visit documentation into SACWIS by the next business/workday. *(Time Management)*
- Obtain training/coaching session on time management for all staff. If necessary, additional individual coaching will be obtained. *(Time Management) (Training and Coaching)*
- Ongoing Supervisor will generate the *Comprehensive Visitation Report* from SACWIS on a monthly basis in order to evaluate the overall completion of all required monthly ongoing visits. *(Monitoring and Evaluation)*
- Ongoing Supervisor will randomly select two cases during individual staffing each month to evaluate the timeliness of monthly ongoing visits into SACWIS. SACWIS “timestamps” each activity log for date and time of creation. *(Monitoring and Evaluation)*
- Caseworkers will attend Friday meetings where topics will include importance of completing monthly visits and quality of documentation of visits. *(Training)*
- Intake and Ongoing Supervisors will review caseworker visit documentation for quality during bi-weekly or monthly supervision. *(Practice Enhancements)*
- Administrator will generate SACWIS *Comprehensive Visitation Report* mid-month to determine which cases still need visits. *(Monitoring and Evaluation)*
- Ongoing supervisors and administrator will review the SACWIS *Comprehensive Visitation Report* to track completion of visits and the Ongoing supervisor will review quality during bi-weekly case conferences. *(Monitoring and Evaluation) (Practice Enhancements)*

As with Item 14, a noted barrier in the counties 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, Ohio was found not in Substantial Conformity with Well-Being Outcome 2 since 85% of the cases were rated as a Strength. This falls below the expected level of compliance which is 95%.

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.

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

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

The case review component of the CFSR, PIP commenced in October 2020 and will conclude on September 30, 2021. Between the period of October 2020 through April 30, 2021, 40 applicable cases were reviewed for Item 16. Of the cases reviewed, 90% (36 cases) were rated as a Strength. Thus far, this exceeds the CFSR Round 3 level of performance for this Item which was 85%.

## Examination of County CPOE Monitoring Results

During initial CPOE Stage 12 Phase 1 reviews with PCSAs and IV-E Courts a discussion occurred on the assessment of children's educational needs and addressing needed educational services. Based upon discussions and analysis of the data PCSAs and IV-E Courts, in collaboration with ODJFS, develop a *Plan for Practice Advancement* (PPA) to address changes that will need to occur to improve services and outcomes in response to areas of children services practice identified. Counties that identified **Item 16** as an Area Needing Improvement included strategies in their PPA to address:

1. Practice Enhancements
2. Training
3. Time Management
4. Monitoring and Evaluation

Thus far, the following strategies were contained in approved PPAs:



- Develop and implement a policy regarding requests for educational information from schools. **(Practice Enhancements)**
- Hold a training with all staff regarding records request policy, procedures, documentation. **(Training)**
- Support staff will develop an EXCEL spreadsheet to request records. Support staff will assist with entering records in SACWIS and sending out requests for records. **(Practice Enhancements)**
- Supervisors will ensure all educational information is entered in SACWIS for youth in foster care prior to completing SAR. Supervisors will ensure that educational section of JFS01443 is up to date and generated in SACWIS. At the time of case review/SAR, Supervisors will ensure that educational information is entered and up to date on in-home cases as applicable. **(Monitoring and Evaluation)**
- Person profiles in SACWIS for youth in agency custody will be maintained and kept up to date (Med/Ed) and caseworkers will review each child's education and medical plan in SACWIS during supervision, monthly. **(Time Management)**
- Caseworkers will update all education and medical forms monthly at the time of entering their monthly face to face visits into SACWIS. **(Time Management)**
- Progress will be measured by running a monthly SACWIS or ROM report(s) identifying that all children in agency custody have a current education and medical status and discussing this with caseworkers during monthly supervision. If there are items that need to be completed, the supervisor will provide the caseworker with a timeframe to complete them. **(Monitoring and Evaluation)**

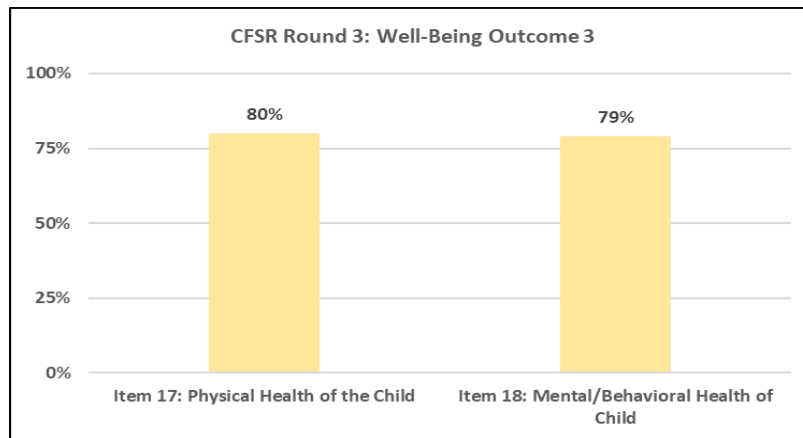
### **Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.**

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 76% compliance and was not in Substantial Conformity with Well-Being Outcome 3. The following graph depicts the results for Well-Being Outcome 3.



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.

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.

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

#### [Examination of CFSR Round 3 Program Improvement Plan Results](#)

The case review component of the CFSR, PIP commenced in October 2020 and will conclude on September 30, 2021. Between the period of October 2020 through April 30, 2021, 57 applicable cases were reviewed for Item 17. Of the cases reviewed, 91.23% (52 cases) were rated as a Strength. Thus far there has been an improvement in performance for this Item when compared to the performance results from CFSR Round 3.

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

During initial CPOE Stage 12 Phase 1 reviews with PCSAs and IV-E Courts the following agency specific data reports were reviewed:

- *AFCARS Exception Report (SACWIS)*
- *Medication Detail Report (SACWIS)*

Based upon discussions and analysis of the data PCSAs and IV-E Courts, in collaboration with ODJFS, develop a *Plan for Practice Advancement* (PPA) to address changes that will need to occur to improve services and outcomes in response to areas of children services practice identified. Counties that identified **Item 17** as an Area Needing Improvement included strategies in their PPA to address:

1. Time Management
2. Practice Enhancements
3. Training
4. Monitoring and Evaluation

The following strategies were contained in PPAs:

- Person profiles in SACWIS for youth in agency custody will be maintained and kept up to date (Med/Ed) and caseworkers will review each child's education and medical plan in SACWIS during supervision, monthly. (*Time Management*)
- Caseworkers will be informed of the mandate regarding entering Med/Ed information into SACWIS and be provided training on how to properly complete this mandate. (*Time Management*) (*Training*)
- Caseworkers will review the Network's monthly reports when received to focus upon the child's medical appointments and follow-up with the Network to ensure the child's medical records are received by the agency in a timely manner. (*Case Practice Enhancements*)
- Ongoing caseworkers will ensure child's JFS 01443 Medical information is updated at critical intervals/required time frames. Ongoing supervisor will discuss JFS 01443's during SAR's to ensure completion. (*Case Practice Enhancements*) (*Time Management*) (*Monitoring and Evaluation*)
- Intake caseworkers will initiate the child's JFS 01443 medical forms with available information. (*Practice Enhancements*)

The following effective practices were identified:

#### **Caseworker and Child**

- Children in substitute care were receiving regular health screenings, dental and vision examinations, immunizations, and follow-up treatment.
- Youth participated in services to address the health issues identified through assessments.

#### **Caseworker and Provider**

- Frequent contacts were made with medical providers and documented.

## **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 Program Improvement Plan Results

The case review component of the CFSR, PIP commenced in October 2020 and will conclude on September 30, 2021. Between the period of October 2020 through April 30, 2021, 51 applicable cases were reviewed for Item 18. Of the cases reviewed, 72.56% (37 cases) were rated as a Strength. Thus far there has been little improvement in performance for this Item when compared to the performance results from CFSR Round 3.

#### Examination of County CPOE Monitoring Results

During initial CPOE Stage 12 Phase 1 reviews with PCSAs and IV-E Courts the following agency specific data reports were reviewed:

- *AFCARS Exception Report (SACWIS)*
- *Medication Detail Report (SACWIS)*

Based upon discussions and analysis of the data PCSAs and IV-E Courts, in collaboration with ODJFS, develop a *Plan for Practice Advancement* (PPA) to address changes that will need to occur to improve services and outcomes in response to areas of children services practice identified. Counties that identified Item 18 as an Area Needing Improvement included strategies in their PPA to address:

1. Assessment
2. Collaboration
3. Practice Enhancements
4. Monitoring and Evaluation

The following strategies were contained in approved PPAs:

- Agency will complete an informal assessment of unmet needs and work to expand the needed services by meeting with providers to discuss current needs and possible solutions. (*Assessment*) (*Collaboration*)
- Work with local ADAMHS board and service providers to explore options for service improvement in the area of mental health for children (*Assessment*) (*Collaboration*)

- Agency will complete *Adverse Childhood Experiences* (ACE) questionnaire on all children ages 5 and up within 7 days of removal. Children with an ACE score of 5 or more will be referred to mental health services. Supervisor will review the removal packet and intake packet prior to the case transfer to ensure the ACES checklist is completed and a referral has been sent to the mental health provider. (*Practice Enhancements*) (*Monitoring and Evaluation*)

### ***Conclusions***

In the upcoming year, statewide data will continue to be examined to determine the impact of COVID-19 and the Stay at Home Order on achieving all Well-being Outcomes.

## 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 FFY2020, 3,629 work items were completed to improve functionality across all modules: twenty-three (23)% of these work items were in the Screening/Intake module; 27% in the Case Management module; 18% in Resource Management; 2% in Administration; 17% in Finance; and 13% in Reporting.

ODJFS has consistently funded significant CCWIS development to support new initiatives such as Ohio Kinship and Adoption Navigator (OhioKAN), Residential Treatment Information System (RTIS), Kinship Support Program (KSP), Assessor Registry, Interactive Mapping, data reporting and regular system improvements. In November 2020, SACWIS deployed 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.
- PCSAO Directors' Meetings: Agency directors provide feedback on CCWIS functionality, and user needs.
- Title -E Juvenile Court Roundtable: Ohio SACWIS participates in these meetings to announce future enhancements, answer functionality questions, and gather information on desired modifications.
- Build Release Calls: Ohio SACWIS conducts regular build release calls to review new functionality and respond to concerns/questions from users. The format has been updated to include a more robust interactive meeting.

- CQI Workgroups: Quarterly focus groups of county users suggest changes to support CQI process and system improvements.
- 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.
- 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.
- Office of Families and Children Touchpoints: OFC staff provides monthly updates to public and private agencies and notice of upcoming programmatic changes, including system functionality upgrades.

Future activities designed to improve the users' experience with Ohio SACWIS include continuing work on the RTIS 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 support streamlined caseworker data entry. Enhancements will include: providing the Statewide Student Identifier (SSID) for each child to link information from the Department of Education for expanded data sharing; Comprehensive Assessment and Planning Model (CAPM) tool updates to improve decision making during the assessment phase; adding functionality to support the prevention services case planning activities; and providing training, visual aids and technical assistance to users regarding new and updated Ohio SACWIS functionality.

## ***Conclusions***

Ohio 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

The Ohio 2017 CFSR Final Report presented the findings of five items related to the Systemic Factor - *Case Review System*. Three of the Items were rated as a “Strength” and two Items were rated as “Areas Needing Improvement”. 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.

In order to address the finding of Round 3 of the CFSR the Supreme Court of Ohio developed the following Goal and Strategies to include in the CFSR PIP:

**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, a bench guide and a court report will be created that can be utilized to increase best practices at hearings.

## ***Updates***

### **Goal 4, Strategy 2:**

Two of Ohio's largest CFSR counties agreed to participate in a complete walk-through of the abuse, neglect, dependency court case process, from shelter care through termination of parental rights, to identify areas of delay that may impact permanency outcomes. In addition, focus groups were held with court staff, prosecutors, guardian ad litem (GAL), public defenders, Magistrates, and agency attorneys. Based upon information gleaned from the focus groups and the walk-throughs each agency implemented targeted strategies to address their areas needing improvement.

### **Goal 4, Strategy 3:**

A Quality Hearing Workgroup was established to use findings from the Quality Hearing study to develop a SACWIS Court Report and a bench guide to increase best practices at annual/permanency hearings. The Court Report is not meant to replace testimony, but it does facilitate discussion by providing current and historical custody and placement history, permanency goals, Indian Child Welfare Act information, school and special education information, family members' strengths and concerns, visitation, permanency planning and reasonable efforts. The bench guide includes suggested questions to help the judicial officer engage the family in the hearing, assess appropriateness of placement and services, and to determine reasonable efforts to prevent removal and finalize the permanency plan.

The Quality Hearing study evaluator, Dr. Alicia Summers, is currently in the process of conducting a follow-up Quality Hearing study to assess the impact of the initial study and the implementation of strategies to improve hearing quality. The study is expected to conclude by June 30, 2021.

In addition to the Goal and two Strategies included in the CFSR PIP the following Goal and Objectives are contained in the 2020-2024 CFSP to further contribute to the timely permanency Goal outlined in the CFSR PIP:

**Goal 2:** Ensure Children are Placed in the Most Appropriate and Family-like Setting.

**Objective 6:** Improve Quality of Legal Representation in Abuse, Neglect, and Dependency Cases.

**Objective 7:** Provision of Timely Legal Permanency for Families and Children.

A Child Welfare Quality Legal Representation workgroup was established last fall. The workgroup is comprised of three subcommittees: Attorney Training & Standards, Pre-Petition Representation, and Multidisciplinary Representation. All three subcommittees are working together under the larger workgroup to achieve individual goals related to the overall goal of improving best practices and training for attorneys serving clients in child welfare cases to improve outcomes for children

and families. In January, our first agency began piloting a Multi-Disciplinary Legal Representation project. In May, the Supreme Court of Ohio in collaboration with ODJFS, released a funding opportunity to solicit additional agencies to pilot Multi-Disciplinary Legal Representation.

### ***Conclusions***

It is anticipated the identified strategies within the CFSP and CFSR, PIP will have an impact on achieving timely permanence for children and increased involvement of families, foster parents, pre-adoptive parents, and relative caregivers of children in foster care review hearings. Insufficient court data and/or a lack of court data collection systems are an ongoing barrier to a quantitative analysis. As a result, this will continue to be assessed qualitatively through interviews and case reviews.

## 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* based upon 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 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 part of the current CPOE Stage 12 process. Following an initial self-assessment and PPA process including 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, policy, and potential SACWIS changes. For example, Ohio's rule for case planning and home visit requirements is currently under revision and information obtained from the Quality Improvement System is being incorporated into these revisions.

#### Statewide CQI

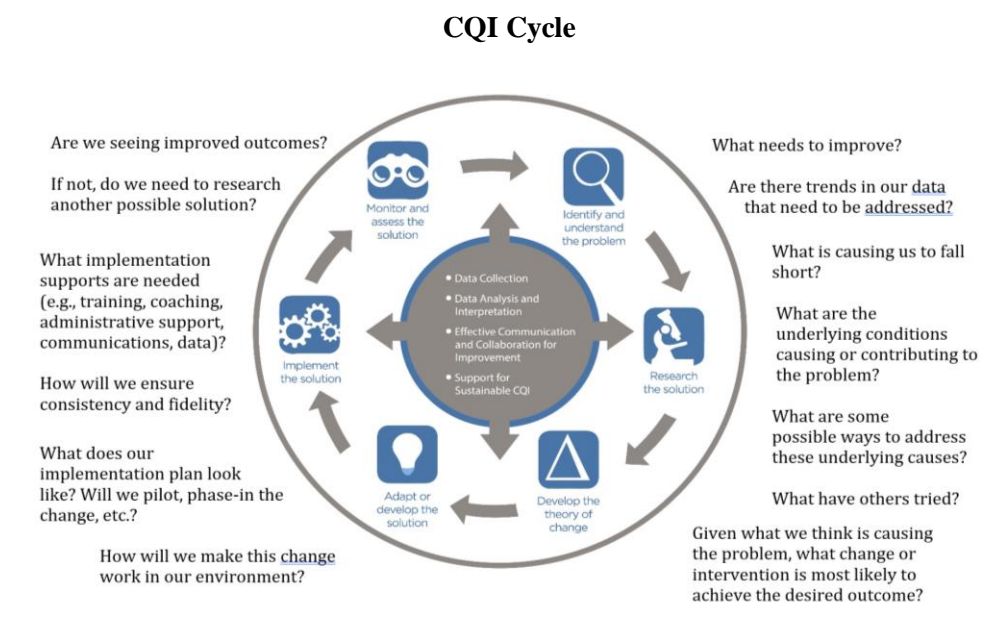
The OFC's Statewide CQI committee refined its process in 2020 and the process continues to be under refinement. There are four subcommittees which carried out the work of the OFC Statewide CQI Committee. Each of the four subcommittees developed work plans towards meeting measurable goals. In this way, the subcommittees were able to apply CQI principals to their own process. As the Statewide CQI team meetings have been conducted over the past year, the Tri-Chairs have taken several opportunities to revisit the CQI process found in the team's framework

document. The efforts at revisiting these foundational principles were made in an effort to revisit the basics of CQI and ensure they 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-to disseminate statewide. These presentations often inspire experimentation with new approaches. Additional feedback loops included quarterly presentations about the Family First Prevention Services Act planning, Ohio's CFSR PIP activities, and Ohio's CPOE process and findings. The Statewide CQI process serves as a mechanism for gathering feedback, sharing ideas, as well as sharing outcomes. While the process has been an effective process for sharing ideas and best practices, OFC is currently examining how to structure the CQI process to better apply CQI principles to important outcomes. As the revised process is developed focus will be to ensure the CQI process is able to apply the CQI cycle to important child welfare outcomes, while at the same time, promoting growth of CQI practices.

Due to COVID-19 concerns meetings have been held virtually this year. As COVID-19 concerns continue and Ohio is facing potential budgetary restrictions impacting the travel of county and private agency members the team will be exploring options for virtual meetings as a standing option.

The following diagram depicts the 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

#### Introduction

##### *Statewide Coordination of OCWTP*

ODJFS released a Request for Proposal (RFP) for Ohio's Child Welfare Training Program (OCWTP) and Ohio's Human Services Training System (OHSTS) on June 30, 2020. All qualifying proposals were reviewed and scored by a Proposal Review Team (PRT), which consisted of representatives from within the Office of Families and Children, Public Children Services Association of Ohio (PCSAO), and Regional Training Centers (RTCs). The Ohio's University Consortium for Child and Adult Services (OUCCAS) was selected as the vendor and awarded the OCWTP/OHSTS contract on December 4, 2020.

OUCCAS is a team of professionals from three Ohio public universities. It includes professional staff and faculty from the following organizations:

- The School of Social Work at the University of Cincinnati
- The Department of Social Work at Ohio University
- The School of Social Work at the University of Akron
- The Department of Psychology at the University of Cincinnati
- The INNOVATIONS in Community Research and Program Evaluation unit at Cincinnati Children's Hospital Medical Center (CCHMC) which is academically affiliated with the University of Cincinnati.

OUCCAS brings several needed components to Ohio's training program for child welfare staff, resource parents, kinship caregivers and adult protective services.

- *Continuous Quality Improvement Team:* OUCCAS will staff a Continuous Quality Improvement team that adds a much-needed component to OCWTP and OHSTS. As an independent yet connected unit, this team brings transparency to many functions and will systematically help identify what to keep, expand, or roll back to improve both training programs.
- *Instructional Design:* Content development will be supplemented by a team of instructional designers who will package content areas in a variety of delivery methods. This will allow parts of content that is central to multiple populations to be used in multiple ways.
- *Evidence-Based Practice:* Academia is well established to enable professionals to access and use best-available evidence. Where this has been challenging in the past, scoping

reviews of key content areas can be easily accomplished in terms of accessing the resources and in terms of enhanced staffing afforded to us using graduate interns hired through this project.

- *Technology:* All means of technology is necessary to support development of relevant, current, and accessible training products. OUCCAS universities have access to advanced technological support for development, delivery, and dissemination of training products. Further, as technology advances, the universities are prepared to advance with technology. This is necessary to assure training products remain current and accessible.
- *Staff Experience:* Several staff in key positions have countless years with direct organizational experience with OCWTP and OHSTS. Other identified staff have training experience in other fields, and all are skilled and acknowledged as effective professionals who have dedicated their careers to adult learners.

Once the new OCWTP contract was awarded to the University of Cincinnati (UC) in December 2020, the existing OCWTP vendor, Institute for Human Services (IHS) terminated their contract effective December 31, 2020. IHS had held OCWTP contract for 35 years. ODJFS and UC acted swiftly to transition OCWTP in under 30 days with little to no service interruption for the end user(s). ODJFS and UC are working together on developing a new approach to deliverable work within OCWTP and OHSTS. A training plan will be the result of this collaborative work and is currently in process.

### ***Role of Regional Training Centers***

Eight [Regional Training Centers \(RTCs\)](#), operated by county public children's services agencies identify and address the training needs of staff and assist in developing, piloting, and evaluating training activities. In addition, they are responsible for the budgeting, 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, transfer of learning, and other training-related issues.

### ***Overview of Training Statistics and Training Evaluations***

OCWTP offered 4,037 training programs in SFY 21, totaling 20,163 hours of training for 42,046 learners (a duplicated count as many learners attended multiple sessions). Of these learners, 25,826 were registered in E-Track, the learning management system, and 16,220 were not, the latter category overwhelmingly represented by potential caregivers who were completing pre-service requirements to be licensed (after which they can be registered users). Altogether the system provided 206,958 hours of instruction as measured by the number of hours learners were in training. (Data for April-June 2021 is based on registrations already in the system.)

Learners also have the option of registering to take training through such trusted partners as Foster Parent College. It was projected that 7,024 learners (a duplicated count) received 10,342 hours of

online training during SFY 2021. In this case, annual totals are based on actual enrollments from June 2020 through March 2021 extrapolated to the entire 12-months of the SFY.

While not mentioned further in this section of the report, it is worth noting that OCWTP offered nine sessions lasting a total of 69 hours to 50 different trainers on how to become a more effective trainer.

OCWTP scheduled trainings nearly always require learners complete a short survey that includes a variety of evaluation questions. Learners are typically asked 8-12 questions, many of which include a rating scale as well as an opportunity to comment. Most questions fall into three categories: (1) questions specific to the content of the training, (2) questions specific to the delivery of the training, and (3) questions specific to the impact of the training. Practice has been that within the last two categories, questions can change from session to session, so it was challenging to select results to summarize for this report. Generally, a couple of questions from each of the last two categories are presented in this report.

## **Initial Staff Training**

### ***Introduction***

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

- New public [child welfare caseworkers](#)
- New public [child welfare supervisors](#)
- [Social workers providing foster care and/or adoption services](#) (includes public, private, and court assessors)

This section describes mandated initial training for each population along with data related to training impact.

### ***Caseworkers***

#### **Content**

OCWTP addresses the initial skills and knowledge needs of Ohio's direct-service caseworkers in two ways:

- Casework Core training
- Casework Core companion learning labs

Each Core module introduces fundamental knowledge and skills new caseworkers must learn, and continue to develop, to become an effective child welfare caseworker. The following table identifies the Casework Core Training Module, the Case Caseworker Core Companion Learning Lab and their respective title.

<b>Caseworker Training Module</b>	<b>Title</b>
Module 1	Family-Centered Approach to Child Protective Services
Module 2	Engaging Families in Family-Centered Child Protective Services
Module 2 Learning Lab	Engagement Skills
Module 3	Legal Aspects of Family-Centered Child Protective Services
Module 4	Assessment and Safety Planning in Family-Centered Child Protective Services
Module 4-1 Learning Lab	Assessing Safety
Module 4-2 Learning Lab	Assessing Strengths and needs
Module 5	Gathering Facts in Family-Centered Child Protective Services
Module 5 Learning Lab	Gathering Facts
Module 6	Service Planning and Provision in Family-Centered Child Protective Services
Module 6 Learning Lab	Service Planning
Module 7	Child Development: Implications for Family-Centered Child Protective Services
Module 8	Separation, Placement, and Reunification in Family-Centered Child Protective Services

### **Content Revisions During SFY 2021**

- Caseworker Core in-class Modules 1 and 7 were finalized and went live in May 2020.
- Caseworker Core Modules 2, 4, 6, 7, and 8 and the four CAPMIS Modules were converted to virtual, instructor-led delivery between April-June 2020.
- Caseworker Core Modules 3 and 5 were also converted to virtual, instructor-led delivery.



## **Learners**

All newly hired caseworkers must complete Caseworker Core within one year of hire. Core consists of 102 hours of training spread over 8 workshops (some multiday). There are four optional Learning Labs (LL) that provide an additional 30 hours of training.

<b>OCWTP Scheduled Training: Caseworker Core</b>						
Module	Sessions	Session Hours	Learners			
			Total	Registered	Guests	Hours
Module 1	49	588	643	640	3	7,715
Module 2	56	288	673	653	20	3,317
Module 2LL	50	264	471	438	32	2,507
Module 3	52	624	640	615	25	7,681
Module 4	55	540	708	703	5	6,441
Module 4LL	93	558	853	836	18	5,120
Module 5	48	288	616	607	9	3,694
Module 5LL	48	288	473	469	4	2,837
Module 6	71	846	832	816	15	10,860
Module 6LL	55	294	537	529	8	2,933
Module 7	78	828	1,045	1,029	16	10,158
Module 8	64	816	815	806	9	10,006

## **Delivery**

Core Trainers must be approved OCWTP trainers by submitting applications, resumes, and references; successfully completing an interview process; and attending the following three Training of Trainer (TOT) sessions:

- Stand Up and Take Charge of the Learning Environment
- Addressing Diversity Issues in Your Training
- CAPMIS

Core trainers are further vetted by vendor content staff to ensure a high standard of knowledge and experience that matches content in the Core modules they will train. They must attend a Training on Content (TOC) on new or revised Core curricula.

Casework Core moved to a virtual instructor-led model in Spring of 2020. As noted earlier in revisions, this required adapting curricula for this new delivery method.

## Impact

<b>Evaluations of Caseworker Core Training Sessions</b>					
	<b>% of Learners Reporting That</b>				
	Trainer Offered Direction for Use of Content	Trainer Managed the Group Effectively	They Learned What They Expected to Learn	Job Performance Will Improve as a Result	They Intend to Use Learning After Training
Module 1					99.2
Module 2		97.8	97.8	98.9	99.5
Module 2 LL	87.7	98.8	96.4		100.0
Module 3				98.4	
Module 4	86.7	91.9	99.0	99.0	99.5
Module 4 LL	87.8	97.3	98.9	99.5	99.0
Module 5		97.8	99.4	98.9	98.4
Module 5 LL		98.2	99.4	98.2	98.8
Module 6	75.1	100.0	98.6	98.6	99.2
Module 6 LL	73.7	100.0		100.0	98.1
Module 7	85.6				98.8
Module 8	81.8				99.0
N	146 to 327	55 to 187	70 to 187	55 to 187	82 to 398

## Compliance

Effective April 1, 2016, PCSAs were required to maintain the education and in-service training records of staff through “E-Track,” OCWTP’s learning management system (LMS). 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 to enable aggregate reporting on compliance numbers at the unit, county, region, and statewide level. The Compliance reports now include completion status of each required Core module, and - in subsequent years - the status of ongoing training requirements. These modifications save counties from needing to check individual transcripts to determine caseworkers’ compliance with training mandates. 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, which was the predominant delivery method for caseworkers. Self-directed and virtual classrooms have been available for ongoing training mandates, but Core content had been offered solely via instructor-led classroom training. By June 2020, five of the eight caseworker Core modules were accessible online. The state afforded counties the option to extend, on an individual basis, the timeframe to complete training by developing training plans documented in HR files. There is no interface of

HR information with the LMS. Nor is there an exception field in the compliance reports. Consequently, compliance reports do not reflect any extensions granted by counties for caseworkers.

Reviewing caseworker Core compliance reports determined the following: 557 persons had mandated casework Core training to be completed between March 28, 2020, and March 29, 2021; **62%** of caseworkers were compliant with initial training requirements.

### **Challenges and Response**

In the beginning of this fiscal year, the pandemic restricted in-class sessions of all trainings and is only just beginning to ease. Although OCWTP had offered virtual trainings for several years, the offerings were limited to a handful of trainers and trainings and were centrally managed by the vendor. In response, OCWTP held regular planning meetings of the Casework Practice Team to respond to the changing needs due to the pandemic.

As in-class trainings were prohibited throughout the pandemic and as OCWTP rushed to adapt delivery methods, some counties experienced delays in newly hired staff completing some core modules. In response:

- RTCs helped to coordinate Core trainings and accommodated registrations outside of their regions when needed.
- ODJFS afforded counties the option to extend, on an individual basis, the timeframe to complete training by developing training plans documented in HR files.

Most Core trainers lacked experience with virtual training. In response, an Ad Hoc group met weekly during June 2020 and the entire first quarter to establish an approval process for trainers to provide virtual instructor-led sessions in the system. They established a specialized application process and developed criteria for approval as a virtual trainer. Applications were assessed with the use of a rubric to: 1) determine a trainer's understanding of the nuances of virtual training and 2) assess a trainer's ability to provide virtual training sessions by observing the trainer in a virtual demonstration. Most Core trainers opted to train virtually and were approved using this process.

## **Supervisors**

### **Content**

Supervisor Core consists of 72 hours of training, covered in six modules. There is one optional 6-hour Learning Lab.

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.

Each core module introduces fundamental knowledge and skills new supervisors must learn, and continue to develop, to become an effective child welfare supervisor. The following table identifies the Supervisor Core training Module, the Supervisor Core companion Learning Lab and their respective titles.

Supervisor Training Module	Title
Module 1	Supervising Casework Practice
Module 2	Leadership in Child Welfare
Module 3	Leading Change and Managing Conflict
Module 4	Assessing and Evaluating Individual Staff Performance
Module 5	Professional Development of Staff
Module 6	Building a Highly Effective Unit
Learning Lab	Promoting Critical Thinking in Casework Practice

### Learners

OAC rule 5101:2-33-56 requires a newly hired PCSA supervisor to complete OCWTP's Supervisor Core series within their first two years of employment in that position. Supervisors are required to complete 60 hours of training in their first year.

OCWTP Scheduled Training: Supervisor Core						
Module	Sessions	Session Hours	Learners			
			Total	Registered	Guests	Hours
Module 1	11	132	100	100	0	1,197
Module 2	7	84	77	75	1	920
Module 3	10	120	95	95	0	1,140
Module 4	11	132	108	108	0	1,297
Module 5	10	120	99	99	0	1,188
Module 6	10	120	78	78	0	936
LL	1	6	5	5	0	30

## **Content Revisions During SFY 2021**

- Folded motivational interviewing concepts into the revision of the Supervisor Core Module 1 Learning Lab.
- Created Spaced Retrieval campaigns for each of the Supervisor Core Modules:  
  
Supervisor Core Module 1: Supervising Casework Practice - [Part 1](#) and [Part 2](#)  
Supervisor Core Module 2: Leadership in Child Welfare - [Part 1](#) and [Part 2](#)  
Supervisor Core Module 3: Leading Change and Managing Conflict - [Part 1](#) and [Part 2](#)  
Supervisor Core Module 4: Assessing and Evaluating Individual Staff Performance - [Part 1](#) and [Part 2](#)  
Supervisor Core Module 5: Professional Development of Staff - [Part 1](#), [Part 2](#), [Part 3](#)  
Supervisor Core Module 6: Building a Highly Effective Unit - [Part 1](#) and [Part 2](#)
- Revised modules for virtual delivery and developed extensive producer guides for each module that included digital Journals for each module that allowed participants to take notes while online, google docs for use in breakout rooms, polls and quizzes.

## **Challenges and Response**

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 2020; however, the remaining RTCs cancelled their in-person sessions through the end of the fiscal year. In response, OCWTP quickly began to redesign Core modules for virtual delivery. The impact COVID-19 will have on supervisors meeting their initial training requirements is yet to be determined.

Supervisor Core had many of the same delivery challenges mentioned for Casework Core. As a result, they joined the Ad Hoc team to develop a screening and onboarding process for Core trainers new to virtual delivery. Unlike, Casework Core, however, producers were hired and trained to help facilitate the various activities incorporated into the revised modules to facilitate virtual engagement on the part of participants.

## **Delivery**

Supervisor Core trainers are approved and vetted in a similar process described in the section above.

The online version of the Supervisor Core series started to be offered in June 2020. Each module started to be offered virtually according to the dates noted below:

- SC1: Supervising Casework Practice – August 2020
- SC2: Leadership in Child Welfare – February 2021

- SC3: Leading Change and Managing Conflict – June 2020
- SC4: Assessing and Evaluating Individual Staff Performance – August 2020
- SC5: Professional Development of Staff – October 2020
- SC6: Building a Highly Effective Unit – June 2020

### **Impact**

<b>Evaluations of Supervisor Core Training Sessions</b>			
	<b>% of Learners Reporting That</b>		
	Activities Helpful in Understanding Content	Job Performance Will Improve as a Result	Information Presented Relevant to Current Needs
Module 1	59.3	92.9	85.7
Module 2	34.6	100.0	66.7
Module 3	71.4	100.0	92.3
Module 4	67.9	100.0	
Module 5	50.0	100.0	84.6
Module 6	63.6	100.0	71.4
N	11 to 28	13 to 21	13 to 21

### **Compliance**

The Compliance report was utilized to determine 160 people were due to complete mandated supervisor Core training between March 29, 2019 through March 28, 2021, and **61%** of those supervisors were compliant with initial training, which is to be completed within two years. Core had not been delivered virtually until June 2020, when two of the six modules were launched. All six modules of Supervisor Core were available by February 2021 as virtual instructor-led training. Due to the COVID-19 pandemic, the state afforded counties the option to extend, on an individual basis, the timeframe to complete training by developing training plans documented in HR files. There is no exception field in the compliance report. There is also no interface of HR information with the learning management system. Consequently, compliance reports do not reflect any extensions granted by a county for individual employees.

