OHIO 2023 ANNUAL PROGRESS AND SERVICES REPORT

Ohio | Department of Job and Family Services

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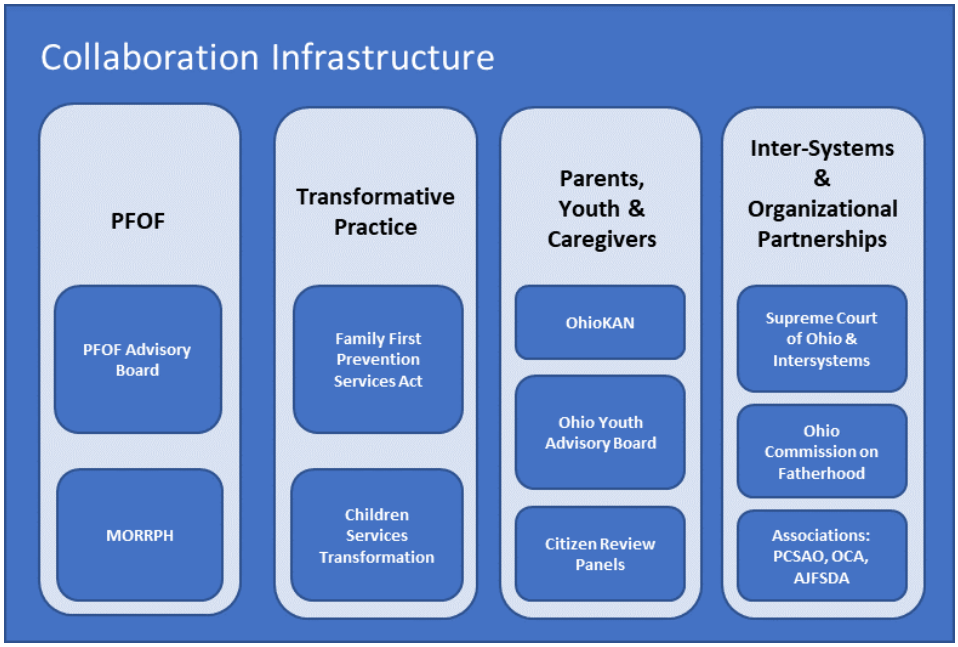
I. Collaboration

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 captures 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 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 children services delivery and public policy. The Board is led by Chairs Melinda Kowalski, Assistant Director, ODJFS, Jeff Van Deusen, OFC Deputy Director, 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, and a family representative (biological, resource). 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 2021 and 2022 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 Phase 2 Preventive Services Plan, Residential Treatment Information System (RTIS), Qualified Residential Treatment Program (QRTP) results, CANS assessment technical assistance and training, Aftercare, Child and Adolescent Behavioral Health Center of Excellence, the Kinship Support Program, Kinship Guardian Assistance Program (KGAP), Post Adoption Special Service Subsidy (PASSS), tiered foster care, Resource Family Bill of Rights, Youth Bill of Rights, the use of a 5 million dollar allocation in both budget years for the recruitment and retention of foster parents, and the crisis around the workforce . The voice of the Advisory Board has been more critical than ever in light of unique challenges faced due to the pandemic and its aftermath across the state.

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 Ohio SACWIS development.

In August and September 2021, the CPS team held four MORRPHs related to the following OAC Family Case Plan Rules:

- 5101:2-38-01 *Requirements for PCSA Family Case Plan for In-home Supportive Services without a Court Order*
- 5101:2-38-05 *PCSA Family Case Plan for Children in Custody or Under Protective Supervision*
- 5101:2-38-07 *PCPA Family Case Plan for Children in Custody or Under Court-ordered Protective Supervision*

One hundred thirty-nine (139) attendees participated from over 46 agencies including PCSAs, PCSAO, and juvenile courts.

During the MORRPHs participants discussed the intent behind the revisions with a focus on improving caseworker engagement with parents and children by addressing the challenges experienced by caseworkers related to determining who is provided services and visited. Additional discussion occurred on how the updates to the rule would be implemented by PCSAs, the impact to families and PCSA employees, and expectations surrounding the changes.

Feedback from each MORRPH was documented and sent out to all participants at the conclusion of the sessions. Recommendations provided were considered in the final revisions of the rules. Overall feedback was positive, and suggestions received were solution focused.

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 included 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 placed limitations on Title IV-E Foster Care Maintenance payments for residential/congregate care placements and added new quality standards. Family First's focus on prevention services allows agencies additional funding opportunities to help families with children at risk of entering foster care. The goal of prevention services is to decrease the number of children entering foster or congregate care. Children that do enter group home or residential treatment settings will be receiving high quality care from agencies certified as Qualified Residential Treatment Programs (QRTP).

Qualified Residential Treatment Programs

As Ohio planned for QRTP requirements to go into effect on October 1, 2021, several mechanisms were used to assess readiness of providers across the state. Ohio conducted several readiness surveys to assess where residential providers believed to be struggling the most with the new QRTP requirements. From that data, Ohio offered funding opportunities to assist residential providers become compliant with the new requirements and subsequently assist with maintaining compliance.

Additionally, in partnership with the Public Children Services Association of Ohio (PCSAO), five regional meetings were held in September 2021 to discuss QRTP requirements and impacts of implementation. The meetings were designed for "directors and decision makers" to ask questions and engage in discussions with other counties on implementation and best practices. Topics addressed included:

- CANS Assessment /Decision Support Model /Qualified Individual
- Role of the Court
- Impact of OhioRISE Delay
- Family & Permanency Team – Roles & Process/Developing Placement Options
- Ohio SACWIS/Reimbursement
- Aftercare & Step-Down

The OFC policy teams collaborated to draft/amend Ohio Administrative Code (OAC) rules specific to QRTP requirements of Family First. A summary of the content of each rule is provided below:

July 2021

- OAC 5101:2-47-23.1 entitled *Title IV-E Agency Contracting and Contract Monitoring* sets forth the requirements when a Title IV-E agency contracts with a private network provider for substitute care placements. The rule requires the Title IV-E agency to enter all contracting and rate schedule information into the statewide automated child welfare information system (Ohio SACWIS) to be able to enter a placement with a QRTP.

October 1, 2021

- OAC 5101:2-47-01 entitled *Administration of the Title IV-E Foster Care Maintenance Program* sets forth the objectives, goals, and responsibilities for administration of the Title IV-E Foster Care Maintenance (FCM) program. Paragraph (D) added the reference to the QRTP rule 5101:2-47-21 and paragraph (G) added language regarding QRTP aftercare services. Revisions included minor changes to language to add clarity.
- OAC 5101:2-47-12 entitled *Title IV-E Foster Care Maintenance (FCM): Initial Determination of Program Eligibility and Reimbursability* outlines the requirements for determining FCM eligibility and reimbursement. Paragraph (C) was amended to add language to address the FFPSA changes to the eligibility requirement of "living with a specified relative within the last six months" for a child who is a candidate for FFPS and in the home of a kinship caregiver at the time of the removal and the removal is from the parents.
- OAC 5101:2-47-13 entitled *Title IV-E Foster Care Maintenance (FCM) Program Eligibility: Legal Responsibility Requirements* sets forth the legal responsibility requirements, including judicial determination of best interest and reasonable efforts, for FCM program eligibility. Paragraph (E)(1) was amended to add language to address the FFPSA changes to the eligibility requirement of "living with a specified relative within the last six months" for a child who is a candidate for Family First Prevention Services (FFPS) and in the home of a kinship caregiver at the time of the removal and the removal is from the parents.

- OAC 5101:2-47-14 entitled *Title IV-E Foster Care Maintenance (FCM) Program Eligibility: ADC-Relatedness* outlines the aid to dependent children (ADC) program requirements for foster care maintenance. Paragraph (D) was amended to add language to address the FFPSA changes to the eligibility requirement of "living with a specified relative within the last six months" for a child who is a candidate for Family First Prevention Services (FFPS) and in the home of a kinship caregiver at the time of the removal and the removal is from the parents.
- OAC 5101:2-47-16 entitled *Title IV-E Foster Care Maintenance (FCM) Program: Reimbursable Placement Settings.* outlines the requirements for placement settings that are eligible for foster care maintenance reimbursement. The rule has been amended to include a Qualified Residential Treatment Program (QRTP) as defined in rule 5101:2-9-42 of the Administrative Code. Paragraph (B) was amended to add clarity when a child is on a temporary leave from a foster home.
- OAC 5101:2-47-19 entitled *Foster Care Maintenance Program Reimbursability: Reimbursements, Graduation Expenses and Personal Incidentals* outlines the requirements for reimbursements for graduation expenses and personal incidentals. The rule has been amended to include a Qualified Residential Treatment Program (QRTP) as defined in rule 5101:2-9-42 of the Administrative Code. Paragraph (D) added a reference to rule 5101:2-47-10 which outlines the reimbursement for foster homes.
- OAC 5101:2-47-20 entitled "*Title IV-E Foster Care Maintenance (FCM) Program Reimbursability:* Supplemental Reimbursement for the Cost of Care for the Child of a Title IV-E Recipient Parent outlines the process to receive reimbursement for a child of a minor parent that is not in the custody of a Title IV-E agency. The rule has been amended to include a Qualified Residential Treatment Program (QRTP) as defined in rule 5101:2-9-42 of the Administrative Code.
- OAC 5101:2-47-21 entitled *Title IV-E Foster Care Maintenance (FCM) Reimbursement for a Child Placed into a Qualified Residential Treatment Program (QRTP)* outlines the reimbursement requirements for a child placed into a QRTP. The language in this rule mirrors language in other foster care maintenance eligibility rules, substitute care rule 5101:2-42-12 regarding the assessment and approval process, and the QRTP licensing rule 5101:2-9-42 which includes the requirements for six months of aftercare support.
- OAC 5101:2-47-23 entitled *Beginning Date of Reimbursability for Title IV-E Foster Care Maintenance (FCM)* outlines the requirements to begin reimbursement for FCM. Paragraph (A) was amended to add language to address the FFPSA changes to the eligibility requirement of "living with a specified relative within the last six months" for a child who is a candidate for Family First Prevention Services (FFPS) and in the home of a kinship caregiver at the time of the removal and the removal is from the parents.
- OAC 5101:2-33-27 entitled *Title IV-E Agency Contract and Contract Monitoring for Non-placement Services* sets forth the requirements when a Title IV-E agency contracts with a private network provider for non-placement services, i.e., aftercare services. The rule also requires the Title IV-E agency to enter all contracting and rate information into the statewide automated child welfare information system (Ohio SACWIS) to be able to seek reimbursement.

March 2022

- OAC 5101:2-47-21 entitled *Title IV-E Foster Care Maintenance (FCM) Reimbursement for a Child Placed into a Qualified Residential Treatment Program (QRTP)* outlines the reimbursement requirements for a child placed into a QRTP. The rule is being amended to remove paragraph (C). Public Law 115-123 states a child is eligible for reimbursement in a non-QRTP for the first fourteen (14) days. However, for a child placed in a QRTP, if the assessment is not completed within 30 days, the title IV-E agency cannot claim title IV-E FCM for the entirety of the QRTP placement (this exclusion applies to the first 14 days) but may claim title IV-E administrative costs during the placement in the QRTP. Paragraphs (H), (I) and (S) were revised to explain when a child placed into a non-QRTP is eligible for reimbursement when the setting becomes QRTP compliant.

Family First QRTP training entitled *QRTP FCM Rules/Reimbursability and SACWIS* was provided to IV-E agencies on the implementation of QRTP requirements on August 18, 2021 –Additionally, several areas of OFC worked collaboratively to develop policy and provide trainings on the QRTP practice requirements of FFPSA, both prior to and following the October 1, 2021 implementation date. The new policies created included:

- OAC 5101:2-42-12 entitled *Assessment to Determine Child's Placement into a Qualified Residential Treatment Program.* outlines the requirements for the assessment that is to be completed for a child being placed in a qualified residential treatment program and the requirements for a qualified individual to complete such assessments.
- OAC 5101:2-38-05.1 entitled *PCSA requirements for Completing Family Case Plan and Review when a Child is Placed in a Qualified Residential Treatment Program (QRTP)* identifies when the PCSA shall complete a family case plan and time frames for conducting reviews when a child is placed in a QRTP. Language has been included to meet federal requirements related to the Family First Prevention Services Act.

Statewide trainings were held to provide an overview of the newly created policies and enhancements to Ohio SACWIS. All information is available on https://jfs.ohio.gov/ocf/Family-First.stm, including recorded trainings, a process flowchart, and many other resources.

As of October 1, 2021, all children being placed in Qualified Residential Treatment Programs (QRTPs) are required to receive an Ohio Children's Initiative Child and Adolescent Needs and Strengths (CANS) assessment confirming the placement and level of care is appropriate for the individual child. The CANS assessment is administered by a Qualified Individual trained and certified in the Ohio Children's Initiative Brief and Ohio Children's Initiative Comprehensive CANS. The assessment is completed in conjunction with the Family and Permanency Team for the child, to include appropriate family members and professionals who are a resource to the child and family. Both the Qualified Individual and Family and Permanency Team consider the child's short and long-term mental health and behavioral health goals when determining the most effective and appropriate level of care in the least restrictive environment.

ODJFS worked closely with the Ohio Department of Mental Health and Addiction Services and the Ohio Department of Medicaid in the development of the CANS assessment. Information from each completed assessment is recorded in Ohio SACWIS. Ongoing training, certification,

professional development, and coaching for CANS assessors is available through the Child and Adolescent Behavioral Health Center of Excellence (COE).

Prevention Services

Family First is also about transforming children services. This work is aligned with and supports the 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 included, Butler, Fairfield, Knox, Licking, Lucas, Stark, Trumbull, and Ashtabula's IV-E Court.

The pilot counties focused on the 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. The counties piloted prevention services in children services casework practice from April 1, 2021 through October 1, 2021. Pilot counties provided feedback on prevention services implementation, system functionality and assessment monitoring tools in their work with families through the prevention services case category. The pilot guided modifications to Ohio's state plan and helped determine the next phase of prevention services to be implemented.

The Bureau of Fiscal Operations, Title IV-E Unit developed four (4) OAC rules governing the administration of the Family First Prevention Services (FFPS) program which are contained in the Management and Administration section of eManuals in Chapter 45. In accordance with the Administration on Children, Youth and Families, ACYF-CB-PI-18-09, and Public Law 115-123, Family First Prevention Services Act (FFPSA), changes were made to Title IV-B and IV-E of the Social Security Act, enacted February 9, 2018 which authorized new optional Title IV-E funding for FFPS for mental health, substance abuse and in-home parent skill-based programs for: (1) a child who is a candidate for foster care, (2) pregnant/parenting foster youth, and (3) the parent(s) or kinship caregiver(s) of those children and youth as defined in section 5101.85 of the Revised Code.