### **Assessors**

Both initial and ongoing training of assessors are discussed in this section. This is because after assessors complete the Tier I and Tier II series that constitute initial training, the assessors are required to attend six hours of ongoing adoption or foster care training every two years thereafter.

Re-completion of Tier I or Tier II modules may count toward an assessor's ongoing training hours. Assessors who had a break in employment as an assessor and are no longer current with their six-hour ongoing training requirements are required to attend the 12-hour Refresher course upon returning to employment as an assessor.

### **Content**

<b>Tier</b>	<b>Session</b>	<b>Description</b>
I	Family and Child Assessment (12 hours)	<ul style="list-style-type: none"> <li>• Provides workers with strategies for engaging prospective resource families in a mutual assessment process for parenting adopted or foster children using federal and state mandated assessment criteria.</li> <li>• Provides workers with strategies for assessing the needs and readiness of children for foster and adoptive placements.</li> <li>• Presents information regarding selection and matching in foster care and adoption, including clarification of the requirements of both the Indian Child Welfare Act and the Multi-Ethnic Placement Act.</li> </ul>
	Services for Birth Parents (6 hours)	<ul style="list-style-type: none"> <li>• Provides information regarding counseling issues and strategies in permanency planning with birth parents and their families.</li> <li>• Defines the importance of grief work for all birth parents, the phases of grieving, and how to best support birth parents and their families as they cope with their losses.</li> <li>• Acquaints trainees with methods for gathering and recording social and medical histories of birth parents, Ohio rules/laws regarding open records and open adoptions, the Putative Father Registry, and the Ohio Voluntary Surrender form.</li> <li>• Presents information on how to empower birth parents who are experiencing termination of parental rights, including permission messages, entrustment ceremonies, and closure.</li> </ul>
	Post-Final Adoption Services (6 hours)	<ul style="list-style-type: none"> <li>• Provides an overview of the need for postadoption services, the components of such services, Ohio statutes regarding release of identifying and nonidentifying information, and strategies for implementation of post-finalization services.</li> </ul>
	Adoption Services (3 hours)	<ul style="list-style-type: none"> <li>• Includes a brief history of adoption subsidies, a discussion of the types of adoption subsidy programs, and a review of the laws and rules that affect subsidy negotiation.</li> </ul>

Tier	Session	Description
		<ul style="list-style-type: none"> <li>• Presents the role of the assessor and challenges they may encounter with subsidy negotiation.</li> <li>• Explores strategies for supporting families in adoption subsidy negotiations.</li> </ul>
	Placement Strategies (3 hours)	<ul style="list-style-type: none"> <li>• Presents effective strategies for preplacement preparation and adoptive placement transition.</li> <li>• Explores how to apply these strategies to foster parent and kinship adoptions as well as adoption by individuals not previously known to the child.</li> </ul>
	Pre-Finalization Adoption Services (6 hours)	<ul style="list-style-type: none"> <li>• Prepares staff to assess the adjustment and attachment of the child and family prior to finalization, to recognize stages of adoption disruption, and to implement strategies to avoid disruption.</li> </ul>
II	Achieving Permanency Through Interagency Collaboration (6 hours)	<ul style="list-style-type: none"> <li>• Presents elements of interagency, intra-agency, and interpersonal collaboration, and highlights federal standards for permanency.</li> <li>• Discusses barriers to achieving best outcomes for children and youth.</li> <li>• Examines issues of culture and diversity on personal and organizational levels.</li> <li>• Provides information on the stages of successful collaboration and strategies to enhance skills in navigating these stages to ensure permanence for children and youth.</li> </ul>
	Diversity Competence in Permanency Planning (12 hours)	<ul style="list-style-type: none"> <li>• Identifies the role diversity plays in permanency planning and enhances the worker's diversity competence in serving both children and families.</li> <li>• Outlines the tenets of both the Indian Child Welfare Act and the Multiethnic Placement Act, assuring workers can make placement decisions that meet the needs of children while complying with federal law and state administrative rules.</li> </ul>
	Openness in Adoption (12 hours)	<ul style="list-style-type: none"> <li>• Explores the importance of openness in adoption practice.</li> <li>• Presents the historical perspective and current trends in openness in adoption.</li> <li>• Provides information about impact of openness on the adoption triad members.</li> </ul>



Tier	Session	Description
		<ul style="list-style-type: none"> <li>Discusses the role and responsibilities of an assessor as well as strategies and techniques used in working with birth and adoptive families, and adopted persons involved in openness in adoption.</li> </ul>
	Gathering and Documenting Background Information (12 hours)	<ul style="list-style-type: none"> <li>Examines the importance of honesty in disclosure of information to adoptive and foster families, as well as the ethical and legal consequences of withholding information.</li> <li>Explores why resource families and children need information and what information they need.</li> <li>Introduces creative, effective strategies of family search and engagement to gather complete information.</li> <li>Provides strategies for how and when to share information effectively with resource parents.</li> <li>Provides techniques to help resource parents communicate information in a helpful way to their children will be presented.</li> </ul>
AR	Assessor Refresher (12 hours)	<ul style="list-style-type: none"> <li>Designed for those assessors who have not maintained their assessor status, per OAC rule 5101:2-48-06.</li> <li>Previous completion of Tier I and Tier II is required to enroll.</li> <li>Updates assessors on practice and policies and reinforces learning that occurred during the Assessor series.</li> </ul>

### **Content Revisions During SFY21**

The Assessor Tier I module *Family and Child Assessment* was updated in 2020 to reflect Ohio's adoption of the FFPSA Model Licensing Standards. Minor changes were made in other Tier I modules as well.

A self-directed course that addresses the FFPSA Model Licensing Standards was develop for current assessors: <https://rise.articulate.com/share/5H47KPiLTH3GpG0N1WzpqJt-TMiObQIF>

### **Learners**

Caseworkers, private child welfare agency employees, and court employees who wish to do foster and adoption assessments and other related tasks must complete the assessor training series ([Requirements](#)). This includes:

- Tier I (36 hours) must be completed within first year
- Tier II (36 hours) must be completed within three years

A separate funding stream created by state law allows private agency, public agency, and court assessors equal access to training through OCWTP.

<b>OCWTP Scheduled Training: Assessor Tier I and Tier II and Assessor Refresher</b>						
Tier	Sessions	Session Hours	Learners			
			Total	Registered	Guests	Hours
I	122	614	1,270	1,217	53	5,542
II	70	576	544	531	13	4,133
Refresher	5	60	45	43	2	540

### **Delivery**

Potential assessor trainers are screened for expertise and experience as an assessor. Each trainer must go through a separate approval process for each module, and not all trainers train every module. After the initial screening, trainers go through OCWTP trainer approval process. They also complete a Verification of Trainer Qualifications (VTQ) for each module they want to train. The VTQs are reviewed and follow up questions are asked if needed.

Training materials are stored and accessed by trainers and regional training centers through Box. Handouts can be accessed by participants through the Assessor Central section of OCWTP website.

Registration and tracking are the same as for Caseworker Core.

### **Compliance**

Compliance is monitored by the state through the Assessor Registry.

### **Effectiveness**

Relatively little evaluation data is available for the Assessor Tier I and Tier II series.

### **Challenges and Response**

As a result of the Covid-19 pandemic, in-person trainings were suspended. The assessor training series was converted to a virtual format. In efforts to make the training available quickly, the length of each module was cut approximately in half. The same learning objectives are met, but in a more concise way. This has caused some confusion as in-person training has resumed. The goal is to align the two series.

## ***Conclusions About Initial Training***

### **Major Strengths**

**Caseworkers and Supervisors:** Ohio has an extensive core requirement trained by professionals with direct experience in the field. The curricula are revised on a regular basis to reflect changes in law, regulation, and best practice.

**Assessors:** Ohio is one of the only states to require specialized training for staff providing foster care and adoption related services. The program ensures courts, public agencies, and private agency assessors all follow the same practices.

### **Major Challenges and Responses**

#### **Caseworkers and Supervisors:**

- Revisions to Core and preparation for Core trainers for virtual delivery had to occur rapidly. In response the OCWTP held regularly scheduled work groups to tackle problems as they occurred.
- A considerable amount of evaluation data has been collected from trainees for at least the last two years. Some of the questions concern trainee mastery of content, some concern trainer performance, some concern impact of training, and some are specific to the efficacy of virtual training. An important feature of the data collected is that trainees are encouraged to supplement their quantitative assessments with comments. Large numbers of trainees take advantage of these opportunities, with the effect that there is a trove of qualitative data that to the best of our knowledge has gone unmined.

In response, OUCAS has already started the process of mining these qualitative data to inform curricular redesign for those training topics designated by stakeholders as being a high priority. Some of these priorities are session specific (e.g., Supervisor Core module 3 needs reworking). Others cut across all or nearly all topics (e.g., racial inequities). This impact of these analyses on the curriculum will be reflected in next year's report.

- Continuous Quality Improvement was not staffed by the previous vendor. OUCASS draws on a specialized unit that will systematically help identify what to keep, expand, or roll back to improve the training program.

#### **Assessors:**

- OCWTP was able to quickly provide the Assessor Tier I series and Assessor Refresher virtually to ensure assessors remained in compliance with training requirements.
- The Assessor Tier II was delayed due to the change in vendor, but the remaining two trainings were piloted in Spring 2021.

## Ongoing Staff Development

### *Introduction*

The organization of this section differs from the previous section in two ways:

- Ongoing staff development involves coaching and the provision of tools and resources. Therefore, the major divisions cover Training, Coaching, and Resources.
- Initial training for new caseworkers, supervisors, and assessors, described in the previous section, is standardized. While the minimum amount of ongoing training is specified by code, the content of ongoing training is largely determined by a process of individual training need assessment (ITNA), which is described as part of the first section below.
- In addition, whereas OCWTP provides initial training, it collaborates with several other training providers to ensure that needs for ongoing staff development are met.

The order of topics in this section is as follows:

- Need assessment
- Ongoing learning requirements for caseworkers and supervisors
- Training offered by OCWTP
- Training offered by partner organizations
- Compliance with ongoing training requirements
- Coaching

### **Need Assessment**

#### **Introduction**

OCWTP's primary source of staff training needs data continues to be the Individual Training Needs Assessment (ITNA). The ITNA is an online survey that allows each PCSA worker and supervisor to isolate (in collaboration with their supervisor) the 10-20 competencies in which they most need development over the next two years.

ITNA completion is mandated every two years for both PCSA caseworkers (<https://codes.ohio.gov/ohio-administrative-code/rule-5101:2-33-55>) and PCSA supervisors (<https://codes.ohio.gov/ohio-administrative-code/rule-5101:2-33-56>), following their completion of Core training. While an ITNA is not mandated for Ohio assessors, priority needs data is extracted from the ITNAs of caseworkers who are also assessors.

ITNA results are sent to the individual, their supervisor, their RTC, and the state training coordinator. The RTC then creates a corresponding Individual Development Plan (IDP) in

OCWTP's LMS (E-Track), comprised of one objective for each priority competency identified. The individual and their supervisor are able to link to and enroll in available learning interventions designed to address each objective (competency).

RTCs and the state training coordinator receive monthly exports of statewide and regional aggregate needs for both caseworkers and supervisors. These exports are used in planning regional and statewide training calendars, developing new learning interventions, and in isolating and addressing any gaps in trainer expertise. Aggregate assessor needs are reviewed by the state training coordinator and regional adoption training liaisons.

While ensuring compliance with ITNA completion is a county responsibility, RTCs assist counties with monitoring and prompting ITNA completions, and with explaining the process to new caseworkers and supervisors.

### **Triangulation with Other Sources**

In addition to ITNA data, RTCs review agency-level training needs collected in Child Protection and Oversight Evaluation (CPOE), annual agency site visits, and through ongoing communications with agency directors, Technical Assistance Specialists (TASs), and other county personnel. RTCs and the state training coordinator also review training topic suggestions collected in post-training evaluation surveys.

The state training coordinator and RTCs factor in state-level training needs resulting from State and Federal reviews, ad-hoc program evaluations, shifting population demographics, as well as emerging trends and priorities communicated by ODJFS.

All this data is triangulated with ITNA data to tailor the development of new learning interventions and to prioritize the scheduling of existing interventions to meet the specific needs of individuals, agencies, regions, and the state as a whole.

### **Priority Ongoing Training Needs Identified in ITNAs**

The top ten training needs (competencies) identified for caseworkers, supervisors, and assessors (excluding core) were:

<b>Top Ten Casework Competency Needs (N=2,500)</b>	<b>Count</b>	<b>Percent</b>
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	131	5.2%

<b>Top Ten Casework Competency Needs (N=2,500)</b>	<b>Count</b>	<b>Percent</b>
Knows personal strategies to help reduce and manage stress, strengthen coping capacity, and maintain physical and emotional health	123	4.9%
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	122	4.9%
Knows the characteristics, behavioral indicators, and preferred treatments for mood disorders such as depression, bipolar disorder, and anxiety in children and adolescents	118	4.7%
Knows strategies to manage multiple and competing priorities	116	4.6%
Knows how to identify common street drugs and their associated drug paraphernalia	113	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	112	4.5%
Can develop and execute a work plan that maximizes effectiveness of the time available to complete an activity	109	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	104	4.2%
Knows the characteristics, behavioral indicators, and preferred treatments for childhood psychosis, including childhood schizophrenia	104	4.2%

<b>Top Ten Supervisor Competency Needs (N=633)</b>	<b>Count</b>	<b>Percent</b>
Knows how to use strengths-based supervisory strategies to engage a staff member with challenging behaviors to participate in assessing and resolving performance problems	76	12.0%
Knows how to help staff identify and overcome organizational, environmental, and personal barriers that may prevent them from mastering job knowledge or skills	74	11.7%

<b>Top Ten Supervisor Competency Needs (N=633)</b>	<b>Count</b>	<b>Percent</b>
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	67	10.6%
Knows administrative, educational, and supportive supervisory strategies that can help staff achieve their potential and succeed in their jobs	62	9.8%
Can identify factors contributing to challenging behavior and design strategies to address these factors	61	9.6%
Knows strategies that empower staff to learn, master, and sustain creative and innovative approaches to practice	60	9.5%
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	46	7.3%
Knows how to use learning contracts, coaching, feedback, positive reinforcement, and format training to promote staff members' professional development on the job	45	7.1%
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	45	7.1%
Understands the nature of resistance, its emotional and behavioral indicators, and the importance of accurately identifying the factors contributing to it	43	6.8%

<b>Top Ten Assessor Competency Needs (N=568)</b>	<b>Count</b>	<b>Percent</b>
Knows strategies to guide and support parents and caregivers of traumatized children to prevent placement disruption	39	6.9%
Knows how to conduct targeted recruitment activities in the communities and neighborhoods of the children who need families	34	6.0%
Knows how to use public relations, marketing, media, community awareness, and community development strategies to support recruitment efforts	33	5.8%

<b>Top Ten Assessor Competency Needs (N=568)</b>	<b>Count</b>	<b>Percent</b>
Understands the advantages of using a single, concurrent recruitment campaign for foster adoptive, and respite families	32	5.6%
Knows how to partner with community centers, religious institutions, and neighborhood groups to educate members and assess their interest in foster care or adoption	32	5.6%
Knows the licensing rules, standards, and other criteria that govern the approval of resource families	32	5.6%
Understands the personal and family characteristics associated with effective foster and adoptive parenting and how this information shapes recruitment strategies	29	5.1%
Knows the role and importance of ongoing strategic planning to successful recruitment and retention of resource families	28	4.9%
Can design and implement coordinated recruitment plans for resource families targeted specifically toward the children in care	28	4.9%
Understands the coping responses, strengths, and protective factors that can increase resiliency and promote a positive post-trauma adjustment for children	28	4.9%

### **Challenges and Response**

The primary challenge with assessing ongoing staff training needs is aggregating needs identified through non-ITNA sources. RTCs and the state training coordinator gather training needs from many sources other than ITNAs (see Triangulation with Other Sources above). While some of these needs are identified in formal reports, many are gathered through informal meetings and ad hoc discussions in each region. OCWTP is considering ways to consistently capture these needs electronically on a day-to-day basis for aggregate analysis both regionally and centrally. While staff ITNAs provide competency-level findings, a system designed to aggregate other-source needs will need to provide flexibility to capture needs at the topic, skill set, or competency level, depending on the nature and depth of the contact involved.

### **Ongoing Learning Requirements**

#### ***Caseworkers***

After completing the Caseworker Core series in their first year, PCSA caseworkers are required to attend 36-hours of ongoing training each year thereafter. Twelve-hours of domestic violence training and an approved human trafficking course are included within their second year's 36-



hours of ongoing training. The learning interventions they attend thereafter should address priority competencies identified in their Individual Training Needs Assessment (ITNA) and reflected in their Individual Development Plan (IDP) in E-Track, detailed in the previous section.

PCSA caseworkers can meet ongoing training requirements through relevant training provided by OCWTP; the Ohio Human Services Training System (OHSTS); ODJFS; accredited colleges or universities; or in seminars or conferences. Regardless of the training provider, all training counting toward a caseworker's ongoing training hours is captured in that individual's E-Track transcript.

### *Supervisors*

After completing the Supervisor Core series, supervisors are required to attend 30-hours of ongoing training each year thereafter. Twelve hours of domestic violence training and an approved human trafficking course are included within their second year's 36-hours of ongoing training. The learning interventions they attend thereafter should address priority competencies identified in their Individual Training Needs Assessment (ITNA) and reflected in their Individual Development Plan (IDP) in E-Track, detailed in the previous section.

PCSA supervisors can meet ongoing training requirements through relevant training provided by OCWTP; the Ohio Human Services Training System (OHSTS); ODJFS; accredited colleges or universities; or in seminars or conferences. Regardless of the training provider, all training counting toward a supervisor's ongoing training hours is captured in that individual's E-Track transcript.

### **Training Offered by OCWTP**

Between July 2020 – March 2021, OCWTP approved 12 non-standardized learning opportunities for supervisors to meet their current, ongoing learning needs. Some of the skills addressed by these new learnings included: implicit biases, supervision best practices, and ethics.

In response to the pandemic, OCWTP continues to work diligently to approve adapted trainer-developed trainings that had originally been designed and approved for in-person delivery. Between January – April 2021, thirty courses have been adapted to virtual delivery format.

### *CAPMIS Training*

CAPMIS training remains a priority for both caseworkers and supervisors.

<b>OCWTP Scheduled Training: CAPMIS</b>					
Sessions	Session Hours	Learners			
		Total	Registered	Guests	Hours
147	855	1,758	1,750	8	10,260

<b>Evaluations of CAPMIS Training Sessions</b>		
	<b>% of Learners Reporting That</b>	
Topic	Trainer Offered Direction for Use of Training Content in Current Role	They Intend to Use Learning After Training
Assessing	83.9	95.1
Case Planning	82.6	93.9
Safety Planning	86.8	90.4
Strengths	79.6	92.8
N	143 to 253	99 to 195

### ***Caseworker Ongoing Training***

Following are the other ongoing training sessions taken by caseworkers.

<b>OCWTP Scheduled Training: Caseworkers Ongoing</b>						
Description	Sessions	Session Hours	Learners			
			Total	Registered	Guests	Hours
Child/Adolescent Development	22	126	145	139	6	873
Diversity	141	703	1,431	1,370	61	7,234
Domestic Violence	17	204	118	116	2	1,415
Mental Health	60	333	829	809	19	4,420
Casework Practice	442	2,219	4,708	4,437	271	22,968
Sexual Abuse	8	96	42	42	0	504
Substance Abuse	55	318	479	462	17	2,789
Trafficking	23	138	201	197	3	1,204
Trauma-Informed Care	60	360	553	533	20	3,318
Other Topics	19	105	180	176	4	985

### ***Supervisor Ongoing Training***

Following are the other ongoing training sessions taken by Supervisors. The top ten competency needs for supervisors were identified in an earlier section of this report. Six fell under the topic of “Supervising for Optimal Job Performance”. Trainings in that area and in the areas of “Supervising Ethical Practice” and “Culture and Diversity” accounted for more than half of all ongoing supervisor workshops from July 1, 2020 – June 30, 2021.

OCWTP Scheduled Training: Supervisors Ongoing					
Sessions	Session Hours	Learners			
		Total	Registered	Guests	Hours
47	190	265	248	17	1,053

Evaluations of Ongoing Supervisor Training Sessions		
	N	% of Learners Reporting That
Trainer Offered Direction for Use of Training Content in Current Role	89	68.5
They Intend to Use Learning After Training	89	100.0
They Are Currently Ready to Use the Training	87	94.3
Training Very Relevant to Current Need	89	87.6

### **Training Offered by Partner Organizations**

OCWTP continues to vet self-directed distance learnings developed by other organizations; attach competencies; and enter the learnings into E-Track so that learners can search for and track completion toward their mandated training hours. These learnings cover a range of needed topics and provide a just-in-time resource not possible via scheduled trainings. Click here to see topics and courses [Distance Learning](#).

ODJFS has partnered with several organizations to develop and provide specialized training content needed by staff. Each program lists courses offered between July 1, 2020 and March 21, 2021, course description and/or learning objectives, and data regarding number of sessions, attendance, and outcome measures.

#### *Training Offered by Ohio PCSA Motivational Engagement Strategies and Actions (MESA)*

- Primer Training (479 caseworkers and 146 supervisors enrolled; 244 caseworkers and 50 supervisors completed)
  - Module 1: Introduction to Child Welfare, Substance Use and Trauma
  - Module 2: The Neurobiology of Addiction
  - Module 3: Stigma and Substance Use
  - Module 4: The Importance of Engaging Families
  - Module 5: Using Motivational and Engagement Strategies and Actions
  - Module 6: Hope of Recovery & Looking Ahead
- Next Level Training (245 caseworkers and 74 supervisors enrolled; 113 caseworkers and 74 supervisors completed)

- Module 1: Essential Elements of Motivational Engagement
- Module 2: Skills Practice with Engagement Strategies
- Module 3: Enhancing Motivation through Solution-focused Techniques
- Module 4: Skills Practice with Motivation Enhancement Techniques

*Training Offered by OhioSTART*

- Break the Cycle: Understanding and Treating Generational Trauma (offered two times to 19 caseworkers and six supervisors)
- Family Team Meetings (Offered three times to 31 caseworkers and 15 supervisors)
- Introduction to Motivational Interviewing (Offered three times to 25 caseworkers and 11 supervisors)
- Navigating Relationship Dynamics (Offered one time to four caseworkers and two supervisors)
- Nurturing Parenting (Offered three times with 16 caseworkers and five supervisors)
- Screening and Intervention of Substance Use Disorders (UNCOPE) (Offered three times with 54 caseworkers and 18 supervisors)
- Secondary Traumatic Stress & Provider Resilience (Offered two times to 17 caseworkers and eight supervisors)
- Trauma & Resilience: Identifying Children, Parents and Families at Risk (Offered four times to 42 caseworkers and 22 supervisors)
- Trauma Informed Family Engagement: Understanding the Impact of Implicit Bias and Structural Racism (Offered one time to two caseworkers and two supervisors)
- Understanding the Culture of Poverty (Offered one time to five caseworkers and three supervisors)
- START Foundations: Introduction to START (Offered one time to seven caseworkers and 17 supervisors)
- OhioSTART Foundations 3: Behavioral Health Treatment Provider Strategies (Offered one time to one caseworker and 22 supervisors)
- Foundations 4: START Child Welfare Practices (Offered three times to 30 caseworkers and 23 supervisors)

*Training Offered by Safe & Together*

- Safe & Together Institute's CORE Training (13 virtual trainings; one 4-day in-person training offered to 405 participants)

*Training Offered by Youth Centered Permanency Round Tables (YCPRTS) (offered in Guernsey, Muskingum, Clermont, Athens, Clark, Warren, Fairfield, and Butler counties)*

- YCPRT Values
- YCPRT SKILLS

*Training Offered by 30 Days to Family® Ohio Model Training*

- 30 Days to Family® Ohio (3 sessions, 20 attendees)
- Intense Family Search and Engagement Bootcamp (4 sessions, 42 attendees)
- 30 Days Supervisor Booster Training (2 sessions, 13 supervisors)
- 30 Days to Family Ohio Stakeholder Training (3 session, 55 attendees)

*Training Offered by Center for Adoption Support and Education (CASE)*

- The national Adoption Competency Mental Health Training Initiative for Child Welfare Professionals is launched and completed through <https://theinstitute.umaryland.edu/>. Eight workers and eight supervisors participated in the training this year.

*Training Offered by the National Indian Child Welfare Association*

- The Indian Child Welfare Act developed by. More information about the course can be found here: <https://www.nicwa.org/>. Thirteen workers participated in the training this year.

Following are summaries of online training registered in E-Track by caseworkers and supervisors.

<b>Individually Scheduled Ongoing Training*: Caseworkers</b>				
	Actual Attendance 7/1/2020-3/31/2021		Projected Attendance for Entire Fiscal year	
Description	Number	Hours	Number	Hours
Child Development	163	695	217	926
Diversity	114	203	152	270
Casework Practice	2,451	3,265	3,268	4,353
Substance Abuse	943	1,024	1,257	1,365
Trafficking	293	293	391	391
Trauma-Informed Care	40	50	53	67

\* Taken outside of OCWTP and Added to LMS as supplemental

<b>Individually Scheduled Ongoing Training*: Supervisors</b>			
Actual Attendance 7/1/2020-3/31/2021		Projected Attendance for Entire Fiscal year	
Number	Hours	Number	Hours
98	299	131	398

\* Taken outside of OCWTP and Added to LMS as supplemental

## **Compliance with Ongoing Training Requirements**

### ***Caseworkers***

Ongoing training compliance reports generated March 31, 2021 found the following for *current* year compliance regarding 2996 caseworkers:

- 201 had **completed** ongoing training requirements (and still had 2 to 237 days left within their respective mandated timeframes)
- 547 had 300 or more days to complete their training requirement.
- 791 still had 200-299 more days to complete their training requirement.
- 795 had 100-199 days to complete their training requirement.
- 662 had less than 100 days to complete training.

Of 2,940 OAC caseworkers who had an ongoing training requirement during the (completed) *previous* year, (1442) **49%** were compliant.

### ***Supervisors***

The Compliance report generated March 31, 2021 found the following for *current* year compliance regarding 653 supervisors:

- 103 had completed ongoing training requirements (with 1-315 days left within their respective mandated timeframes)
- 120 had 300 or more days to complete their training requirement.
- 162 had between 200-299 days to complete their training requirement.
- 146 had between 100-199 days to complete their training requirement.
- 122 had less than 100 days to complete their training requirement.

Of 651 OAC Supervisors who had an ongoing training requirement during the (completed) *previous* year, (371) **57%** were compliance.

## **Coaching**

OCWTP offers coaching to caseworkers, supervisors, resource families, executive directors, and administrators to help develop priority skills identified during state, county, and individual needs assessments. It is not mandatory and is never used as part of a progressive discipline plan. Ohio's Regional Training Centers assess requests for coaching to determine the best way to meet the need. There are some instances when training would be more effective than coaching, or when the request is not appropriate for coaching. Once the focus of coaching is identified, the individual is matched with a coach who is certified in the requested skill set.

Coaching of staff and resource families is skills-based, time-limited, and connected directly to Ohio's Universe of Child Welfare Competencies. The coaching model is strengths-based. Coaches develop a coaching plan with the individual and that person's supervisor. The plan includes:

- Focus of the coaching (skill areas and competencies).
- Desired practice behaviors for the individual and the supervisor in supporting the individual during coaching.
- Action steps for achieving desired skills or competencies.

All coaches are screened and interviewed and attend a training for coaches that focuses on roles and responsibilities along with addressing and practicing key coaching skills.

During SFY 2021, OCWTP launched a blended course for coaches, *Asking Questions to Promote Critical Thinking*, which incorporated motivational interviewing strategies to encourage critical thinking of those receiving coaching.

Coaching is assessed at multiple points in the process. Check-in evaluations are completed when coaching is in progress. After coaching concludes, both the individual and supervisor receive evaluation surveys. This survey data is used to assess individual progress. However, due to the lack of automation, data is not aggregated to evaluate overall program effectiveness. Prior to the vendor transition, the program was in the process of developing a program to capture individual and aggregate data, but the process was not completed.

Coaching hours were cut dramatically due to restrictions posed by the pandemic. Between July 1, 2020 and March 31, 2021, a total of 383.25 coaching hours were recorded.

Population	Hours	Topics
Caseworkers	110.75	CAPMIS, documentation, SACWIS, interviewing and time management
Supervisors	184.25	Effective supervision strategies, organizational skills, leadership, supportive supervision, and transitioning to supervision
Resource Families	96.6	Managing behavior impacted by trauma, Caring for NAS infants, confidentiality

### **Challenges and Response**

Prior to the pandemic, OCWTP had a handful of trainers approved to train virtually. OCWTP developed a process to identify trainers for ongoing virtual training. The process was piloted in late August 2020 and the Ad Hoc group initially processed 58 applications with 29 virtual trainers. The approval process is ongoing. Trainer Preparation activities included:

- Added Trainer Resource tab to Distance Learning webpage
- Held 8 virtual sessions with trainers to develop learning community focused on virtual design and delivery.
- Provided trainers with "how to" e-books for GoToTraining and Zoom.
- Trainers were provided access to GoToTraining to practice using the tools on the platform.
- Held bi-weekly virtual trainer chats were April-November, primarily focusing on design and delivery of virtual, instructor led trainings.

To facilitate virtual delivery OCWTP developed the proficiencies of a group of RTC and vendor staff in GoToTraining (GTT) software and the virtual classroom producer role by facilitating one-on-one and group coaching for RTC staff, opening virtual classroom sessions to RTC staff to observe vendor staff perform the producer role, and held several GTT practice sessions. Additional GTT accounts were purchased for each RTC and RTCs were provided instructions on how to perform administrative functions within GTT.

## ***Conclusions About Ongoing Training***

### **Major Strengths**

- The OCWTP has an established process for vetting and onboarding trainers to ensure trainers of ongoing training have the knowledge and skill to train within their topic area. Using independent contractors allows the program to be responsive to training needs identified through the process described above.

### **Major Challenges and Responses**

- As describer earlier, the program had to work quickly to vet and prepare trainers for virtual delivery.
- The original plan for a smooth transition of vendors over the course of six months was condensed to less than a month as a result of the past vendor giving thirty-day notice. As a result, most effort has been focused in minimizing the impact on learners. As a result, the new vendor has not had an opportunity to fully exploit existing data much less enhancing analytics of training impact. In addition, the new vendor is just beginning environmental scans for CQI.

*Please note: The initial and ongoing training requirements are for caseworkers and supervisors employed by Ohio's 88 public children services agencies. For staff who work in Child Care Institutions/Groups there are separate training requirements outlined in Ohio Administrative Code rule 5101: 2-9-03.*



## Resource Family Training

### *Introduction*

The Ohio Revised Code mandates prospective foster caregivers 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.

House Bill 8, which passed in December 2020, removes training requirements from the Ohio Revised Code (ORC) and allows ODJFS to specify requirements in rules. Ohio will implement this law in two phases. Phase one begins in April 2021, when new rules go into effect that adjust the required hours for both Preservice and recertification training requirements.

	Before April 2021	After April 2021	Before April 2021	After April 2021
Pre-adoptive infant	12	12	24	24
Family	36	24 (up to 36)	40	30
Specialized	36	24 (up to 36)	60	45

OCWTP provides the required training for caregivers in the process of licensure or currently licensed through a public agency. Foster caregivers being licensed or currently licensed through private agencies can attend on a space available basis. A separate adoption-related funding stream allows families who adopted through either the public or private system equal access to training through OCWTP.

In March 2020, all in-person training was suspended due to the Covid-19 pandemic. In April 2020, OCWTP launched a virtual Preservice Training Series so families did not have to wait to become licensed/approved. Regional Training Centers offer both virtual and in-person options for Preservice training. Likewise, trainer-developed trainings in high priority areas were prioritized for conversion to virtual format.

### *Pre-Service*

#### **Learners**

Applicants who wish to become licensed caregivers or approved adoptive parents through county agencies attend the standardized Preservice Training series. Applicants through private agencies may attend on a space available basis. Kinship caregivers may also attend but are not required to unless they are becoming licensed foster caregivers.

Participants in both the in-person and virtual Preservice Training series must complete training on CPR and First Aid. OCWTP partners with an Ohio-based company to provide the online Red Cross course *Adult, Child and Baby First Aid/CPR/AED*. Between July 2020 and March 2021, 842 participants completed the Red Cross online CPR and First Aid training.

In-person attendance continues to be low due to the pandemic.

<b>OCWTP Scheduled Training: In-Person Preservice</b>						
Module	Sessions	Session Hours	Learners			
			Total	Registered	Guests	Hours
1	81	243	738	0	738	2,213
2	85	255	737	0	737	2,210
3	83	249	718	0	718	2,155
4	82	246	699	0	699	2,097
5	79	237	682	3	679	2,045
6	80	240	703	0	703	2,108
7	81	243	661	0	661	1,985
8	81	243	671	0	671	2,012
9	81	243	659	3	656	1,976
10	81	243	663	0	663	1,988
11	81	243	671	0	671	2,014

Participation in the first virtual series module, [\*Orientation\*](#), was not tracked. Not requiring pre-registration allowed all those interested in foster care or adoption to immediately take the one-hour self-directed course, which is posted on the Caregiver's Corner section of the OCWTP website. This module helps interested families determine if they wanted to begin the licensure/approval process. Though OCWTP does not have a record of attendance, participants are able to access a certificate of completion at the end of the course. This certification must be given to the recommending agency as part of the homestudy requirements. Therefore, verification of attendance is done by the recommending agency.

Other attendance data for July 2020 to March 2021 is shown below.

Module	Hours	Sessions	Attendance
2. The Child Welfare Team (2 hours)	3,334	85	1,667
3. Child Development (4 hours)	4,576	1,144*	1,144
4. Youth Development (2 hours)	3,284	86	1,642
5. Child Abuse and Neglect (4 hours)	4,556	1,139*	1,139

<b>Module</b>	<b>Hours</b>	<b>Sessions</b>	<b>Attendance</b>
6. Caring for Children Who Have Been Sexually Abused (4 hours)	4,456	1,114*	1,114
7. Minimizing the Trauma of Placement (2 hours)	3,179	85	1,590
8. Understanding Behavior in Foster Children (4 hours)	4,176	1,044*	1,044
9. Working Together with Primary Families (4 hours)	4,176	1,044*	1,044
10. Effects of Caregiving (2 hours)	3,149	85	1,575
11. Cultural Issues in Parenting (4 hours)	4,400	1,100*	1,100

\*Self-directed learnings, each participant has their own session.

### **Content**

#### **In-Person Preservice Training**

<b>Session</b>	<b>Title</b>
1: Orientation to Foster Care, Kinship Care, and Adoption	Provides an overview of the child welfare system and examines the differences between foster care, adoption, and kinship care. Participants receive information about the needs of waiting children as well as the process of becoming a foster or kinship caregiver or adoptive parent. CEUs are not provided for this three-hour training.
2: The Child Protection Team	Discusses the history and goals of foster care, kinship care, and adoption and examines the role of foster and kinship caregivers and adoptive parents within the system. Emphasis is placed on the primary care team: the child, the foster or kinship caregiver or adoptive parent, the primary parent, and the agency caseworker. Participants become aware of strategies to use teams effectively to serve children and families. CEUs are not provided for this three-hour training.
3: Child Development	Introduces the core concepts of early childhood development. Participants receive an overview of brain development and gain an

Session	Title
	awareness of the importance of attachment, self-regulation, and initiative to child development. Factors that enhance development are also addressed. CEUs are not provided for this three-hour training.
4: Trauma and Its Effects	Helps participants understand how childhood trauma can affect development, including brain development, as well as emotions and behavior. CEUs are not provided for this three-hour training.
5: Child Sexual Abuse	Provides an overview of child sexual abuse and is designed to help prospective caregivers and adoptive parents understand basic facts about child sexual abuse, recognize potential indicators of sexual abuse, and take beginning steps to making their homes safe environments for children who have been sexually abused. CEUs are not provided for this three-hour training.
6: Minimizing the Trauma of Placement	Addresses strategies caregivers and adoptive parents can use to help the child feel safe and accepted in their home and community. The importance of gathering background information and maintaining connections is stressed. CEUs are not provided for this three-hour training.
7: Transcending Differences in Placement	Helps participants gain awareness of their own diversity in order to better understand the diversity of each child that comes into their home. Participants also consider ways they can prepare their home and community to welcome and provide a safe and nurturing environment for a child. CEUs are not provided for this three-hour training.
8: Helping the Child Manage Emotions and Behaviors	Introduces foster and kinship caregivers and adoptive parents to strategies they can use to assist children in learning to manage their emotions and control their behaviors. CEUs are not provided for this three-hour training.
9: Understanding Primary Families	Presents a rationale for involvement of foster and kinship caregivers and adoptive parents in promoting connections to primary family members, particularly primary parents, and siblings. The training encourages a non-judgmental approach to the caregiver's or parent's work with primary families to promote reunification. CEUs are not provided for this three-hour training.

Session	Title
10: The Effects of Caregiving on the Caregiver Family	Examines the impact of foster care, kinship care, and adoption on individual members of the caregiving family as well as the impact on their relationships with one another. Participants are introduced to effective coping strategies to prevent against burnout and secondary traumatic stress. Communicable diseases and medication management are also addressed.
11: Adoption Considerations	Discusses adoption dynamics impacting families and adopted children. Participants will explore adoption from a developmental perspective as well as consider issues such as maintaining connections “openness” and sharing adoption-related information with the child. Post adoption services including subsidy are also discussed in this module. CEUs are not provided for this three-hour training.
12: Adult, Child, and Baby First Aid/CPR/AED	Prepare you to recognize and care for a variety of first aid, breathing and cardiac emergencies involving adults, children, and infants. The course features award-winning simulation learning in an interactive experience where you will respond to real-world emergencies in a virtual setting.

### Virtual Preservice Training

Session	Title
1: Orientation (self-directed, 1 hour)	Introduces the child welfare system and the homestudy process. Participants also explore the differences between foster care, adoption, and kinship care.
2: The Child Welfare Team (instructor led, 2 hours)	Discusses the history and goals of the child welfare system and examines the role of foster care, kinship and adoptive families within the system.
3: Child Development (self-directed, 4 hours)	Explores typical child development, developmental domains and stages, temperament, and goodness of fit, and the effects of abuse and neglect on a child's health and behavior.

Session	Title
4: Youth Development (instructor led, 2 hours)	Explores the necessity of normalcy for youth in-care and Introduces the concept of the reasonable and prudent parenting standard. Participants will also consider how to prepare youth for independent living.
5: Child Abuse and Neglect (self-directed, 4 hours)	Examines the characteristics, symptoms and reporting standards for child abuse and neglect. Caution: contains graphic images
6: Caring for Children Who Have Been Sexually Abused (self-directed, 4 hours)	Explores the emotional and behavioral effects of child sexual abuse on children in care and offers strategies to help overcome the challenges foster parents face.
7: Minimizing the Trauma of Placement (instructor led, 2 hours)	Addresses strategies families can use to help the child feel safe and accepted in their home and community. The importance of gathering background information and maintaining connections is stressed.
8: Working Together with Primary Families (self-directed, 4 hours)	Explores the benefits and challenges of building a working relationship between foster and primary families, and offers strategies for developing respectful, positive communication.
9: Cultural Issues in Parenting (self-directed, 4 hours)	Examines how parents can support children's cultural development and why that is important to their healthy growth and development.
10: Effects of Caregiving (instructor led, 2 hours)	Examines the impact of foster care, kinship care, and adoption on individuals and families. Participants are introduced to coping strategies that combat burnout and secondary traumatic stress.
11: Understanding Behavior in Foster Children (self-directed, 4 hours)	Explores problematic behavior in foster children and how foster parents can better understand the purpose of a child's behavior through careful observation.

Session	Title
12: Adult, Child and Baby First Aid/CPR/AED (self-directed, 4 hours)	Prepare you to recognize and care for a variety of first aid, breathing and cardiac emergencies involving adults, children, and infants. The course features award-winning simulation learning in an interactive experience where you will respond to real-world emergencies in a virtual setting.

### **Content Updates for SFY 2021**

As a result of Ohio's adoption of the FFPSA Model Licensing Standards, a CPR/First Aid course was added to the Preservice training series. To maintain the required 36 hours of training, modules 11 and 12 were combined into one module called *Adoption Considerations*. In addition, the following topics were added:

- Procedures for reporting suspected child abuse or neglect pursuant to section 2151.421 of the Revised Code.
- The importance of maintain meaningful connections between the child and parents, including regular visits.
- Medication administration

### **Support Materials**

Participants with permanent children in the home can use the Preservice Youth Series to help share Preservice content with their children.

To assist with retention, trainers engage participants in a 3-question quiz at the beginning of each in-person module on material addressed in the previous module.

To further assist retention rates, three transfer-of-learning tools continue to be used by participants and Assessors conducting homestudies:

- [Individual Reflection Sheets](#) are provided in each in-person model and each of the v-ILT modules. Reflection sheets are completed by participants and shared with their Assessor.
- [Family Interview Guide](#) a guide used by Assessors to help with the homestudy interviews, contains questions related to Preservice content.
- [ITNA](#) can be jointly completed by the participant and Assessor to identify Preservice content in which the participant needs more training.

Participants interested in additional help with retention can sign up for the *Protect Your Learning Campaign*. Participants are informed about the campaign from their Preservice trainer and can sign

up on the OCWTP website. Once registered, the participants receive three spaced emails, each containing brief activities that reinforce key points of the training. This campaign was suspended due to the vendor change but will be relaunched soon.

Protect Your Preservice Learning: [Part One](#), [Part Two](#), [Part Three](#)

### **Delivery**

Potential preservice trainers are screened for expertise and experience working with foster and kinship caregivers and adoptive parents. Lived experience as foster parent or foster care alumni is preferred. After the initial screening, trainers go through OCWTP trainer approval process. They also complete a Verification of Trainer Qualifications (VTQ) for the series. The VTQs are reviewed and follow up questions are asked if needed. Trainers who wished to train virtual went through the virtual trainer approval process.

Virtual Trainer Preparation activities included:

- Recruited and prepared in-person Preservice trainers to present the Preservice v-ILT modules.
- Added Trainer Resource tab to Distance Learning webpage
- Added trainer tools to Resource tab on OCWTP website.
- Held eight virtual sessions with trainers to develop learning community focused on virtual design and delivery
- Trainers were provided "how to" e-books for GoToTraining and Zoom.
- Trainers were provided access to GoToTraining to practice using the tools on the platform.
- Virtual trainer chats were held bi-weekly April-November, primarily focusing on design and delivery of v-ILT sessions.

Training materials are stored and accessed by trainers and regional training centers through Box. Handouts can be accessed by participants through the Caregiver's Corner section of OCWTP website.

Participants of the Preservice training series are not yet licensed/approved and are not in E-Track. In person Preservice is hosted in counties, with support by the regional training center (RTC) that serves the host county. Registration and tracking are done by the host county and shared with the RTC.

Agencies can assist families who begin in one modality but switch to the other determine the courses to attend through the Missed Session Rubric. However, it is difficult to determine what topics they still need and to make the hours come out to exactly 36. Because the state only reimburses caregivers for training up to 36 hours but requires families to be reimbursed for all required training, agencies are hesitant to have families go over 36 hours. The goal is to have the



two series parallel each other so families can move between virtual and in person as their schedule permits, under the guidance of their recommending agency.

### **Impact**

Compliance is tracked by the recommending agency. The agency must verify training requirements are met before submitting the recommendation for licensure/approval.

OCWTP would like to track the rate of licensure for potential foster families who complete the Preservice training series. A survey has been designed and process mapped out. However, this was delayed due to the COVID-19 pandemic and the changing of the vendor. The goal is to begin tracking this data within the next six months.

**In Person Preservice:** OCWTP continues with the evaluation process and evaluation surveys described in last year's report for the in-person series.

Participants respond to three questions per module based on the module's learning objectives (LOs). Numbers in the chart below represent the percentage of correct responses.

<b>Module</b>	<b>Number of responses</b>	<b>LO 1</b>	<b>LO2</b>	<b>LO3</b>	<b>% seeking both foster care licensure and adoption approval</b>
1	0				
2	33	97%	81%	100%	85%
3	5	80%	100%	60%	80%
4	23	95%	100%	70%	83%
5	57	97%	95%	98%	68%
6	59	94%	80%	52%	83%
7	52	38%	99%	88%	88%
8	50	46%	92%	100%	80%
9	11	73%	91%	92%	64%
10	48	96%	87%	96%	54%
11	112	93%	17%	90%	80%

75% of Preservice survey respondents said they planned to complete the Individual Reflection Sheets. 57% of respondents indicated they planned to share their reflection sheets with their worker.

A question on the module 12 evaluation survey reminded participants that it could be several months before they receive 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:

- 50% reported they would write down important points and tack them to a bulletin board
- 65% reported they would review OCWTP website Caregiver's Corner
- 69% reported they would talk with other foster parents about the information
- 71% reported they would share what they learned with family or friends
- 73% reported they would review information with their worker during homestudy visits
- 80% reported they would review handouts and keep them accessible

**Virtual Preservice Training Series:** Participants taking the virtual Preservice are given the opportunity to provide feedback after each module.

Foster Parent College course evaluations asked participants to rate their response on a scale of 1–5, 5 the most positive response.

<b>Foster Parent College Course</b>	<b>Added to child caring knowledge</b>	<b>Good material presentation</b>	<b>Will recommend</b>	<b>Time Well Spent</b>	<b>Participant's response rate</b>
3: Child Development	4.36	4.19	4.28	4.30	88%
5: Child Abuse and Neglect	4.43	4.28	4.36	4.39	86%
6: Caring for Children Who Have Been Sexually Abused	4.43	4.28	4.37	4.41	85%
8: Cultural Issues in Parenting	4.31	4.21	4.25	4.26	85%
9: Working Together with Primary Families	4.43	4.36	4.40	4.43	87%
11: Understanding Behavior in Foster Children	4.41	4.32	4.36	4.38	84%

Virtual instructor-led course asked participants to respond to questions based on the module learning objectives as well as questions related to their experience participating virtually.

Module	LO 1	LO2	LO3	This course had the right amount of interaction for me	Navigating this course was what I expected or easier than expected
2: The Child Welfare Team	92%	95%	94%	89%	99%
4: Youth Development	58%	15%	64%	90%	95%
7: Minimizing the Trauma of Placement	81%	44%	98%	92%	N/A
10: Effects of Caregiving	84%	77%	83%	92%	N/A

Note: Low positive response rates may be more of a reflection on poorly worded questions than on knowledge gained. OACCAS staff will re-examine these questions.

### **Challenges and Response**

It is a challenge to collect and analyze evaluation data for Preservice participants because they cannot receive their evaluations from E-Track, OCWTP's LMS. As OCWTP assesses options for a new LMS, it is our hope Preservice participants will be included in the future.

Virtual training for potential foster care and adoptive families is new to Ohio. To help address questions and concerns, a training liaison section was created on Caregiver's Corner for county agency training coordinators: <https://ocwtpcaregiverscorner.weebly.com/county-training-liaison-information.html>

### **Ongoing Training and Support**

#### **Learners and Content**

OCWTP trains licensed caregivers from public agencies and adoptive families from both public and private agencies. Caregivers licensed through private agencies can attend training on a space available basis.

Most training is hosted in the counties, with RTC support, but RTCs host training at their locations as well. Licensed caregivers and adoptive parents can register for training and track their attendance through E-Track.

Ohio requires all licensed caregivers to complete an ITNA and training plan at each two-year recertification of their license. The ITNA and training plan are completed by the licensing agency. Agencies use different processes and forms. RTCs collect this information from the counties they serve in a variety of ways including liaison meetings, county visits, feedback on surveys, and verbal feedback from participants. One RTC, SWORTC, uses a standardized online caregiver ITNA to gather learning needs in their region. Because of the variety of forms and methods used to collect this data, it is difficult to aggregate the data and determine statewide or regional training needs. Ohio is working on developing a more standardized process.

<b>OCWTP Scheduled Training: Ongoing Training for Caregivers</b>						
Description	Sessions	Session Hours	Learners			
			Total	Registered	Guests	Hours
Child and Adolescent Development	58	192	392	355	37	1,332
Diversity	29	105	237	183	54	843
Mental Health	54	177	585	563	22	1,868
Parenting	99	366	804	765	39	3,001
Safety	102	373	716	650	66	2,582
Sub Abuse	29	99	185	172	13	632
Trauma-Informed Care	115	489	729	624	105	3,105
Other	280	1,065	1,968	1,690	278	7,604

Although not required, OCWTP works with Ohio's county agencies to encourage foster parents in their first four years of licensure to attend 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. There is currently discussion at the state level to have mandated training series for newly licensed caregivers. OCWTP will be prepared to quickly adapt the Fundamentals of Fostering to meet this new training mandate if it is enacted.

### **Delivery**

There have been no significant changes in topics, delivery, or trainer pool. Due to the COVID-19 pandemic, trainings in high priority areas have been converted to virtual training.

OCWTP partners with Foster Parent College to offer virtual, asynchronous training to licensed foster caregivers. Between July 1, 2020, and March 20, 2020, just over 11,800 courses were completed through Foster Parent College. The top ten most frequently completed courses, taken over 350 times each, in decreasing order of frequency, were:

- Anger Outbursts
- Anger Pie
- Child Development
- Foster Care to Adoption
- Trauma-Informed Parenting
- Lying
- Children Entering Care: Mental Health Issues
- Child Abuse and Neglect
- Noncompliance and Defiance
- Sleep Problems

HTH Safety Solutions assists OCWTP in providing CPR/First Aid training (Red Cross) for licensed caregivers; 255-caregivers participated in the training this year.

## ***Conclusions***

### **Major Strengths**

- Utilization of trainers with professional and lived experience (foster caregivers, foster care workers, foster care alumni) to bring a variety of perspectives into the training environment.
- Utilization of curricula advisory groups when developing and updating standardized trainings to ensure the training content is relevant and accurate.

### **Major Challenges and Response**

- Without standardized collection of training needs, OCWTP cannot accurately assess whether training needs are being met.

## Child Care Institutions/Group Home Staff Training

### *Introduction*

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

### Training Pre-Requisites and On-going Certification Requirements

The residential facility shall assure that all child care staff hired possess:

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

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

As a result of the COVID-19 pandemic, CPR and First Aid training could be completed online without certification. However, Certification must be completed within 90 days after the emergency ends. If staff CPR and First Aid certification is due to expire, then training may be

completed online without certification during this time. Certification would need to be completed within 90 days after the emergency ends.

### Initial Training

During the first 12-months of employment, staff who work in Child Care Institutions/Group Homes must complete a minimum of 52-hours of training according to the following schedule:

- Participate in a minimum of 20-hours of orientation within the first 30-days after the date of hire.
- Take an additional 32-hours of training during the first year of employment.

### *Content*

Training must address the following topics:

- Emergency and safety procedures of the residential facility.
- Principles and practices of child care.
- Administrative structure, procedures, and overall program goals of the residential facility.
- Trauma informed approach implemented by the agency.
- Appropriate techniques of behavior management.
- Techniques and methodologies of crisis management including acceptable physical restraint or acceptable alternatives to restraint if restraint is prohibited.
- Discipline policy restrictions, the discipline and behavior intervention policy, and any additional requirements the agency may have.
- Procedures for reporting suspected child abuse or neglect.
- Emergency medical plan of the residential facility.
- Universal precautions.
- Chapter 5101:2-9 of the Administrative Code as applicable to the functions of the agency.
- Implementation of the Community Engagement Plan.
- Procedures for responding to incidents involving a child at the facility and neighbors or the police.
- Reasonable and prudent parent standard.

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

## Annual Training

Child care staff are required to receive at least 24-hours of annual training.

### *Content*

Training should relate to agency policy, procedure, trauma-informed care, rules and the population that the agency serves. The training shall include documentation of the transfer of learning components.

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

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

Physical restraint of a child shall only be utilized by a child care staff person who has received specific training and annual review in acceptable methods of restraint. Documentation of such training shall be contained in the employee's personnel record.

## Compliance

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. One consistent assessment tool set is utilized for all screened-in reports. The assessment tool is comprehensive and evaluates the protective capacities of the parent, guardian, or custodian; child vulnerabilities; active safety threats; family risk contributors; services needed to direct the development of a service plan to match the family's needs. Strengths, concerns, and needs identified during these assessments are then included on the Prevention Services Plan or the Family Case Plan. The worker and family members work together to identify services needed to reduce risk and effectively address safety concerns. The Prevention Services Plan or the Family Case Plan also outlines 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. In April 2021, ODJFS revised Administrative Code rule 5101:2-40-02 to include provisions needed for implementation of the Family First Prevention Services Act. The new regulations specify the primary goals of all supportive services are to:

- Respect and support the integrity of the child's family unit.
- Prevent placement of a child away from his or her family or caretaker.
- Enable a child's return home or to an alternative permanent placement.
- Assist a child who has attained the age of fourteen to prepare for transition from substitute care to independent living and self-sufficiency.

To assure families obtain needed services under the Family First Prevention Services Act, a Prevention Services Plan will be developed and specify a minimum monthly contact with each service provider. If more frequent contact is required by the evidenced based model, model fidelity will be monitored by the Center of Excellence. It is feasible that one of more supportive services will be made available by the PCSA to the child, his or her parent, guardian, or custodian. These services include:

- Information and referral services to community resources.
- Prevention services from the PCSA or Title IV-E agency in collaboration with community service providers.

- Direct services from the PCSA.
- Contract services from community service providers.
- Direct and indirect services from child abuse and neglect multidisciplinary teams.
- Direct and indirect services through the county Family and Children First Council or the county "Help Me Grow" provider.

A network of supportive services can be provided to a family based upon the PCSA's assessment of the child's safety and risk. These services can be provided during the:

- Safety planning processes.
- Assessment/investigation process.
- Supervision of a child in his or her own home without court order.
- Protective supervision of a child as court ordered.
- Child's substitute care placement.
- Period immediately following reunification of the child, as appropriate.

The PCSA may provide any of the following mandated services directly, or may arrange service delivery with a community service provider:

- Case management services;
- Counseling services;
- Diagnostic services;
- "Help Me Grow" early intervention services;
- Emergency shelter;
- Home health aide services;
- Homemaker services;
- Protective child care services;
- Substitute care;
- Therapeutic services;

Examination of partial CFSR PIP case review data for Item 2: *Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care* for the period of October 1, 2020-April 30, 2021 indicated that, for 52 applicable cases reviewed, 88.46% (46 cases) were rated as a Strength. Thus far, these results reflect an increase in performance when compared to results from Round 3 of the CFSR where this item was rated at 72%.

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

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.
- Ohio's Child and Adolescent Behavioral Health Center for Excellence (COE) focuses on building and sustaining a standardized assessment process, evaluating the effectiveness of services, and expanding service and care coordination capacity for children with complex behavioral health needs and their families. The COE provides orientation, training, coaching, mentoring, and other functions/supports, as needed, to support Ohio's statewide child caring provider network. Through the COE Ohio is currently utilizing five evidence-based practice services identified in Ohio's *Prevention Services Plan*: Multisystemic Therapy, Functional Family Therapy, Ohio START, Healthy Families America, and Parents as Teachers. Additional phases of evidenced-based practice services have been slated for implementation in the future.
- OhioRISE (Resilience through Integrated Systems and Excellence) is a specialized managed care organization (MCO) with expertise in providing services for the most complex multi-system youth. OhioRISE is designed to provide comprehensive and highly coordinated behavioral health services for children with serious/complex behavioral health needs involved in, or at risk for involvement in, multiple child-serving systems.

For additional information regarding these and other projects, see the *Collaboration* Section of this report and *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 composite of strengths and needs is reviewed throughout the life of the case to ensure individualized services are identified and effectively delivered. To this end, ODJFS requires case plans include the:

- Strengths for each member of the case plan;
- Concerns identified through the family assessment;
- Changes in parental behavior that are needed;
- Method of how and when family's progress will be measured;
- Specific activities and services to be completed by each member of the case plan;
- Agency's role in assisting the family;
- Details on the unique placement requirements to satisfy the child's case plan goals, when applicable. How a placement meets the child's unique needs and meets case plan goals (when applicable);
- Caregiver services and the agency's role in ensuring provision of them (when applicable);
- Independent living programs to 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 continues to partner with other state agencies, including the Supreme Court of Ohio, to increase family engagement and the provision of individualized services. 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.
- 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.

- Help Me Grow provides developmental services selected in collaboration with the parents of the child, birth through age two, who is eligible for services under part C of the Disabilities Education Act, and meets the developmental needs of the child and the needs of the child's family to assist appropriately in the child's development consistent with the Family Services Plan.

## **Conclusions**

Ohio implements a multi-faceted approach to support family-driven assessment and case planning processes throughout the state. The driving components include statewide policy, a comprehensive assessment and case planning model that is utilized in all 88 counties, and a robust SACWIS application. 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. These actions position ODJFS toward success as the FFPSA is implemented.

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 31: *State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR* 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 and children and families involved with children services. 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 meetings 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 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 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 Sanitize
- 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

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 diagnoses within ODJFS certified 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 with the opportunity to give feedback on the usability of specific functionality changes and project priorities.

PCSAO Directors' Meetings: Agency directors provide feedback on CCWIS functionality, and user needs.

Title IV-E Juvenile Court Roundtable: The Bureau of Fiscal Operations holds meetings with IV-E Courts, where Ohio SACWIS provides updates on future enhancements, answers functionality questions, and gathers information on desired modifications.

Build Calls: Ohio SACWIS conducts regular build calls to review new functionality and respond to concerns/questions from users. The build calls are being restructured to provide a more interactive format for users to view system enhancements prior to the release and engage with Bureau of Automated Systems staff on agency impacts for change. Ohio SACWIS end users provide feedback on the updated format, which is incorporated into future calls.

CQI Workgroups: Quarterly focus groups of county users suggest changes to support CQI process and system improvements.

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.

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 SACWIS User Acceptance Testing (UAT): Each build cycle, the project team encourages agency users to participate in the build testing during 2-3 days of designated UAT prior to deployment into Production to solicit feedback on design changes.

Ohio will continue to assess and explore functionality to identify areas where the mobile solution may be expanded. Enhancements will include creating functionality to support the changes for QRTP and Prevention Services statewide implementation; system updates from the results of the Children Services Transformation recommendations; and provide training, visual aids, and technical assistance to users regarding new and updated Ohio SACWIS functionality.

## **Residential Treatment Information System (RTIS)**

As the requirements for discharge planning and aftercare services for QRTP were being discussed, it became apparent that Ohio needed the ability for congregate care agencies to have a place to



document compliance activities. The need for access to a subset of Ohio SACWIS fields brought up a great opportunity for Ohio to create a new portal for congregate care agency users called RTIS, Residential Treatment Information System. Beginning in the summer of 2020, the Bureau of Automated Systems began design work for a separate access link for RTIS users. RTIS uses the existing Ohio SACWIS database while allowing users to only see children who have been placed in a congregate care facility. QRTP agencies will have functionality to record their required discharge plan, aftercare services, and monthly contacts once the youth is discharged. The agencies will also have the ability to record placements made directly by families which ensures Ohio has one place to view all children in a given facility. By recording direct placements in RTIS, Ohio will also be able to utilize one system to monitor compliance with the QRTP requirements. Title IV-E Agencies will have a link available in Ohio SACWIS that will allow them to have the ability to view the discharge plans and monthly contacts for children in a Title IV-E Agency's care and placement. Functionality is being created to allow caseworkers to copy service information from the discharge plan into their case which allows for easy linkage to their case plan. The portal is scheduled to be available to end users as of June 2021.

### **Ohio Certification and Licensing Management (OCALM) System**

The Ohio Certification and Licensing Management System (OCALM) went live in December 2019, providing current and prospective ODJFS certified private and public agencies the ability to log into the system directly to upload and complete required documents needed to maintain their agency certification. State Licensing Specialists are able to complete a number of work items in the system, including completion of initial certification and recertifications, documenting complaint investigations and generating letters and documents.

Ongoing enhancements are continuing to be made to the system through a series of IDEAs, where licensing specialists, business process analysts and software developers meet to create and realize new functionality intended to improve the overall OCALM user experience. The current IDEA includes the creation of a new study type to support Training Plan submission and review, updates to various tools and libraries to align with OAC changes that resulted from House Bill 8, as well as the ability to close agency records and leads.

Automated Systems Business Analysts are also providing ongoing production support to OCALM through managing problem tickets submitted by the user community and licensing specialists, in addition to attending the IDEA development sessions.

### **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 2020, there were 24,619 AP search requests entered into OSAPS and among those were requests from 49 states, Canada, and Ukraine. Registry staff completed a total of 23,551 OSAPS requests and a breakdown of the types of requests completed are provided below.

- Individual requests ~ 3,988
- Out of State (OOS) ~ 12,129
- SACWIS requests ~ 7,434

### **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. Stakeholder feedback is gathered from the site prior to the clearance process and is also used to inform the MORRPH process described in the Collaboration section of the report. Each month, the *OFC First Friday Bulletin* includes a summary of rules that were posted to the Rule Review site during the past month, as well as the number of page views of the website, followed by a reminder to stakeholders that their comments and feedback are appreciated and valued by OFC in the rule review processes.

### **Fiscal Training**

OFC launched a new Children Services/County Finance Training in September 2019. In 2020, the Office of Families and Children and the Office of Fiscal and Monitoring Services sustained the partnership to maintain this much needed fiscal training program. The trainings that were held received positive feedback. This supported the continuation of these fiscal trainings intended to broaden the knowledge base across program and fiscal, including claiming components both in

and outside of CFIS and SACWIS. Ultimately the training provided agencies with information that will help them maximize the use of the various funding streams available to them.

In 2020, a full agenda of fiscal trainings was scheduled throughout the year. OFC was able to provide one two-day program *In Depth Review of Title IV-E funding*, three half-day trainings on *Title IV-E Foster Care Candidacy* and a full-day training on *Title IV-E Quality Independent Legal Representation* before the pandemic in March 2020 created a new set of priorities and the cancellation of in-person training. While 2020 was a challenging year, the fiscal training program created a number of recorded trainings to continue providing valuable information to county agencies. A training series *An Exploration of in Children Services Policy Development and Implementation* contained five modules to provide a base-level understanding of Children Services policy development. The five modules included *Module 1: Rule Writing Process for Ohio Department of Job and Family Services: How a Law Becomes a Rule*, *Module 2: Understanding Child Welfare Policy 1: Introduction to the Federal Child Welfare Policy Manual*, *Module 3: Understanding Child Welfare Policy 2: State of Ohio Laws– A brief tour of program policy in the Ohio Revised Code and ODJFS E-manuals*, *Module 4: Fiscal Rules and Subgrant Agreements: Understanding the Fiscal Rules and responsibilities of Public Children Services Agencies IV-E State*, and *Plan Module 5: Exploring the IV-E State Plan*.

## Practice Efforts

### ***The Independent Living and Transition Age Youth Regional Meetings***

In addition to providing on-going technical assistance and program support, several activities were undertaken during this reporting period to improve practices targeted to older youth in care and those who have emancipated from care. Some of these included:

- In July 2020, the Transition Age Youth (TAY) team partnered with the Public Children Service Association of Ohio and ActionOHIO to present information about the Foster Youth to Independence Housing program. This event highlighted the ability to extend the continuum of care by leveraging the newly available housing vouchers with other Young Adult Services and timing their use to maximize housing stability (e.g., post-Bridges).
- In recognition of an increase in new child welfare workers tasked with providing care for transition aged youth, TAY staff and the Ohio Independent Living Association, offered an *Independent Living 101* training in August 2020. This event provided a high-level overview of independent living requirements and post emancipation services, including extended foster care through the Bridges Program.
- In December 2020, a webinar was held to present information about final transition planning requirements and best practices. In addition to policy mandates, the event incorporated education about Medicaid coverage, meeting the unique needs of youth with developmental disabilities, continuum of care options, extended foster care, SACWIS documentation processes, and creative financing. Presenters included representatives from the TAY Team, Bridges, SACWIS, ODM, and DODD. Over 400 participants registered

for this event, including those representing PCSAs, Title IV-E Courts, Bridges Providers and Community Stakeholders.

- On April 6, 2021, OFC and the Office of Fiscal Services jointly provided a webinar on implementation of the Consolidated Appropriations Act. Over 225 people attended this event, presented by the TAY and Bridges Teams, the OFC Bureau of Fiscal Operations, and the ODJFS Office of County Finance and Technical Assistance.

At the time of this writing, five regional meetings are being planned for the summer of 2021. These events will address the complexities associated with effective transition planning and facilitate targeted discussions among local PCSAs and Title IV-E Courts throughout the state.

### ***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.

In May of 2020, The Practice and Policy Academy launched and began its work on creating a collaborative systemic approach to implementation of CARA and Plans of Safe Care (PoSC). The Academy is led by Ohio Mental Health and Addiction with oversight provided by Children and Family Futures. The academy brings together all of Ohio's State agencies (Developmental Disabilities, Ohio Department of Health, ODJFS, PCSAs, hospitals, clinics, mental health). There are three sub-committees, which have been developed and report back to the large group. These sub-committees are: (1) PoSC Roll Out, (2) Training and Education, and the (3) Data Sub-Committee. Each sub-committee has participants from diverse backgrounds, but all participants work with families experiencing substance use during pregnancy, which is the identified population for CARA. Together a long-term state team action plan will be developed and presented.

In November of 2020, ODJFS in coordination with the Ohio Department of Mental Health and Addiction Services and the Ohio Family and Children First Council, sent out a grant application which supports existing and new local community planning and coordinated service delivery efforts, with CAPTA funding. The focus of the grant money is on collaborative cross-system work, which will meet the needs of children and families. PCSAs may apply for one or all of the following focuses: (1) CARA and PoSC, (2) Qualified Residential Treatment Program (QRTP) level of care assessments; and (3) Community-based aftercare planning for children discharged from residential treatment settings. The grants will allow communities to assess local needs for these priorities, establish best practices, and prepare for any necessary budget considerations for implementation and/or sustainability. The PCSA applications are being reviewed currently and counties will be awarded the funding as these applications are approved.

## Affiliations with Partner Associations

### *Statewide Affiliations*

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 (OCA) 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 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 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. Additionally, ODJFS in partnership with the Ohio Child Care Resource & Referral Association hosted a series of bi-weekly Zoom meetings for any non-profit and community organizations who provide resources and supports to children and families. The virtual meetings allowed organizations to share innovative practices and strategies, as well as challenges and barriers experienced during COVID-19. Over the next year, ODJFS will focus on creative collaborations with current and new associations to advance efforts toward system transformation.