Rules were created to instruct Title IV-E agencies on the implementation of the Title IV-E FFPS program requirements, candidacy, and traditional candidacy requirements. The rules were effective on October 1, 2021. Chapter 45 contains the following policies:

- OAC 5101:2-45-01 entitled *Administration of the Title IV-E Candidate for Family First Prevention Services (FFPS) Program* outlines the administration and requirements of the FFPS program for Title IV-E agencies to implement and administer the program.
- OAC 5101:2-45-02 entitled *Title IV-E Candidate for Family First Prevention Services (FFPS) Program Eligibility* outlines the requirements and program components for Title IV-E agencies eligibility criteria for FFPS program candidacy who has a screened in report, not in the legal responsibility for the care and placement/custody of a Title IV-E agency,

at imminent risk of removal and meets at least one of the eligibility program components: (1) open in-home case, (2) siblings and other children in the home of a child in foster care, (3) siblings and other children in the home of a child who has experienced a screened-in fatality or near fatality with a substantiated or indicated disposition and has assessed safety factors and risk contributors, (4) children who have discharged from legal responsibility for the care and placement/custody and achieved permanency within the last twelve months, (5) children adopted within the last twelve months and assessed with risk and safety concerns, (6) children at risk of experiencing an adoption dissolution. Pregnant or parenting youth in foster care in need of prevention services, including those youth who are in extended foster care, are also eligible when services are designated in the family case plan or prevention services plan prior to the provision of services.

- OAC rule 5101:2-45-03 entitled *Reimbursement for Title IV-E Candidate for Family First Prevention Services (FFPS) Program* outlines the categories of allowable costs that Title IV-E agencies may claim reimbursement for mental health and substance abuse prevention and treatment services provided by culturally competent qualified provider(s) who provide diverse and equitable services, and in-home parent skill-based programs that include parenting skills training, parent education, and individual and family counseling that have been rated and approved by the Title IV-E Prevention Services Clearinghouse, are identified in the state's five-year Title IV-E FFPS program plan and are administered by an approved provider through the Center of Excellence (COE).
- OAC rule 5101:2-45-04 entitled *Traditional Candidate for Title IV-E Foster Care* outlines the requirements for a child to be considered a traditional candidate for foster care who has a defined case plan that identifies in-home services to prevent removal, where foster care is a planned arrangement for the child. The Title IV-E agency may claim Federal reimbursement for the allowable administrative costs associated with case management.

FFPS trainings were provided in addition to a guidance document information sheet to break down the funding, eligibility criteria, Center of Excellence (COE) responsibilities, and the role of the ODJFS at a glance. Trainings offered included the following:

- February 17, 2021 *FFPSA Post Family Assessment and IV-E Candidacy Training: Definition of Candidacy, Ongoing Case Flow and SACWIS Screens, Families Best Served with Prevention Services.*
- March 24, 2021 *Title IV-E Eligibility for Family First Prevention Services (FFPS): Candidate Eligibility and Completing a Prevention Services Eligibility Determination in SACWIS.* This training provided information to help the audience understand how to determine eligibility for FFPS candidates and the pregnant and parenting population in foster care that need prevention services. In addition, Ohio SACWIS functionality was presented on how to complete FFPS in the Ohio SACWIS system.
- July 23, 2021 *Family First Prevention Services Act Overview*.
- September 15, 2021 *Family First Prevention Services (FFPS) Eligibility/Reimbursability with Ohio SACWIS.*

The following rules were created or amended as part of the Family First Prevention Services Act to instruct Title IV-E agencies on casework practice in Ohio:

- OAC 5101:2-1-01 entitled *Children Services Definition of Terms* was amended and identifies terminology and definitions utilized in Ohio's children services 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".
- OAC 5101:2-36-10 entitled *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.
- OAC 5101:2-40-02 entitled *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.
- OAC 5101:2-40-05 entitled *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.

Ohio contracted with a vendor for a Center of Excellence to support Prevention Services in Ohio. 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 for State Fiscal Years 22 and 23 to coordinate the 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 the primary responsibilities of the COE is 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 also provides orientation, training, coaching, mentoring, and other functions/supports as needed to support Ohio's statewide child caring provider network.

Additionally, as of January 2022, the COE assumed primary responsibility for training and provision of technical assistance for CANS assessors through the Qualified Individual requirements and for the purposes of determining eligibility for youth enrolled in the Ohio Department of Medicaid's OhioRISE, behavioral health managed care plan for multi-system youth.

Children Services Transformation (CST)

As indicated in last year's report, in the fall of 2019, Governor Mike DeWine established the Children Services Transformation Advisory Council to improve outcomes for Ohio's children and families. The council issued 37 recommendations that can be divided under the following action areas: Prevention, Workforce, Practice, Kinship, Foster Care, Adoption, and Juvenile Justice.

After the recommendations were issued, the ODJFS began work on implementing the recommendations. In February 2021, OFC assumed responsibility over the project management and day to day implementation of the Advisory Council's recommendations. Project leads were assigned to manage individual recommendations along with a project manager who is overseeing the entire initiative. In April 2022, the *CST Recommendations Progress Update Report* was released and included a status and update on the progress for each recommendation. The Governor's Office along with the ODJFS are committed to implementation of these recommendations over Fiscal Years 2022-2023. The report can be found at:

https://content.govdelivery.com/attachments/OHOOD/2020/11/19/file_attachments/1606570/Transformation%20Final%20Report%20FINAL.pdf.

Ohio Kinship and Adoption Navigator Program (OhioKAN)

ODJFS continues to partner with Kinnect as the vendor for the Ohio Kinship and Adoption Navigator Program (OhioKAN). The program was formally launched in August 2020. The OhioKAN program was developed and implemented through input from stakeholder groups, consisting of kinship and adoptive families, professionals working with kinship and adoptive families, and others related to this work. These teams were instrumental in creating the program, from the initial design, theory of change, needs assessment and support plan, and evaluation.

A part of the program design was the creation of Regional Advisory Councils (RACs). These councils are charged with supporting implementation and evaluation, developing awareness, and building capacity for kinship and adoptive families in the community. Each council consists of local stakeholders, and they may include children services agencies, Area Agency on Aging, schools, and others. RACs are required to seek members with lived experience in kinship and adoptive families. In February of 2021, OhioKAN stood up the Regional Advisory Councils in each of the ten regions. To date the RACs have reviewed the OhioKAN data in their region and created action plans based upon the data. Current action plans include items such as outreach to informal families, education, and looking into childcare and respite.

In January of 2022, OhioKAN hosted the first Statewide Advisory Council (SAC). This council consists of members of the RACs, members from the initial stakeholder teams, and other stakeholders related to kinship and adoption navigator work. The SAC includes members with lived experience in kinship and adoptive families, the aging community, children services, and other areas.

Including the voice of people with lived experience aligns with OhioKAN's values and supports the Inclusion, Diversity, Equity, and Access (IDEA) principles. To further engage those voices,

OhioKAN encourages people with lived experience to apply for any of the positions within the program. Currently one third of the staff and advisory councils have lived experience in a kinship or adoptive family.

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.
- 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.

OYAB members provide valuable representation at Ohio's PFOF monthly meetings, quarterly calls with OFC leadership and provide youth prospective on current projects including normalcy, tiered foster care and congregate care reform, enhancement of training of Independent Living services for foster parents and caseworkers, youth voice in permanency planning, development of a Connections Matter Academy trauma video series, and to expand and integrate parent partner work in Ohio.

Additionally, ODJFS provides financial support for the nine local youth advisory boards across the state. During SFY 2022, all grant agreements among ODJFS and the local youth advisory boards continue to require formal opportunities for direct information sharing among members and Department representatives to increase youth input in the development of state-level foster care policies and practices.

Citizen Review Panels (CRP)

Ohio's Citizen Review Panels (CRPs) are county-based, and each panel focuses on a specific topic of concentration. In January of 2016, the ODJFS entered into a contract with The Ohio State University (OSU). The OSU team from the College of Social Work provides administrative support to the five CRPs. Two additional CRP panels were added to the initial three panels. The panels are now identified to reflect their geographical area in Ohio. The panels are now titled:

1. Central Ohio Panel
2. Northeast Ohio Panel
3. Northwest Ohio Panel
4. Southeast Ohio Panel

5. Southwest Ohio Panel

OSU provides administrative support to the CRPs and the OSU team provides the following services to the CRPs:

- 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

The CRPs are charged with reviewing children services practices across Ohio and making recommendations 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 the Citizen Review Panel Strategic Plan for the 2022 review period which contained the following recommendations from each of five panels:

- Central Ohio Panel
  The Central Ohio CRP will create actionable and measurable recommendations to improve Ohio's child welfare response to children and families exposed to domestic violence.

- Northeast Ohio Panel
  The Northeast Ohio CRP will create actionable and measurable recommendations to improve Ohio's support for the child welfare workforce negatively affected by secondary trauma.

- Northwest Ohio Panel
  The Northwest Ohio CRP will create actionable and measurable recommendations to improve Ohio's ability to respond to the well-being needs of child welfare-involved children affected by the COVID-19 pandemic.

- Southeast Ohio Panel
  The Southeast Ohio CRP will create actionable and measurable recommendations to improve Ohio's capacity to provide family foster homes for adolescents.

- Southwest Ohio Panel
  The Southwest Ohio CRP will create actionable and measurable recommendations to improve Ohio's ability to provide uninterrupted, stable, and high-quality education for children placed in residential and group home facilities.

The Ohio CRPs submitted their annual report to ODJFS in September of 2021. ODJFS submitted the ODJFS Response Report to the OSU CRP Team on December 31, 2021. The annual CRP report along with the ODJFS Response Report was distributed to Ohio's PCSAs, IV-E Courts, Public Children Services Association of Ohio, Ohio Job & Family Services Director's Association, Ohio Children's Alliance, and Ohio's University Consortium of Child and Adult Services for OCWTP. In March of 2022, a request for progress updates regarding the ODJFS responses was sent to impacted ODJFS staff. Progress updates were submitted to the ODJFS, Child Protective Services Policy Section on April 15, 2022. ODJFS is committed to address the CRPs' recommendations. The annual CRP strategic planning meeting was held on May 16, 2022.

Bridges, Adoption Assistance Connections to 21 (AAC), Transitional Youth/ Independent Living Programs, Inter-System Programming, Medicaid Technical Assistance

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.

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.

To date, more than 3,536 applications have been submitted, and 3,351 young adults have been enrolled in the program. The Consolidated Appropriations Act, signed in December 2020, temporarily extended program services to young adults past the age of 21, and waived all program participation requirements for enrollment and retention. These provisions were in effect from February 01, 2021 to September 30, 2021. During this time, 1,513 young adults were served in the program. This is an 80% cumulative increase in the program numbers since these changes were implemented. Additionally, ODJFS issued a Chafee Stimulus Grant totaling $2.4 million to

Bridges. With these funds, Bridges was able to provide additional financial support to participants during the COVID pandemic.

2021 also saw the implementation of the Bridges Self-Sufficiency Survey which is designed to gather quantitative data about the effectiveness of services by measuring the young adult's progress over eighteen domains. The survey is completed at enrollment and exit. Current data shows the longer a young adult participates in Bridges the more stable they are when leaving the program.

Each year, focus groups are held across the state, so participants have an opportunity to talk about their experiences in Bridges. In February 2022, these were held in collaboration with the Ohio Department of Health, Office of Health Opportunity, so participants could share the impact COVID had on their lives.

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 children services system. This unique program, administered by ODJFS, is designed to provide the financial assistance needed for young adults to successfully transition to adulthood. To date, more than 121 young adults and their families have benefitted from AAC, and new applications arrive weekly. During 2021, nine young adults turned 21. All had earned their high school diploma, left the program living in safe and stable housing, and continued to do well with the support of their families.

The **Independent Living/Transition Age Youth (TAY)Team** is responsible for developing 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 PCSAs and Title IV-E Courts, co-manages the National Youth in Transition Database (NYTD) Survey, and administers Ohio's Education and Training Vouchers (ETV) 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. They have also been instrumental in the design of Ohio's Youth Navigator Program, offered feedback related to the Ohio Child Welfare Training Program proposal to create a pathway dedicated to independent living and partnering with Connect Our Kids to find ways to integrate the Connections Matter Academy into Ohio's programming for youth in foster care.

Inter-System Programming Team 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 continued promotion 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 appropriate Medicaid and managed care plan coverage in addition to 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 required, and continues to require, collaboration among both internal partners (e.g., Ohio SACWIS, policy) and external entities (e.g., ODM, PCSAs, Title IV-E Courts, managed care plans, and providers).

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

- Identifying, reporting, and remedying system interface issues to avoid gaps in children's Medicaid coverage.
- Developing an internal ticket tracking system to monitor, analyze, and address county issues.
- Providing individualized case guidance to ensure provision of needed specialized treatment by both in- and out-of-state providers.
- Identifying Medicaid covered services, reducing PCSAs cost of care.
- Reconciling open double billing spans, reducing ODM costs associated with duplicate per member/per month fees.
- Supporting and ensuring Medicaid coverage for new Bridges enrollees.
- Providing education and technical assistance to local partners about Medicaid coverage for adoptees and children in care, policies, procedures, and Ohio SACWIS Medicaid screen support.
- Reviewing and presenting Multi-System Youth grant applications to prevent custody relinquishment and better serve multi-system youth.

The Medicaid team has been focusing on supporting Ohio's PCSAs and Title IV-E courts in implementing two significant initiatives from the Ohio Department of Medicaid, expansion of Medicaid's managed care organizations (MCO) and the launch of OhioRISE. The expansion of MCOs is slated for July 1, 2022. This will increase the MCO plans available to children in foster care from the five (5) to seven (7). Ohio SACWIS functionality has been updated to support agencies in selecting a plan for each child in foster care should a change be needed. The OFC Medicaid team has worked with our partners in the Department of Medicaid and Ohio SACWIS to prepare for this transition.

OhioRISE (Resilience through Integrated Systems and Excellence) 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. The Ohio Department of Medicaid has procured a special type of managed care entity (MCE) to improve care for children and youth with complex behavioral health needs. Beginning in July of 2022, OhioRISE with its contracted specialized MCE, Aetna, will begin providing services for Ohio's most complex children and youth. OhioRISE features multi-agency governance to drive toward improving cross-system outcomes by bringing together local entities, schools, providers, health plans, and families as 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.

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. It is estimated that a significant number of children in custody and adopted children will qualify for and benefit from this program. The Medicaid team and Ohio SACWIS are partnering to identify children in foster care who meet OhioRISE edibility requirements to launch the initial wave of children to be enrolled in the program.

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.