### *Partnership with Casey Family Programs*

Casey Family Programs has been a strong partner with Ohio since 2007 on several important child welfare initiatives, including Differential Response, the Ohio Intimate Partner Violence Collaborative, Peer Parent Partners, Family First Prevention Services Act, and Permanency Roundtables. Casey has consistently provided financial support, networking, and clinical expertise to our Parent Partner movement. Through Casey's support Ohio has been able to pilot and implement Helping Ohio Parent Effectively (HOPE) and the Succeed programs in various counties.

HOPE brought counties together to discuss their individual Parent Partner programs. These programs were all different approaches with the consistent factor of having Primary Parents available to work with families in different capacities. The Succeed program developed primary parent peer support groups in county and private agencies, trained primary parents to work in groups, and with money from Casey Family Programs these funds opened work in additional counties while continuing to act as advocates for Primary Parents on state committees and partner agencies.

Currently, Casey's continued partnership with Ohio is allowing Ohio to take initial steps towards achieving Ohio's Children Services Transformation goal of expanding Primary Parent services. The continued expansion of this work will allow more Ohio families to experience the benefits of working with Parent Partners. OFC recognizes that Parent Partner work is effective at increasing

engagement and valued by county agencies, and that working with Parent Partners can shift caseworker's mindset about the families they work with.

Parent Partner recruitment, retention, and supervision is a major challenge to implementation, and evaluation efforts will need to be a major focus in expansion efforts. Ohio has built a foundation of work that values Parent Partner services which opens the door for implementation of a robust program. It also provides an opportunity to overcome barriers and expand Primary Parent work in Ohio through our partnership with Casey.

In 2021, ODJFS signed a collaboration agreement with Casey to target the following strategies:

- Services to help birth families remediate safety issues to facilitate reunification: Facilitate reunification through timely services that educate, build, and promote birth family skills and capacities for safe and permanent outcomes. This strategy includes family-based supports such as faith-based engagement with county children services agencies to support families in their homes.
- 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. This is an ongoing strategy as a part of the FFPSA planning and implementation work. It includes strategic planning and constituent engagement to develop the Family First Prevention Services Act implementation including kinship supports, placement prevention strategies, and family-based strategies.
- 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. This strategy includes expansion of peer parent partner programs in Ohio including Ohio START.
- 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. This strategy includes strengthening a culture of kin via family engagement and support through the 30 Days to Family program, OhioKAN and Youth-Centered Permanency Roundtables (YCPRTs).

### ***Partnership with Ohio Department of Education***

OFC continues to enhance our partnership with ODE since COVID-19 and remote instruction began. Early in the pandemic, both agencies became concerned about the almost 50% decrease in child abuse and neglect reports received during the first two months of the pandemic.

ODJFS/OFC and ODE meet routinely to discuss these concerns and identify strategies to address them. The data teams from both agencies have been working diligently to share appropriate reporting data and continue to identify ways the data can be utilized at the local district and county levels. ODJFS/OFC has worked in collaboration with ODE to develop a resource to assist educators in identifying signs of abuse and neglect and ways to assess safety while adapting to remote instruction, which can be found at:

<http://education.ohio.gov/Topics/Reset-and-Restart/Preventing-Abuse-and-Neglect>.

Additionally, ODFS worked collaboratively to co-brand Champions for Children flyer that provides additional resources and support to education professionals and information on mandated reporting. ODJFS has encouraged county PCSAs to partner with local school districts to continue working together to address the needs of the children and families in their communities.

A joint ODJFS/ODE presentation to the Ohio School Counselor's Association titled Child Abuse and Neglect meetup was conducted on November 12, 2020. More than 80 Ohio School Counselor's participated in the virtual meeting. As a follow-up to this meeting, another joint virtual meeting was conducted by ODJFS/OFC and our partners at ODE for Ohio Educational Service Centers and Superintendents regarding Safety and Neglect Student Supports.

### **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 when working with counties on issues impacting families with tribal heritage in the state.

### **Coordination of CFSP Services with other Federal Programs**

ODJFS works closely with other state agencies and local PCSAs to ensure that the state's services under the CFSP are coordinated with services and benefits of other federally assisted programs serving the same population. These include, but are not limited to: Medicaid, Medicare, federally and state-supported behavioral health services, the Social Services Block Grant (Title XX), Title 1 (education funding), the Individuals with Disabilities Education Program (IDEA), state and federally-supported child care programs (e.g., Step Up to Quality, Head Start), juvenile justice initiatives, Court Improvement Projects, Child Abuse Prevention and Treatment Act programming, the federally-funded Personal Responsibility and Education Program, specialized

programming for those with developmental disabilities, the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Workforce Innovation and Opportunity Act, Educational Training Vouchers, the Chafee Foster Care Independence Act, and multiple grants funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).



## **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, 54,725 criminal records have been submitted, 12,048 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 new Ohio Certification and Licensing Monitoring system (OCALM) provides a complaint workflow which allows licensing staff to incorporate 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. Reports can be utilized to identify trends in noncompliance.

*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. In the fall of 2020, ODJFS also went live with a statewide adoption photolisting on the same website. The previous photolisting was overseen by a vendor and inactivated in November 2019, therefore this listing is the first state-run photolisting and an extension of our website. The photolisting is unique in that it does not contain photos of the children, but instead gives the child and caseworker the opportunity to choose a picture of something which represents an interest of the child. The photolisting is accessible at [Adoption Photolisting | Foster Care and Adoption in Ohio](#).

On December 29, 2020 the governor signed into law Am SB 310, which established the kinship support program (KSP). The program is a financial program administered by ODJFS and is funding through state funds. KSP initiates a per diem of \$10.20 per day per child for their eligible kinship caregiver. The child must be in agency custody and placed as a kinship placement in order to receive the funds. Initially, the payments will be for 9 months, then will eventually drop to 6 months on September 30, 2021. The kinship caregivers are encouraged to become foster parents in order to receive the full per diem and not have a gap in financial support for their family. ODJFS is highlighting the ability to receive non-safety waivers to meet foster care requirements for kinship families. The opportunity to receive waivers for non-safety requirements will remove unnecessary barriers and allow more foster caregivers to become certified. Am SB 310 also included the availability to include foster parent training as waivable certification requirements, including both preservice training and ongoing training. At last count, 12 kinship families had completed the requirements to become certified foster parents since the passage of Am SB 310.

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 can be adopted by the foster family currently caring for them. To maintain 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.

*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 training was held via Microsoft Teams on September 8, 2020 which provided a demonstration of the New NEICE document portal, as well as how to send and receive cases and information from Ohio's SACWIS system through the National Electronic Interstate Compact Enterprise (NEICE) interface. This was recorded and posted to the SACWIS Knowledge Base.
- On September 21, 2020, a training for new ICPC staff at Scioto County was held through Microsoft Teams. This training presented a general overview of ICPC, a review of the articles/regulations, and the general ICPC process. The presentation also included 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. Attendees were able to ask questions and discuss scenarios.
- On October 26, 2020, a training for new ICPC staff at Hamilton County was held through Microsoft Teams. This training presented a general overview of ICPC, a review of the articles/regulations, and the general ICPC process. The presentation also included 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. Attendees were able to ask questions and discuss scenarios.
- On October 28, 2020, all Ohio county staff had the opportunity to participate in a free training on the ICPC and its processes through the AAICPC Annual Update. This included information about the Safe and Timely Act.

- On December 1, 2020 and January 27, 2021, a training for all interested staff at Summit County was held through Microsoft Teams. This training presented a general overview of ICPC, a review of the articles/regulations, and the general ICPC process. The presentation also included 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. Attendees were able to ask questions and discuss scenarios.
- On March 25, 2021 a training for new ICPC staff and any other interested staff at Ottawa County was held through Microsoft Teams. This training presented a general overview of ICPC, a review of the articles/regulations, and the general ICPC process. The presentation also included 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. Attendees were able to ask questions and discuss scenarios.
- On March 26, 2021 a training for new ICPC staff at Cuyahoga County was held through Microsoft Teams. This training presented a general overview of ICPC, a review of the articles/regulations, and the general ICPC process. The presentation also included 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. Attendees were able to ask questions and discuss scenarios.

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.

The SACWIS Help Desk and OFC's Deputy Compact Administrator/subject matter expert continues to provide ongoing technical assistance to county ICPC workers as questions or concerns arise.

### ***Homestudies from another State***

During SFY 2020, there were 919 requests for homestudies received from another state to facilitate a permanent placement. Of those, 282 (30.69%) homestudies were completed within 60 days or less. Additionally, 96 of the 919 records were terminated prior to 60 days, without completion of the homestudy, indicating that the sending state may have withdrawn the request.

Of the 919 requests for homestudies received from another state to facilitate a permanent placement, a total of 212 children were placed. Of the 212 children placed, 117 (55.19%) homestudies were completed within 60 days or less.

### III. Update to the Plan for Enacting the State’s Vision 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 and Strategies. However, review of some benchmarks indicated they were no longer appropriate or there was a need identified to adjust the due dates for some benchmarks as a result of information presented in the Benchmark Progress Report. Where applicable, changes are reflected in **red** under the Timeframe and Progress Report for the benchmark. Benchmarks deleted are highlighted in **red** with a ~~strikeout~~ across the benchmark.

#### 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 and subsequent APSR. Describe training and technical assistance that will be provided by the state in the upcoming fiscal year (See 45 CFR 1357.16(a)(5)). Include information on any additional technical assistant provided related to the COVID-19 pandemic and national public health emergency.*

The following training and technical assistance occurred during this reporting period and will continue into the next reporting periods:

ODJFS has worked to support counties during this period, providing written guidance on pandemic related issues to counties as well as conducting biweekly calls with private and public agency

partners. ODJFS created a website related to the COVID-19 response, available at: <https://jfs.ohio.gov/covid19local/>.

The website includes the following COVID-19 information:

### **Key Information for Local Agencies**

- [Q&A for All County Agency and Workforce Directors](#)
- [Practices Consideration Memo](#)
- [Letter to Juvenile Judges, Magistrates, and Court Administrators](#)
- [Coronavirus and Children Services](#)
- [Pandemic Child Care Information](#)
- [Pandemic EBT Program](#)

### **Federal Guidance and Requests**

- [Letter to President Trump](#)
- [ACH COVID-19-related information](#)
- [COVID-19 Home Visiting Guidance Memo](#)
- [COVID-19 Home Visiting Screening Flowchart](#)
- [A Message on COVID-19 from the Children's Bureau](#)
- [Federal Funds Information for States](#)

### **Responsible RestartOhio**

- [Responsible Protocols](#)
- [Continued Closures](#)
- [Sector Specific Operating Requirements](#)

### **Stay Safe Ohio Order**

- [Director's Order – Stay Safe Ohio](#)
- [Stay Safe Ohio Frequently Asked Questions](#)

### **Telework Guidance**

- [ODJFS Teleworking Agreement](#)
- [Telework Management Guidance](#)
- [County Technology Update for Teleworking](#)

### **COVID-19 Information**

- [Fact Sheet](#)

- [Prevention Graphic](#)
- [Ohio Department of Health Vaccination Overview – December 2020](#)

ODJFS has also created monthly reports to send to counties to inform them of the impact COVID-19 had on referrals to the state and to individual counties. ODJFS is partnering with the Public Children Services Association of Ohio, other associations and state agencies to provide a unified response to COVID-19. *(Assists in achieving Goal 1- 2020-2024 CFSP)*

- 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 this process, CAPMIS training was successfully provided to all 15 counties. CAPMIS Trainers can provide specialized assessment and planning training to any of the 88 county agencies in need, and several can provide individual coaching. Additionally, the Ohio Child Welfare Training Program offered training on Ohio's Practice Profiles, which outline the fundamentals of best practices in child welfare. Many of these trainings were offered virtually due to COVID-19. *(Assists in achieving Goal 1, Strategy 2 – CFSR, PIP and Goal 1, Objective 2, Strategy 3 - 2020-2024 CFSP).*
- Developed and implemented three remote learning courses for individuals to become certified CFSR Reviewers. These courses were developed in the SharePoint environment and allowed individuals to participate in the training modules anachronistically and attend group discussions at scheduled times. In triads, all participants reviewed the Marsha Taylor and Javier Diaz mock cases. *(Assists in conducting state-led CFSR, PIP case reviews)*
- Developed a CFSR checklist for supervisors and workers to use while cases are open to assure adequate review items are addressed in each case. *(Assists in achieving Goal 1-CFSR, PIP and Goal 1- 2020-2024 CFSP)*
- Created six SharePoint sites for CFSR Trainings, Planning Documents, and Federal Measures *(Assists in achieving CFSR, PIP and evaluation of data for 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 trained an initial round of PCSAs between May and September 2020. Additional grant funding provided the opportunity to offer another round starting in January 2021 that will be completed in August 2021. 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)*
- Over this past reporting period, great strides have been made in carrying out the delivery of training to Ohio's child welfare workforce. In addition to creating on-demand resources such as webinars and Knowledge Base Articles to walk through business processes step by step that are available at any time, the state is also making use of new technologies such as virtual reality



headsets to aid in better preparing the workforce in responding to crisis situations. *(Assists in achieving Goal 1, Objective 2, Strategy 2 – 2020-2024 CFSP)*

- Feedback from PCSAs was received requesting support with onboarding new staff. PCSAs face the challenge of keeping information and materials up to date while maintaining the staffing capacity to provide the necessary training. In response to this feedback, OFC staff met with the Public Children Services Association of Ohio and several PCSAs to gather information regarding onboarding needs and solicit ideas of topic areas for the onboarding training. OFC has partnered with a vendor to create and coordinate a virtual, just-in-time format for child welfare caseworkers and supervisors onboarding so it can be used as a complement to the Caseworker Core training offered through the Ohio Child Welfare Training Program. Additionally, OFC is in the process of adding six additional positions in-house to provide training and technical assistance to child welfare staff on practice. *(Assists in achieving Goal 1- 2020-2024 CFSP)*
- Ohio's Kinship and Adoption Navigator Program (OhioKAN) provides training for all levels of staff who will be operating the new program. Initial trainings consisted 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 continue to be provided on customer services, trauma informed services, and inclusion and equity to ensure staff are competent in issues related to kinship and adoption, trauma, and cultural inclusion. *(Assists in achieving Goal 3, Objective 7, Strategy 3 – 2020-2024 CFSP)*
- The Ohio SACWIS team continues its commitment to offer assistance and training to users of the system at all levels, and often in conjunction with OFC staff from other areas such as Policy and Foster Care Licensing. Ohio's SACWIS user group community is made of PCSAs, Title IV-E Courts, Private Agencies, and OhioKAN staff. As new functionality is introduced to existing users of the system and as brand-new users come on board, informal and formal help and training opportunities are created by the SACWIS team. In the past year, all help and training offerings that have been provided in real time have been done virtually through the use of Microsoft Teams events that were facilitated by SACWIS staff. Self-paced on-demand help and training material is available in the form of Knowledge Base Articles and documents, training videos, and system-based Online Help. The SACWIS Help Desk also provides daily support by responding to impromptu calls, emails, and online chats received from the SACWIS user group community throughout each business day, as well as leading Intensive Technical Assistance virtual sessions with users, on an as needed basis.

Offerings that are planned for the upcoming year include but are not limited to:

- Provider Module End-User Training Sessions.
- Comprehensive help and training for new users to the Ohio Residential Treatment Information System (RTIS) that is being rolled out. This package includes Knowledge Base articles, a self-paced on-demand video training series that provides a narrated

demonstration of RTIS functionality, and 3 2-Day RTIS New User Training Sessions scheduled for June and July 2021.

- Microsoft Teams Live trainings and creation of additional Knowledge Base items to support Ohio's continued rollout of FFPSA.
- Assessor Registry Knowledge Base article,
- Additional Knowledge Base items and documents to support the Qualified Residential Treatment Program initiative.
- Kinship Support Program Payment Functionality webinar and Knowledge Base to accompany the second part of the rollout of the initiative.

The following list contains examples of help, training and support that have been created, led and made available by SACWIS staff which assist Ohio in achievement of CFSR. PIP Goals, CFSP Goals and the mission of the OFC.

<b>Title</b>	<b>Knowledge Base Article/Materials</b>	<b>Additional/Other Delivery Method</b>	<b>Related Initiative</b>
2-Day OhioKAN SACWIS New User Training Sessions (August, September, November)		Virtual instruction	OhioKAN
2-Day Provider Module End-User Training Sessions (July & November 2020, May 2021)		Virtual instruction	Ongoing TA
An Overview of Ohio's New Kinship Support Program Webinar	QA Doc	Webinar	Kinship Support
Closing an OhioKAN Case	Yes		OhioKAN
Creating a Non-ODJFS Provider	Yes	Training Video	OhioKAN
Creating a Recruitment Event	Yes		
Creating and Linking an OhioKAN Intake	Yes		OhioKAN
Creating the Activity Log Audit Report	Yes		
Dashboard Reports Webinar		Webinar	
Entering Legal Actions in SACWIS		Training Video	
Family First Prevention Services Act Prevention Services Overview	Slides	Webinar	
Federal Parent Locator Service (FPLS) for Title IV-E Agencies	Yes and QA doc	Webinar	
Foster Care Licensing Model Standards	Yes		
How to Use Provider Match in SACWIS		Training Video	Interactive Mapping
Identifying a Qualified Residential Treatment Program (QRTP) in SACWIS	Yes		QRTP
Implementation of Prevention Services Intake Process and Flow Training		Webinar	

<b>Title</b>	<b>Knowledge Base Article/Materials</b>	<b>Additional/Other Delivery Method</b>	<b>Related Initiative</b>
Implementation of Prevention Services: Post Family Assessment and IV-E Candidacy		Webinar	
Implementation of Prevention Services: Title IV-E Candidate for FFPS & PS Eligibility in SACWIS		Webinar	
Intake CQI Reporting		Webinar	
Navigating SACWIS for OhioKAN	Yes		OhioKAN
New Functionality of Adoption Subsidy Eligibility Webinar	Yes and QA doc	Webinar	
New Interface with the Child Support Enforcement Agency Webinar		Webinar	
New Substitute Care Policies Their Impact on Licensing and SACWIS Activities	Yes and QA doc	Webinar	
OhioKAN Case Overview, Case Information, Activity Log, and View Intake		Training Video	
OhioKAN Mini-Module Review and Learning Labs		Virtual Instruction & Virtual Learning Labs	OhioKAN
Recording an OhioKAN Release of Information	Yes		
Recording and Viewing an OhioKAN Brief Assessment and Screening to Inform, Connect, and Support (BASICS) Record	Yes	Training Video	OhioKAN
Recording Health and Medical Information for a Child in order to Populate the JFS 01443		Training Video	
Recording Substance Abuse and Positive Infant Toxicology Person Characteristics	Yes		
The Final Transition Plan for Youth Aging Out of Care Webinar		Webinar	
SACWIS Interface with the Child Support Enforcement Agency's Support Enforcement Tracking System (SETS)	Yes and QA doc	Webinar	
Updating a Kinship Placement to a Licensed Foster Setting Through the Service Authorization	Yes		Kinship Support
Creating a Prevention Services Eligibility Record in SACWIS	Yes		
Prevention Services Case Category Change	Yes		
Generating a Mandated Reporter Letter	Yes		

Title	Knowledge Base Article/Materials	Additional/Other Delivery Method	Related Initiative
RTIS Walkthrough		Live system demonstration	QRTP
RTIS Access and Security, Navigating Ohio RTIS, and Staff Management		Training Video	QRTP
RTIS Workload and Youth Overview		Training Video	QRTP
RTIS Contacts		Training Video	QRTP
Creating a Help Me Grow Referral from Case Services	Yes	Webinar	Help Me Grow

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 require provision of training virtually more often. The OCWTP has been able to adapt much of 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 has continued increasing its training and coaching capacity through partnership with the OCWTP.

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 2022 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.*
- Ohio is in the final year of the QIC-WD grant. Over the next year, the QIC-WD team will begin evaluating data collected over the course of the project. *(Assists in achieving: Goal 1, Objective 1, Strategy 1 – 2020-2024 CFSP)*

- 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 of OhioKAN program. *(Assists in achieving: Goal 2, Objective 7, Strategy 3 – 2020-2024 CFSP)*
- Technical assistance was received from the Capacity Building Center for Courts. Dr. Alicia Summers, who is affiliated with the Center, did the initial and follow-up hearing quality evaluation. Additionally, the Center is assisting in the evaluation of the NACC trainings for attorneys, judges, magistrates, etc. *(Assists in achieving: Goal 4, Strategy 2 and Strategy 3- CFSR, PIP and Goal 2, Objective 6, Objective 7– 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 Development workforce project to research, synthesize data and generate effective strategies to improve workforce outcomes. Six implementation 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 end over the next few months, but evaluation of this project will continue for the next two years. *(Assists in achieving Goal 1, Objective 1 -2020-2024 CFSP and 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. Evaluation activities over the current reporting period and through the next reporting period include finalization of the retrospective implementation survey results, annual fidelity monitoring for 1-2 counties each month, enrollment management support, and examining outcomes of 30 Days cases relative to a matched comparison group. *(Assists in achieving Goal 2, Objective 1, Strategy 1 -2020-2024 CFSP and Goal 4, Strategy 1, Option 1- CFSR, PIP)*

- Ohio fully launched OhioKAN, Ohio's Kinship Navigator program, in October 2020. OhioKAN is in the initial stage of implementation. OFC has contracted with a vendor to deliver the program, including an evaluation of the program that meets the standard for review by the Title IV-E Prevention Services Clearinghouse. The evaluation team, Kaye Implementation and Evaluation (KI&E), has established a data sharing agreement with OFC to support the evaluation of the program. At this time, KI&E receives the agreed upon data every week and is reviewing it for fidelity and accuracy prior to beginning the effectiveness evaluation.

OhioKAN is live in SACWIS. OhioKAN has an intake module, a needs assessment (BASICS), and the following work items: Case Overview, Activity Log, Intake List, Case Services, and Case Closure. Security has been implemented to keep these cases separate from child welfare cases. Updates to OhioKAN in SACWIS will continue in CY21 and CY22. Updates are expected to include adding a Comprehensive Assessment and Support Plan, and updating current fields based on workers experience with the database. *(Assists in achieving: Goal 3, Objective 1, Strategy 3– 2020-2024 CFSP)*

- Designed and implemented a methodology to evaluate the accuracy of psychotropic and opioid medications being recorded in SACWIS that were prescribed to the foster care population. The methodology requires OFC send identifying information on children in foster care in a given month to Medicaid. In response, Medicaid returns to OFC all pharmacy claims dispensed on those children for that month. The analysis involves electronically comparing the medications dispensed with the information recorded in SACWIS to verify that the medications dispensed (Medicaid) aligns with the medications the child has been prescribed in SACWIS. Reports are provided to counties and best practice strategies are discussed. The reports provide analyses on the percent of children with correctly recorded prescriptions; summary data on the number of children prescribed each medication; and detail level prescription information for each child. Contextual data is included in the report which specifies the percent of children in foster care by age who had the following psychotropic classes dispensed during the review month: *(Assists in improving the Well-Being of Children and Youth)*
- Conducted statistical analysis to determine the role of Overrides in Family Assessments. *(Assists in achieving: Goal 4, Objective 2– 2020-2024 CFSP)*



- Conducted a process evaluation of Family Team Meetings and Family Group Decision Making in eleven CFSR Counties and created a SharePoint site to share best practices with all counties. *(Assists in achieving: Goal 3, Strategy 3, Action Step 2 – CFSR, PIP)*
- Updated Psychotropic Toolkit to be more inclusive of medications. *(Assists in achieving: Goals and Objectives of 2020-2024 CFSP -Health Care Plan)*
- Replicated CFSR Data Profile to expand the ability to interpret county differences. *(Assists in evaluating CFSR Data Profiles - 2020-2024 CFSP)*
- ODJFS implemented a CCWIS compliant data quality plan (DQP). This data quality plan provides strategies to ensure the Comprehensive Child Welfare Information System (CCWIS) standards are met for completeness, timeliness and accuracy. Ohio SACWIS provides data quality checks to assist users in understanding the importance of data elements. The SACWIS IPT is committed to supporting quality data entry and ensuring completeness of information contained in the system. The SACWIS IPT will continue to work towards collecting data uniformly across the new CCWIS and its reporting system. The plan includes strategies for ensuring confidentiality requirements are met, biennial reviews are conducted, and data is secured across systems. Through data analysis for work related to new SACWIS builds, existing reports, federal reporting, data requests, ETL processes or other data analysis, the OFC data and reporting team uncovers data anomalies. Additionally, the OFC data and reporting team receives helpdesk referrals indicating data anomalies. When data quality issues are identified, the OFC data and reporting team creates a scorecard in Informatica. This scorecard indicates the number of records that have the data anomaly out of the total number of records. Once the scorecard is created, the team determines the quality requirement for accuracy, timeliness, and completeness as required by the CCWIS program. If the data has an overarching impact on users or otherwise requires user input, the data quality issue is presented to the CQI data subcommittee which is comprised of several representatives from PCSAs, ODJFS, and private agencies throughout Ohio. The CQI team presents the recommendation for steps in remediation of data quality issues to the Data Quality review team. The OFC data and reporting team acts on the recommendations to improve data quality. In addition to the above described process, the OFC data and reporting team meets monthly to review all new and existing data quality issues. *(Assists in achieving all Goals and Objectives in the 2020-2024 CFSP)*

# 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 2022.

**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>15</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 (*Completed*)

**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

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<sup>15</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. Overall, Ohio's intervention has been successfully implemented, but members of the Workforce Implementation Team (WIT) felt that supervisors could use some additional support in providing supportive supervision and effective coaching. Given the remaining time in the study, the WIT coordinated some additional training around supportive supervision. The additional training was intended to supplement the original coaching training that agencies attended, and these trainings were the primary focus of Ohio's intervention between June 2020 and October 2020. Anita Barbee facilitated the virtual gathering with breakout groups and informative research to stimulate the group's thinking. Overall, the event was successful, and all counties supported additional training for their line level supervisors.

Each county participated in an initial training series that was two half-days of virtual training. These trainings were then followed with monthly facilitated meetings with the supervisors in each county. The follow up meetings provided an opportunity to check in with supervisors in each county and have a facilitated dialogue about the application of the concepts from the initial trainings. The trainings and follow-up meetings were well attended, and overall, participants were active and engaged in the content.

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

**Timeframe:** Years 1-3

***Progress Report:***

As Ohio's project has been underway the evaluation, led by Anita Barbee, has provided data and insights into the workforce. Anita's team has also provided some preliminary results about the overall project and some specific insights regarding COVID-19 pandemic data that was collected.

In a February 2021 communication that Anita's team created the following preliminary data was shared:

- The QIC-WD team is analyzing data gathered to date to assess the immediate impact of the Coach Ohio intervention.
- Early results are promising. Frontline workers in the Coach Ohio condition, while continuing to experience high workloads and continued stress from the difficult job, are engaging in more productive forms of coping, experience more work life balance, and job satisfaction, have more intentions of staying and fewer intentions of leaving the agency than those in the comparison group.
- Other outcomes such as resilience, optimism, emotional regulation, and perceived support moved in the right direction from before to after the intervention but did not reach significance.
- However, regression analyses on predictors of outcomes (job satisfaction, withdrawal cognitions) found that participating in Coach Ohio, perceiving higher levels of work life

balance, resilience or emotional regulation, perceived support and less secondary trauma predicted job satisfaction and intent to stay.

During the March Implementation team meeting, Anita was able to share some preliminary data related to COVID-19. Through a series of research questions, the evaluation team provided insight into Ohio's reaction to the pandemic.

Ohio's intervention is in its final stages and entering a time focused upon data collection and analysis. The Coach Ohio team will complete the final survey by July 2021, which will be completed entirely online. During this time, the collection of Human Resources data from each county will be finalized so that it can be incorporated into the evaluation efforts.

The WIT will be meeting in May, July, and September to continue updating the team and examining some important questions for the project. The team is taking insights learned along the way and utilizing the remaining time to thoroughly work through some important concepts. The team will examine the following questions and concepts:

- What does a good supervisor look like?
- What does a good manager look like?
- How much change can be expected once people are in a position for a while?
- Ideas for promoting the right people to supervisor and manager positions and providing new leadership/supervision training before bad habits form.
- Scaling up Coach Ohio to the rest of the state.

#### ***Feedback Loops:***

Findings of the evaluation and insights from the evaluation team will be communicated statewide following conclusion of the project. If the evaluation suggests Coach Ohio is effective, consideration will be given to expanding the Coach Ohio implementation. Should this occur routine feedback loops would be created where growing insights from the project are shared statewide and among project counties.

**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 (*Completed*)

**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 (*Completed*)

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

**Timeframe:** Years 1-2

***Progress Report:***

Over this past reporting period, work continued to improve upon the new Children Services County Finance Training Program. A two-day in-depth training on Title IV-E was provided which included an overview of the rules, scenarios, a walk-through of how to use the SACWIS system to complete eligibility, process payments, review reimbursements, and troubleshoot issues pertaining to reimbursement. This training constituted an effort to assist agencies in fully understanding how to draw down the most IV-E dollars. A training was also provided to assist agencies in understanding how they can go about claiming costs for independent legal representation benefitting youth in care, as well as those at risk of entering care. Because of the pandemic more on-demand types of training were provided. Several training opportunities agencies can access at any time include:

- an overview of children services funding which provides details on allowable uses for the various funding streams available to them as well as a hierarchy of how the funds should be used to maximize local resources,
- an overview of the random moment time study process and its impact on funding,
- an overview of the Title IV-E State Plan which relays the importance of the state plan in Ohio's ability to draw down IV-E funding, and
- an overview of how to use new and existing Chafee dollars toward supporting foster youth during the pandemic.

In addition to the above-listed training opportunities, there are many sessions planned for the remainder of this year and into the next. These include:

- an overview of Family First Prevention Services rules as well as how prevention services eligibility will be determined within the system, how payments will be made for providers of prevention services, how the various percentage thresholds will be maintained for the three evidence base levels, and how the system will issue reimbursements,
- an overview of the new QRTP rules with policy, as well as an overview of how QRTP facilities will be identified within the system, how the system will have business rules in place to account for the various time periods associated with judicial determinations, assessments, etc., and how reimbursements will be issued for QRTP placements,
- a Family First Prevention Services (FFPS) Rule Refresher Definitions, Eligibility and Reimbursability with policy and SACWIS, and

- an overview of the Title IV-E Master Contract outlining the language changes pertinent to QRTP provisions, such as aftercare supports, the associated rule changes, and input from fiscal monitoring on what they will be reviewing from an audit perspective.

Additional training sessions planned but not yet scheduled include IV-E Adoption Assistance rules training, IV-E Foster Care Maintenance Eligibility for new caseworkers, Peer to Peer Adoption Assistance, and Title IV-E Cost Report and Rate Setting for Providers.

**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

***Progress Report:***

ODJFS has a statewide Integrated Children Services Fiscal Training Program. Though COVID-19 impacted the ability to provide in-person training, ODJFS was able to upload several training opportunities that can be viewed at any time including an: *Introduction to Children Services Funding, Introduction to Random Moment Time Study, Understanding Child Welfare Policy, State of Ohio Laws, Introduction to the IV-E State Plan, and Supporting Youth During the Pandemic.*

Several additional new training opportunities scheduled over the next year including: Family First Prevention Services Rules/Reimbursability with policy and SACWIS, QRTP Rules/Reimbursability with policy and SACWIS, Family First Prevention Services (FFPS) Rule Refresher Definitions, Eligibility and Reimbursability with policy and SACWIS, Title IV-E Master Contract QRTP/Aftercare Supports and Aftercare Services/Schedule A/Schedule B/Contract Rule and Fiscal Monitoring. Additional training sessions that are planned but not yet scheduled include: IV-E Adoption Assistance rules training, IV-E Foster Care Maintenance Eligibility for new caseworkers, Peer to Peer Adoption Assistance, and Title IV-E Cost Report and Rate Setting for Providers.

***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.

**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:** Years 1- 2 (*Completed*)

***Progress Report:***

ODJFS released a Request for Proposal (RFP) for the Ohio Child Welfare Training Program (OCWTP) on June 30, 2020 (RFP #JFSR2021068180). The OCWTP RFP solicited competitive proposals from vendors experienced in all areas of child welfare and adult protective services practice and application of theory. In addition, vendors had to be experienced in all areas of the Statewide Automated Child Welfare Information System (SACWIS); curriculum development; training needs assessment for caseworkers and managers; evaluation of in-service training systems including trainer certification and recertification processes; and the uses of technology and data in the field of child welfare. Vendors also had to be able to develop a comprehensive, culturally diverse trainer recruitment pool that meets the training, preparation, practice and support needs of populations served by Ohio's Statewide Child Welfare Training Program and the Ohio Human Services Training System (OHSTS), which includes adult protective services practice (casework, supervision, screening, intake and assessment, ongoing service provision) and to use today's technology to assist in the development and delivery of a statewide training program.

The inquiry period for the RFP was from June 30, 2020 thru July 23, 2020. The deadline for vendors to submit proposals to ODJFS was August 21, 2020. ODJFS received a total of four submissions for the OCWTP RFP.

***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 2 (*Completed*)

***Progress Report:***

All qualifying proposals were reviewed and scored by a Proposal Review Team (PRT), which consisted of representatives from within the Office of Families and Children, Public Children Services Association of Ohio, and the Regional Training Centers. The PRT completed its review and scoring of vendor proposals during the months of September and October 2020. As a result of the proposal review and scoring process, the PRT recommended the University of Cincinnati for award of the contract. Determination letters were issued to all vendors on November 13, 2020. The contract with the University of Cincinnati went into effect on December 4, 2020.

***Feedback Loops:***

Internal stakeholders (ODJFS, Office of Families and Children) and external stakeholders (a representative from one of the state's regional training centers and a representative from the Public Children Services Association of Ohio) participated on the review team.

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

**Timeframe:** Year 3

***Progress Report:***

Once the new OCWTP contract was awarded to the University of Cincinnati (UC) to a program entitled, *Ohio's University Consortium for Child and Adult Services* (OUCCAS) in December 2020, the existing OCWTP vendor, Institute for Human Services (IHS) contract terminated effective December 31, 2020. The IHS held the OCWTP contract for 35 years. ODJFS and UC acted swiftly to transition the OCWTP in under 30 days with little to no service interruption for the end user(s). ODJFS and OUCCAS are working together on developing a new approach to deliverable work within the OCWTP and OHSTS. A training plan will be the result of this collaborative work and is currently in process.

***Feedback Loops:***

Internal stakeholders (ODJFS, Office of Families and Children) and external stakeholders (representatives from the state's regional training centers, Public Children Services Association of Ohio, and OCWTP statewide steering committee members) reviewed the new logic model for deliverable work and provided feedback.

**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 3-5

***Progress Report:***

This benchmark is currently in process with the deliberation to finalize deliverables and work to cover July 1, 2021 thru June 30, 2023. Statewide initial and ongoing training have continued seamlessly during the transition, although most training continues to be held virtually due to pandemic restrictions. Current efforts include:

- Developing curriculum for resource families to accommodate new rules that went into effect in April that adjust the required hours for both Preservice and recertification training requirements.
- Piloting a virtual Tier Two training for mandated Assessor training.
- Piloting a virtual legal module for caseworker initial training.
- Developing a module that can be used in multiple venues regarding a new ruling that makes caseworkers mandated reporters of animal abuse.

***Feedback Loops:***

Internal stakeholders (ODJFS Office of Families and Children) and external stakeholders (representatives from the state's regional training centers, Public Children Services Association of Ohio, and OCWTP steering committee members) influenced current efforts.

**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:** Years 1- 2 (*Completed*)

***Progress Report:***

The child protection policy team, Kristine Monroe and Joan Van Hull met individually with each of the CFSR counties to determine their county needs to improve the assessment of safety and risk, CAPMIS Infusion and to plan for CAPMIS training. The CPS unit worked with a lead in each county to schedule the CAPMIS series of four (4) trainings with all staff. The CPS policy team provided the CAPMIS series to agency administrators (senior leaders, supervisors and, in smaller agencies, lead workers) and OCWTP CAPMIS mastery level trainers followed with training the remaining staff. Training kicked off with Muskingum County administrators in November of 2018 and wrapped up with Trumbull County staff in June of 2020. Trumbull, Clermont and Shelby counties had a brief disruption of training as a result of the COVID-19 pandemic. In order to provide counties with a training setting that matched their staffing and pandemic needs safely, the CPS policy staff worked with OCWTP to modify the CAPMIS series to occur virtually via Zoom with a live CAPMIS mastery level trainer.

***Feedback Loops:***

ODJFS leaders and the CFSR counties met to discuss the CFSR needs and progress on achieving Ohio's PIP goals and benchmarks. CPS policy staff also met with an appointed lead within each PCSA to support any training needs or modifications. PCSA staff were asked to complete training surveys with each session. Counties participate 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.

**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 (*Completed*)

**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 (*Completed*)

**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 (*Completed*)

### **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:***

The QIC-WD monthly virtual meetings with Site Implementation Managers from other sites were discontinued.

**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 Site Implementation Manager and Data Coordinator attended the Annual QIC-WD all site meeting held virtually in October 2020 due to COVID-19.

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

**Timeframe:** Years 3-5

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

**Timeframe:** Years 3-4



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

**Timeframe:** Years 4-5

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

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

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

**Timeframe:** Years 3-5

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

**Timeframe:** Years 3-5

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

**Timeframe:** Years 2-5

### ***Progress Report:***

Virtual meetings were held on July 16, 2020, September 30, 2020, November 23, 2020, February 23, 2021 and April 27, 2021. The July meeting introduced and reviewed the revised [Case Plan Guidance](#) tool as well as the [Safety Plan Guidance](#) tool, which was created jointly with CPS Policy and OFC TAS staff. The Cohort was presented with the initial steps in revising the Safety Assessment. CPS policy staff collected feedback from the Cohort pertaining to their ideas for revision of the Safety Assessment. The Cohort also identified the need for continued discussion around identifying progress in applying CAPMIS skills among CPS caseworkers in the CFSR Counties.

The September meeting introduced the upcoming survey to the Cohort to evaluate each respective agency's progress in assessment and planning. In addition, the survey focused on identifying changes agencies put into place since starting the Cohort group. Updates were provided on the progress of the Safety Assessment tool revisions, Family First Prevention Services Act program and policy development, along with Plans of Safe Care. CPS policy provided consultation and guidance on the ongoing assessment of safety and risk and documentation within the CAMPIS Case Review.

During the November meeting, Cohort practitioners provided accomplishments and challenges they were facing in establishing a competent and confident workforce in assessment and planning

skills. Shelby County shared their intensive training program that included county tours, core training, shadowing and an assigned mentor with a seasoned and competent worker. Several counties complete self-assessments to gauge burn-out and stress, thus providing the appropriate follow-up to their workforce.

The February meeting updated the team on the time and changes proposed to Ohio's assessment model. Franklin County presented work they had completed to improve documentation of the Safety Assessment, which the team discussed. The CPS policy team requested input from the group on upcoming rule revisions for case planning.

The most recent meeting in April discussed planning and group expansion past CFSR PIP. Allen county presented information on their analysis of Recurrence of Maltreatment cases and how they are attempting to address recurrence. The CPS policy team updated the team on rule revisions from the previous meeting and the group discussed case plan participants, specifically policy implications for involvement of parents on case plans.

## **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:***

CFSR PIP, Item 10: Review of CFSR PIP cases commenced in October 1, 2020 and will conclude on September 30, 2021. Between the period of October 1, 2020 to April 30, 2021 39 applicable cases were reviewed and 82.05% of the cases (32) were rated as a Strength.

Permanency Indicators: In the February 2021 *Ohio Child and Family Services Review (CFSR) Data Profile* Ohio's observed performance during the last observation period for *Permanency in 12 months (entries)*, *Permanency in 12 months (12-23 months)*, and *Placement Stability* revealed that Ohio exceeded the National Performance. There was a slight decline in the Observed Performance during the last Observation Period for *Permanency in 12 months (24+ months)* and *Re-entry to foster care*.

Kinship Care Data: Examination of Placement Type for the period of July 1, 2020 to May 12, 2021 indicated that as of the end of each month in the period, on average 25.74% of the children in care were placed with Kin and 24.7% of children in care were placed with Kin as of May 12, 2021. When children were discharged from care approximately 25.2% were discharged to the custody of relatives. An additional 4.7% 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>16</sup>

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

**Timeframe:** Years 1-2

#### ***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.

As of the end of March 2021:

- 1330 children have been served by 30 Days to Family (562 of those children through expanded eligibility)
- The placement rate with kin throughout implementation of 30 Days to Family ranges from 68-71%.
- 98.3% of families served had over 80 connections found. On average families start with 7 connections and conclude services with 105 connections found.
- The current back up placement rate is 62% as a state aggregate. The back-up placement rate is 100% in Clark, Lorain and Wood counties and as low as 40% range in Sandusky and Montgomery counties.
- Data of the placements made during their 30 Days services indicates children were placed with: maternal family 46%; paternal family 32%; with kin 18%; and reunification 4%.

Kaye Implementation & Evaluation, LLC (KI&E) is now serving as Kinnect's evaluation partner for the 30 Days program. Evaluation activities include finalization of the retrospective implementation survey results, annual fidelity monitoring for 1-2 counties each month, enrollment management support, and examining outcomes of 30 Days cases relative to a matched comparison group. KI&E has a fully executed data sharing agreement with ODJFS and received SACWIS data extractions in August, October, and December.

#### Retrospective Implementation Survey Highlights:

Insights and feedback were gathered through an online survey on 30 Days to Family® Implementation, administered to staff in 14 counties across Ohio who have been involved in the initiative. One hundred twenty-four (124) administrators and staff responded to general questions about their perceptions about the program and the implementation process. In addition, participants

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<sup>16</sup> This Strategy is contained under Goal 3, Strategy 1, Option 1 of the CFSR, PIP.

were asked specific questions as it related to their role and the phases of implementation. Highlights of the findings include the following:

- Survey participants agreed that the model provides a valuable service that is not otherwise available in the agency.
- Survey participants felt that model components, such as searching, engaging, and placement, were effective, on average rating all components above a 4 on a scale of 1 to 5 (1= not effective to 5=very effective).
- On average, 30 Days supervisors and specialists rate their skill levels as strong on almost all elements of the model.
- Survey participants believed that 30 Days to Family® has positively impacted other agency program areas and practice.

Overall the following was noted:

### 30 Days has affected child welfare practice!



#### **Fewer children in foster care**

- Increased capacity to find family



#### **More kinship placements identified**

- Able to find more relatives earlier in the case



#### **Increased support for kinship families**

- Increased engagement of fathers and paternal relatives
- Finding relatives to support placements and involving family even if placement is not possible at the time of service



#### **Decreased number of children unnecessarily staying in foster care**

- Enhanced existing value of kinship

#### Effectiveness Evaluation:

Initial findings from the effectiveness evaluation have been produced by KI&E. As analysis continues, more effectiveness evaluation findings will be provided. The evaluation compared outcomes for children served by 30 Days (n=704) in comparison to outcomes of all eligible children during the same period who were eligible for the 30 Days program and were not served (n=4,910). Some differences between these groups were noted related to race and primary removal reason, therefore findings should be interpreted with caution. The evaluation will continue and more rigorous analysis to account for non-equivalent groups will be explored. Initial findings include:

- **Placement with kin.** Significantly more 30 Days children were placed with kin (during episode or at exit from care) relative to comparison children, 48% compared to 69% ( $p < .001$ ). By county the range of kinship placements for 30 Days cases range from 43% to 100%. The statewide average is 27%.
- **Time spent with kin.** Duration of out-of-home placement is similar across the groups (between 8-9 months). However, when children are placed with kin during 30 Days services, they spend 51% of their time in the entire out of home episode with kin. The comparison group spent only 22% of their time in care with kin. Overall, children who receive services from 30 Days, whether they were placed with kin during 30 Days services or not, are with kin 40% of their out of home episode. This indicates service from 30 Days may benefit kinship support and placement over the life of the case.

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

**Timeframe:** Years 1-2

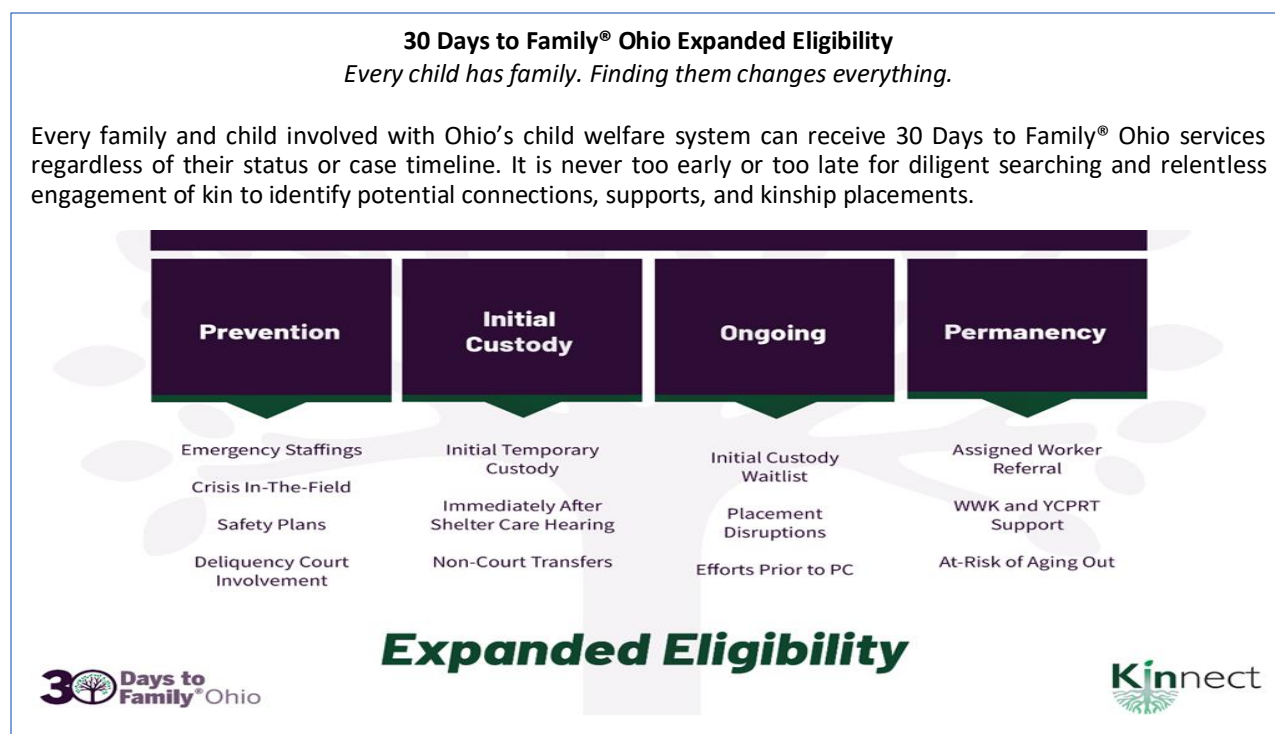
**Benchmark 3:** Implement 30 Days to Family Program in additional counties. Capacity will be determined following confirmation of new state budget.

**Timeframe:** Years 2-5

### ***Progress Report:***

The 30 Days to Family Program is operational in 15 counties: Allen, Clark, Cuyahoga, Fairfield, Franklin, Hamilton, Hancock, Lorain, Lucas, Marion, Sandusky, Stark, Summit, Williams, and Wood. During this reporting period, 30 Days to Family was implemented in two new counties, Franklin and Williams. As a result of competing priorities throughout the COVID-19 pandemic, two (2) counties, Highland and Montgomery, ended their 30 Days to Family programming. Two counties have expanded the number of specialists. Lucas county has added a second specialist and Cuyahoga county is in the process of interviewing for their fifth and sixth specialist positions. Cuyahoga county has established specialist positions with the goal of a specified caseload of children who have come into the custody of the agency where there are challenges to locate a foster placement.

In an effort to maintain consistent full caseloads in all counties and improve the permanency outcomes for children in Ohio, 30 Days to Family recently implemented expanded eligibility. Expanded eligibility allows a 30 Days Specialist to conduct 30 Days work on cases outside of model eligibility to serve all children, at any stage, involved with Ohio's child welfare system. The following graphic provides a depiction of Ohio's Expanded Eligibility.



Future programming development in the next state fiscal biennium will include an assessment of the 30 Days expanded eligibility to determine program requirements in each of the new program eligibility categories and evaluate outcomes in each of the new eligibility categories.

**Feedback Loops:** Kinnect has ongoing regular coaching and technical assistance feedback loops with 30 Days specialists. 30 Days also operates with an advisory council which includes Kinnect staff, ODJFS and PCSAs. Kinnect is also utilizing supports from Casey Family Programs and CSSP to assist with future planning of expanded eligibility. These processes will be ongoing.

## 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 *(Completed)*

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

**Timeframe:** Years 1-2 *(Completed)*

**Progress Report:**

The following table contains information on rules which were amended and went into effect on June 15, 2020 to reflect Ohio's alignment of licensing standards with the federal model standards.

<b>Rule Number</b>	<b>Title of Rule</b>
5101:2-5-09	<i>Personnel and Prohibited Convictions for Employment</i>
5101:2-5-09.1	<i>Criminal Records Check Required for Certain Prospective Employees and Certified Foster Caregivers</i>
5101:2-5-18	<i>Waivers and Variances</i>
5101:2-5-20	<i>Initial Application and Completion of the Foster Care Homestudy</i>
5101:2-5-24	<i>Foster Home Recertifications</i>
5101:2-5-32	<i>Occupancy Limitations and Accessibility</i>
5101:2-5-33	<i>Foster Caregiver Preplacement and Continuing Training</i>
5101:2-7-02	<i>General Requirements for Foster Caregivers and Applicants</i>
5101:2-7-10	<i>Care of a Foster Child Under Age Two</i>
5101:2-7-12	<i>Site and Safety Requirements for a Foster Home</i>
5101:2-7-15	<i>Transportation</i>

The manual transmittal letter associated with release of the rule changes can be found at:

[ODJFS eManuals > Families and Children > Family, Children and Adult Services Manual > FCASM Transmittal Letters > FCASMTL 433 \(Amendments to Children Services Licensing OAC Rules in Chapter 5101:2-5\) \(ohio.gov\).](#)

**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.

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

**Timeframe:** Years 1-2

**Progress Report:**

In addition to the training opportunities mentioned in last year's submission, the Ohio Child Welfare Training Program has revised assessor curriculum to include information on the availability of waivers for kin caregivers. This ensures that all assessors completing homestudies are aware of not only the availability of non-safety waivers for kin, but also aware of the process for requesting waivers.

Additional training has taken place in 2021 on non-safety waivers for kin at a variety of venues. These include the following:



- Ohio Children’s Alliance- Director’s meeting March 16, 2021
- PCSAO Southwest Regional meeting- March 17, 2021
- Kinship Support Program Live Teams event (over 500 participants)- March 29, 2021
- Ohio Children’s Alliance- Foster Care meeting April 13, 2021
- PCSAO Southeast Regional meeting – April 26, 2021

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

**Timeframe:** Years 1-2

***Progress Report:***

Since the availability and process for requesting non-safety waivers for kinship caregivers has not changed, a procedure letter was not issued. Instead, and in addition to the training opportunities listed above, the *Policy and Practice Guidance Document #004* was issued on January 28, 2021. This document explained that assessors are encouraged to utilize non-safety waivers to assist kinship caregivers in becoming licensed and also contained information on the process for doing so. *Policy and Practice Guidance Document #006* was released on February 16, 2021 and a ‘Sample Caregiver Letter’ was also sent to agencies that explained the availability of and process for non-safety waivers of foster parent requirements.

## **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 (*Completed*)

***Progress Report:***

Research on best practices and foster care levels of care was completed in conjunction with the Public Children Services of Ohio (PCSAO) in 2019 by a group of stakeholders assembled by the PCSAO and the Office of Children Services Transformation. Research included a review of tiered treatment foster care practices in the following states:

- California
- Colorado
- DC

- Kentucky
- Michigan
- Minnesota
- Pennsylvania
- Tennessee
- Texas
- Virginia
- Wisconsin
- West Virginia

**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:** Years 1-**3**

***Progress Report:***

OFC held biweekly internal meetings throughout 2021 to plan for tiered treatment foster care. In March 2021, the office reached out to PCSAO to learn of their plans toward tiered treatment foster care. PCSAO has included the office in ongoing meetings with their county partners to this end. The internal OFC workgroup has divided into three workgroups to work on the implementation of the tiers. There is an agency readiness workgroup, a policy and practice workgroup, and a recruitment and retention workgroup. The agency readiness workgroup issued a survey to all foster care agency directors requesting information about their ability to provide increased and ongoing supports and services to their foster caregivers. The policy workgroup is developing a base document leveling out the tiers in terms of child characteristics and caregiver supports. This document will serve as the foundation of the policy and programmatic work. Once completed it will be shared with the larger workgroup and then externally for ongoing feedback. The recruitment and retention workgroup has been focusing on research related to successful recruitment campaigns and in related retention strategies. The workgroup is waiting for the results of the readiness survey to help inform next steps.

***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 (*Completed*)

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

**Timeframe:** Years 2-3

### ***Progress Report:***

Due to the development of the OhioRISE project, in conjunction with the Ohio Department of Medicaid and other sister state agencies, the Office of Families and Children has decided to use the Child and Adolescent Needs and Strengths (CANS) assessment. Biweekly meetings are being hosted by the Office of Medicaid and include the author of the CANS. The statewide rollout plan is part of the OhioRISE rollout which is scheduled to occur by January 2022. (*Refer to the Collaboration Section of this report for a description of OhioRISE*)

### ***Feedback Loops:***

Critical to addressing this strategy was to involve representatives from: OFC, the Ohio Department of Medicaid, Ohio Department of Mental Health and Addiction Services, Ohio Department of Youth Services, and the Ohio Department of Developmental Disabilities, in addition to public and private agency representatives. 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 3:** Monitor and evaluate effectiveness.

**Timeframe:** Years 2-3

### ***Progress Report:***

Once the OhioRISE program has gone live, work will begin to evaluate its effectiveness.

## **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:** Years 1-2

***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.

On May 5, 2021 a survey was sent to all group home and children's residential center administrators to identify agencies that are meeting Qualified Residential Treatment Program (QRTP) compliance and agencies who are experiencing barriers to meeting QRTP compliance. Survey results will assist OFC in determining where there will be an opportunity to provide statewide and individualized technical assistance.

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 (*Completed*)

**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 (*Completed*)

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

**Timeframe:** Years 1-5

***Progress Report:***

ODJFS continues to work in collaboration with representatives from the Ohio Department of Mental Health and Addiction Services (OhioMHAS) and members of the Statewide Trauma Informed Collaborative (Collaborative) to enhance and expand trauma practices and training opportunities for staff working within Ohio's approximately 250 child-serving congregate care sites. The Collaborative met monthly during this review period to review submitted applications to add established trauma models to the statewide list. Five models were added to the approved list based on the review of comprehensive applications. The approved trauma model list is located at: <https://jfs.ohio.gov/ocf/FFPSA-TraumaProgramIntervention.stm>

During this review period, ODJFS participated in the development of a Trauma Training Certificate Program where individuals in the social or human services fields, who interact with youth and adults who may have experienced trauma, can acquire needed training. This Certificate Program is designed to move staff from being trauma aware to trauma informed to trauma competent. Receipt of the certificate will demonstrate the individual possesses the knowledge and skill development in approved Trauma Competencies. Representatives from ODJFS and OhioMHAS have presented information on the statewide Trauma Certificate Opportunity to multiple groups since January. Some of these groups include: Four Regional PCSAO Consortia; Ohio Home Visitors Group; the Ohio Head Start Association; Ohio Children's Alliance members; and all five-regional Ohio trauma-informed collaboratives.

In addition to the Trauma Training Certificate Program, a lunch and learn and corresponding resources were developed during this reporting period to provide information and answer questions regarding trauma informed care. All tools and resources have been posted on the Ohio Family First Website at: [Family First Prevention Services Act \(Family First\) | Office of Families and Children | Ohio Department of Job and Family Services](#)

***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:***

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 (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 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, 54,725 criminal records have been submitted. During this reporting period 12,048 were submitted. 92% 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. The following table reflects this information.

<b>Criminal Background Check Submissions: January 5, 2017-April 30, 2021</b>	
Total Criminal Checks Submitted through April 30, 2021	54,725
Total Submitted from April 1, 2020 - April 30, 2021	12,048

**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:***

ODJFS' new Ohio Certification and Licensing Monitoring system (OCALM) provides a complaint workflow which allows licensing staff to incorporate all citations for criminal record check requirements found to be noncompliant with state and federal rules. The OCALM system allows the Bureau of Foster Care Licensing to run reports specific to the number and type of citations related to criminal record check requirements on a quarterly basis. Reports can 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\* (*Completed Year 1*)

**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\* (*Completed Year 1*)

**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\* (*Completed Year 1*)

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

**Timeframe:** Years 1-2\* (*Completed Year 1*)

\*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.



***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. These efforts led to House Bill 166 of the 133rd General Assembly enacting changes to Sec. 5103.037 and Sec. 5103.0310 of the Ohio Revised Code (ORC) (effective date 10/17/2019) to comply with the provisions of PL 115-123, the Family First Prevention Services Act (FFPSA). Additionally, Family, Children and Adult Procedure Letter 347 was published on February 10, 2020 reiterating the ORC requirements which addressed the foster and adoptive parent requirements, and expanded staff requirements.

**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:***

The Office of Families and Children 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. Agencies were able to claim for these expenses as of 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 the end of 2021.

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

**Timeframe:** Years 1-2

***Progress Report:***

A webinar was presented on August 11, 2020 to provide detail on the types of activities that can be claimed as well as how to record expenditure and activities pertaining to legal representation.

***Feedback Loops:***

County agencies have expressed their appreciation about the opportunity to receive reimbursement for these expenses.



**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>17</sup>**

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

**Timeframe:** Year 1-2

***Progress Report:***

The Supreme Court of Ohio contracted with Summit County Juvenile Court to implement a pilot project of Multi-Disciplinary Legal Representation which will include a legal team consisting of three attorneys, a parent advocate, and a licensed social worker. The pilot began January 1, 2021 and the legal team is actively working with parents/families. Summit County Juvenile Court is following a robust data collection model used by ABA's Family Justice Initiative which includes comparison with a control group.

Ohio has adopted a best practice multi-disciplinary model that will meet the following goals:

- To expedite time to safe reunification or permanency;
- To increase parent(s) engagement in case planning, services, court hearings, and out of court setting engagement with their attorney or legal team;
- To personally tailor case plans and services for parent(s);
- To increase visitation and parenting time;
- To reduce the length of time children, stay in foster care;
- Ultimately a cost savings to the state and county systems due to reductions of time children and youth spend in care;
- Special focus placed on parent(s) and children involved in the AND system and their case has been impacted by COVID causing court.

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

**Timeframe:** Years 1- 2

***Progress Report:***

ODJFS and SCO have partnered and blended \$500,000 in funding from two respectively held federal grants to support additional legal representation pilots. The pilot will focus on child welfare cases and entities have the opportunity to implement a pre-petition model and/or a multi-disciplinary model. The funds are available as a result of a collaboration with Ohio Department of Job and Family Services and funding is sourced from the Ohio Court Improvement Program federal funds and Ohio Department of Job and Family Services is contributing funds from its Children's Justice Act federal grant to support this project.

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<sup>17</sup> This Strategy is contained under Goal 4, Strategy 2, Option 3 of the CFSR, PIP.

Eligible applicants must be an Ohio juvenile court, Ohio county public children services agency, Ohio regional legal aid office, Ohio county public defender's office, Ohio law school, Ohio social work school or university, or any Ohio community entity that is positioned to support the pre-petition and/or multi-disciplinary legal representation model.

The following is the timeline for the additional pilots:

- May 7, 2021 Release Competitive RFP
- May 17, 2021 Zoom Information Session
- June 25, 2021 Applications Due
- July 15, 2021 Awards
- August 1, 2021 Contract(s) in Place

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

**Timeframe:** Years 2- 3

***Progress Report:***

The Summit County Juvenile Court Multi-Disciplinary Legal Representation pilot project was implemented on January 1, 2021. Summit County Juvenile Court is following a robust data collection and evaluation model used by ABA's Family Justice Initiative which includes comparison with a control group. The following goals have been identified:

- Expedite time to safe reunification or permanency
- Increase parent(s) engagement in case planning, services, court hearings, and out of court setting engagement with their attorney or legal team
- Tailor case plans and services for parent(s)
- Increase visitation and parenting time
- Reduce the length of time children, stay in foster care
- Increase cost savings to the state and county systems due to reductions of time children and youth spend in care

**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:***

Accountability to CAND is ongoing. Updates regarding benchmarks are shared regularly at CAND meetings.

## **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:** Years 1-5

***Progress Report:***

The Children Services Transformation Advisory Council put forth the following recommendation:

*Partner with the Supreme Court of Ohio to review data regarding extensions, refiled proceedings, continuances, and appeals. Update guidance and improve education to courts and Public Children Services Agency staff regarding the use of extensions and the negative impact that unjustified extensions have on children and families. Explore options to utilize the Supreme Court of Ohio's public-facing dashboard, as well as other data-reporting mechanisms, to promote better outcomes and uniformity across counties.*

As a first step, bi-weekly meetings with SCO data analysts, CJA and CIP staff have begun to review existing data and sources. Next quarter, a survey will be distributed to courts and PCSAs to request feedback and recommendations regarding the effectiveness of the permanency docket quarterly report.

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

**Timeframe:** Years 1-3

***Progress Report:***

Next quarter, a survey will be distributed to courts and PCSAs to request feedback and recommendations regarding the effectiveness of the permanency docket quarterly report and need for additional data.

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

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

**Timeframe:** Years 1- 2

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

**Timeframe:** Year 2

### ***Progress Report:***

The CWQLRW has identified pre-petition legal representation as a priority. A timeline is in place to pilot legal representation in Ohio.

Ohio is defining the Pre-Petition Model as a form of preventative legal advocacy, pre-petition legal representation aims to keep the family together, keep children safely in the home, and prevent the need for foster care. Some pre-petition models receive client referrals directly from child welfare caseworkers, allowing advocates to quickly identify and assist with critical legal issues to help prevent unnecessary removals and ultimately keep families together. These cases involve a variety of issues such as pending evictions, unpaid child support, domestic violence, immigration status concerns, welfare denials, housing voucher terminations, and barriers to accessing medical care and education. The pre-petition attorneys collaborate with the child welfare agency to support the family and helps the child welfare agency staff recognize that unstable housing or other poverty issues are not neglect.

Pre-petition services can fall into the category of meeting reasonable efforts. However, many parents do not have a right to legal representation until after their children have already been removed. Pre-petition prevention work provides services that prevent removal from happening and shows clients they are supported in their goal of family unification or preservation before a child welfare agency files a petition to remove a child.

Ohio is adopting the following goals related to Pre-Petition Legal Representation.

- To provide high-quality legal representation to families at the time they need it.
- To maintain children safely in their homes and avoid foster care placements.
- To decrease trauma to children, youth, and families by avoiding foster care placements.
- To provide preventative legal representation, social work services and peer support to avoid involvement in the child welfare and juvenile court systems.
- To provide peer support to parent(s) at risk of involvement in the child welfare or juvenile court system.
- To strengthen and empower parent(s) and families.

**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:***

The Office of Families and Children 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. Agencies were able to claim for these expenses as of 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 the end of 2021.

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

**Timeframe:** Years 1-2

***Progress Report:***

A webinar was presented on August 11, 2020 to provide detail on the types of activities that can be claimed as well as how to record expenditure and activities pertaining to legal representation.

***Feedback Loops:***

Strategies and benchmarks identified under Objective 7 were developed and are being implemented based upon CQI principles.

## 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 2021 indicated there has been a decrease in entries into care in FY20 from the prior 4 years. During FY20 there were 9,431 entries (3.66 entry rate per 1,000). During the prior fiscal year there were 10,977 entries (4.26 entry rate per 1,000). The most recent entry rate is comparable to the entry rate in FY16 which was 9,669 (3.69 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 the CFSR PIP case reviews, thus far, 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 88.46% 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.” All three pilot counties are continuing to collect and enter data per the requirements of the QIC grant.

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

**Timeframe:** Years 1-5

***Progress Report:***

Evaluators, Advocates for Human Potential Inc, is continuously analyzing the data from Ohio’s three pilot sites and the other eleven sites across the U.S. Evaluation results have been shared via webinars.

**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:** Years 1-2

***Progress Report:***

The OFC Title IV-E policy area has been working on creating new rules for Family First Prevention Services (FFPS) candidacy as well as traditional foster care candidacy. Four new rules have been written to cover administration, eligibility for FFPS, activities required to receive IV-E reimbursement, and traditional IV-E candidacy. Additionally, the OFC policy and SACWIS areas have been working on mechanisms to accurately document FFPS and traditional candidates in the system, and to capture eligibility, evidence-based services available that are included in the IV-E Prevention Plan, payment, and reimbursement.

**Benchmark 2:** Develop Child's prevention plan.

**Timeframe:** Years 1-2

***Progress Report:***

The Family First Prevention Services Act (Family First) is federal legislation which was signed into law in February 2018. The goals of Family First include helping children remain safely at home with their families whenever possible; ensuring that children who must come into care are in the most family-like and least restrictive setting possible; and setting the expectation of high standards of care and services for our children and families. Family First allows federal funds to be used for prevention services to keep at-risk children safely in their homes and places limitations on Title IV-E Foster Care Maintenance payments for residential/congregate care placements while adding new standards. Family First's focus on prevention services will allow agencies additional funding opportunities to help families with children at risk of entering foster care and the goal of prevention services is to decrease the number of children entering foster care or residential treatment programs. Children that do enter residential treatment will be receiving high quality care from agencies certified as Qualified Residential Treatment Programs (QRTP).

Family First is also about transforming children's services. This work is aligned with and supports priorities of Ohio's state partner agencies by contributing to Ohio's overarching goals for children and families, including a consistent framework and approach for Ohio's work in all areas of the state; statewide practice model and vision for children and family services broadly; and equity in access to responsive prevention services.

OFC submitted Ohio's Title IV-E Prevention Services Plan to the Administration for Children and Families on November 2, 2020. Preliminary feedback was received from the Health and Human Services-Children's Bureau (CB) team on December 14, 2020. OFC and the CB team met virtually on January 26, 2021 to review feedback on Ohio's Title IV-E Prevention Services Plan. The discussion provided OFC staff with clarification on areas of the Plan that required additional information.

OFC re-submitted Ohio's Title IV-E Prevention Services Plan to the CB team on April 8, 2021. Ohio received a second round of feedback from the CB team on May 27, 2021. At present, OFC is working to coordinate a call with the CB team to discuss the revisions ahead of re-submitting the Plan.



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

**Timeframe:** Years 1-2

***Progress Report:***

In Year 2, the Family First Prevention Services (FFPS) program was developed. Terms were defined outlining candidates for prevention services, candidates for foster care, evidence-based practices, and prevention services plan. A process was established for the identification of candidates for prevention services, determining program eligibility, and case categorization. Ohio Administrative Code rule 5101:2-40-05 entitled *PCSA requirements for providing family first prevention services* became effective on April 1, 2021. Additionally, a pilot of the program began in eight (8) counties in April 2021.