During this reporting period, the OCTF continued to partner with ODJFS, OFC children services bureaus during its IV-B Planning Process and the Integration of Prevention Efforts within Ohio's Child and Family Services Plan (CFSP) goals. Each strategy included in the CFSP was designed to build upon existing strengths or to address areas of practice needing improvement, with one of the ultimate goals of improving Ohio's safety, permanency, and well-being outcomes. The OCTF worked with the OFC to uniformly implement innovative and evidence-based or evidence-informed children services practices to improve safety, permanency and well-being outcomes for children and families. 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*.

OCTF was tasked with implementation of two benchmarks associated with Goal 3:

- Benchmark 3: Inclusion of necessary non-FFPSA EBPs or other promising interventions that meet the needs of Ohio's children and families.
- Benchmark 5: Develop a plan for ensuring ongoing model fidelity of approved evidence-based prevention services.

As the Trust Fund was awarded one of nine federal Community Collaborations to Strengthen and Preserve Families grant, the OCTF is working on Goal 3 and related benchmarks through a three-county pilot area in Northeast Ohio, to provide community-based child maltreatment prevention services via the Family Success Network to families prior to becoming involved in the children services 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 to establish data sharing agreements in order to track whether families involved in OCTF programs are able to remain outside of children services involvement and/or the foster care system.

Additionally, this pilot project includes utilization of several EBPs, such as Triple P Positive Parenting Program, Transition to Independence Practice Model, and Motivational Interviewing, with families who do not meet Ohio's candidacy definition for FFPSA prevention services. To ensure ongoing model fidelity to both the specific EBPs provided to families, as well as the model in general, the OCTF has developed a program manual to be utilized by other providers for replication purposes.

With the addition of American Rescue Planning Act (ARPA) funds in FFY 2021, the OCTF Board recently approved expansion of the Family Success Network to two additional sites throughout Ohio. This expansion effort will allow the OCTF to continue supporting other EBPs and promising interventions to meet the needs of Ohio's children and families and to reduce the need for foster care for children at risk of removal. With additional sites onboarded to this model, the OCTF will be able to better assess the efficacy of the program manual and better monitor ongoing fidelity to the model through multiple sites.

The Ohio Commission on Fatherhood

The Ohio Commission on Fatherhood (Commission) is a Bipartisan Commission comprised of 20 Commissioners representing various branches of government and state departments, including two Senators (Democrat and Republican), four State Representatives (two of the four must be from legislative districts that include a county or part of a county that is among the 1/3 of counties in the state with the highest number per capita of households headed by females), a Designee from the Governor's Office, a Representative from the Ohio Supreme Court, five members from the public appointed by the Governor and Directors from Ohio Children and Families First, the Ohio Department of Job and Family Services, the Ohio Department of Rehabilitation and Correction, the Ohio Department of Youth Services, the Ohio Department of Health, the Ohio Department of Mental Health and Addiction, and the Superintendent of the Ohio Department of Education. 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 reconvened the workgroup that developed the *Best Practice Guide for Engaging Fathers: A Toolkit for Children Services Staff* because a determination was made that the toolkit required additional updates to remain aligned with system changes. OFC continues to promote its use among children services workers. The toolkit brings an awareness of the important role fathers play in the lives of their children.

In addition to the Toolkit developed specifically for children services staff, the Commission continues to advocate for engaging fathers at the case plan development stage when children become involved with Child Protective Services. In an effort to include fathers and other potential support people for the child, OFC staff requested input from the Commission on engaging fathers

and fatherhood programs in policy and in the development of a Concurrent Case Plan. Consistent conversations concerning specific steps taken during diligent search efforts for involved fathers and pursuing paternal kinship options will continue as Project Leads take the necessary steps towards completion, scheduled for January 2023.

The Ohio Commission on Fatherhood collaborates with OFC on critical strategies that can be used by children services agencies and their staff to engage fathers in the lives of their children. Staff from the training unit of OFC will join the monthly Commission funded grantee meetings to learn more from fatherhood practitioners that engage fathers and families daily. The mission for the OFC training unit is to hear from the fatherhood participants regarding what fathers are saying about children services and engage fatherhood practitioners in recommendations focused on better training for children services workers.

A key initiative or goal of the Commission is to conduct practitioner training, which includes children services professionals. The Commission also trains grantees in domestic violence recognition and prevention, fatherhood curricula, child support policy and processes and data collection. During 2021, the Commission continued to work with funded fatherhood programs to pivot from in-person programming and case-management to a virtual service-delivery platform due to the continuing pandemic. The Commission convened a workgroup consisting of staff from OFC and the Ohio Department of Rehabilitation and Correction (ODRC) to discuss ways ODRC prison staff can assist children services caseworkers when visiting incarcerated parents in the state facilities.

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, the Governor's Taskforce on Eliminating Disparities in Infant Mortality, and The Ohio State University's Statewide Family Engagement Advisory Council.

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 also funds pilot projects. For example, 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 22/23 are No Kidding Ohio, a teen pregnancy prevention and young parent workforce project for middle schools in urban, suburban, and rural Ohio, 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, as well as a legal aid pilot called the Parenthood Project, which assists fathers with navigating systems like child support and the court. The Commission is currently working with Cuyahoga County Children Services and the fatherhood program Passages to house a fatherhood practitioner in the children services agency with the goal

of working along-side staff to build trust, modify culture and assist on caseloads by working with fathers to become and remain involved throughout the process.

It should be noted that the Fatherhood Commission also participates as a member on the Ohio Children's Trust Fund's *Cross-Sector Implementation and Planning Team (CSIPT)*. The CSIPT team serves as the leadership body for the Family Support Through Primary Prevention (FSPP) project. FSPP is a federal grant from the U.S. Department of Health and Human Services (HHS) and its purpose is to develop and implement integrated, cross-sector approaches to developing comprehensive child and family well-being systems that are co-designed with families and communities.

The long-term objectives of the CSIPT are to: (a) develop a unified child abuse and neglect prevention vision shared by cross-system partners; (b) enhance the well-being of Ohio families and children; (c) improve cross-system collaboration and alignment of services; (d) rely on the lived experience Advisory Council to inform culturally responsible and inclusive services; (e) reduce social isolation and normalize help-seeking behaviors; and (f) improve safety and well-being for children and families prior to children services involvement.

For more information about the Ohio Commission on Fatherhood please visit: 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 programming and Independent Living Age Youth Regional Meetings.

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 February 28, 2022, the Team had received 952 applications, and authorized over $30 million to provide needed services and supports to 759 children from 82 counties. In addition, the team had provided 121 technical assistance sessions to numerous local entities regarding complex cases.

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 the following:

- The Transition Age Youth team provides Independent Living (IL)/Post Emancipation comprehensive practice trainings to county partners when requested. The training consists of day- to- day operational work (How-To) on implementing the Independent Living program. The content addresses the following:

    - Chafee Foster Care Program for Successful Transition to Adulthood
    - Independent living timelines and service IL case plan service activities
    - Post emancipation services including both Young Adult Service and Bridges
    - NYTD
    - Ohio Education and Training Vouchers
    - Foster Youth to Independence

    Trainings are tailored to the county agency specific structure and identified need. The following agencies participated in this training opportunity:

    - Stark County, September of 2021
    - Montgomery County, October of 2021
    - Erie County, November of 2021

- Since September of 2021, the Transition Age Youth Team has been working with Title IV-E partners to improve participation and compliance in monitoring youth in foster care's credit report security. Twenty-nine Equifax E-port profiles have been updates and 14 new profiles created. To date there has been increased by 30% compliance ratio for youth credit reporting as a result to these activities.
- In November of 2021, an updated Foster Youth Bill of Rights was codified into Ohio law. In partnership with the OFC training team, training was held for Ohio's 88 PCSAs to introduce the new legislation and provide an in depth look at the Bill of Rights and how to support them in local practice.
- The Transition Age Youth team held an Independent Living (IL)/Bridges training presentation, for the Opportunities for Ohioans with disabilities staff. The content included the following: Provisions of IL; IL Assessments and IL Plan; IL Funding; IL Services and IL Skills Toolkit; IL Classes; NTYD; Final Transition planning; Education Training Voucher program; Young adult services; and Bridges. There were over 375 participants on the call. The training was well received by participants. The training qualified for 1 Continuing Education Unit.

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

ODJFS' strategic alignment of CFSP/APSR implementation with the annual Children's Justice Act (CJA) and Court Improvement Program (CIP) serves as a driver for our ongoing collaboration with federal initiatives, the legal and judicial community, and other system partners. Court related strategies outlined in the CFSP/APSR and the CFSR PIP are also outlined in the annual CJA and CIP reports as well as the Governor's Children Services Transformation (CST) recommendations. Serving as both the CJA and CIP multidisciplinary taskforce, the SCO's Subcommittee on Child Abuse, Neglect, and Dependency (CAND) continues to provide oversight of these strategies and recommendations.

Quality Legal Representation

In an effort to improve the quality of legal representation, CAND partnered with the National Association of Counsel for Children (NACC) to provide the following child welfare law trainings:

- Multi-Disciplinary Legal Representation August 6, 2021, 12:00-1:30pm EST
- Pre-Petition Legal Representation August 31, 2021, 12:00-1:30pm EST
- Ohio Specific Red Book 2020 series recording
    - Session 1: Lifecycle of an Ohio Child Welfare Case: A Case Study
    - Session 2: Advocating for Particular Populations and Topic Areas in Child Welfare
    - Session 3: Trial Advocacy for Ohio Child Welfare Attorneys

- Ohio Specific Red Book 2021 series
    - Session 1: Key Advocacy Moments in an Ohio Child Welfare Case
    - Session 2: In Court and Out-of-Court Advocacy and Collaboration Throughout an Ohio Child Welfare Case
    - Session 3: Selected Topics in Ohio Child Welfare Law and Practice
    - Session 4: Evidentiary Laws, Objections, and Trial Advocacy for Ohio Child Welfare Attorneys

CAND also helped facilitate NACC's approval and addition of Child Welfare Law to Ohio's existing 18 fields of law subject to specialization designation. In October 2021, the Supreme Court of Ohio (SCO) adopted amendments to add "Child Welfare Law" to the fields of law subject to specialization designation in Ohio. To begin accepting applications for the specialization, a certification program in that area must first be accredited by the Commission on Certification of Attorneys as Specialists. NACC is the only agency approved by the American Bar Association to certify in this area. Their certification program has been endorsed by the National Council of Juvenile and Family Court Judges (NCJFCJ) and the Conference of Chief Justices/Conference of State Court Administrators (CCJ/COSCA). NACC's Child Welfare Law Specialist (CWLS) certification is recognized as a professional achievement signifying an attorney's specialized knowledge, skill, and verified expertise in the field of child welfare law. In December, NACC applied to the Commission to request accreditation. NACC's application for accreditation is scheduled to be reviewed by the Commission at their April meeting. NACCC hopes to receive approval and begin accepting applications in early fall.

Multidisciplinary Legal Representation Pilot

Last fall, Ohio blended funding from CIP, CJA, and the Ohio Children's Trust Fund to expand the multidisciplinary legal representation pilot to add five pre-petition sites to the post-petition legal representation site. Sue Jacobs, founding Executive Director and current Special Counsel to the Center for Family Representation (CFR) in New York City, is serving as the project consultant. The project is being formally evaluated by Action Research who served as an evaluator for a multidisciplinary legal representation study released in 2019. The study found that length of time in foster care for New York City children services cases was drastically reduced in cases where parents were represented by CFR attorneys practicing the multidisciplinary legal representation model. All sites have completed training on the model through CFR and have begun accepting referrals.

Children Services Transformation (CST) Recommendations

The Children Services Transformation Advisory Council's final report identified juvenile justice system collaboration and engagement as critical components for successful transformation of the children services system. To that end, collaboration is the consistent theme embedded in the six CST juvenile justice recommendations. All the CST juvenile justice recommendations have been implemented and progress of each is highlighted below:

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.

    - A GAL workgroup developed a GAL toolkit that encompasses recent amendments to the required training hours as well as best practices and areas needing improvement. The final draft of the toolkit is being reviewed by stakeholders for feedback before submitting to leadership for approval. Once approved, a training on the toolkit will be developed.

2. Review and evaluate court-appointed special advocate and guardian ad litem programs to identify opportunities for recruitment and expansion.

    - A formal evaluation of the Ohio CASA program is underway. Research questions are:

        - What is the impact of CASA volunteer services on children's health and wellbeing?
        - In what ways do the experiences of children engaged in CASA programs differ by race, geography (metro-rural), complexity of children's needs, and quality of CASA volunteer services?

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.

- The multidisciplinary legal representation pilot project has been implemented and expanded. All sites have been trained and began accepting referrals.

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.

- Several strategies have been identified to strengthen guidance, utilize data, and improve permanency outcomes.
    - To gain a better understanding of the court's role in delays and permanency, a data consultant was hired to conduct a study to assess court hearing quality and the link between quality and outcomes. The assessment noted several recommendations for improvement including, but not limited to parent and youth engagement in the court process, quality legal representation, reasonable efforts, and notice. Based on findings, a toolkit and court report were created. The consultant is currently conducting the second round of the study which is scheduled to be completed in the fall.
    - The OFC/SCO Permanency Docket Quarterly report was revised to include demographic data. It is an interactive web-based report that is accessible to the public.

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.

- OFC is currently working with the Public Children Services Association of Ohio to determine expected outcomes and the best process for review.

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.

- The Child In Need of Protective Services (CHIPS) recommendation proposes to change the adjudicatory framework from Abuse Neglect Dependency (AND) to a CHIPS model. It does not change the children services AND referral/allegation framework. The model is child-centered and family-focused, increases engagement, focuses on needs instead of blame, and removes the stigma associated with current AND framework. In August 2021, the CHIPS proposal was submitted to the Legislative Services Commission (LSC) for drafting. Their first draft of the proposed legislation was completed in October and shared with the workgroup for feedback in November 2021. The workgroup is working on having a sponsor in place once LSC returns the final version of the proposed legislation.

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 provided oversight on two CFSR 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 CFSR PIP and CFSP strategies overseen by CAND have been incorporated within the 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 children services 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 following 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 oversite 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

On January 3, 2022, the Children's Bureau notified Director Matt Damschroder that the State of Ohio successfully completed its CFSR Program Improvement Plan (PIP) and met all PIP goals and achieved all PIP measurement goals as agreed upon in the PIP measurement plan.

CAND provided oversight of two PIP court strategies and thirteen action steps to ensure that children receive permanency in a timely manner. A few key activities to achieve the goal of timely permanency included the: CFSR/Quality Hearing Project; Multidisciplinary Legal Representation pilot; and Child Welfare Quality Legal Representation Training discussed earlier in this section of the report.