An overview webinar provided information and instruction to PCSA and ODJFS staff on the Family First Prevention Services program in October 2020. ODJFS developed a FFPS Frequently Asked Questions (FAQ) document and continues to be updated and maintained by the FFPSA project manager. A series of five microburst on rule review and program hearings (MORRPH) with PCSAs and community stakeholders to evaluate the draft rules and identify potential issues in practice and solutions were held in late October 2020. In December 2020, MORRPHs were held on the FFPSA prevention service plan and prevention plan review tool. In January and February 2021, ODJFS provided in-depth prevention services virtual trainings for county personnel that would be practicing prevention services. The trainings addressed the following topics:

- Process and flow of prevention services cases upon referral through assessment/investigation.
- The implementation of safety and risk assessments.
- The identification of strengths and needs of the family to aid in proper service provision.
- Candidacy determination and eligibility to address both program and financial eligibility and criteria for prevention services.
- The utilization of either the “Family Case Plan” and “Prevention Service Plan”.
- Ohio’s phase one evidence-based practice services.
- The development and implementation of the Center of Excellence.

All screened in reports receive an assessment of safety and risk. Requirements to complete face to face interviews with the parents, guardians, or custodians and each child on the prevention service plan, every other month, in the home have been established. During the home visit the caseworker is to assess child safety, review the prevention service plan, obtain the family’s perception and experience of the services received, and determine if there are any desired changes to the service plan. PCSAs are also required to maintain monthly contact with each service provider involved in a prevention services plan to remain informed of the family’s progress, any presenting concerns, and any changes the provider requests to make to the service plan. Further, the PCSA is to review the progress of the prevention services plan no later than every 90-days after the completion date of the family assessment. The review contains an assessment of safety, an assessment of risk, and a summary of the service provider contacts and family contacts. The PCSA is to complete the

semi-annual review no later than every 180-days from completion of the family assessment. It is important to the CPS policy area within OFC that safety be prioritized and be continually assessed and reassessed by PCSAs and caseworkers statewide.

CQI promotes quality and transparency in the provision and implementation of services and can improve the impact of prevention services in supporting children who are candidates and their families in remaining safely in their homes and communities by highlighting: 1) what's working well; and 2) where adaptation is needed to promote the desired results (i.e., preventing children from entering foster care and supporting them in their homes and communities by ensuring access to necessary supports). CQI processes are critical to promoting the success of FFPSA prevention services in Ohio. Ohio has developed the following overarching goals to begin implementation of CQI processes:

- Preventing FFPSA candidates from entering foster care.
- Increasing access to prevention services for FFPSA candidates and their families and pregnant and parenting youth in foster care.

The second step in implementing CQI processes is to identify key process and outcomes measures that will support Ohio in knowing if they are achieving the identified desired results. In planning of the CQI framework, it is critical that specificity is applied to each of the identified process and outcome measures. For example, tracking of the number of existing prevention services cases newly opened each quarter and the recurrence of maltreatment in prevention services cases within six months of case closure.

As Ohio begins implementation of the CQI framework, it is critical that these process and outcome measures and strategies for collecting the data are included in implementation plans including contracts with providers to make sure that the infrastructure exists and is established for future data analysis. Ohio has identified process and outcome measures and plans to disaggregate all data by key child and family factors, such as race, ethnicity, geographic region, and age of the child to inform necessary changes.

#### ***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 (ODM); 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 (*Completed*)

**Benchmark 2:** Plan for implementation and sustainability of statewide rollout.

**Timeframe:** Years 2-3

***Progress Report:***

Kinnect designed the Ohio Kinship and Adoption Navigator Program (OhioKAN) and formally presented the program proposal on September 30, 2019. Implementation planning for the Ohio Kinship and Adoption Navigator Program formally began in November 2019. Kinnect brought in partners from Chapin Hall, Jetpack and Kaye Implementation and Evaluation and a group of stakeholders with experience in kinship and adoption. All elements of the program have been brought to the Implementation Team for discussion and feedback. The team assisted in the creation of the Theory of Change, Governance structure, evaluation design, program documentation, and the program's database within the state's Statewide Automated Child Welfare Information System (SACWIS). This team continues to meet to discuss how implementation is progressing and provide feedback on potential program enhancements.

To implement the OhioKAN program statewide, the state was divided into ten (10) regions. This allows families the opportunity to speak with a navigator in or near their community. Each region has a Regional Director, Regional Coordinator, and coach who are employed by Kinnect. Kinnect contracted with community providers in each region to employ the navigators. Kinnect provides training for the navigators on the program model, customer service, trauma informed services, and inclusion and equity. The coaches ensure the navigators provide services with fidelity through ongoing coaching sessions, Learning Collaboratives, and case reviews. All documentation is collected in a module that has been created in SACWIS. This allows web-based access for documentation and can be shared with all staff across the state in real time. The system also allows for reports to be generated for Continuous Quality Improvement and can provide needed data for the evaluation of the program.

OhioKAN was soft launched on August 31, 2020, with limited staff answering the phone and providing services. At that time the phone calls primarily consisted of referral sources interested in learning more about the program. On October 5, 2020 the full launch of the program occurred, including launch of the website. As of March 28, 2020, the program has served 415 families.

The OhioKAN program manual is being finalized. Procedures are being continually reviewed as the program was rolled out. The evaluation team held weekly meetings with staff to explore initial implementation of OhioKAN and support brainstorming around challenges and aspects of the program that were going well. These meetings allowed a rapid cycle Plan, Do, Study, Act (PDSA) process to see how the program was functioning during initial implementation. The program now

is moving into an ongoing Continuous Quality Improvement process that will continue to inform program improvement. The program manual is also being reviewed for inclusivity, equity, and access. The goal is to ensure that the program is welcoming and accessible, there are no disparities in serving families, and that a high level of service is provided to all.

In February 2021, each region began to host Regional Advisory Councils. The purpose of the councils is to support the successful implementation and evaluation of OhioKAN in the region. Regional council members will help identify existing programs and services that support kinship and adoptive families, how these may be enhanced, and recommend solutions to address any gaps in service provision. Regional Advisory Council membership is to be representative of the local area. Membership must include individuals with lived experience as kinship caregivers, adoptive parents, or individuals who have lived in kinship or adoptive families. Council members may represent such groups as Area Offices on Aging, faith community leaders, housing programs, health care providers, schools, local nonprofits, and local children services agencies.

**Benchmark 3:** Implementation of program based on funding allocations.

**Timeframe:** Years 2-5

***Progress Report:***

Ohio initially allocated \$8.5 million for the OhioKAN program. The program started implementation during the pandemic, which led to a \$3 million dollar reduction in state funds for State Fiscal Year 2021 (SFY21). However, the program was able to begin implementation using state funds, the federal Kinship Navigator Funding (title IV-B, subpart 2), adoption savings funds, and Children's Justice Act funds for part of the evaluation. Funds were used to support all aspects of the program, including implementation, staff training, services to family, and evaluation. Due to the reduction in funds, the number of navigators hired was reduced. The initial design called for 40 navigators throughout the state, but only 29 were hired in SFY 21. The program also reduced the number of Regional Directors from 10 to 8 and Regional Coordinators from 10 to 7. In SFY22 we are hoping to restore the funding to the full \$8.5 million, which will allow for an increase in the number of navigators available throughout the state.

***Feedback Loops:***

Stakeholders will be engaged in program implementation and sustainability through Advisory Councils. Each region will have a Regional Advisory Council, which will feed up to the State Advisory Council. These councils will consist of individuals with lived experience as kinship caregivers, adoptive parents, or individuals who have lived in kinship or adoptive families. Council members may represent such groups as Area Offices on Aging, faith community leaders, housing programs, health care providers, schools, local nonprofits, and local children services agencies. The purpose of the Councils is to support the successful implementation and evaluation of OhioKAN.

OhioKAN also has a rigorous CQI Plan. This model is based on the Plan, Do, Study, Act cycle, and uses data collection and analysis to inform practice changes. To ensure all individuals can share their input and insight, feedback loops have been created between OhioKAN state level

leadership, regional leadership, and direct service staff. This feedback loop includes Coaching Sessions, Learning Collaboratives, CQI Process Team, and the CQI Steering Committee. Feedback can flow between each group to inform the topics for discussion.

Coaching sessions are held between coaches and navigators. During these sessions, discussion of individual performance, fidelity, strengths, and challenges will occur. Feedback from coaches and navigators can be passed up to the Learning Collaboratives. Learning Collaboratives include navigators, coaches, and regional leadership. The Learning Collaboratives bring together CQI data from each region for a deeper dive into the data, challenges, and improvement strategies. These ideas are shared with the CQI Process Team, which is made up of Regional leadership, coaches, and the Program Manager. The Process Team reviews regional data to identify strengths and areas for improvement. Based upon their review, they share recommendations on program improvement strategies and concerns with the CQI Steering Committee. The CQI Steering Committee is comprised of statewide leaders. The Steering Committee will review information from the Process Team and other CQI reports to determine strategies for improvement and monitor implementation.

## **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 (*Completed*)

**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 (*Completed*)

**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:***

Under the scope of the Family First Prevention Services Act (FFPSA), OFC will utilize analytic and evaluation data of existing service capacity to identify and prioritize the implementation of phased evidence-based prevention services in Ohio. In coordination with OFC's sister state agencies (Ohio Department of Medicaid, Ohio Department of Mental Health and Addiction Services, Ohio Department of Youth Services), Ohio released a competitive Request for Proposal

(RFP) for service provision of safety and risk services regionally across the state of Ohio. Ohio has elected to implement evidenced based practices across the state utilizing a phased approach. Ohio recently entered into a contract with a vendor for a Center of Excellence to support this work. The Ohio Department of Mental Health and Addiction Services (OhioMHAS) has announced that the Case Western Reserve University (CWRU) Center for Innovative Practices at the Begun Center for Violence Prevention Research and Education, a part of the Jack, Joseph, and Morton Mandel School of Applied Social Sciences (CIP/Begun/MSASS), has been awarded a two-year contract to coordinate a new statewide Child and Adolescent Behavioral Health Center of Excellence (COE).

OhioMHAS partnered with other state agencies, which include Job and Family Services, Medicaid, Youth Services, Developmental Disabilities, Health and Ohio Family and Children First, to develop and issue the RFP. Among its primary responsibilities, the COE will be focus on building and sustaining a standardized assessment process, evaluating the effectiveness of services, and expanding service and care coordination capacity for children with complex behavioral health needs and their families. The COE will also provide orientation, training, coaching, mentoring, and other functions/supports as needed to support Ohio's statewide child caring provider network. The new COE will bolster Ohio's ongoing system transformation and improvement efforts, which to date, have included: expanding the behavioral health continuum of care to better serve youth and families; implementation of the Family First; and development of OhioRISE. ODJFS has dedicated funds to build capacity and provide evidence-based prevention services to alleviate the need to place children in foster care and support children and families in community-based settings.

**Benchmark 4:** Cross-system fiscal planning to support the prevention services array.

**Timeframe:** Years 1-2

***Progress Report:***

OFC has partnered with our sister agencies to maximize the full potential of Family First Prevention Services as a state. With the assistance of the Ohio Departments of Mental Health and Addiction Services, Medicaid, Youth Services and Health, a statewide Center of Excellence (COE) has been launched to help build and grow evidence-based prevention services statewide for those services included in Ohio's Title IV-E Prevention Plan.

In the realm of capacity building, the COE will be responsible for:

- Monitoring individual providers' adherence to evidence-based practice guidelines, positive and negative care variances from standard clinical pathways, and the direct impact on treatment outcomes and costs of care.
- Working closely with ODJFS to ensure coordination with Family First, including assurance to Title IV-E standards and reporting.
- Creating and implementing processes that ensure fidelity to evidence-based models for High Fidelity Wraparound; Mobile Response and Stabilization Services; Multi-Systemic Therapy, and Functional Family Therapy.

- Conducting initial training for specific practices and services that are essential to serving children with complex behavioral health needs such as care coordinators and utilization management staff; state agency leadership and program staff, including state contractors; local child-serving agencies leadership and program staff; and providers.
- Providing professional development opportunities to the selected service providers that enhance the delivery of family-centered, trauma-informed family supports and may include: the social determinants of health and the implications for treatment planning and stabilization; interdisciplinary consultation and recommendations, including family and peer support professionals; case reviews; and the establishment of learning communities, as deemed appropriate.
- Delivering ongoing coaching and support to providers to ensure consistency in rendering services.
- Conducting data collection, research, and evaluation to monitor and assess behavioral health services outcomes and assist providers and state agencies to measure program effectiveness, including assisting the state with data reporting on service costs and utilization.
- Implementing strategic business processes support in areas such as contract negotiation, cost estimation and rate setting, billing, business planning, deploying strategic marketing and communications specific to the individual community culture, and developing documentation and workflows for new services in cooperation with all of the partnering state agencies.
- Providing health information technology support—including planning, capacity development, and information sharing between care management entities, behavioral health providers, public children’s services agencies, and managed care plans.
- Supporting the development and implementation of telehealth capacity.
- Conducting training and provide technical assistance on the Child and Adolescent Needs and Strengths (CANS) decision support tool for assessment and service planning.

ODJFS’s partnering agencies have each committed to investing resources in growing and supporting evidence-based services. Together work in being done to establish a framework for the tracking of service provision, eligibility, reimbursement processes, data coordination, fidelity monitoring, and training and technical assistance.

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

**Timeframe:** Years 1-2

***Progress Report:***

OFC staff collaborated with the Ohio Department of Mental Health and Addiction Services, the Ohio Department of Health, the Ohio Department of Youth Services, and the Ohio Department of Medicaid to explore the development of a Request for Proposal (RFP) to secure a vendor for service provision and fidelity and evaluation monitoring.

The RFP titled Child and Adolescent Behavioral Health Center of Excellence was issued by the Ohio Department of Mental Health and Addiction Services (OhioMHAS) and posted for competitive bid on November 19, 2020 through the Ohio Department of Administrative Services. The RFP can be found at: <https://procure.ohio.gov/proc/viewProcOpps.asp?oppID=22038> The opening date for proposals was January 7, 2021. The OhioMHAS received two applications from potential vendors. A cross agency review team convened on January 26, 2020 to review and score the proposals and select a vendor.

In April 2021, Ohio entered into a contract with a vendor for a Center of Excellence to support this work. The OhioMHAS announced that the Case Western Reserve University (CWRU) Center for Innovative Practices at the Begun Center for Violence Prevention Research and Education, a part of the Jack, Joseph, and Morton Mandel School of Applied Social Sciences (CIP/Begun/MSASS), was awarded a two-year, contract to coordinate a new statewide Child and Adolescent Behavioral Health Center of Excellence (COE). Among its primary responsibilities, the COE will be focusing on building and sustaining a standardized assessment process, evaluating the effectiveness of services, and expanding service and care coordination capacity for children with complex behavioral health needs and their families. The COE will also provide orientation, training, coaching, mentoring, and other functions/supports as needed to support Ohio's statewide child caring provider network.

The new COE will bolster Ohio's ongoing system transformation and improvement efforts, which to date, have included: expanding the behavioral health continuum of care to better serve youth and families; implementation of the Family First; and development of OhioRISE. The ODJFS dedicated funds to build capacity and provide evidence-based prevention services to alleviate the need to place children in foster care and support children and families in community-based settings.

In the area of capacity building, the COE will be responsible for:

- Monitoring individual providers' adherence to evidence-based practice guidelines, positive and negative care variances from standard clinical pathways, and the direct impact on treatment outcomes and costs of care.
- Working closely with our Department to ensure coordination with Family First, including assurance to Title IV-E standards and reporting.
- Creating and implementing processes that ensure fidelity to evidence-based models for High Fidelity Wraparound; Mobile Response and Stabilization Services; Multi-Systemic Therapy, and Functional Family Therapy.
- Conducting initial training for specific practices and services that are essential to serving children with complex behavioral health needs such as care coordinators and utilization management staff; state agency leadership and program staff, including state contractors; local child-serving agencies leadership and program staff; and providers.
- Providing professional development opportunities to the selected service providers that enhance the delivery of family-centered, trauma-informed family supports and may



include: the social determinants of health and the implications for treatment planning and stabilization; interdisciplinary consultation and recommendations, including family and peer support professionals; case reviews; and the establishment of learning communities, as deemed appropriate.

- Delivering ongoing coaching and support to providers to ensure consistency in rendering services
- Conducting data collection, research, and evaluation to monitor and assess behavioral health services outcomes and assist providers and state agencies to measure program effectiveness, including assisting the state with data reporting on service costs and utilization
- Implementing strategic business processes support in areas such as contract negotiation, cost estimation and rate setting, billing, business planning, deploying strategic marketing and communications specific to the individual community culture, and developing documentation and workflows for new services in cooperation with all of the partnering state agencies.
- Providing health information technology support—including planning, capacity development, and information sharing between care management entities, behavioral health providers, public children’s services agencies, and managed care plans.
- Supporting the development and implementation of telehealth capacity.
- Conducting training and provide technical assistance on the Child and Adolescent Needs and Strengths (CANS) decision support tool for assessment and service planning.

Ohio’s partnering agencies have each committed to investing resources in support of growing and supporting the evidence-based services. We are working together to establish a framework for the tracking of service provision, eligibility, reimbursement processes, data coordination, fidelity monitoring, and training and technical assistance.

### ***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; the Ohio Children’s Trust Fund; the Department of Youth Services; the Ohio Department of Mental Health and Addiction Services; the Ohio Department of Health; 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:***

OFC worked to finalize the initial draft of the prevention plan and identify the key evidence-based programs to be included in Ohio's Title IV-E Prevention Plan. Decisions were made based on the quantitative data highlighting the identified needs of Ohio's children and families, including expectant and parenting youth in foster care, as well as quantitative data from community members and providers. To ensure a robust decision-making process, the Prevention Subcommittee workgroups and the Prevention Subcommittee conducted a scan of existing programs in Ohio as well as reviewed those programs that had been rated in the Title IV-E Clearinghouse but are not currently available in Ohio. Based on this in-depth review, the Prevention Subcommittee identified over 40 programs that had been shown, through quantitative and qualitative data, to be effective in meeting the identified needs of candidate children, their caregivers, and/or expectant and parenting youth in foster care.

The long-term goal is to include as many of these programs as necessary to comprehensively meet the needs of all candidate children, their caregivers and expectant and parenting youth. However, the state recognizes the need to utilize a phased approach to implementation. Therefore, in order to maximize Ohio's ability to implement effective prevention services quickly, the state assessed the initial list of over 40 programs based on the following questions:

- Is there existing capacity in Ohio to provide this service to children and families?
- Is this evidence-based program currently rated/undergoing a review for rating in the Title IV-E Clearinghouse?
- Are there current resources available in the state or under contract by the state to provide training in order to increase service capacity?
- If the program is currently being implemented in the state, are tools in place to ensure fidelity?
- If the program is currently being implemented in the state, are tools in place to evaluate the outcomes?
- How is the program currently being financed? Based on data gathered in response to these guiding questions and ongoing conversations with partner agencies on the Executive Team, ODJFS decided to move forward with a phased approach.

The programs Ohio has included in its Title IV-E Prevention Plan are an array of evidence-based programs that will ensure services are available to meet the needs of adolescents, young children, and parents and that counties have the flexibility to invest in programs that meet their community's

needs. Specifically, in Phase 1, Ohio has elected to build capacity for parenting programs (i.e. Parents as Teachers and Healthy Families America) serving families with children ages 0-3.

**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 May 23, 2021, the Team had received 696 applications, and authorized over \$18 million to provide needed services and supports to 520 children from 81 counties. In addition, the team had provided 93 technical assistance sessions to numerous local entities regarding complex cases.

### **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 (*Completed*)

**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 (OFC) is a state-wide commission whose **mission** is to enhance the well-being of Ohio's children by providing opportunities for fathers to become better parents, partners and providers. Fatherhood programs supported by OCF help fathers and families to:

- 1. improve economic stability** when they help fathers prepare for, find and retain employment;

2. **foster responsible parenting** through skills-based classes and individualized mentoring; and
3. **promote healthy relationships** through conflict resolution and communications skills training.

A key activity of the Commission is to conduct practitioner training, which includes children services professionals. During the State Fatherhood Summit held on September 2-3, 2020, there was 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 2020, the Commission worked with funded Fatherhood programs to pivot from in-person programming and case-management to a virtual service-delivery platform due to the COVID-19 pandemic.

The Commission designated State Fiscal Years 2022-2023 funding for regional grantee programs that provide services to low income fathers and families to include parenting classes, coparenting/healthy relationship skills and economic stability services (job readiness, employment, and job retention).

The Commission also 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, No Kidding Ohio, a teen pregnancy prevention and young parent workforce project for middle schools in urban, suburban and rural Ohio as well as Fathers at the Education Table, which is a program focused on working with fathers, whose children are on IEP's (Individualized Education Plans) and 504 plans.

OFC continues to explore practical applications for fatherhood programs such as Action for Children and Passages, 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.

## 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, in FY18-19 there was an increase in the percent of recurrence of maltreatment to 10.1%. The Risk Standardized Performance for FY18-19 was reported at 13.2% 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 3**

***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 3**.

***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.

One of the final recommendations included in the November 2020 report of the Children Services Transformation Advisory Council was to: "Strengthen consistent screening decision-making. Establish a team to review and evaluate screening decision-making practices throughout Ohio to create consistency through statewide standards for critical screening decisions."

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

**Timeframe:** ~~Years 1-2~~ **Year 3**

***Progress Report:***

Due to the delay in completing Benchmark 1, this Benchmark cannot commence until **Year 3**.

## **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 have access to data reports related to recurrence of maltreatment and maltreatment in foster care in the Results Oriented Management (ROM) reporting system. Counties can 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. Ohio has experienced, like many other states nationwide, a decrease in intake reports. This may or may not have had an impact on maltreatment recurrence. Prior to the pandemic, Ohio's maltreatment recurrence for February 2020 was 10.3%. It decreased to 9.7% in September 2020.

During the Child Protection Oversight and Evaluation (CPOE) Stage 12 reviews PCSAs and their assigned OFC Technical Assistance Specialist review the agency's ROM recurrence report and the agency is encouraged to review the report on an ongoing basis to assess their performance on this measure. This report serves as the foundation to developing strategies to improve performance. One agency, in their CPOE Stage 12 Plan for Practice Advancement (PPA), indicated that Recurrence of Maltreatment was of concern and their Performance Management Unit will run reports on Recurrence and utilize the reports to conduct reviews of recurrence on specified cases. Results from reviews may identify a need for the modification of agency policies. Progress will be measured through decrease maltreatment recurrence.

**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:***

The Continuous Quality Improvement (CQI) Data Subcommittee has continued its review of 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 over the past year. 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 60 records were corrected in this year's effort. OFC has also worked to delve into trends related to recurrence of maltreatment that will be discussed further under Strategy 3, Benchmark 1.

### **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:***

As OFC explored issues related to effective safety and risk assessment in relation to the CFSR PIP, it has become more apparent that while multiple agencies may struggle with effective risk and safety assessment and with recurrence of maltreatment, the causes and solutions to the problem need to be tailored to the individual agency. A team of OFC staff members has reviewed extensive quantitative and qualitative data related to recurrence of maltreatment, re-reports of maltreatment, case re-openings, and over-rides of the preliminary matrix recommended decision on the family assessment for the fifteen CFSR counties. Five CFSR counties were identified as having specific struggles in at least two of the four areas, Athens, Allen, Wood, Lucas, and Logan Counties. The OFC team met individually with each of the five counties to explain trends that were found during the data exploration. For example, one county tended to experience recurrence of maltreatment while a case was open but the severity of the issues on the case was not discovered until the second or third report was received. Another county was significantly more likely than similarly sized counties to complete investigations very quickly and transferred very few cases for ongoing services. One county had already developed a plan to address various issues occurring at their agency, including the ones discussed at the meeting. After the OFC team met with the counties, each county reconvened internally to discuss strategies that might address their issue. One county is now staffing higher risk cases with an administrator before closing them and another county is engaging in further data analysis to identify additional trends. OFC has received positive feedback from the counties that we met with and the team hopes to expand this type of analysis to non-CFSR counties over the next year.

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

~~**Timeframe:** Years 2-5 (Deleted Year 2)~~

#### ***Progress Report:***

Following review of the literature it was determined that changes to the case plan would have minimal impact on reducing the rate of recurrence and focus should be on working with counties on Benchmark 1 of this Strategy. As a result, Benchmark 2 has been deleted.



**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 to develop analytic questions, generate appropriate measures, understand how to evaluate outcomes during the phases of implementation, and account for variation in populations that impact the ability to observe improvements over time. Provide any relevant updates on how CCWIS enhancements or updates have or will be used to support CQI/QA.*

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). A comprehensive 3-day on-site training had been scheduled for new and returning peer reviewers; however, due to the COVID-19 pandemic the training was moved to a virtual platform. The training included how to use the federal Onsite Review Instrument and incorporate the new federal guidance on reviewing cases.

Throughout the past year of CFSR Round 3 PIP reviews, co-reviews occurred linking 19 county-level peer reviewers with OFC Technical Assistance Specialists. Trained county partners were able to take the knowledge they learned back to their own county to inform local level practice.

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, who are committed to assisting public and private partners in their ongoing efforts to improve child welfare outcomes. 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. In an effort to achieve the aforementioned goal, the Peer Partner subcommittee has developed a series of objectives 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. As of April 2021, the interest survey has been developed and is awaiting final approval by ODJFS, prior to distribution. Additionally, there have been further discussions regarding the development of the website, which have been tabled at this time due to budget constraints.

- *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 information generated or acquired as part the CQI/QA system or for specific projects was used to measure progress on achieving goals, objectives, and interventions.*

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. Listed below are some examples.

### ***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 children services programs and practice, and to identify strengths and opportunities for improvement.

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 provides the PCSA or Court with the self-assessment tool and instructions (*including a list of relevant SACWIS and ROM reports*). The PCSA or Court returns 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.

As self-assessments are completed by PCSAs and IV-E Courts, the self-assessments are compared to identify patterns of need within the state system.

### ***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. 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 were 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 went into effect on October 1, 2020.

- *Describe the state’s current case review instrument and the extent to which the state is using the data collected through federal Onsite Review Instrument (OSRI), and made available in OMS reports or data extracts, 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 to participate with ODJFS staff no less than once every 24-months in the Quality Improvement reviews. Following completion of the reviews, if there are areas identified as needing improvement, ODJFS requires the development of a Plan for Practice Advancement (PPA). The PPA is developed collaboratively with the PCSA and is monitored on a quarterly basis for 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 for future rounds of CFSRs and ongoing CQI/QA processes. (See Appendix A of Technical Bulletin 12 for more information.)*

**Sustain:** Ohio continues to utilize the Federal On-Site Review Instrument (OSRI) for both CPOE and its state-lead Round 3 CFSR. ODJFS continued the successful training plan initially applied to the CFSR Round 3 case reviews to the PIP reviews.

## **V. Update on the Service Descriptions**

### **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, 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 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 Update* 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: 198,299

Families to be served: 86,555

## 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 and OhioKAN). 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 (Kinship and Adoption Navigator) went live in the fall of 2020 and is now active throughout the entire state of Ohio. OhioKAN navigators have all been trained on PASSS and other support services available to adoptive families in their own location. Navigators ensure that post adoption families are aware of PASSS opportunities and assist families 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

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 a number of 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), and the Ohio Department of Developmental Disabilities. 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>

In April 2021, public comments on the Early Learning and Development Standards were being solicited.

### **Ohio's Early Learning Assessment**

Ohio's Early Learning Assessment (ELA) is a tool that 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). Responses to the KRA provides the teacher with the information needed to tailor individualized student interventions based upon each student's unique strengths and identified areas of needed support. Teachers then share the results with the child's parents/caregivers to foster partnership with family members and facilitate the child's academic success.

In the Fall of 2020, Ohio launched the Kindergarten Readiness Assessment Revised (KRA-R), an updated version of the instrument. The KRA-R was built upon the recommendations of The Early Childhood Comprehensive Assessment Advisory Group, established under legislative action (Senate Bill 216).

## **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*. To learn more about Ohio's Early Childhood Mental Health initiative, go to:

<https://mha.ohio.gov/Schools-and-Communities/Educators/Early-Childhood-Mental-Health#2791880-ecmh-consultation-andServices.docx-treatment>

## **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 project designed to holistically address the needs of pregnant women addicted to opioids and their children. The “MOMS” (Maternal Opiate Medical Support) project was designed to improve outcomes for 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, childcare).

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’ evaluation outcomes demonstrated that 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>

## **Efforts to Track and Prevent Child Maltreatment Deaths**

### ***ODJFS Child Fatality Reviews***

ODJFS has implemented an internal review as well as additional tracking of the types of child fatalities associated with children and families the 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 assigned to the PCSA to complete an initial review and prepare a high-level summary of the events leading to the child’s death. If concerns regarding compliance and/or practice issues are evident in the review, a recommendation for further review is completed and the case is presented to the ODJFS Child Fatality Review Team.

The ODJFS Child Fatality Review Team reviews the cases referred to the team along with the 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 agency custody or who had services provided as an in-home case within one year of their fatality or near fatality, any child fatality resulting from maltreatment will be recorded and the cause of death will be captured. The purpose of the review is to determine patterns, systemic issues, and provide technical assistance to PCSAs and communities to reduce child fatalities.

The following are the number of child fatalities reported to NCANDS for the identified federal fiscal year:

Year	Number of Fatalities
2015	74
2016	66
2017	73
2018	106
2019	78
2020	103

### ***Ohio Child Fatality Review Boards***

The Ohio General Assembly passed Substitute House Bill Number 448 (HB 448) in July 2000, mandating Child Fatality Review (CFR) Boards in each of Ohio's counties (or regions) to review the deaths of children under eighteen years of age. The ultimate purpose of the local review boards, as 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, PCSA director, public health official, executive director of the board of alcohol, drug addiction and mental health services and a pediatrician or family practice physician or any designee to meet at least once a year to review all deaths of child residents in a particular county.

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

The interagency, multidisciplinary approach of the CFR Board process may be the best way to recognize and assess the number and the circumstances of child maltreatment fatalities. The review process allows committees to use a public health approach to assess whether prevention of the death was possible and determine areas of improvement for services and programs available to the family.

### **CFR Boards Findings for the five-year period from 2015 through 2019**

The unique circumstances presented by the COVID-19 pandemic required adjustments for this report. Annual Child Fatality Review reports typically include a data summary of the previous year, as well as five-year aggregate data analyses. County CFR boards complete their reviews for the previous calendar year and submit their data to ODH by April 1 each year. Those data are downloaded to conduct the annual and five-year analyses. Due to the many demands on local health departments and other community organizations as a result of COVID-19, many county CFR boards were not able to complete reviews. Therefore, there was not sufficient data to produce a full report of 2019 data. As a result, the current report contains the five-year aggregate data only. All 2019 cases from counties were slated to be recorded by Dec. 31, 2020, in order to return to the regular reporting schedule for 2021.

In previous years, 88 county CFR boards were able to review approximately 90% of child deaths reported to the Bureau of Vital Statistics. The following reporting was obtained for deaths occurring in 2019:

- 64% of deaths reported to Vital Statistics were reviewed.
- 60 counties reported 2019 reviews.
- Twenty-six counties did not enter any 2019 case reviews, but child deaths were reported by Vital Statistics.
- Two counties had zero child deaths reported by Vital Statistics for 2019.

For the five-year period 2015-2019, local CFR boards reviewed 6,496 child deaths, which represents 86% of the child deaths reported by the Ohio Bureau of Vital Statistics. Deaths that were not reviewed include cases still under investigation or involved in prosecution, and out-of-state deaths reported too late for a thorough review. Late-year deaths for which death certificates were not yet available to local review boards were also not reviewed. In addition, some cases were not reviewed due to the impacts of COVID-19. Local CFR boards found that 27% (1,762) of the 6,496 deaths reviewed from 2015-2019 were preventable.



- Fatalities and injuries among children could be reduced if initiatives addressing safe sleep, suicide, motor vehicle safety, firearm safety, and drowning are adopted and implemented. These include recommendations for individuals, communities, and the public with the goal of preventing deaths in children.
- For the five-year period, the proportional distribution of reviews across manner of death, age, race, and sex, has changed very little.
  - Sixty-five percent of the reviews were for children less than 1 year of age.
  - Black children are overrepresented in child death reviews (36%) compared with their representation in the general Ohio child population (13%).
  - Males are overrepresented in child death reviews, comprising 58% of reviews.
- Sixty percent of the reviews indicated abuse caused or contributed to the death, while forty percent indicated that neglect caused or contributed to the death.
- Seventy-eight percent of child abuse and neglect deaths occurred among children younger than 5 years old.
- Forty percent of the child abuse and neglect deaths reviewed indicated the child had a prior history of maltreatment.
- Thirty-two percent indicated the child's primary caregiver had a prior history of child maltreatment.
- From 2015 through 2019, local CFR boards reviewed 4,239 infant deaths.
- Sixty-six percent of the 4,239 infant deaths were found to be probably not preventable. Preventability could not be determined in 16% of the reviews. Sixteen percent of the reviews were found to be preventable. Seventy-nine percent (3,342) of infant deaths were due to a medical cause. Eighty-one percent (3,446) of infant deaths were by a natural manner.

### ***Fetal Infant Mortality Review (FIMR) Program***

Infant mortality is an important gauge of the health of a community because infants are uniquely vulnerable to the many factors that impact health, including socioeconomic disparities. The U.S. infant mortality rate for 2018 was 5.7 infant deaths per 1,000 live births. Ohio's 2019 overall infant mortality rate was 6.9; the Black infant mortality rate was 14.3; and the white infant mortality rate was 5.1 deaths per 1,000 live births. Though the infant mortality rate in Ohio declined from 7.8 in 2006 to 6.9 in 2019, Ohio's 2019 overall infant mortality rate remains higher than the national average. In addition, the racial disparity continues to be substantial, with Black infants dying at nearly three times the rate of white infants. For these reasons, The Ohio Department of Health has identified decreasing infant mortality as a top priority in its State Health Improvement Plan. ODH initiated an additional review program in 2014 to fully understand the issues of fetal and infant mortality. 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 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 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 2021-2024 to reduce 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.