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 (Ohio SACWIS) data
- CFSR Data Profiles
- NCANDS data
- AFCARS data
- Stakeholder feedback
- Plan for Practice Advancement

Safety Outcomes

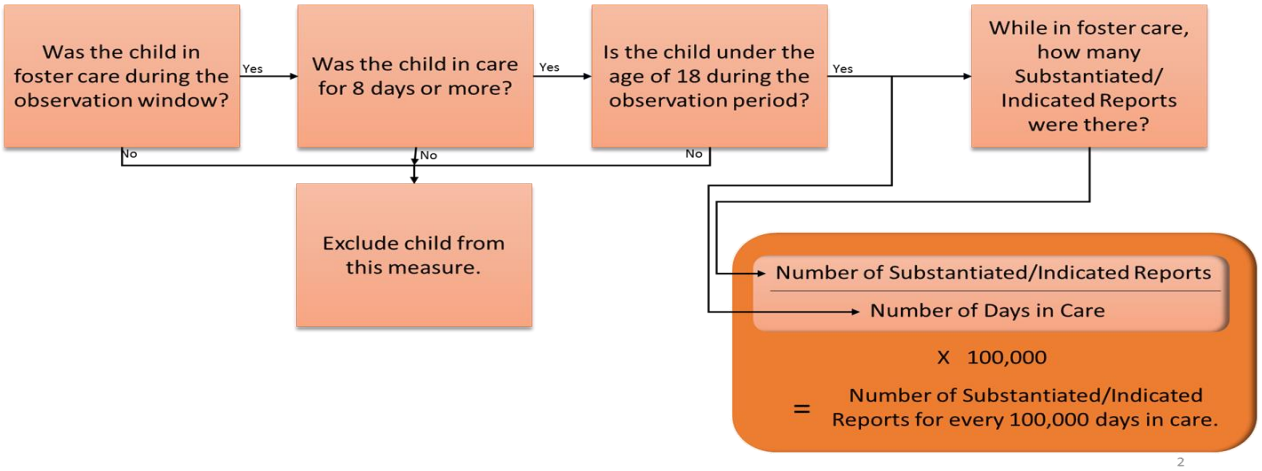
Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.

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

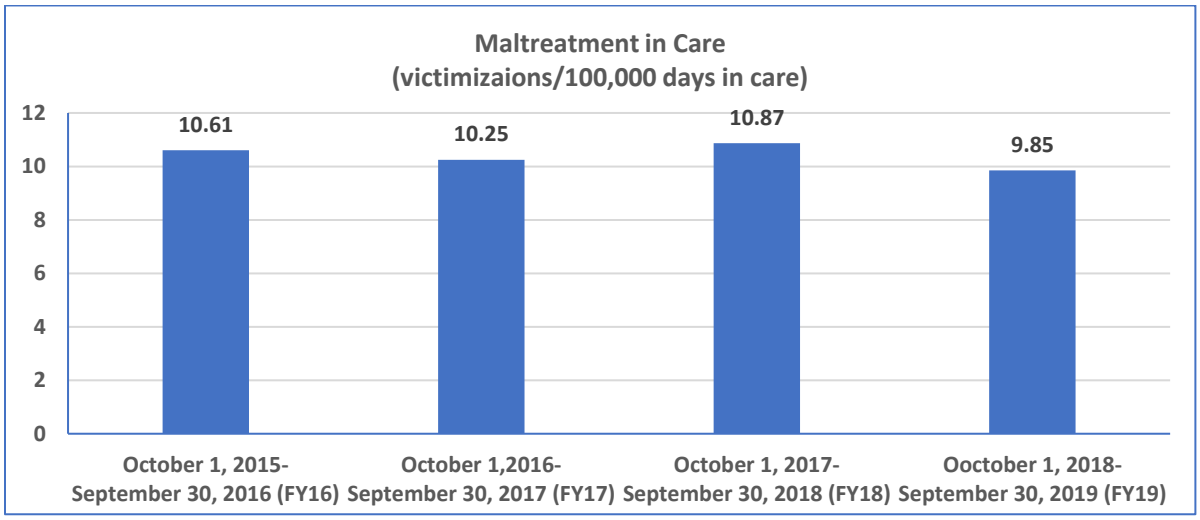
Data Indicator		Definition
S1	**Maltreatment in Care**	Of all children in care during a 12-month period, what is the rate of victimization per 100,000 days of foster care?

Method of Calculation



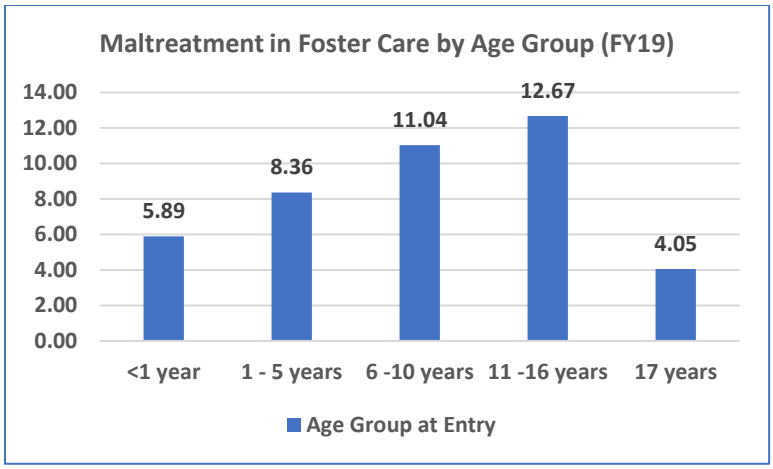
Examination of State Safety Data Indicator 1: Maltreatment in Care

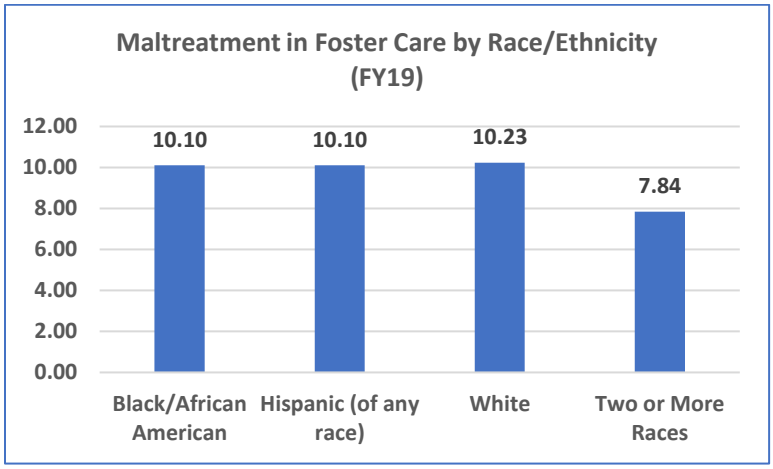
Ohio continues to struggle with achieving the National Performance Standard of 9.67 or lower for Maltreatment in Care as evidenced below.[1] During FY19 there was a slight decrease in victimizations from the previous three observation periods when looking at Ohio's Observed Performance.



[1] Children's Bureau. *Ohio Child and Family Services Review (CFSR 3) Data Profile*. February 2022.

The following two graphs demonstrate the rate of maltreatment in foster care by age and by race/ethnicity. Children between the ages of 6 and 17 have very high rates, while there is very little variability in rates for children who are Black/African American, Hispanic, and White.





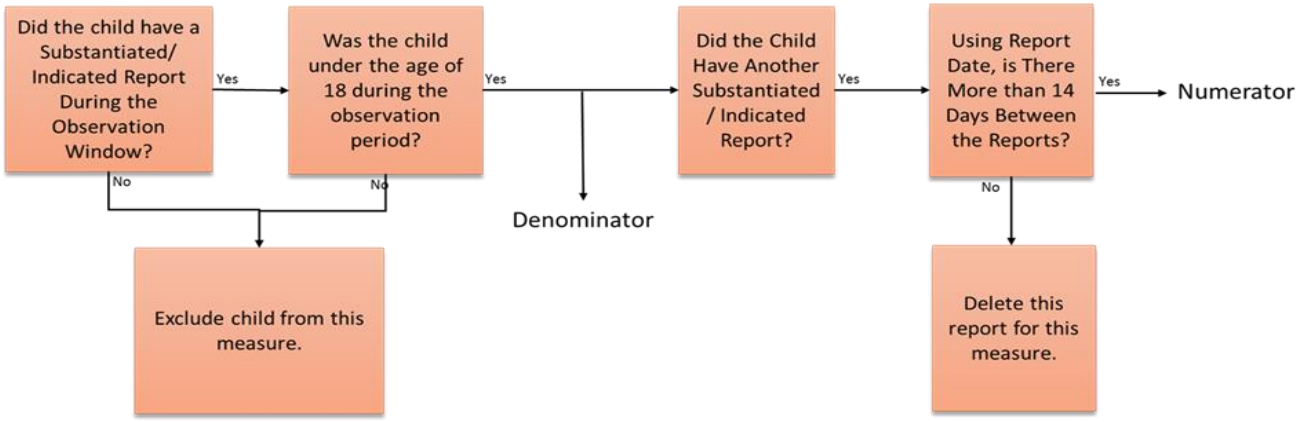
Ohio's Risk Standardized Performance was statistically worse than the national performance for all four observation periods. .[2]

[2] *Child and Family Service Review (CFSR 3) Data Profile Context Data – Observed Performance on Safety Indicators Maltreatment in Care*, February 2022.

Safety Data Indicator 2

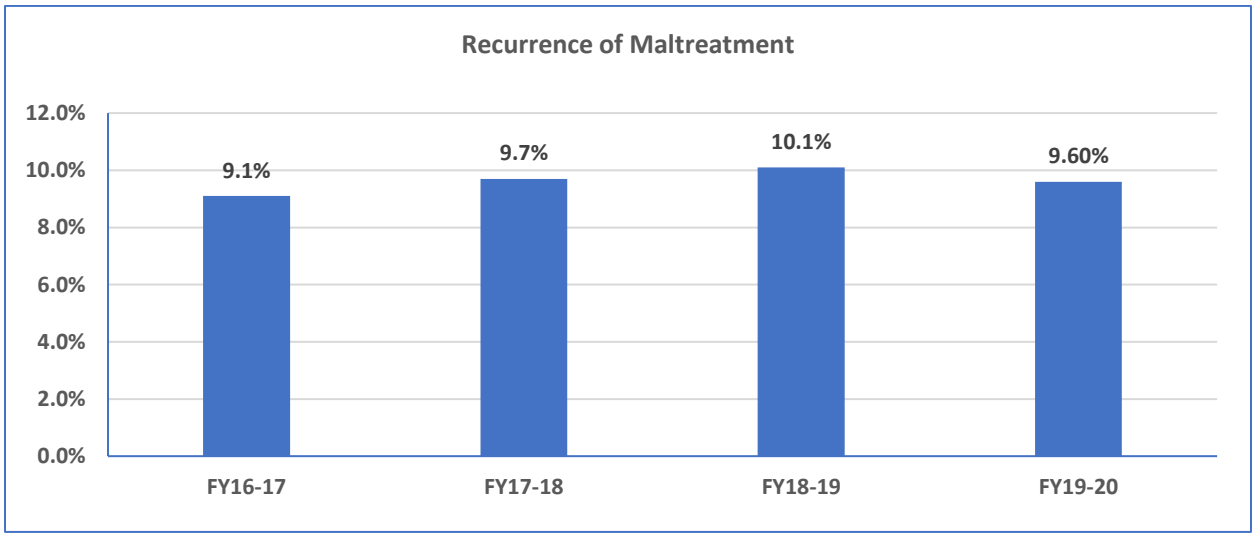
Data Indicator		Definition
S2	**Recurrence of Maltreatment**	Of all children who were victims of a substantiated or indicated report of maltreatment during a 12-month reporting period, what percent were victims of another substantiated or indicated report of maltreatment within 12 months of their initial report?

Method of Calculation



Examination of State Safety Data Indicator 2: Recurrence of Maltreatment

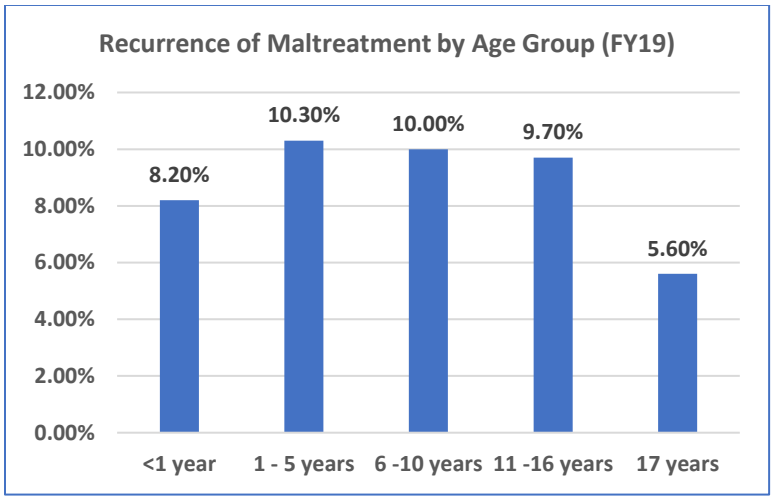
In FY17-18, FY18-19, and FY19-20 Ohio's Observed Performance did not meet the National Performance Standard of 9.5% and below. During the last reporting period there was a decline in the percent of recurrence of maltreatment. The graph below presents data on Ohio's Observed Performance for recurrence of maltreatment over four observation periods.[3]

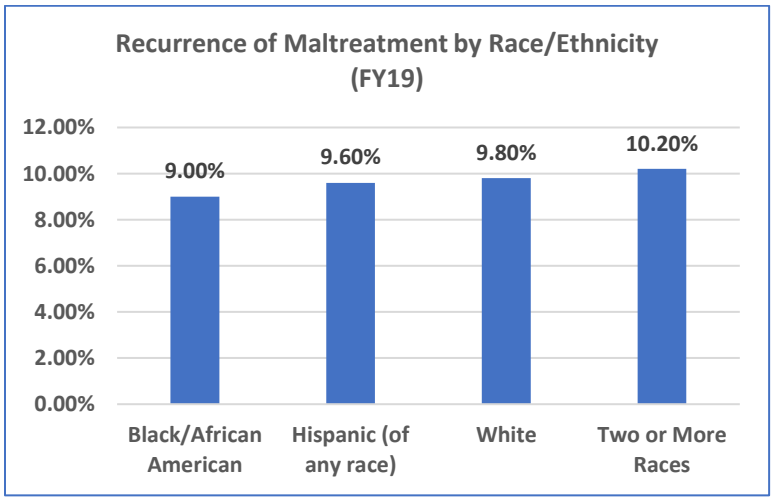


[3] Children's Bureau. *Ohio Child and Family Services Review (CFSR 3) Data Profile*. February 2022.

When the FY19 data are examined by age and race, where is no meaningful difference among the age groups occurring between 1 and 16 years; however, there are differences in children less than one year old as well as those over 17 years old.

During FY19 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. 9.0% of African American children are re-abused, compared to 9.8% of Caucasian children, and 10.2% for children of two or more races.[4]





The Risk Standardized Performance for FY19-20 was reported at 12.5% which is statistically worse than the National Performance Standard of 9.5% and below.

[4] *Child and Family Service Review (CFSR 3) Data Profile Context Data – Observed Performance on Safety Indicators Recurrence of Maltreatment*, February 2022.

Safety Item Measure

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

Examination of 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%.

The case review component of the CFSR, PIP commenced in October 2020 and concluded on September 30, 2021. Between the period of October 2020 through September 30, 2021 106 applicable cases were reviewed for **Item 1**. Of the cases reviewed, 68% were rated as a Strength and Ohio 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 to ascertain the child's safety. The agency did not attempt another visit to see the child and interview him 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 Ohio 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 2021) screened in for either Traditional Response or Alternative Response is presented below:

Traditional Response: Initiation of Reports

Initiation of Reports Screened in for Traditional Response (TR) Investigation between 2017-2021		
Calendar Year 2017	**Number of Reports Screened In**	45,166
	Percent and Number Compliant with Initiation Timeframes	90.1% **(N=40,678)**
Calendar Year 2018	**Number of Reports Screened In**	47,082
	Percent and Number Compliant with Initiation Timeframes	88.8% **(N=41,817)**
Calendar Year 2019	**Number of Reports Screened In**	48,480
	Percent and Number Compliant with Initiation Timeframes	89.2% **(N=43,226)**
Calendar Year 2020	**Number of Reports Screened In**	43,368
	Percent and Number Compliant with Initiation Timeframes	90.2% **(N=39,134)**
Calendar Year 2021	**Number of Reports Screened In**	46,414
	Percent and Number Compliant with Initiation Timeframes	90.0% **(N=41,760)**

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 contact 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. There were over 3,000 additional traditional reports received in 2021 than 2020 and there was not a significant drop in the initiation compliance rate.

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

Initial ACV Face-to-Face on Reports Screened in for Traditional Response (TR) Investigation between 2017-2021		
Calendar Year 2017	**Number of Reports Screened In**	45,166
	Percent and Number Compliant with Attempted or Completed Visits with Alleged Child Victim	79.1% **(N=35,720)**
Calendar Year 2018	**Number of Reports Screened In**	47,082
	Percent and Number Compliant with Attempted or Completed Visits with Alleged Child Victim	81.9% **(N=38,565)**
Calendar Year 2019	**Number of Reports Screened In**	48,480
	Percent and Number Compliant with Attempted or Completed Visits with Alleged Child Victim	81.9% **(N=38,565)**

Initial ACV Face-to-Face on Reports Screened in for Traditional Response (TR) Investigation between 2017-2021		
Calendar Year 2020	**Number of Reports Screened In**	43,368
	Percent and Number Compliant with Attempted or Completed Visits with Alleged Child Victim	81.9% **(N=38,565)**
Calendar Year 2021	**Number of Reports Screened In**	46,414
	Percent and Number Compliant with Attempted or Completed Visits with Alleged Child Victim	82.43% **(N=38,261)**

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 2020 observation period is likely an outlier due to the COVID-19 pandemic. Improvement again occurred in the 2021 period.

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

Initiation of Reports Screened in for Alternative Response (AR) Assessment between 2017-2021		
Calendar Year 2017	**Number of Reports Screened In**	40,605
	Percent and Number Compliant with Initiation Timeframes	92.2%% **(N=37,455)**
Calendar Year 2018	**Number of Reports Screened In**	41,098
	Percent and Number Compliant with Initiation Timeframes	92.5% **(N=38,030)**
Calendar Year 2019	**Number of Reports Screened In**	40,459
	Percent and Number Compliant with Initiation Timeframes	92.9% **(N=37,570)**
Calendar Year 2020	**Number of Reports Screened In**	34,727
	Percent and Number Compliant with Initiation Timeframes	94.2% **(N=32,715)**
Calendar Year 2021	**Number of Reports Screened In**	35,596
	Percent and Number Compliant with Initiation Timeframes	94.9% **(N=33,798)**

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. The percentage of compliant initiations improved in 2020 and 2021.

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

Initial ACV Face-to-Face on Reports Screened in for Alternative Response (AR) Assessment between 2017-2021		
Calendar Year 2017	**Number of Reports Screened In**	40,605
	Percent and Number Compliant with Attempted or Completed Visits with Child Subject of Report	79.1%% **(N=32,108)**
Calendar Year 2018	**Number of Reports Screened In**	41,098
	Percent and Number Compliant with Attempted or Completed Visits with Child Subject of Report	80.1% **(N=32,936)**
Calendar Year 2019	**Number of Reports Screened In**	40,459
	Percent and Number Compliant with Attempted or Completed Visits with Child Subject of Report	82.27% **(N=33,294)**
Calendar Year 2020	**Number of Reports Screened In**	34,727
	Percent and Number Compliant with Attempted or Completed Visits with Child Subject of Report	83.3% **(N=32,715)**
Calendar Year 2021	**Number of Reports Screened In**	35,596
	Percent and Number Compliant with Attempted or Completed Visits with Child Subject of Report	82.94% **(N=29,523)**

During the first four observation periods there has been an improvement in performance for attempted or completed visits with the child subject of the report. The 2021 percentage is slightly lower than the 2020 percentage but is higher than the three preceding years before 2020.

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 assist in assessing 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:

- Staff Resource Issues
- Time Management
- Training
- Monitoring and Evaluation

Thus far, the following strategies were contained in 24 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)***
- Supervisors will review the initiation requirements with all caseworkers who complete assessment/investigation activities as part of their regular duties and while on-call to ensure that staff are aware of the time frames for initiation activities. ***(Training)***
- Intake Supervisor will hold Lunch and Learn sessions with the intake team every other month to teach and review intake case requirements including review of required contacts for initiations and ACV/Parent face to face/interview requirements for completion of the safety assessment. ***(Training)***
- 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)***
- A checklist created by the supervisor outlining timeframes for initiation, initial face-to-face contacts, safety assessments and waivers/extensions will be used by the investigators for each investigation/assessment opened. Investigators will keep track of due dates and completion dates using the checklist. The checklist will be turned into the supervisor when the investigator submits the completed safety assessment for approval by the supervisor. The supervisor will verify the information documented on the checklist in SACWIS prior to approving the safety assessment. ***(Time Management, Monitoring)***
- 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.

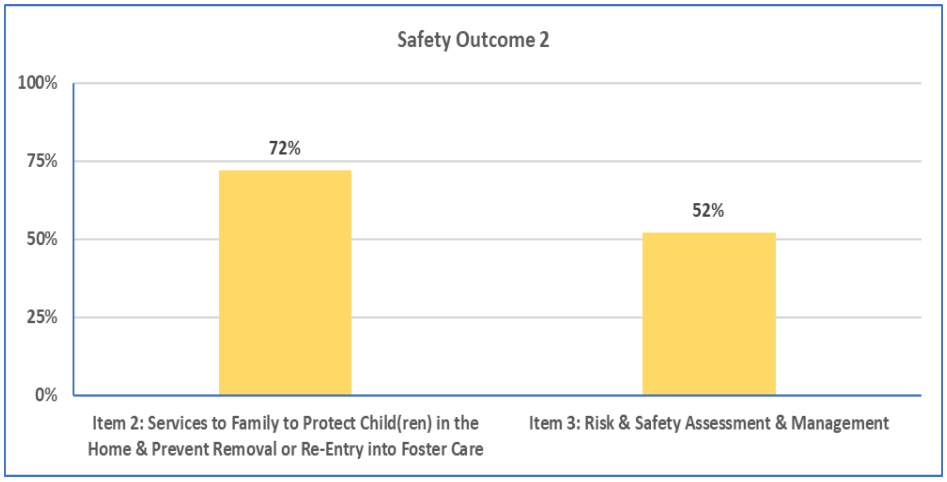
Safety Item Measures

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

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

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 closu**re: 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 concluded on September 30, 2021. Between the period of October 2020 through September 30, 2021, 92 applicable cases were reviewed for **Item 2.** Of the cases reviewed, 82.61% were rated as a Strength and Ohio exceeded 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:

- Training
- Practice Enhancements
- Monitoring and Evaluation
- Collaboration

Thus far, the following strategies were contained in 53 approved PPA's:

- Management and casework staff will participate in the Motivational Engagement Strategies and Actions (MESA) training and coaching focused on person-centered conversations and motivating positive change. ***(Practice Enhancements) (Training)***
- Identify staff that need to complete 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 case 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. PPA strategies will be changed. ***(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 concluded on September 30, 2021. Between the period of October 2020 through September 30, 2021, 164

applicable cases were reviewed for **Item 3.** Of the cases reviewed, 57.93% were rated as a Strength and Ohio 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 assist in assessing 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:

- Training
- Time Management
- Practice Enhancements
- Monitoring and Evaluation

Thus far, the following strategies were contained in 53 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)***
- Supervisors and caseworkers will focus on utilizing open-ended questions when interviewing family members and requesting they describe circumstances and experiences to encourage and support disclosure of information necessary to accurately assess safety and risk. Strategies and examples of questions to be utilized are included in the Ohio Differential Response – Caseworker Self-Assessment and Field Tools in the section

entitled, *Six Basic Interview Steps in Solution-Focused Casework Practice and Solution-Focused Assessment Questions*. ***(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)***
- The supervisor and caseworkers will collaborate on the caseworker's ITNA to identify areas needing improvement and then will identify trainings to improve interviewing, assessment, and documentation skills. ***(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 will 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 in the home. 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 Assessment*s 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 the 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 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)***

Permanency Outcomes

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

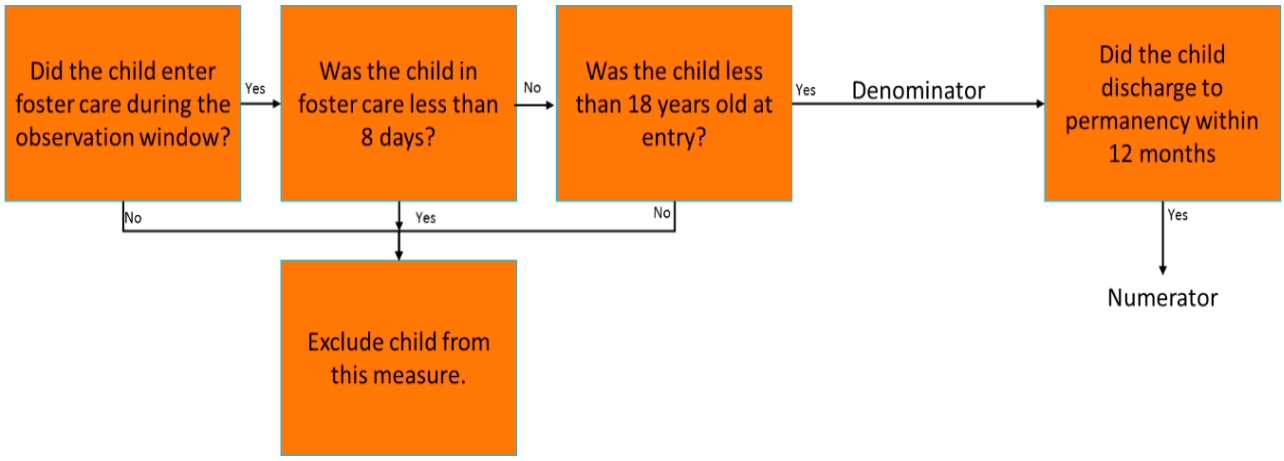
This outcome is comprised of five permanency data indicators and three case-review item measures. A performance assessment of the data indicators and permanency item measures was conducted to: (a) determine statewide performance; and (b) identify the Strengths and Areas Needing Improvement for Items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

PERMANENCY OUTCOMES		
P1	**Permanency in 12 Months for Children Entering Foster Care**	Of all children who enter foster care in a 12-month period, what percent discharged to permanency within 12 months of entering foster care?
P2	**Permanency in 12 Months for Children in Foster Care 12 to 23 Months**	Of all children in foster care on the first day of a 12-month period who had been in foster care (in that episode) between 12 and 23 months, what percent discharged from foster care to permanency within 12 months of the first day of the 12-month period?
P3	**Permanency in 12 Months for Children in Foster Care 24 Months +**	Of all children in foster care on the first day of a 12-month period, who had been in foster care (in that episode) for 24 months or more, what percent discharged to permanency within 12 months of the first day of the 12-month period?
P4	**Re-entry to Foster Care in 12 Months**	Of all children who enter foster care in a 12-month period who discharged within 12 months to reunification, living with relative, or guardianship, what percent re-enter foster care within 12 months of their discharge?
P5	**Placement Stability**	Of all children who enter foster care in a 12-month period, what is the rate of placement moves per 1,000 days of foster care?