## **Supplemental Appropriations for Disaster Relief Act**

The Disaster Relief funding was provided to the agencies in our state impacted by flooding or tornadoes in CY2019. To date, none of the funding has been used. Technical assistance is being provided to the impacted agencies to assist in the funding being utilized.

## **Supplemental Funding to Prevent, Prepare for, or Respond to, Coronavirus Disaster 2019 (COVID-19)**

The IV-B CARES Act funding use is currently in process. Funds are being used toward:

- a statewide onboarding program for children services caseworkers and supervisors. This program will provide Just in Time (JIT) learning to supplement existing core casework curriculum.
- providing a statewide assessor registry to assist in expediting home studies for foster and adoptive homes.
- funding a race equity study to assist in targeting our efforts to alleviate racial disparities in child welfare practice.
- a statewide Careportal to help create partnerships with community faith-based institutions, particularly including churches of color and mosques.

## **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 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 68,291

Families to be served: 31,080

## **Family Support Services**

The Family First Prevention Services Act (FFPSA), enacted on February 9, 2018, modified the definitions of "Family Support Services" when applied to utilization of Title IV-B, subpart 2 funds. "Family support services" for the purposes of utilizing Title IV-B, "subpart 2" means community-based services to promote the safety and well-being of children and families, which are designed to increase the strength and stability of families (including adoptive, foster, and kinship families), to support and retain foster families so they can provide quality family based settings for children in foster care, to increase parents' confidence and competence in their parenting abilities, to afford children a safe, stable, and supportive family environment, to strengthen parental relationships and promote healthy marriages, and otherwise to enhance child development, including through mentoring.

Family 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>.

At the time of this writing, several local Family and Children First Councils were still updating service utilization reports. Based on the data currently available for this reporting period listed below is information on the total number of families served, the total number and ages of children serviced, and service/supports needed.

- **Total Number of Families Served: 1,647**
- **Total Number and Ages of Children Served:**

<b>Ages of Children</b>	<b>0 - 3</b>	<b>4 - 9</b>	<b>10 - 13</b>	<b>14 - 18</b>	<b>19 - 21</b>	<b>Total</b>
	60	458	591	770	50	<b>1,929</b>

- **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.

In order of frequency, the presenting needs were as follows:

- Mental Health: 1,229
- Special Education: 819
- Developmental Disability: 657
- Poverty: 557
- Autism Spectrum Disorder: 343
- Delinquency: 190
- Unruly Behavior: 342
- Child Neglect: 154
- Physical Health: Care Need 136
- Child Abuse: 134
- Alcohol/Drug Disorder: 131
- Early Intervention Need: 46
- Primary Care Physician Linkage: 11

Due to the COVID-19 pandemic, the services provided varied from those in the past. Because many providers closed or limited both in-home and office options for safety, efforts were taken to ensure families were able to receive needed supports remotely. To this end, FCSS funds were

utilized this past year to provide: electronic equipment to assure access to needed care, structured activities that could be conducted at home, and emergency assistance so that presenting needs could be met timely. Through these vehicles, service coordination was maintained, and families were also able to continue to receive coaching and mentoring, peer support, parent education, and advocacy supports.

## **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 exited foster care. Time-Limited Family Reunification Services include:

- Individual, group, and family counseling;
- Inpatient, residential, or outpatient substance abuse treatment services;
- Assistance to address domestic violence;

- Services designed to provide temporary childcare and therapeutic services for families, including crisis nurseries;
- Programs designed to provide follow up care to families to whom a child has been returned after a foster care placement; 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: 13,305

Families to be served: 8,268

## **Adoption Promotion and Support Services**

Ohio offers a program known as Post Adoption Special Services Subsidy (PASSS). PASSS is available to all adoptive families (i.e., international, private attorney, public or private agency) in Ohio, 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.

The PASSS program provides assistance when the amount of funding needed exceeds the adoptive family's private resources. PASSS is capped at \$10,000 per fiscal year; however, families may request an additional \$5,000 per child, per fiscal year under extraordinary circumstances. Applications for assistance are assessed by a review committee. PASSS funding requests can be approved in whole or in part, based on the needs of the child and the circumstances of the adoptive family.

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

Adoptive families continue to secure last resort funds for services to address their child's special needs. The special needs approved for PASSS included, but 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 April 28, 2021, nearly 1,121 applications



for PASSS have been received for SFY 2020. Over \$6 million has been approved to cover special services for adopted children. ODJFS has reimbursed just over \$3.6 million of the funds requested.

Children to be served: 943

Families to be served: 652

## **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 Rationale***

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.

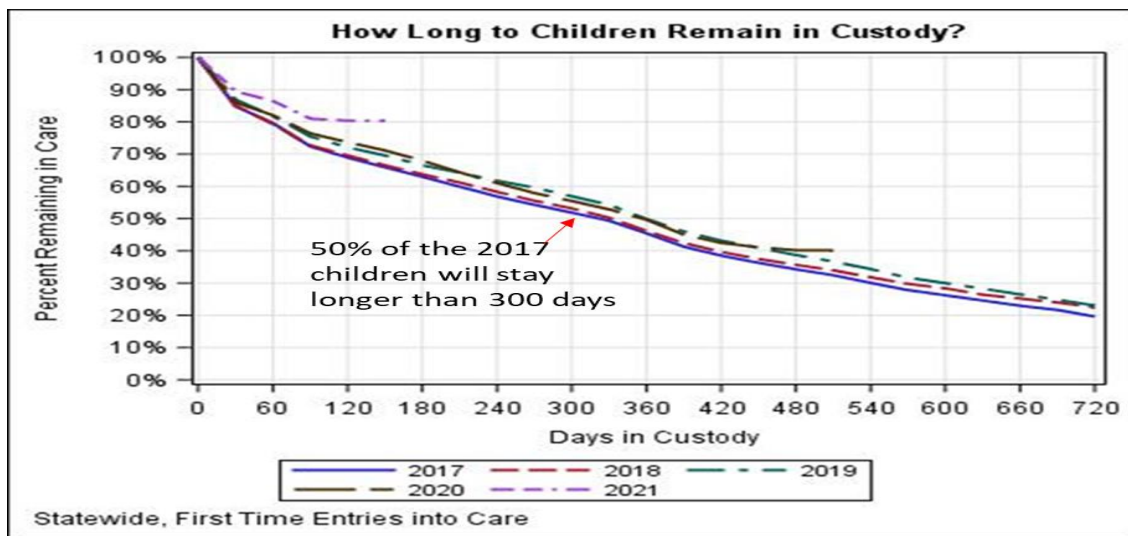
## Populations at Greatest Risk of Maltreatment

One method to determine which groups of children are most vulnerable is an event history analysis. Borrowed from the medical and insurance fields, an event history analysis establishes cohorts or groups of children who enter care for the first time in a year and monitors how long they remain in care. At the time of the analysis, some children may be still in care and their actual exit dates will be unknown. Event history analysis compensates for this “unknown” and creates solid estimates based on completed episodes of care.

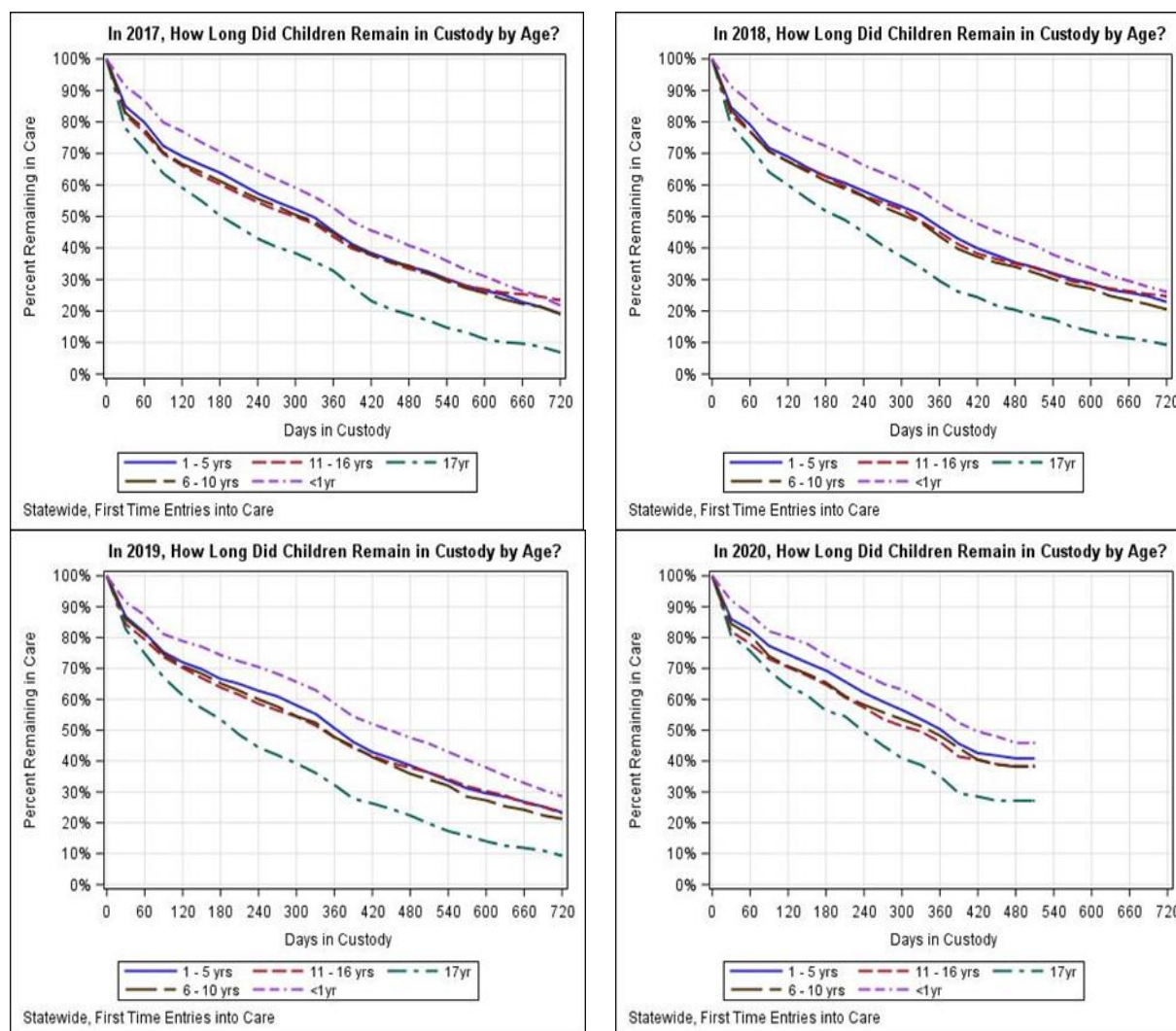
By establishing yearly cohorts, one can compare the experience of children who entered care in one year to the experience of children who entered care in other years. The figure below shows such an example. By finding the intersecting point between the *Percent Remaining in Care* and *Days in Custody*, one can state that a “X% of children placed in a given year will remain in care longer than Y days”.

In the figure below, 50% of the children placed in 2017 will stay longer than 300 days. We can also specify when children are leaving care quickly (or slowly), by viewing the slope of the line as a ski-slope. If children are leaving care quickly, then the slope would be steep, and they would be going down the ski-slope quickly. In the figure below, children across all age group are leaving care at nearly the same rate between 2017 and 2020. Such is not the case when age groups are compared, which will be shown shortly.

Comparing yearly patterns, we can see the length of time in care is nearly the same across years; however, the median (50%) length of stay increased by approximately 30 days in the most recent years. The median length of stay for the 2017 and 2018 was 300 days, compared to 330 days in 2019 and 2020.

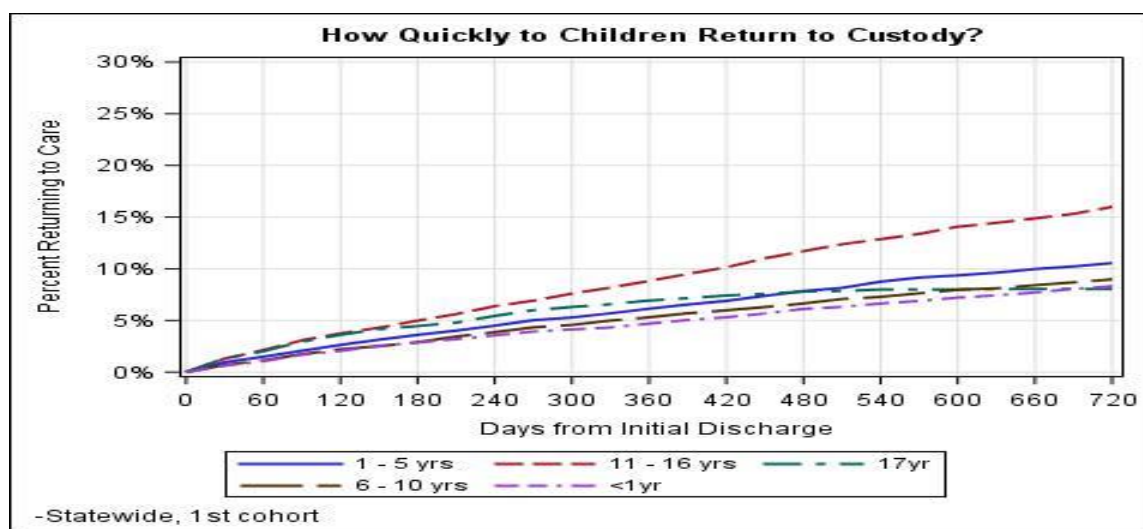


In part, this increase is attributed to the age of children when they enter custody. As shown in the below panel, those less than one year old have longer lengths of stay than any other age group. This finding is consistent across years. When this age group is compared across each of the years, there are increases. The median length of stay was 390 days in 2017. Most notably, is the median length of stay for those entering care at less than one year old has steadily increased: In 2017 and 2018, 50% of the children (median) stayed longer than 390 days. In 2019, 50% of the children stayed 60 days longer (450 days). We estimate the 2020 cohort will have similar lengths of stay to the 2019 cohort, based on similar durations at earlier timepoints. Other age groups do not show any appreciable increase. While most of these children are returned to their parents or relatives, many do not do within the 12-month timeframe. Therefore, those entering care who are under one-year old are in a vulnerable population.



The rate children re-enter foster care is also of importance in understanding the dynamics of foster care and identifying those most vulnerable. While those less than one year old remain in custody

longer than any other age group they are the least likely group to re-enter care. Children less than one year old have a 2% chance of re-entering care within 120 days. This stands in contrast to those between the ages of 11 and 16. While the 11 to 16-year old's have a briefer stay than those less than the one-year old's, they have the highest rate of re-entry into care. Specifically, this group has an 8% chance of returning to care within one year of discharge and a 16% chance within two years. Thereby making them a vulnerable population as the following graph depicts.



The population identified in these analyses who are at greatest risk of maltreatment would benefit from Evidenced Based Services identified in Ohio's Prevention Plan. The first phase-in of services includes Multisystemic Therapy (MST), Functional Family Therapy (FFT), Ohio START, Healthy Families America (HFA), and Parents as Teachers (PAT). ODJFS is working with the Center of Excellence (COE) to build capacity for MST and FFT across the state to increase access to these services. ODJFS is also working with the Ohio Department of Health (ODH) to implement the Child Welfare Protocols for HFA. These protocols will expand age eligibility for HFA when the referral is made from a children's services agency.

ODJFS, in partnership with seven counties and one IV-E Court, began to pilot prevention services on April 1, 2021. The pilot counties include Butler, Fairfield, Knox, Licking, Lucas, Stark, Trumbull, and Ashtabula's IV-E Court. The pilot counties will be utilizing the five evidence-based practice services identified in Phase 1.

## Emergency Funding for the MaryLee Allen Promoting Safe and Stable Families (PSSF) Funding (Division X)

Funds received through the Consolidated Appropriations Act are being dedicated to the recommendations that came from our state's Office of Children Services Transformation. This office produced 37 recommendations aimed at transforming child welfare practice. The planned uses for the funding are to:

- Provide incentives to provider agencies to assist them in recruiting and licensing more treatment foster homes.
- Partner with our sister agencies on enrichment of family support services.
- Transition the administration of the Post Adoption Special Services Subsidy program to the state level so the funds may be distributed more equitably to families in need of services.
- Provide additional peer parent supports to assist in ensuring successful reunifications.
- Provide software tools and training for family search and engagement. This includes providing workflows, appropriately using social media, and learning lab sessions for the onboarding of genogram software.
- Provide an informative toolkit for kin and foster parents around concurrent planning.

## **Kinship Navigator Funding (title-IV-B, subpart 2)**

The Kinship Navigator funding along with significant state investments has helped our state to stand up its Kinship and Adoption Navigator Program. This is a statewide comprehensive navigator program that puts kinship and adoptive families in touch with resources within their communities. With the Kinship Navigator funding and state resources, ODJFS has continues to work with Kinnect to implement and evaluate the Ohio Kinship and Adoption Navigator program.

In the past year, OhioKAN has become operational statewide. OhioKAN operates out of 10 regions, with each region housing navigators at local community agencies to provide individualized support from a trusted community partner. OhioKAN currently employees 29 navigators, 10 coaches, eight regional directors, and 7 regional coordinators. In addition, Kinnect employs 5 statewide staff to oversee training, CQI, and other administrative tasks.

OhioKAN's navigators assist families in learning about and accessing programs and services that meet their needs which are identified in a needs assessment that was developed for the program. In cases in which supports to meet emergency needs has not been available, OhioKAN has been able to help families meet those needs with concrete supports, such as clothing and school supplies for children. OhioKAN is working with evaluators to ensure the program is running to fidelity, has mechanisms to collect data, and has tools needed to begin an evaluability assessment in late 2021. Additional details about the program may be found at: <https://ohiokan.jfs.ohio.gov>

## **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) 2018 Monthly Caseworker Visit data achieved 96% compliance. In FFY 2019, Monthly Caseworker visits Monthly Caseworker Visit data achieved 96.17 compliance. In FFY 2020, Monthly Caseworker Visit data achieved 96% compliance. Ohio continues to make gradual improvements in its 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. All agency Directors and Administrators also have access to a Children Services Performance Measures Dashboard, which includes interactive visitation data in Tableau for easier understanding of the data.

## **Adoption and Legal Guardianship Incentive Payments**

Adoption incentives earned from FFY 19 and FFY20 total \$929,000. During FFY2020, this funding was used toward:

- Maintaining the state's photo listing that provides detailed information about children available for adoption; and
- Providing additional funding to support additional adoption recruiters as well as increasing the amount provided per recruiter to our 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.
- Continued support of Youth Centered Permanency Roundtables.

## **Adoption Savings**

The total adoption savings reinvestment amount for FFY2015 - FFY2020 is \$55,259,183. Of this amount, \$39,946,993 has been expended for FFY2015-FFY2019. For FFY 2020 \$23,689,640 was the total calculated adoption savings. Of this amount, \$10,199,465 has been spent. We had intended to use our state's adoption savings reinvestment toward our Kinship and Adoption Navigator Program; however, the program did not begin operation until October 2020. We will be contributing funds toward this new initiative in the next fiscal year. We will also be providing significant investments in furthering the expansion of the Wendy's Wonderful Kids Program, growing prevention services statewide, implementing 37 recommendations that came from our state's Children Services Transformation office, as well as our new Kinship Supports Program. We expect to have fully reinvested all saving realized to date over the next biennium.

### **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.

## **Family First Prevention Services Act Transition Grants**

The Transition Act funds are being used to:

- Help our state to stand up a statewide Child and Adolescent Behavioral Health Center of Excellence (COE). The role of the COE will be to assist the State in their system transformation efforts by providing the orientation, training, coaching, mentoring and other functions/supports needed by the provider network in order to build and sustain capacity in delivering evidence-based practices within a system of care framework. The COE will work with ODJFS and the Ohio Departments of Medicaid, Youth Services, Developmental Disabilities, and Mental Health and Addiction Services to support the addition and/or expansion, implementation, sustainability, and/or monitoring and evaluation of the following services/processes, including expansion of access through use of telehealth:
  - High Fidelity Wraparound
  - Functional Family Therapy
  - Multi-Systemic Therapy
  - Healthy Families America
  - Parents as Teachers
  - OhioSTART
  - Mobile Response and Stabilization Service
  - Child and Adolescent Needs and Strengths Assessment
- Provide funding to our residential partners to assist them in meeting the Q RTP requirements.
- Provide funding to assist in automated systems enhancements to support FFPSA implementation.

## **Family First Transition Act Funding Certainty Grants (applicable states only)**

Ohio has not yet received the Funding Certainty Grant, but once these funds are received they will be disbursed to our former waiver counties that have experienced a loss in funding as compared to that which was received under the waiver demonstration.

ODJFS will calculate each agency's proportionate share of the loss and disburse accordingly. We have set up new expenditure coding to capture how these funds are used based upon the allowable uses (i.e., IV-B allowable activities, former waiver activities, and FFPSA planning and implementation activities).

## **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.

- ***Provide an update on the state's activities to solicit feedback from youth and young adults about their service needs and desired outcomes for the Chafee programs (both on the individual and system level). Include information learned from Children's Bureau Virtual Roundtables, the Jim Casey Youth Opportunity Initiative Activating Youth Engagement Summit and Action Plans, Town Halls, virtual forums, and other state activities. Provide an overview of how the information collected was used to inform service delivery and how the agency has provided feedback to participating youth/ young adults on the impact of their input.***

Early in 2020, IM 19-03 issued by the Children's Bureau in partnership with the Jim Casey Youth Opportunities Initiative presented the opportunity for States to build a team to evaluate their current level of authentic youth engagement and create a plan to infuse youth voice throughout all areas of their child welfare system. ODJFS's Office of Families and Children led the selection of Ohio's team comprised of state and county child welfare professionals, five young adults with lived experience, an associate in the Governor's Office of Children Initiatives and Ohio's Jim Casey Youth Initiative lead. When the original plan for the summit was delayed and altered by the pandemic, Ohio was given the opportunity to include additional team members from the OFC office.

In preparation for the Activating Youth Engagement Summit, Ohio's team completed individual self -assessments on their knowledge of youth engagement work, participated in a webinar titled *Historical Context of Racism in Child Welfare* hosted by the Haywood Burns Institute and met with our summit consultants. The two-day virtual summit was held in late August 2020. Teams were welcomed by Jerry Milner, Associate Commissioner, Children's Bureau and Sandra Gasca-Gonzalez, Vice President, Center for Systems Innovation, Annie E. Casey Foundation. Over the next two days participants attended a variety of workshops and continued to meet as a state team to develop an action plan that fit the needs of Ohio.

During the Summit, Ohio's team drafted the following five proposed activities to advance authentic youth engagement that is centered in equity in the child welfare system:

1. Expand Youth Advisory Board participation to include more representation from group homes and residential settings.
2. Create closer partnerships between local Youth Advisory Boards, The Ohio Youth Advisory Board and State Foster Youth Advocates to create more opportunities for collaboration.
3. Increase peer support opportunities during final transition plan process, court participation and planning for stable and supportive housing.
4. Utilize parenting youth in custody for education and prevention work to decrease future child welfare involvement.

5. Increase transparency between County Public Children Service Agency staff and young adults regarding case documentation, plans and agreements.

Since the Summit, Ohio's Team has continued to meet and align the five recommendations with current State priorities such as: Ohio's Children Services Transformation recommendations, Family First Prevention Services Act and new flexibilities allowed under The Consolidated Appropriations Act.

Additionally, ODJFS's Management Analysts from the Transition Age Youth team participated in the Virtual Roundtables facilitated by the Children's Bureau and offered insight to the recent struggle's youth and young adults with foster care experiences are enduring during the national pandemic. As a result of information gained from youth, ODJFS encouraged local agencies to use available funding and resources to make sure all youth and young adults had appropriate technology to stay connected and provided tips to assure that technology was being used safely.

Early in the pandemic, Ohio Governor DeWine recommended that agencies delay emancipation when possible. With the strain on resources that provide stable final transition plans for youth exited foster care, Ohio offered the flexible use of Multi System Youth Funding available to all 88 counties to support the cost of delaying emancipation due to barriers brought on by the pandemic.

Ohio continues efforts to strengthen services for youth and young adults by working closely with youth led groups and local agencies to implement the flexibilities offered by the Consolidated Appropriations Act. ODJFS Transition Age Youth team partnered with the County Finance Team to offer The Supporting Youth Through the Pandemic training to local service teams and fiscal officers. Following the statewide training, ODJFS continues to provide ongoing technical assistance to all agencies offering expanded services to support our youth and young adults.

Ohio recognizes the value of lived experience and provides employment opportunities for two former foster youth on the Transition Age Youth Team as management analyst. These young adults bring valued input to the daily work at ODJFS in creating system processes, program design, and policy development that is foster youth friendly and is a conduit to solicit more input from foster youth throughout the state. ODJFS's management analyst works closely with the Ohio Youth Advisory Board, Local Youth Advisory Boards and other youth led organizations such as ENGAGE 2.0 to make sure there is a statewide influence from youth and young adults with foster care experiences.

- ***Describe the services provided since the submission of the 2021 APSR, highlighting any changes or additions in services or program design for FY 2022 and how the services assisted or will assist in achieving program goals, Indicate how these activities have been integrated into the state's continuum of services and align with the state's vision. Describe how Chafee-funded services support the goals identified in the state's CFSR PIP.***

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)
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.

ODJFS continues to promote and train PCSAs and Bridges providers on 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 stores previous training and technical assistance on this process on the SACWIS Knowledge Base for reference.

Early in the pandemic, Ohio Governor DeWine recommended that agencies delay emancipation when possible. With the strain on resources that provide stable final transition plans for youth exiting foster care, Ohio offered the flexible use of Multi System Youth Funding available to all 88 counties to support the cost of delaying emancipation due to barriers brought on by the

pandemic. Additionally, Ohio has been working closely with youth led groups and local agencies to implement the flexibilities offered by the Consolidated Appropriations Act. ODJFS Transition Age Youth team partnered with the County Finance Team to offer The Supporting Youth Through the Pandemic training to local service teams and fiscal officers. Following the statewide training, ODJFS continues to provide ongoing technical assistance to all agencies offering expanded services to support our youth and young adults.

Ohio is exploring extending eligibility for Chafee services provided to young adults who have emancipated from care to 23 years of age. Given that no additional federal funds would support this expansion, Ohio's current planning process includes:

- Analyzing population data to determine the state's capacity to meet the additional needs;
  - Identifying program coordination strategies for cost-effectiveness and to maximize available resources; and
  - Examining needed infrastructure development to streamline service delivery.
- 
- *Provide an update on the state's actions and plans 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
- Ohio Inter-Agency Council for Youth

The Transition Age Youth Team partnered with the Ohio Independent Living Association to offer a virtual training *Independent Living 101* which included guidance on the NYTD survey requirements. A recording of a more detailed training covering the importance of the NYTD

survey, compliance guidelines and review of past NYTD findings (offered in 2019) was made available for review on the SACWIS Knowledge Base.

ODJFS 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. These former youth employed by ODJFS led the recent initiative to assist Ohio's 88 PCSAs in attaining compliance with the NYTD participation standards.

- ***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).***
- ***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. As part of the update on the coordination of Chafee services with other federal and state programs, provide information on the state’s efforts to support and facilitate the coordination of child welfare agencies and public housing authorities to utilize Foster Youth Independence (FYI) vouchers.***

OFC's Transitional Youth Coordinators in partnership with OFC's Bridges Team will continue to host five annual regional meetings throughout the state. This year the event has been delayed, as a result of the pandemic but is slated to be held virtually this summer. All public or private entities providing independent living services to foster youth ages fourteen and above will be invited to attend these meetings.

Additionally, the Ohio Independent Living Association (OHILA) holds virtual meetings quarterly, and any PCSA or private entity providing independent living services to foster youth ages fourteen and above are invited to attend.

Below is a description of coordination of services activities which occurred during this reporting period with other federal and state program for youth.

### **Ohio Reach**

Ohio Reach has been an important partner with ODJFS to support Ohio's former foster youth in reaching post-secondary success. After a temporary hiatus, Ohio Reach was awarded a line item in Ohio's 2019 Budget and is currently being managed by a contract between the Department of Higher Education and the Ohio Children's Alliance. Ohio Reach currently has re-established 16 on campus programs in Ohio to support former foster youth enrolled in their post-secondary program. Ohio Reach also continues to offer the Ohio Reach Scholarship and Emergency Funding to eligible former foster youth. New this year, Ohio Reach is developing a peer mentorship

program through a partnership with AmeriCorps. ODJFS promotes Ohio Reach initiatives through communications with Ohio's 88 Independent Living leads, Title IV-E Courts and Bridges providers.

### **Department of Youth Services and the Personal Responsibility Education Program (PREP)**

ODJFS continues to partner with the Department of Youth Services and the Personal Responsibility Education Program (PREP) to offer free virtual 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, including the Runaway Homeless Youth Coordinator under COHHIO and is considered a valued partner assisting in 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.

### **Foster Youth to Independence" (FYI) Voucher Program**

ODJFS partnered with the Public Children Services Association of Ohio (PCSAO) and ActionOhio to provide FYI training to Ohio's Public Children Service Agencies (PCSA) and Public Housing Authorities (PHA) in July of 2020. Additionally, Ohio continues to work individually with many local agencies to assist in developing local partnerships to support FYI implementation. Currently, FYI vouchers are offered in 11 counties. In June, the Transition Age Youth team is scheduled to present the benefits of the FYI program to the Ohio Housing Authority Commission. ODJFS believes statewide implementation of the FYI program is critical to maximizing funding streams that support services provided to young adults that have left foster care. ODJFS continues to develop strategies that direct young adults exiting PCSA custody to enroll in the Bridges program for continued case management and to access FYI vouchers at the completion of Bridges services based on age eligibility.

### **Fostering Academic Achievement Nationwide (FAAN)**

In 2020, ODJFS State Independent Living Coordinator 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. This group meets monthly and is a valued resource that supports programming nationwide.

### **Medicaid**

Through partnership with Medicaid, ODJFS has a team of Medicaid Health Systems Specialists working under the ODJFS umbrella to troubleshoot any Medicaid related concerns for children in foster care and young adults that have emancipated from foster care regarding their categorical eligibility. Transition Age Youth Teams and the Medicaid Health Specialist cross reference young adults enrolled in Post Emancipation Services through Bridges to ensure Medicaid eligibility is in active status. The Transition Age Youth Team continues to partner with Ohio's Medicaid Agency to provide ongoing training to Independent Living Coordinators at the local level on how to walk young adults through the Medicaid eligibility process prior to emancipation.

### **Ohio Means Jobs**

Services offered through the Comprehensive Case Management and Education Program aligns with the Transition Age Youth Program's Independent Living Goals offered locally through Public Children Service Agencies. Coordinated service provision is critical to maximizing resources at the local level to support youth and young adults with foster care experience.

Additionally, the Transition Age Youth team promotes the services offered by Ohio's Apprenticeship Program to current and former foster youth as an optimal path leading to self-sufficiency. These services offer a variety of career and vocational options for young adults in addition to post-secondary education.

### **Additional Chafee Funding (Division X)**

The funds received through the Supporting Foster Youth and Families through the Pandemic Act were provided via our existing allocation methodology to our county partners. ODJFS also provided training on the expanded uses for the funding as well as the timelines associated to those uses. We also provided training and other communication to our county partners on maintaining youth in care during the pandemic period who would otherwise emancipate. These funds are also being used to support the large increase in participants in our Bridges program which supports youth in foster care through age 21. We also introduced additional expenditure codes within our system to accurately determine exactly what types of activities the funds are being expended on.



## Education and Training Vouchers (ETV) Program

- *Briefly describe the services provided since the submission of the 2021 APSR, highlighting any changes or additions in services or program design for FY 2022 and how the services assisted or will assist in establishing, expanding, or strengthening program goals (45 CFR 1357.16(a)(4)).*
- *Provide an update on the state's efforts to engage or re-engage students whose post-secondary education has been disrupted by the COVID-19 pandemic and national public health emergency.*
- *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 count of the number of ETVs awarded each school year (July 1st to June 30th). (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 contract 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.

Ohio's ETV program received additional funding from the Consolidated Appropriations Act signed December 27, 2020, which has allowed the expansion of services to support older young adults up to age 27 and raises the maximum annual award to twelve thousand dollars (\$12, 000)

Currently, an amendment is being processed to Ohio's ETV contract that will allow *Foster Care to Success* to work outside of the previously designated format to maximize the benefits of the

temporary flexible funding. Additional reporting standards have been agreed upon and the development of a self-attestation form for ETV participants to request retroactive dated funding allowed by the Consolidated Appropriations Act.

ODJFS has worked diligently with *Foster Care to Success* (ETV vendor) to prepare notices to current and past ETV participants of the temporary flexibilities in ETV awards available now until September 27, 2021.

Additionally, ODJFS has shared this opportunity with our state and private agency partners, including the Director's and Independent Living Leads at Ohio's 88 Public Children Service Agencies, Bridges program, as well as, the Ohio Youth Advisory Board and local boards.

In honor of Foster Care Month, ODJFS Communications team has prepared daily social media announcements that include how to access services and supports from Ohio's Education and Training Voucher program.

The following table presents information on the unduplicated number of ETVs awarded.