Permanency Data Indicators

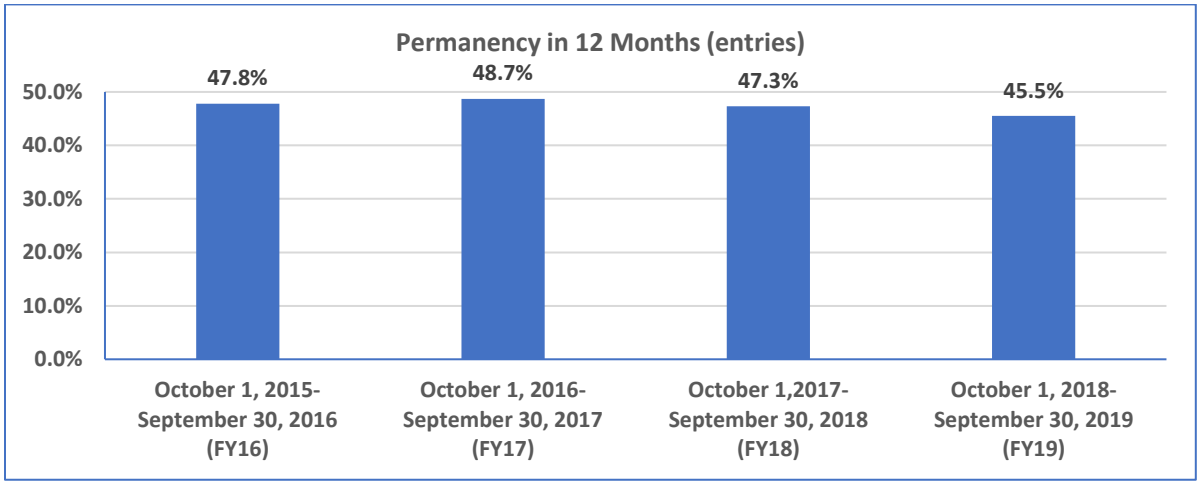
Permanency in 12 Months for Children Entering Foster Care

Method of Calculation



Examination of Permanency in 12 months (entries)

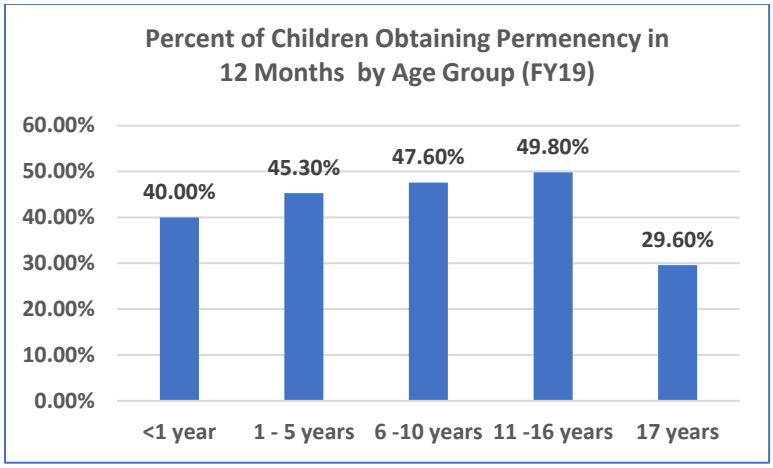
Over the past four observation periods, Ohio's Observed Performance has exceeded the National Performance of 42.7% for *Permanency in 12 Months for Children Entering Care* as depicted in the graph below. Ohio's Risk Standardized Performance over this same time period has been statistically better than the national performance. [5]



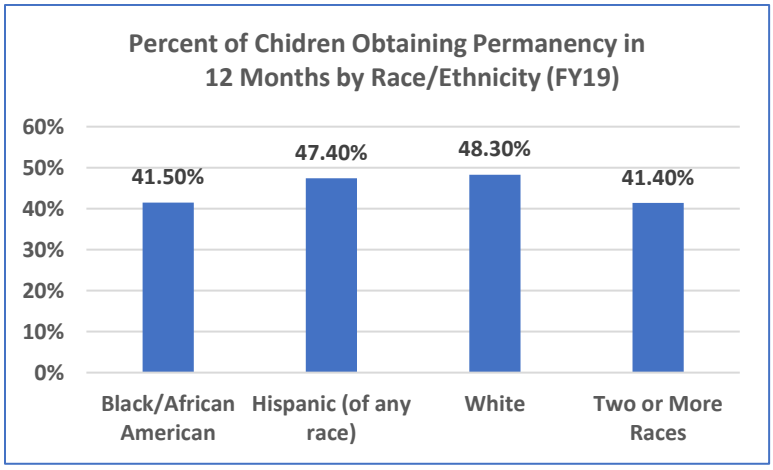
As shown in the above figure, the last three years show a decreasing trend on obtaining permanency within 12 months.

[5] Children's Bureau. *Ohio Child and Family Services Review (CFSR 3) Data Profile*. February 2022.

For the most recent year, 40% of the children under 1 year of age obtained permanency within 1 year of entry. For children over 17 years, 29.6% obtain permanency before turning 18.



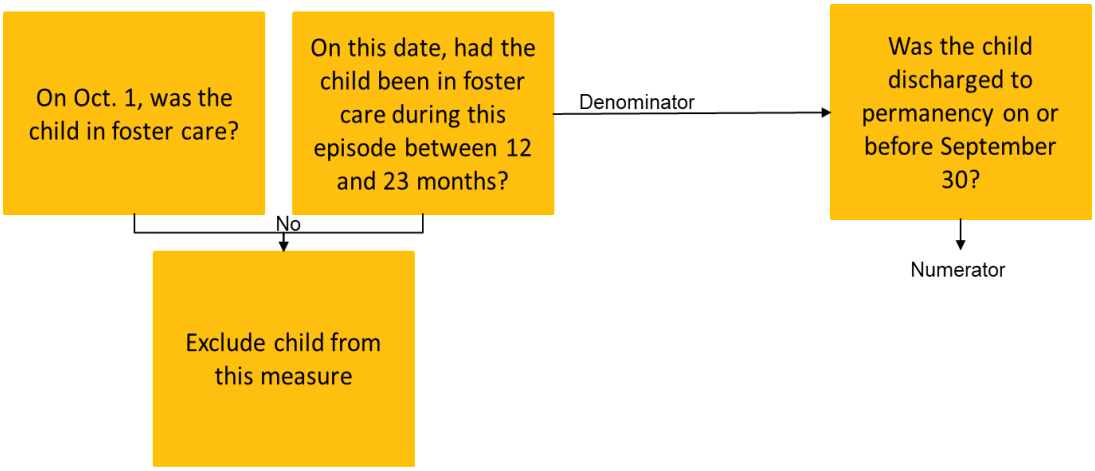
When race/ethnicity patterns are examined, about 41% of the African American children and children with two or more races obtained permanency in 12 months. About 48% of Hispanic and White children obtained permanency in the same length of time.



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

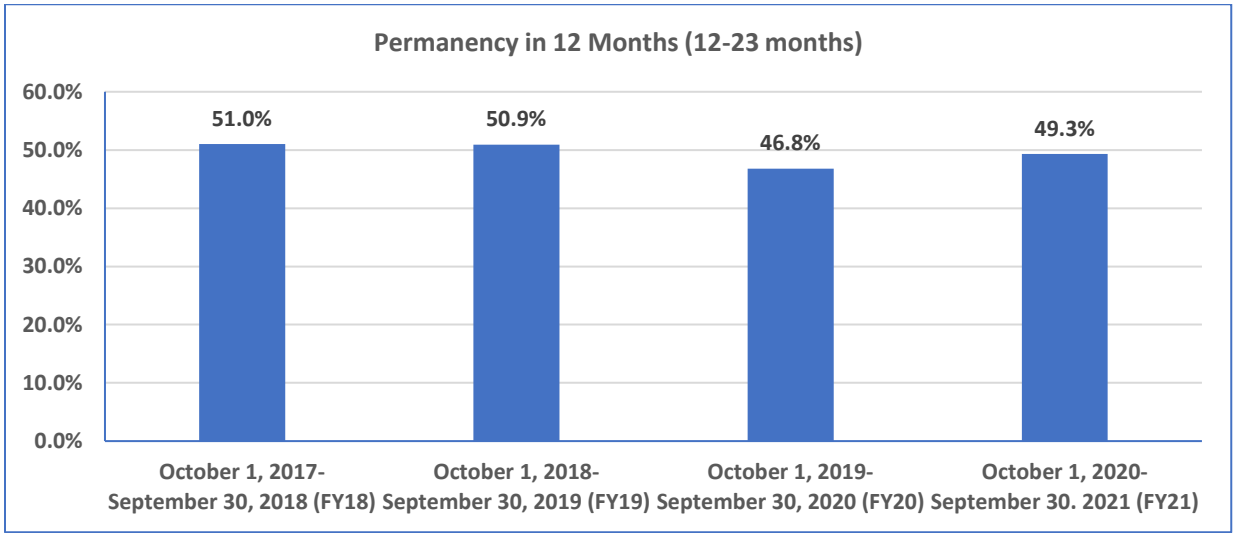
Permanency in 12 Months for Children in Foster Care 12 to 23 Months

Method of Calculation



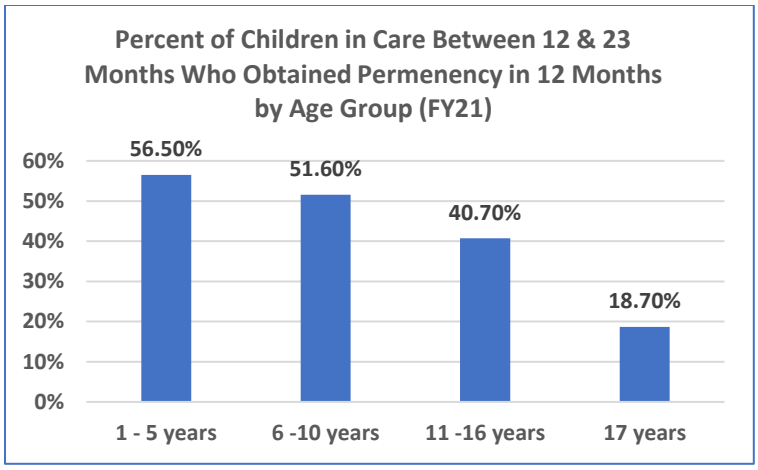
Examination of Permanency in 12 months (12-23 months)

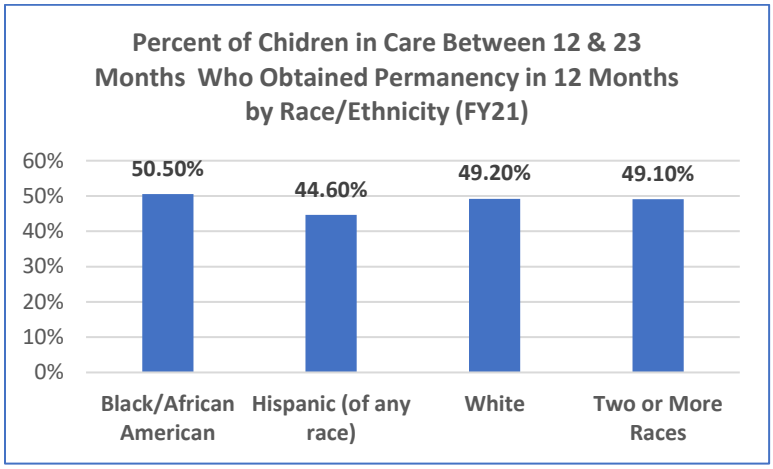
In the last four observation periods, Ohio has exceeded the National Performance of 45.9% and above. While there is slight variability across the four years, about half of the children who have been in care between 12 and 23 months obtain permanency in 12 months. The following graph reflects Ohio's Observed Performance for this data indicator. [6]



When age and race/ethnicity are analyzed on this measure, two important patterns emerge. As shown below, as children age, they are less likely to obtain permanency within 12 months of the beginning of the observation period, and there is no appreciable difference in race/ethnicity.

[6] Children's Bureau. *Ohio Child and Family Services Review (CFSR 3) Data Profile*. February 2022.

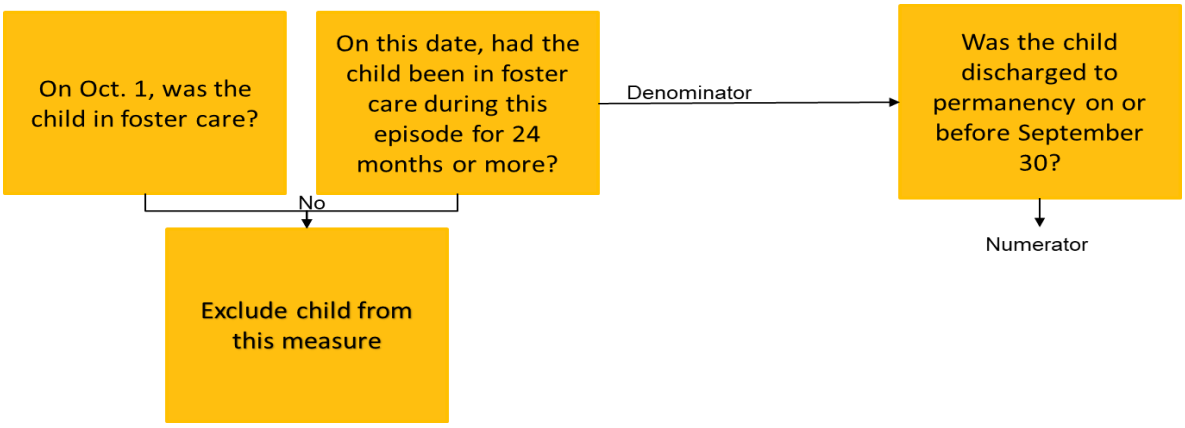




It should be noted that Ohio's Risk Standardized Performance has been statistically better than the National Performance.

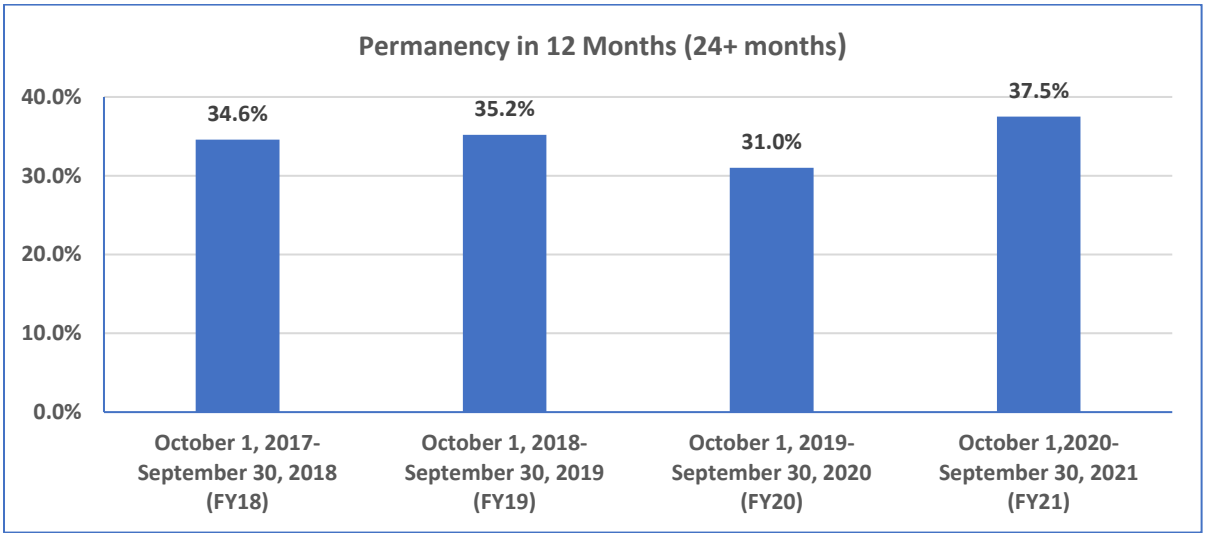
Permanency in 12 Months for Children in Foster Care 24 Months +

Method of Calculation

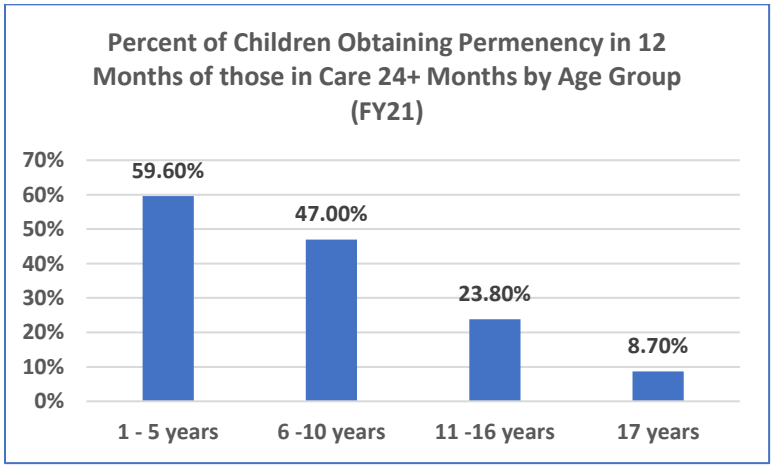


Examination of Permanency in 12 months for Children in Foster Care 24 Months +

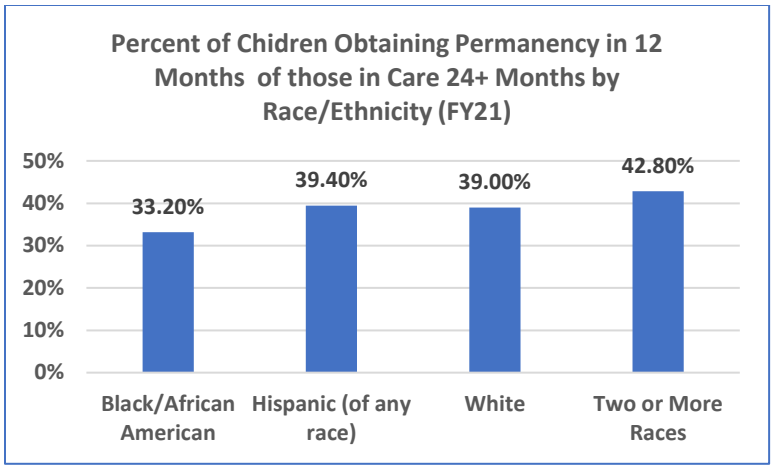
In the last observation period, there was an increase in the percent of children in care over 24 months who achieved permanency in 12 months. Thus, Ohio achieved the National Performance of 31.8% and above. The following graph displays the results of Ohio's Observed Performance for this data indicator over 4 observation periods. [7]



Similar to the age patterns in the previous measure, the older the children are the harder it is for them to obtain permanency within 12 months from the beginning of the observation period. African American children having a slightly harder time obtaining permanency than other races.



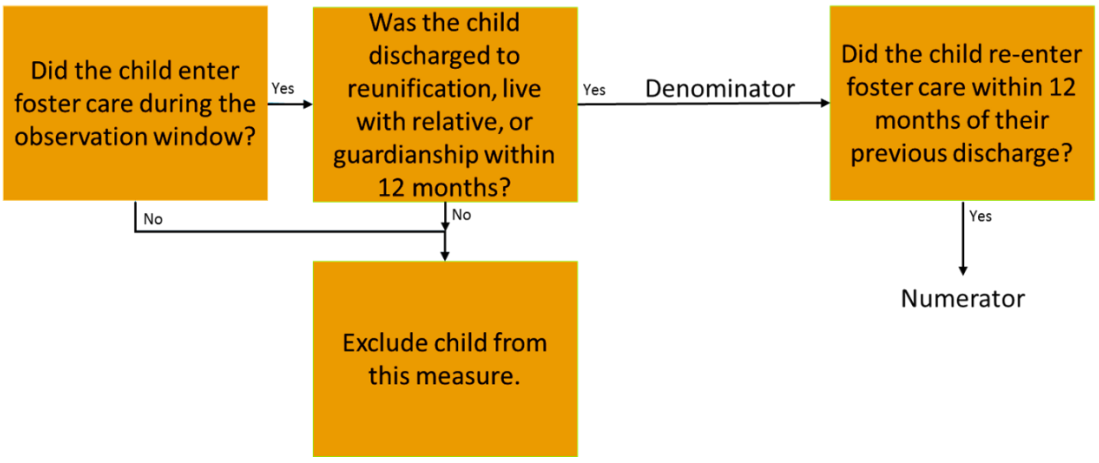
[7] Children's Bureau. *Ohio Child and Family Services Review (CFSR 3) Data Profile*. February 2022.



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 that the National Performance. The last Observation Period was Ohio's best performance yet.[8]

Re-Entry to Foster Care

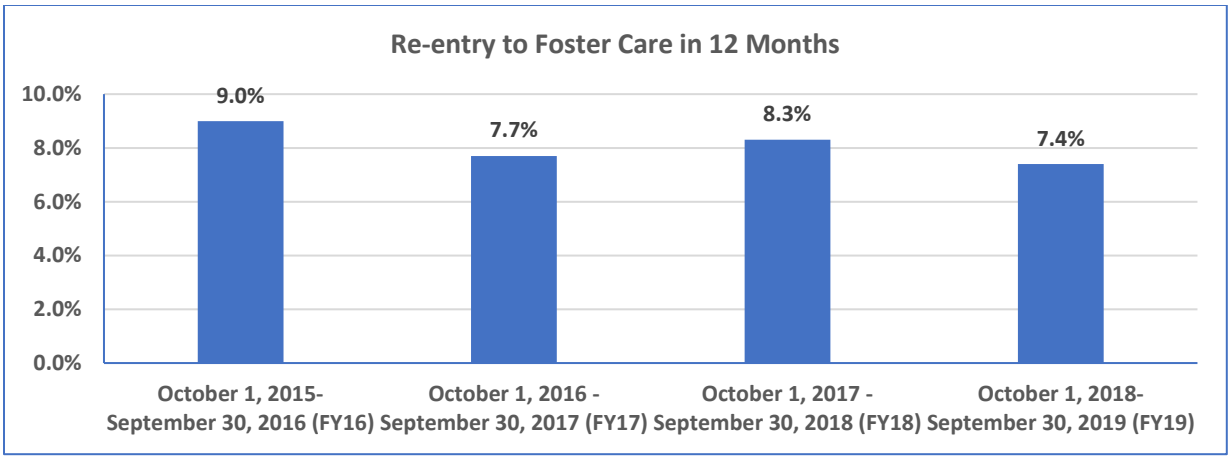
Method of Calculation



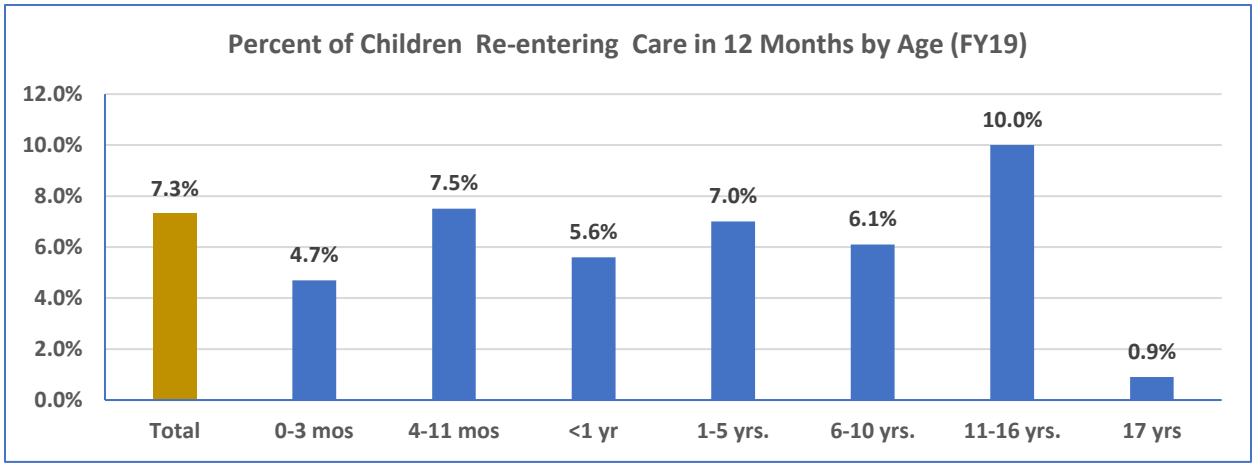
Examination of Re-Entry to Foster Care

When examining Ohio's Observed Performance over the past four Observation Periods there have been fluctuations in Ohio's Performance in achieving the National Performance Standard of 8.1% and below. In the last Observation Period Ohio regained its momentum and achieved the National Performance Standard.

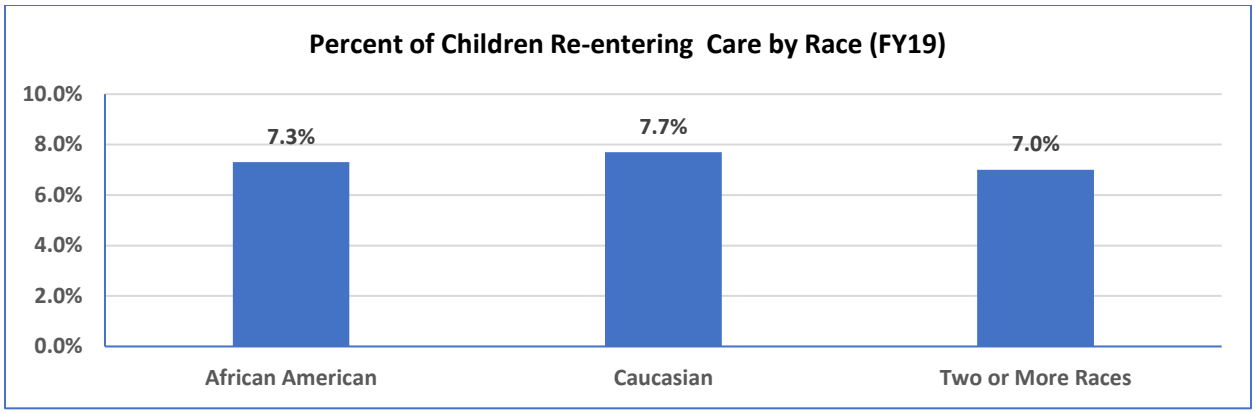
[8] Children's Bureau. *Child and Family Service Review (CFSR 3) Data Profile Context Data – Observed Performance on Permanency Indicators Permanency in 12months (24+ months), February 2022.*



Looking at the data for FY19 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, 92.6% of the children do not return to care within 12-months. 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. Ten percent (10%) of this age group have re-entered care, far surpassing other age groups.



In addition to the Profile's data on age, data on race is also provided and displayed 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.



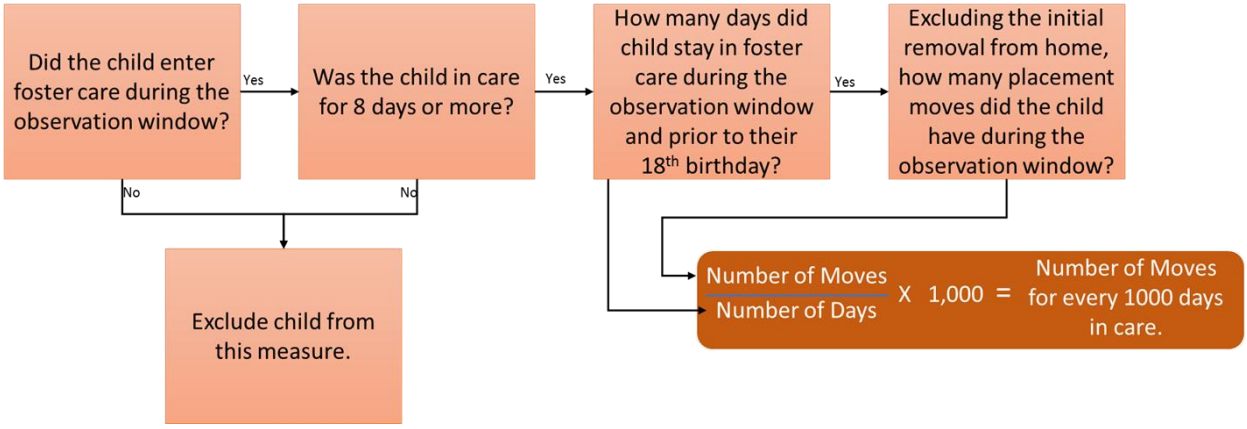
Ohio replicated the Data Profile and extended the analysis. The following table shows the relationship across age by race and re-entry into care status for FY19. While the percent of all children who re-enter is slightly over 7%, there is notable variation across age and race. Although there are a few anomalies at earlier ages, the table below show that percent of re-entry tend to elevate for African American children beginning at age 9; for Caucasian children it begins at age 10; and for other races at age 12. Special consideration for aftercare services should be given to these children at these ages after they have been discharged to permanency.

	African American			Caucasian			Asian, Hawaiian, Hispanic, Unknown, Two or More Races		
Age	Did Not Re-Enter	Re-Entered	% Re-Entering	Did Not Re-Enter	Re-Entered	% Re-Entering	Did Not Re-Enter	Re-Entered	% Re-Entering
< 1 yr.	182	12	6%	415	21	5%	136	10	7%
1 yr.	64	4	6%	161	11	6%	63	3	5%
2 yrs.	68	2	3%	130	13	9%	64	5	7%
3 yrs.	73	3	4%	132	13	9%	51	4	7%
4 yrs.	73	4	5%	124	8	6%	47	7	13%
5 yrs.	64	3	4%	106	10	9%	50	4	7%
6 yrs.	49	4	8%	121	13	10%	36	2	5%
7 yrs.	47	1	2%	101	6	6%	40	1	2%
8 yrs.	47	3	6%	105	6	5%	36	2	5%
9 yrs.	57	5	8%	101	4	4%	51	2	4%
10 yrs.	54	7	11%	114	6	5%	34	1	3%
11 yrs.	46	3	6%	82	9	10%	38	1	3%
12 yrs.	45	7	13%	136	15	10%	21	5	19%
13 yrs.	60	5	8%	121	9	7%	31	3	9%
14 yrs.	70	13	16%	116	15	11%	26	3	10%
15 yrs.	94	12	11%	142	24	14%	47	3	6%
16 yrs.	91	7	7%	167	12	7%	44	1	2%
17 yrs.	43	0	0%	56	1	2%	14	0	0%

Ohio's Risk Standardized Performance for FY19 was 7.9% which is statistically no different than the National Performance.[9]