**Name of State/ Tribe: Ohio**

<b>Ohio</b>	<b>Total ETVs Awarded</b>	<b>Number of New ETVs</b>
<b>Final Numbers: 2019-2020 School Year</b> <i>(July 1, 2019 to June 30, 2020)</i>	345	182
<b>Number: 2020-2021 School Year</b> <i>(July 1, 2020 to June 30, 2021)</i>	305	115

## **Additional ETV Funding (Division X)**

The funds received through the Supporting Foster Youth and Families through the Pandemic Act increasing the per child amount for the Education and Training Voucher program are being used directly for this program. We have promptly amended our existing contract with the entity that administers our ETV program so these funds can be made available to youth expediently.

## **Chafee Training**

- *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 stakeholders and pertinent partners promote*

***and assist youth in the transition to adulthood. Such training should be incorporated into the title IV-E/IV-B training plan, but identified as pertaining to Chafee with costs allocated appropriately. States are encouraged to incorporate principles of Positive Youth Development (PYD) in Chafee training.***

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

New caseworkers are introduced to the child welfare definitions of permanency and normalcy and learn their role in permanency planning in *Caseworker Core* module eight. Potential foster caregivers are introduced to the need for normalcy and independent living skills in Preservice and newly licensed foster caregivers attend the standardized training *Fostering Self-Reliance in Children and Youth: Roots and Wings*, part of the Fundamentals of Fostering series. The OCWTP uses the Independent Living series developed by the University of Oklahoma to jointly train caseworkers and caregivers. This series consists of three six-hour trainings, *Engaging Youth in Transition Planning*, *Lifelong Connections: Permanency for Older Youth*, and *Positive Youth Development: The Vital Link*. In December 2020, the OCWTP and ODJFS partnered to present the two-hour webinar, *Final Transition Planning for Youth Aging Out of Foster Care*. The OCWTP also maintains a strong catalogue of non-standardized learnings for staff and caregivers focused on transitioning youth – a much broader topic. See below for a list of trainings offered.

The OCWTP is working with current alumni trainers to expand their menu of offerings and collaborating with ActionOhio and OHIOYAB to approve additional foster care alumni as trainers and coaches. In addition, foster care alumni are included on advisory groups when curricula are developed or updated. The OCWTP is exploring resources from other Ohio departments to assist caregivers in supporting transitioning youth, including The DODD course *Supporting Youth with Intensive and Complex Needs* and the OhioMeansJobs website resources.

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.

## **CAREGIVERS**

- Gaining Independence for Youth: G.I.F.T. Training (12 hours)
- Challenges Faced by Aging-Out Youth (3 hours)
- Fostering Social Skills in Children (3 hours)
- GAP: Normalcy from a Personal Perspective (3 hours)
- Having a Purpose Matters! Helping Children Find Purposeful Activity (3 hours)
- Helping Foster Children and Youth Develop Appropriate Social Skills and Manners (3 hours)

- Helping Teens Build Resiliency: Bouncing Back from Drama and Trauma (3 hours)
- Independent Living Issues for Caregivers (3 hours)
- Moral Development (3 hours)
- Navigating the Path to Independent Living – Process (3 hours)
- Normalcy and the Transition to the World of Work (3 hours)
- Normalcy and the Reasonable and Prudent Parent Standard (3 hours)
- Opening the Door to Independent Living – Overview (3 hours)
- Real Life 101: Preparing Adolescents in Foster Care for Independent Living (3 hours)
- Yes, We Can Teach Those Independent Living Skills (3 hours)
- Bouncing Back from Drama and Trauma: Helping Teens Build Resiliency (6 hours)
- Generation MiXed (6 hours)
- Motivating and Managing Teen Behaviors (6 hours)
- The Good Stuff! Building Self-Esteem in Kids at Risk (6 hours)

### **CASEWORKERS**

- Foster Leadership: Facilitating Leadership Development for Foster Youth (3 & 6 hours)
- Get Yours! Goal Setting for Job Getting (6 hours)
- Making Motivation (6 hours)
- Motivating and Managing Teen Behaviors (6 hours)
- Understanding and Working with Crossover Youth (6 hours)
- An Agency Introduction to Normalcy and the Reasonable and Prudent Parent Standard (6 hours)
- Normalcy and the Reasonable and Prudent Parent Standard (3 hours)
- Nine Essential Connections to Independent Living (6 hours)
- Working with and Engaging Emancipating Youth (6 hours)

### **JOINT TRAINING**

- Adolescent Development and Culture (6 hours)
- Mentoring Children who are in Substitute Care (6 hours)
- Normalcy and the Reasonable and Prudent Standard: What's the Standard (6 hours)

## VI. CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES

Ohio does not have any federally recognized Indian tribes. ODJFS maintains compliance with the Indian Child Welfare Act (ICWA). During Child Protection Oversight and Evaluation (CPOE) case reviews the *Child and Family Services On-site Review Instrument* is used to monitor agency compliance with ICWA (Item 9: Preserving Connections).

SACWIS functionality allows public children services agency (PCSA) staff to enter ICWA-related information in the person record and 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:

- Continued policy guidance, updated as needed;
- 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, which has resumed virtual meetings on a monthly basis. 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. 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 Court 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-19 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, 2020 to April 30, 2021 Ohio screened in 80,199 reports of Child Abuse and Neglect.
- 35,998 were assigned to the Alternative Response (AR) Pathway (44.9%). This reflects consistency in the statewide percentage of reports being assigned to the AR Pathway, which was previously 44.7%.
- 44,201 were assigned to the Traditional Response Pathway (55.11%) which is consistent with the prior year percentage of 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 the 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 the COVID-19 pandemic. 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**

**Safe & Together**

In response to strong county interest in early 2010, 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 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 comprehensive introduction to domestic violence using a perpetrator pattern-based, child-centered, and survivor strengths approach. The Model is 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. Approximately 335 PCSA staff members and community partners have participated in virtual Safe & Together™ trainings within the past year. Of those participants, over 140 have completed the post-test for completion of the entire 4 day Safe & Together CORE Model Training. There are two upcoming trainings scheduled for April and May at the Central Ohio RTC and Northeast Ohio RTC that will include another 70 participants taking part in the CORE Model Training.

With COVID-19 halting all in-person training, Ohio was able to move forward virtually without major issues. There are some drawbacks, but also benefits to the virtual format. We completed 14 complete Core Day 1 – 4 Trainings, only one of them being in-person. Instead of having a full day in-person training for each CORE Day, the virtual CORE Day training is separated into Part 1 and Part 2; each training lasting three hours virtually. In essence, an in-person training would take four full days (including the breaks), while a virtual training is eight, 3-hour virtual sessions.

Five of the original 11 certified trainers are still under contract, 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 ten years. Two additional trainers will join the team upon completion of their final certification after May 2021.

### *2020-2021 Milestones*

The Safe & Together Institute (S&TI) has continued to work with 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. Two new trainers are working towards completing their certification,

The Ohio IPV Collaborative Coordinator has continued to participate in the statewide, multi-agency Linking Systems of Care for Ohio's Youth stakeholder group. In December, she attended the North America Safe and Together Conference. She is working with the S&TI to collaborate on the Ohio Summit that is virtual on June 10, 2021 and June 11, 2021 with the theme "Celebrating 10 Years of Progress". This will be an Ohio focused summit and a way to celebrate our 10-year partnership. The focus of the summit is to look at the positive system changes and bring people together to work toward goals for the future. In addition to the upcoming Ohio Summit coordination and discussions, she coordinated the first day of Family and Youth Law Center's (FYLAW) 15<sup>th</sup> Annual Wells Conference in Child Welfare & Adoption Law to focus on the S&TI on March 24, 2021. David Mandel was the keynote speaker and he along with Heidi Rankin, lead two breakout sessions each.

Listed below are the details of the presentations by S&TI:

Keynote: "Domestic Violence Perpetrators Patterns During a Pandemic"  
Speaker: David Mandel, MA, LPC

Breakout Session 1A: "Multiple Pathways to Harm: Accessing the Impact on Child and Family Functioning Should Be Our First Step", David Mandel, MA, LPC

Breakout Session 1B: "When Domestic Violence Perpetration, Substance Abuse, and Mental Health Meet", Heidi Rankin, MPA

Breakout Session 2A: "Mapping Perpetrators Patterns: Essential Practice for Workers, Advocates, and Service Providers", David Mandel, MA, LPC

Breakout Session 2B: "From Failure to Protect" to Parenting with Domestic Violence Survivors", Heidi Rankin, MPA

The collaboration was well received and resulted in the following feedback:



*“Very informative about the approach to how we view domestic violence and family. It has helped me to look at survivors based on the context approach. So important. Thank you for your work!”*

*“This is a common issue that comes up in child welfare cases for me. Well done. Thanks for the presentation.”*

*“Loved the Mapping Model Discussed. I wish this was more widely used/known!”*

S&TI has initiated annual updates to its most frequently used curricula, including the CORE and Supervisor trainings. S&TI has also hosted multiple trainings in Ohio as part of their ongoing technical assistance, including three webinars on Domestic Violence Perpetrators Patterns, Domestic Violence during a Pandemic, and Unraveling the Gender Paradox at the Center of the Safe & Together Model.

Current efforts focus on reaching untrained counties, establishing regular trainings in regional training centers (The North Central Ohio RTC, Northeast Ohio RTC, Central Ohio RTC, and Northwest Ohio RTC) offer CORE trainings 2-3 times each year; Southwest Ohio RTC will offer CORE this fall for the first time. Areas of focus include, 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.

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 that focuses on the long-term safety of the child, partnership with the adult survivor, and holding perpetrators accountable.

### *Evaluation*

Feedback is received via training and trainer evaluations, trainer notes, emails to, and in-person conversations with the Coordinator, the Safe & Together Institute, and individual trainers.

Participants are also surveyed each year following CORE trainings. The results of the most recent survey are below:

In response to: “Have you added any of the following to your assessments?”

- 100% reported making at least one change to their assessment process
- 40% incorporated both survivor strengths and protective behaviors and the influence of related issues like substance abuse and mental health
- 17% included Multiple Pathways to Harm
- 19% included high standards for fathers

In response to: “Have you added any of the following to your interviews?”

- 100% reported making at least one change to their interviews
- 21% of respondents included safety precautions for families and child welfare staff
- 19% included efforts to partner with the survivor
- 16% incorporated a focus on perpetrator patterns and the impact on children

In response to: “Have you added any of the following to your documentation?”

- 88% reported making at least one change to their documentation
- 30% of respondents included specific examples of survivor strengths
- 15% included specific examples of the impact on child and family functioning
- 18% reported adding detailed interview notes with safety precautions

In response to: “Have you added any of the following to your case planning?”

- 97% of respondents reported making at least one change to their case planning
- 26% included a focus on the needs of the children, whether or not they had witnessed the abuse
- 17% included partnership with the non-offending parent
- 18% included emphasis on perpetrator behavior change versus just service referrals

Action Plans: The majority (80%) of respondents reported making progress on the Action Plans they created during the training. 5% reported following their plan very closely; 29% reported following the plan closely; and 48% reported following the plan somewhat closely.

Challenges: Respondents identified multiple challenges to including the Model’s approach in everyday practice; 22% identified limited time because of tight schedule and heavy caseload; 15% identified lack of community resources, such as shelters and batterer intervention programs; and 30% identified “other” challenges, including not being in a role that works with a family throughout the entire case and issues with supervisors and coworkers insisting on including ineffective services (such as anger management) in case plans.

Follow-up: Safe and Together™ trainings for community partners (24%), Additional Safe & Together staff trainings (19%), and webinars (19%), and Follow-up session with your Safe & Together trainer(s) for review and discussion of specific cases or challenges (14%) were identified as being the most helpful follow-ups to the CORE training.

Recommendation: Overall, 91% said “yes,” they would recommend Safe & Together trainings; 9% said they would “maybe” recommend the trainings; and 0% said “no,” they would not recommend the trainings.

Recommendation: Coordinating outreach to community partners to bring awareness and facilitate collaboration. Additional follow-up to those who have completed the training could be helpful to improve engagement.

**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 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.

ODJFS created formal educational brochures on the Comprehensive Addiction and Recovery Act (CARA) and Plans of Safe Care (PoSC) for distribution across the state of Ohio. A brochure was developed for mothers who have been identified as using substances during pregnancy which will impact the infant at the time of birth. The Expectant Mother Brochure explains CARA, a Plan of Safe Care, and the expectations of mandated reporters for these identified infants and families. A Reporter brochure was created for the purpose of educating agencies who work with this identified

population, once again explaining CARA and Plans of Safe Care as well as the expectations of providers working with the families per legislation. The brochures are available in three languages, English, Spanish and Somali. ODJFS is able to have them translated in additional languages if necessary. The brochures have been distributed to all Ohio PCSAs, delivering hospitals, and collateral agencies who work with infants and impacted families. The brochures are available for additional mailings at any time requested.

ODJFS collaborated with the Ohio Fatherhood Commission to provide males in Ohio information about the Putative Father Registry. In an effort to educate the public ODJFS created a brochure on Ohio's Putative Father Registry. Over 20,000 brochures were distributed to the Ohio Fatherhood Commission's seven grantees and three pilot locations, all of Ohio's birthing hospitals, and PCSAs. The Ohio Department of Rehabilitation and Corrections were provided a PDF version of the brochure, per request, in order to include the brochure in their reception materials for inmates. The brochure identifies who is a putative father and outlines the purpose of the Putative Father Registry database. The brochure provides information on how to register with the PFR database and how to request a search of the registry. This brochure is available in both English and Spanish. The brochures are available for additional mailings or translations upon request through JFS forms central.

***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**

ODJFS funding to provide training and support to child sexual abuse first responders through Ohio's consortium of children's hospitals concludes on June 30, 2021. A final review of the training performance for the four interlocking components is below:

#### **1. Pediatric Sexual Assault Nurses/PSANE Instruction**

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. Previous reports have documented the objectives and benefits of Ohio's long-term investment. 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.

The Mayerson Center for Safe and Healthy Children held two five-day didactic PSANE Instruction & Assessment courses to develop 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. PSANE training was held September 21-25, 2020. There were 9 participants including nurses from Nationwide Children's Hospital, the Nord Center, Xavier University, Tri-County SANE/SART program, and Cincinnati Children's Hospital. The second PSANE training is scheduled for May 10-14, 2021.

Evaluations from the September training were very positive, and select questions/responses from each date are detailed below, which used the following Likert scale (1-7 ratings):

Strongly agree					Strongly disagree		
7	6	5	4	3	2	1	N/A

All respondents reported across the five-day September training that they found the information shared by presenters to be beneficial and that they would use the information learned in their clinical practice. Noted barriers to implementing the knowledge learned in their practice were time, infrequency of related cases seen, and team member's reluctance to change.

## 2. Medical Peer Review

Statewide Medical Peer Review takes place quarterly or four times per year. The first quarter session was rescheduled to take place on November 10, 2020 due to clinical issues related to the coronavirus pandemic. This session included eleven participants from Cincinnati Children's Hospital, Dayton Children's Hospital Cleveland MetroHealth.

The second quarter session took place on December 18, 2020. This session included fifteen participants from Cincinnati Children's Hospital, Dayton Children's Hospital and Akron Children's Hospital.

Attendees for sessions include physicians, forensic nurses, and trainees (fellows and medical students).

## 3. Peer Review of Forensic Interviews

Statewide Peer Review of Forensic Interview take place on the third Thursday of every month. Sites include Clark, Fairfield, Franklin, Greene, Hamilton, Ross, Stark, Summit, Tuscarawas, Warren, and Wayne counties.

The opportunity to join peer review is announced at each Beyond the Silence (Ohio's forensic interviewing) training. Ongoing peer review and support are critical quality assurance and continuing education components of the forensic interviewing program supported through these funds.

## 4. 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. Recommendations from this paper have been added to the curriculum.

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 and multidisciplinary audience. The following trainings were held during the past year:

BTS1 - August 19-21, 2020 – Summit County. This training had fifteen participants from Ashtabula, Champaign, Lake, Mahoning, Richland, Stark, Summit and Trumbull counties. Participants included 13 children's protective services workers and two child advocacy center workers.

BTS 1 - September 2-4, 2020 – Lorain County. This training had 12 participants all from Lorain County. Participants included 6 children's protective services workers and 6 law enforcement officers. Lorain County JFS requires their children's services workers go through Beyond the Silence prior to them being able to take sexual cases. The Lorain County Prosecutor requires law enforcement to go through this training prior to doing child abuse investigations.

BTS 1 - September 16-18, 2020 – Cuyahoga County. This training had 12 participants from Columbiana, Cuyahoga, Geauga, and Lorain counties. Participants included 9 law enforcement officers and 3 children's services workers.

BTS 1 - September 30-October 2, 2020 – Lake County. This training had 18 participants from Lake County. Participants included 12 children's protective services workers and 6 law enforcement officers. Lake County DCJFS with the Lake County Prosecutor has adopted Beyond the Silence as their county forensic interviewing protocol and have now trained all the Lake County staff in Beyond the Silence.

BTS 1 – October 21-23, 2020 – Lucas County. This training had 17 participants from Defiance, Fulton, Hancock, Lucas, Ottawa, Sandusky, Williams counties. Participants included 8 children's protective services workers and 9 law enforcement officers.

BTS 2 – November 18-20, 2020 – Summit County (Akron) – rescheduled due to COVID.

BTS 2 – December 2-4, 2020 – Cuyahoga County (Cleveland) – rescheduled due to the COVID-19 pandemic.

BTS 1 – January 20-22, 2021 – Summit County (Akron) – rescheduled due to the COVID-19 pandemic.

BTS 1 – February 24-26, 2021 – Lorain County. This training had 12 participants from Lorain County. Participants included 7 children’s protective services workers and 5 law enforcement officers.

BTS 1 – March 17-19, 2021 – Summit County (Akron). This training had 13 participants from Champaign, Clark, Lake and Summit counties. Participants were all children’s protective services workers.

### **Services to Substance Exposed Newborns Update**

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.

To support the work which has been accomplished so far, Ohio is participating in the Practice and Policy Academy. The Practice and Policy Academy is led by Ohio Mental Health and Addiction and overseen by Children and Family Futures, who awarded Ohio the grant opportunity. The academy brings together all of Ohio’s State agencies (Developmental Disabilities, Ohio Department of Health, ODJFS, PCSAs, hospitals, clinics, mental health). There are three sub-committees, which have been developed and report back to the large group. These sub-committees are: (1) PoSC Roll Out, (2) Training and Education, and the (3) Data Sub-Committee. Each sub-committee has participants from diverse backgrounds, but all participants work with families experiencing substance use during pregnancy, which is the identified population for CARA. Together a long-term state team action plan will be developed and presented to Ohio.

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.

PROGRAM	FFY 2019	FFY 2020	FFY 2021
CRP/CRB	272,699	\$279,914.75	\$293,000.00
CASA/GAL Training	200,000	\$194,920.00	\$205,000.00
Communities for Support			\$2,300,000.00
Race Equity			\$830,000.00
CARA	\$2,220,913	\$2,028,144.00	\$2,191,277.00
CAPM Development		\$200,000.00	\$200,000.00
ARPA*			3,496,480.00
<b>TOTAL^</b>	\$2,763,582	\$2,773,005.75	\$9,515,757.00

^To the extent that total costs are higher than the award, they will be charged to surplus grant balances from previous awards.

#### **American Rescue Planning Act\***

Ohio continues planning discussions for the use of funds received from the American Rescue Planning Act (ARPA). Activities and funding will support programming in improving risk and safety assessment tools, implementation of multidisciplinary teams, screening, family search and engagement, updating systems, enhancing, and supporting interagency collaboration. Early discussions have identified the following initiatives which can be supported by ARPA funds.

- CST-Tiered Caseworker Career Pathway
- CST- Consistent Screening Decision
- CST- Reducing Organizational Red Tape



## **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: 498
  - Screening of such reports: 822
  - Assessment of such reports: 2,706
  - Investigation of such reports: 2,706
- **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. The Revised Code statute can be viewed at: [Section 5153.122 - Ohio Revised Code | Ohio Laws](#).

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. The Revised Code statute can be viewed at: [Section 5153.123 - Ohio Revised Code | Ohio Laws](#).

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	7
African American	117
White	504
Undetermined	121
Unknown	75
Null	2231
Total	3055

AGE	# EMPLOYEES
20-30 Years	196
31-40 Years	176
41-50 Years	107
51-60 Years	33
61 Years & Over	12
Missing Data	2531
Total	3055

GENDER	# EMPLOYEES
Male	268
Female	1807
Unknown/Null Data	980
Total	3055

- **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.

When 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, 2020 was 9.8 cases.

- **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 more is learned 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 12,192. Of those referrals 4,757 were screened in and assigned to Ohio's traditional pathway. There were 5,255 referrals screened in and assigned to Ohio's alternative response pathway. Approximately 2,052 referrals were screened out. In the previous reporting year there were 9,095 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 12,192 substance related referrals from May 2020-April 2021; 10,534 were identified as CARA infants. The following are the top

substances identified for this reporting period: THC (6,514), cocaine (630), amphetamines (584) and several types of opiates including fentanyl, suboxone, heroin, opiates, methadone, hydromorphone, and morphine (2,012) respectively. ODJFS continues to be involved in statewide workgroups, trainings, and grants involving key stakeholders to continue improving knowledge about CARA legislation requirements and practices.

- **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 2020, 6,882 children under age three (3) who had a substantiated child abuse/neglect report were eligible to receive services under Help Me Grow. This is a decrease from 7,076 in FFY 2019.

In FFY 2020, 35,522 reports linked to 31,361 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 2020, 36 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

Name of State/ Tribe: Ohio

Ohio	Total ETVs Awarded	Number of New ETVs
<b>Final Numbers: 2019-2020 School Year</b> <i>(July 1, 2019 to June 30, 2020)</i>	345	182
<b>Number: 2020-2021 School Year</b> <i>(July 1, 2020 to June 30, 2021)</i>	305	115

## Inter-Country Adoptions

In Federal Fiscal Year 2020, 621 of the children in foster care for at least one day were reported as previously adopted. Only six of the children have a birth country listed that is not the United States. It should be noted, however, that of the remaining children, 378 do not have their birth country listed.

The primary removal reasons for the children with previous adoptions is presented in the following Table:

<b>Removal Reason from Adoptive Placement</b>	<b>Number of Children</b>
<b>Abandonment</b>	<b>5</b>
<b>Alcohol Abuse of child</b>	<b>1</b>
<b>Alcohol Abuse of Parent</b>	<b>3</b>
<b>Caretaker's Inability to Cope</b>	<b>36</b>
<b>Child's Behavior Problems</b>	<b>116</b>
<b>Child's Disability</b>	<b>0</b>
<b>Death of Parent(s)</b>	<b>8</b>
<b>Delinquency</b>	<b>47</b>
<b>Dependency</b>	<b>247</b>
<b>Drug Abuse of Parent</b>	<b>7</b>
<b>Emotional Maltreatment</b>	<b>5</b>
<b>Inadequate Housing</b>	<b>2</b>
<b>Intimate Partner Violence</b>	<b>0</b>
<b>Neglect</b>	<b>54</b>
<b>Physical Abuse</b>	<b>36</b>
<b>Relinquishment</b>	<b>20</b>
<b>Sexual Abuse</b>	<b>22</b>
<b>Sibling Removal</b>	<b>3</b>
<b>Unruly Status Offender</b>	<b>9</b>

The current permanency goal (or last goal if the case is now closed) for those same children was:

<b>Permanency Goal Established for Child</b>	<b>Number of Children</b>
Adoption	223
Independent Living/Emancipation	55
Maintain in own home	29
Permanent Placement with a Relative	9
PPLA	46
Return Child to Parent	254
No goal listed (likely short term placements)	5

The age of the child when the previous adoption finalized is presented in the following table:

<b>Age at Adoption Finalization</b>	<b>Number of Children</b>
0-11 months	36
1-3 years	186
4-6 years	164
7-9 years	118
10-12 years	79
13-15 years	33
16 years	3
Unknown	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 Update
- **Appendix C:** Health Care Oversight and Coordination Plan Update
- **Appendix D:** Disaster Plan Update
- **Appendix D1:** Revisions Made to the Disaster Plan
- **Appendix E:** Training Plan Update
- **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 2022;
  - CFS-101, Part II with planned expenditures for the use of FY 2022 funds;
  - CFS-101, Part III with estimated and actual expenditures of FY 2020 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

## Appendix A

### Information Systems Assessment of Current Performance in Improving Outcomes or Systemic Factors

The following tables demonstrate Ohio’s capacity to identify the number of children in custody (cumulative April 1, 2020 through March 31, 2021) by common attributes: Age (age as of March 31, 2021 (Table 1)); Gender (Table 2), Race (Table 3), County/Agency Census (Table 4), Placement Type (Table 5), and Permanency Goal (Table 6).

Age (Years)	Number of Distinct Children	Percent of Distinct Children	Cumulative Percent of Distinct Children in Each Age
0	1,418	5.6%	5.6%
1	2,053	8.1%	13.6%
2	1,957	7.7%	21.3%
3	1,596	6.3%	27.6%
4	1,448	5.7%	33.3%
5	1,297	5.1%	38.4%
6	1,214	4.8%	43.2%
7	1,160	4.6%	47.7%
8	1,089	4.3%	52.0%
9	1,021	4.0%	56.0%
10	963	3.8%	59.8%
11	1,007	4.0%	63.8%
12	988	3.9%	67.7%
13	1,068	4.2%	71.9%
14	1,249	4.9%	76.8%
15	1,285	5.1%	81.8%
16	1,363	5.4%	87.2%
17	1,471	5.8%	93.0%
18	1,199	4.7%	97.7%
19	386	1.5%	99.2%
20	136	0.5%	99.7%
21	69	0.3%	100.0%
<b>Total</b>	<b>25,437</b>	<b>100.0%</b>	<b>100.0%</b>

*Table 1: Number, percent, and cumulative percent in each age.*

Gender	Number of Distinct Children	Percent of Distinct Children in Each Gender
Female	12,216	48%
Male	13,221	52%
Total	25,437	100%

*Table 2: Number and percent of distinct children in each gender.*

Race	Number of Distinct Children in Each Race	Percent of Distinct Children in Each Race
Caucasian	13,052	51.3%
African American	7,602	29.9%
Multi-Racial	3,140	12.3%
Unknown	102	0.4%
Asian	68	0.3%
American Indian	15	0.1%
Native Hawaiian/Other Pacific Islander	10	0.0%
Hispanic	1,448	5.7%
Total	25,437	100.00%

*Table 3: Number and percent of distinct children in each race.*

County	Number of Children	Percent of Children
Adams County	242	1%
Allen County	91	0.36%
Ashland County	268	1.05%
Ashtabula County	244	1%
Athens County	138	0.54%
Auglaize County	53	0.21%
Belmont County	87	0.34%
Brown County	138	0.54%
Butler County	549	2.16%
Carroll County	23	0.09%
Champaign County	33	0.13%
Clark County	139	0.55%
Clermont County	283	1.11%
Clinton County	152	0.60%
Columbiana County	84	0.33%
Coshocton County	101	0.40%
Crawford County	112	0.44%
Cuyahoga County	4,207	16.54%
Darke County	44	0.17%
Defiance County	32	0.13%
Delaware County	65	0.26%

County	Number of Children	Percent of Children
Mahoning County	452	1.78%
Marion County	122	0.48%
Medina County	145	0.57%
Meigs County	63	0.25%
Mercer County	51	0.20%
Miami County	104	0.41%
Monroe County	20	0.08%
Montgomery County	1,069	4.20%
Morgan County	28	0.11%
Morrow County	44	0.17%
Muskingum County	389	1.53%
Noble County	13	0.05%
Ottawa County	70	0.28%
Paulding County	12	0.05%
Perry County	121	0%
Pickaway County	70	0.28%
Pike County	112	0.44%
Portage County	346	1.36%
Preble County	180	0.71%
Putnam County	21	0.08%
Richland County	176	0.69%

County	Number of Children	Percent of Children
Erie County	95	0.37%
Fairfield County	246	1%
Fayette County	146	0.57%
Franklin County	3,559	14%
Fulton County	23	0.09%
Gallia County	91	0.36%
Geauga County	76	0.30%
Greene County	185	0.73%
Guernsey County	150	0.59%
Hamilton County	2,665	10.48%
Hancock County	185	0.73%
Hardin County	63	0.25%
Harrison County	52	0.20%
Henry County	43	0.17%
Highland County	324	1.27%
Holmes County	69	0.27%
Huron County	51	0.20%
Jackson County	102	0.40%
Jefferson County	106	0.42%
Knox County	212	0.83%
Lake County	121	0.48%
Lawrence County	115	0.45%
Licking County	592	2.33%
Logan County	94	0.37%
Lorain County	196	0.77%
Lucas County	1,076	4.23%
Madison County	38	0.15%

County	Number of Children	Percent of Children
Sandusky County	45	0.18%
Scioto County	457	1.80%
Seneca County	37	0.15%
Shelby County	43	0.17%
South Central Ohio – Hocking	58	0.23%
South Central Ohio – Ross	192	0.75%
South Central Ohio – Vinton	34	0.13%
Stark County	590	2.32%
Summit County	1,470	5.78%
Trumbull County	225	0.88%
Tuscarawas County	138	0.54%
Union County	75	0.29%
Van Wert County	16	0.06%
Warren County	224	0.88%
Washington County	112	0.44%
Wayne County	201	0.79%
Williams County	35	0.14%
Wood County	84	0.33%
Wyandot County	33	0.13%
<b>TOTAL</b>	<b>25,437</b>	<b>100%</b>

**Table 4: Number and percent of distinct children in custody for each county based on the recent most custody episode in FFY-2021.**

Agency	Number of Children	Percent of Children
Belmont County Juvenile Court	9	0.04%
Clark County Juvenile Court	10	0.04%
Clermont County Juvenile Court	20	0.08%
Columbiana County Juvenile Court	2	0.01%
Cuyahoga County Juvenile Court	39	0.15%
Guernsey County Juvenile Court	4	0.02%
Hamilton County Juvenile Court	66	0.26%
Hancock County Juvenile Court	2	0.01%
Hardin County Juvenile Court Agency	1	0.00%
Harrison County Juvenile Court	6	0.02%
Jefferson County Juvenile Court	6	0.02%
Lucas County Juvenile Court	6	0.02%
Meigs County Juvenile Court	1	0.00%

Agency	Number of Children	Percent of Children
Miami County Juvenile Court	4	0.02%
Monroe County Juvenile Court	6	0.02%
Montgomery County Juvenile Court	31	0.12%
Muskingum County Juvenile Court	1	0.00%
Ohio Department of Youth Services (DYS)	78	0.31%
Ottawa County Juvenile Court	1	0.00%
South Central Ohio – Ross County Juvenile	5	0.02%
Stark County Juvenile Court	13	0.05%
Summit County Juvenile Court	5	0.02%
Williams County Juvenile Court	2	0.01%
<b>TOTAL</b>	<b>318</b>	<b>1.25%</b>

**Table 4a: Number and percent of distinct children in custody of each court based on the recent most custody episode in FFY-2021. Note: These totals are included in Table 4 counts for each county.**

Agency	Number of Distinct Children
Bridges Central	95
Bridges Northeast	136
Bridges Northwest	29
Bridges Southeast	21
Bridges Southwest	114
<b>TOTAL</b>	<b>395</b>

**Table 4b: Number and percent of distinct children in custody in FFY21 who later took part in Bridges program in FFY21 by each Bridges Agency. Note: These totals are not included in the table counts for each agency outlined in Tables 4 and 4a.**

Placement Type	Number of Distinct Children	Percent of Children in Each Placement Type
-Family Foster Care	<b>8904</b>	<b>58.30%</b>
Approved Adoptive Home	465	3.00%
Pre-Adoptive Infant Home	0	0.00%
Emergency Foster Care	0	0.00%
Family Foster Home	5638	36.90%
Medically Fragile Foster Home	10	0.10%
Treatment Foster Home Exceptional Needs	1500	9.80%
Treatment Foster Home Special Needs	1291	8.50%
-Kinship Care	<b>3829</b>	<b>25.10%</b>
Kinship Care -- Non-Relative Home	643	4.20%
Kinship Care -- Parent (ICPC)	1	0.00%
Kinship Care -- Relative Home	3185	20.90%
-Congregate Care	<b>1994</b>	<b>13.10%</b>
Children's Residential Center	1148	7.50%
Detention Facility	86	0.60%
Emergency Shelter Care Facility	2	0.00%
Group Home	687	4.50%
Hospital Admission	50	0.30%
Nursing Home	15	0.10%
Residential Parenting Home	6	0.00%
-Trial Home Visit	<b>181</b>	<b>1.20%</b>
-Independent Living	<b>163</b>	<b>1.10%</b>
-Other	<b>190</b>	<b>1.20%</b>
Emergency Care	0	0.00%
Non-Reimbursable Service	7	0.00%
Runaway/AWOL	183	1.20%
Unknown	0	0.00%
<b>Total Children in Care</b>	<b>15261</b>	<b>100.0%</b>

*Table 5: Point-in-time number and percent of children in each placement type as of 3/31/2021*

Permanency Goal	Number of Distinct Children	Percent of Children in Each Permanency Goal
Return the child(ren) to parent/guardian/or custodian (Reunification)	16,573	66.94%
Maintain in own home; prevent removal	1,047	4.23%
Adoption	5,227	21.11%
Permanent Placement with Relative	664	2.68%
Independent Living/Emancipation	1,021	4.12%
Placement of child(ren) in a planned, permanent living arrangement, excluding adoption (PPLA)	227	0.92%
Unknown	678	2.74%
<b>TOTAL</b>	<b>25,437</b>	<b>100%</b>

*Table 6: Number and percent of children in each permanency goal. Permanency goal is determined in accordance with business rules for AFCARS element case goal.*