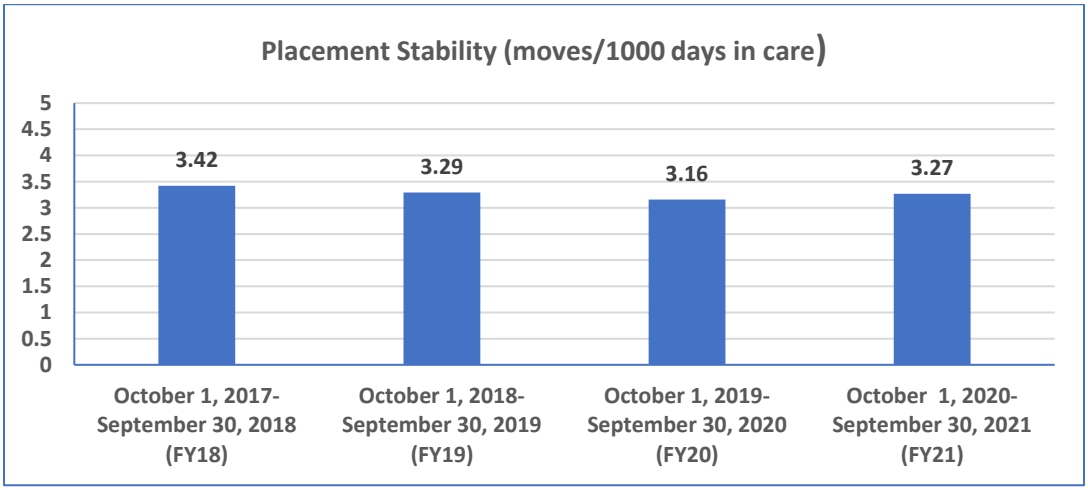
Placement Stability

Method of Calculation



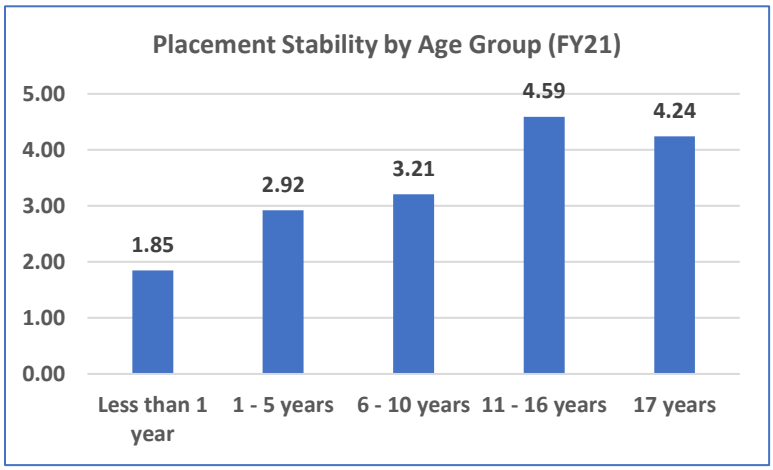
Examination of Placement Stability

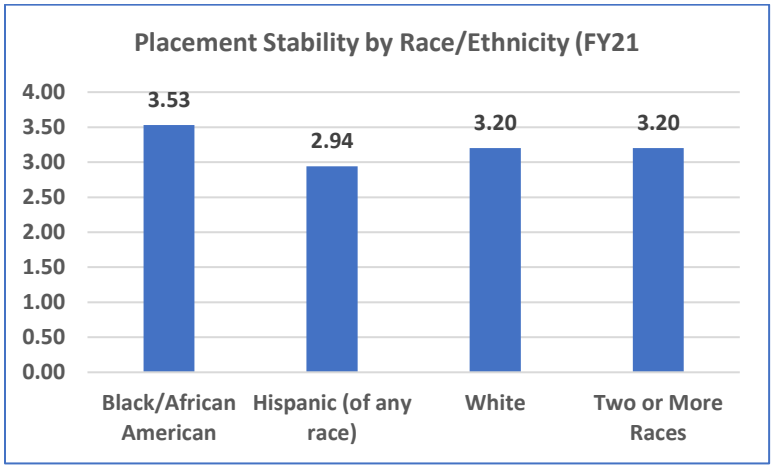
As depicted below, over four observation periods Ohio's Observed Performance for placement stability continues to be statistically better than the National Performance of 4.44 and below.[10]



[9] *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 2022.
[10] Children's Bureau. *Ohio Child and Family Services Review (CFSR 3) Data Profile*. February 2022.

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 can meet the needs of the child/sibling group and are in the child's own community has resulted in increased placement stability.





Conclusions

It has been found that 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.
- 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 Kinnect 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.

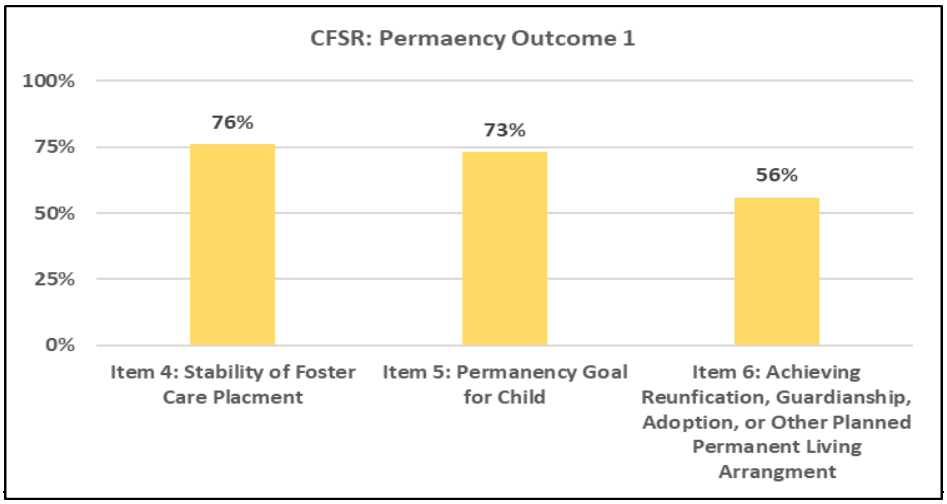
Permanency Item Measures

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 Stage 12 Phase 2 using the CFSR case review tool.

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

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 children services 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 were 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 concluded on September 30, 2021. Between the period of October 2020 through September 30, 2021, 71 applicable cases were reviewed for **Item 4**. Of the cases reviewed, 84.51% were rated as a Strength and, Ohio 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 children services practice identified. Agencies and IV-E courts that identified **Item 4** as an Area Needing Improvement included strategies in their PPA to address:

- Practice Enhancements
- Training
- Monitoring and Evaluation

- Collaboration

Thus far, the following strategies were contained in 16 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)***
- Caseworkers will utilize family meetings and provider meetings to resolve placement issues and to try to prevent placement moves. ***(Practice Enhancements)***
- A thorough needs assessment will be conducted for children/youth to identify the appropriate level of care for children/youth at initial placement and when a placement change is required. The service team will then complete a comprehensive placement request and level of care assessment to provide to the placement unit. The placement coordinator will present options to the service team, including the placement supervisor, when making placement decisions to assure the placement meets the child/youth's identified needs. ***(Practice Enhancements)***
- Develop a system to staff cases prior to making placement changes in order to thoroughly assess the needs of the current placement provider, to implement supportive services to maintain the placement, or to discuss all alternative placement options in order to maintain placement stability whenever possible. ***(Practice Enhancements)***
- The Child Placement Coordinator and/or the Ongoing Supervisor will generate the *Placement Stability Report* from ROM and review the agency's placement report monthly 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 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)***
- Kinship caregivers will be assessed and referred for appropriate supports and services prior to a planned placement and immediately after an emergency placement. ***(Practice Enhancements)***
- Engage in a collaborative to provide in-home case management services, assessment of needs and coordination of supportive services in order to provide placement stability for kinship caregivers and foster parents. ***(Collaboration) (Practice Enhancements)***
- Foster families will be assessed and referred to services identified as appropriate to meet the needs of the children in their home. ***(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 for **Item 5** was set at 79%.

The case review component of the CFSR, PIP commenced in October 2020 and concluded on September 30, 2021. Between the period of October 2020 through September 30, 2021, 70 applicable cases were reviewed for **Item 5.** Of the cases reviewed, 91.43% were rated as a Strength and, Ohio 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 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 that identified **Item 5** as an Area Needing Improvement included strategies in their PPA to address:

- Practice Enhancements
- Collaboration

Thus far, the following strategies were contained in 18 approved PPA's:

- Supervisor will conduct a meeting with each ongoing caseworker to identify cases which have children in agency custody for 8 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. ***(Practice Enhancements) (Collaboration)***
- The agency will share information with the assigned Guardian ad litem (GAL) monthly. 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 3 working days with documentation of such in an activity log. ***(Practice Enhancements) (Collaboration)***
- Utilize monthly placement meetings to evaluate permanency goals for children to assure that the identified goal remains appropriate and movement toward the goal is timely. ***(Practice Enhancements)***

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 for **Item 6** was set at 63%.

The case review component of the CFSR, PIP commenced in October 2020 and concluded on September 30, 2021. Between the period of October 2020 through September 30, 2021, 71 applicable cases were reviewed for **Item 6**. Of the cases reviewed, 77.46% were rated as a Strength and Ohio 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:

- Collaboration
- Timeliness
- Practice Enhancements
- Data Analysis

Thus far, the following strategies were contained in 17 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 the 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) monthly. 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)***
- Agency will develop MOU with Wendy's Wonderful Kids; agency will identify four children with complex needs for WWK recruiter to work with to help achieve permanency. Additionally, the agency will host a monthly team meeting with the WWK recruiter, supervisor, and adoption caseworker or anyone else appropriate that can assist in achieving permanency for the children. ***(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). ***(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.

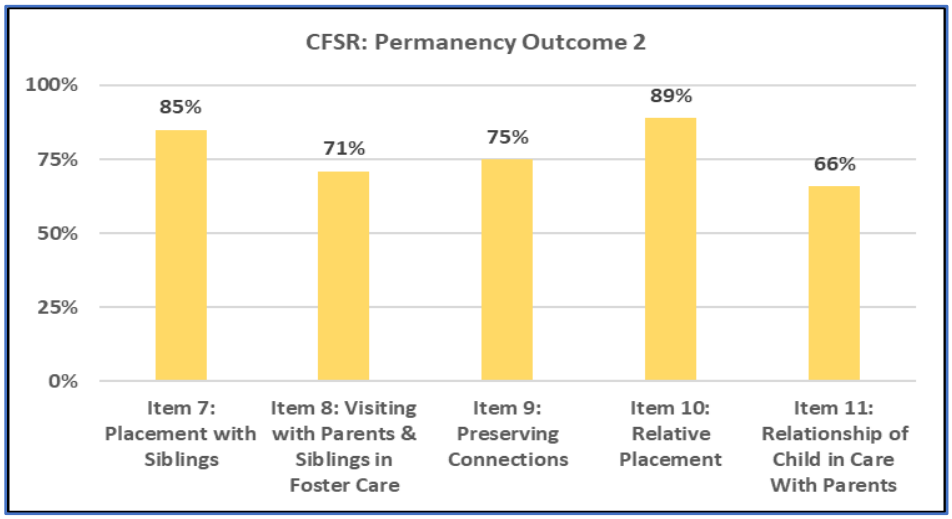
Compliance with Permanency Outcome 2 is determined through a review of case records to examine the following five permanency item measures: (1) placement with siblings; (2) visiting with parents and siblings in foster care; (3) preserving connections; (4) relative placement; and (5) relationship of child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

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

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.



Ohio's CFSR Round 3 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 concluded on September 30, 2021. Between the period of October 2020 through September 30, 2021, 47 applicable cases were reviewed for **Item 7.** Of the cases reviewed, 97.87% (46 cases) were rated as a Strength and Ohio exceeded its CFSR Round 3 level of performance of 85%.

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 11 approved PPAs:

- Additional network foster home contact numbers will be added each time the foster parent list is updated 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)***
- Supervisors will monitor documentation in activity logs as to why siblings are not placed together. When siblings are not placed together, the supervisor, caseworker and placement team will discuss and document in the record when mapping the trajectory of the case the reason not placed together, why they should remain apart, visitation plans and possible placement together.

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 concluded on September 30, 2021. Between the period of October 2020 through September 30, 2021, 64 applicable cases were reviewed for **Item 8**. Of the cases reviewed, 75% (48 cases) were rated as a Strength and 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 children services practice identified. Eight counties 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 concluded on September 30, 2021. Between the period of October 2020 through September 30, 2021, 71 applicable cases were reviewed for **Item 9**. Of the cases reviewed, 85.92 % (61 cases) were rated as a Strength and 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 occur around preserving connections for children/youth in foster care. Based upon these discussions counties that identified **Item 9** as an Area Needing Improvement included strategies that focused on:

- Practice Enhancements
- Training
- Monitoring and Evaluation

Thus far the following strategies were contained in 7 approved PPAs:

- Caseworkers will use 3 generational genograms on all cases screened in or closed at intake. Ongoing caseworkers will review and update genograms within a week of the SAR and go over them with the family. The Clinical Director will review genograms from intake and ongoing caseworkers and provide feedback to the caseworker and supervisor. Genograms will be used to engage family, locate family, and show connections. ***(Practice Enhancement)*** (***Monitoring and Evaluation)***
- Two Intake caseworkers and one Family Services caseworker will be assigned to intensively search for relative/kin placement options. Workers will use the dropdown option of "search and engagement" in activity logs describing all attempts to locate relatives and kin. Search and engagement activities will be reported in case transfer meetings and to the court. Search and engagement will include intensive identification of paternal relatives and kin through CSEA, Lexis Nexis and other social media platforms. ***(Practice Enhancement)***
- All youth in agency custody will have a genogram within 30 days of entry to custody. 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). Assigned caseworkers will staff genogram and relative search information with their direct supervisor during individual supervisions. The Ongoing Unit Supervisor and Social

Services Administrator will discuss any identified barriers during individual supervision. ***(Practice Enhancement)*** (***Monitoring and Evaluation)***
- Internal training to be developed and delivered to address strategies for relative searches for ongoing staff. ***(Training)***

The following Search and Engagement strategies have been used throughout the state 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/Kinect 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 concluded on September 30, 2021. Between the period of October 2020 through September 30, 2021, 66 applicable cases were reviewed for **Item 10**. Of the cases reviewed, 84.85% (56 cases). were rated as a Strength and Ohio has seen a decline in performance for this item 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 children services practice identified. Counties that identified **Item 10** as an Area Needing Improvement included strategies that focused on:

- Practice Enhancements
- Training

- Monitoring and Evaluation

Thus far, the following strategies were contained in 14 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)***
- ROM report *Initial Placement with Relatives* will be run monthly with the intended outcome of the overall yearly percentage of initial placement with relatives and siblings increasing. Initial placement with relatives will increase from 33.1% to 35%. Placement with siblings will increase from 73% to 85%, Racial Disproportionality and Racial Disparity Reports will be reviewed monthly. The Siblings Placed Together report will be run monthly report and can

provide information related to siblings placed together. This report can also be filtered for race to address disparity issues. The *Placement Type* report will be run monthly for all children in different placement types including kin/relative placements. This report can also be filtered for race to address disparity concerns. ***(Monitoring and Evaluation)***

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 concluded on September 30, 2021. Between the period of October 2020 through September 30, 2021, 62 applicable cases were reviewed for **Item 11**. Of the cases reviewed, 72.58% (45 cases) were rated as a Strength and 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. Five approved PPA's focused on this item.

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.

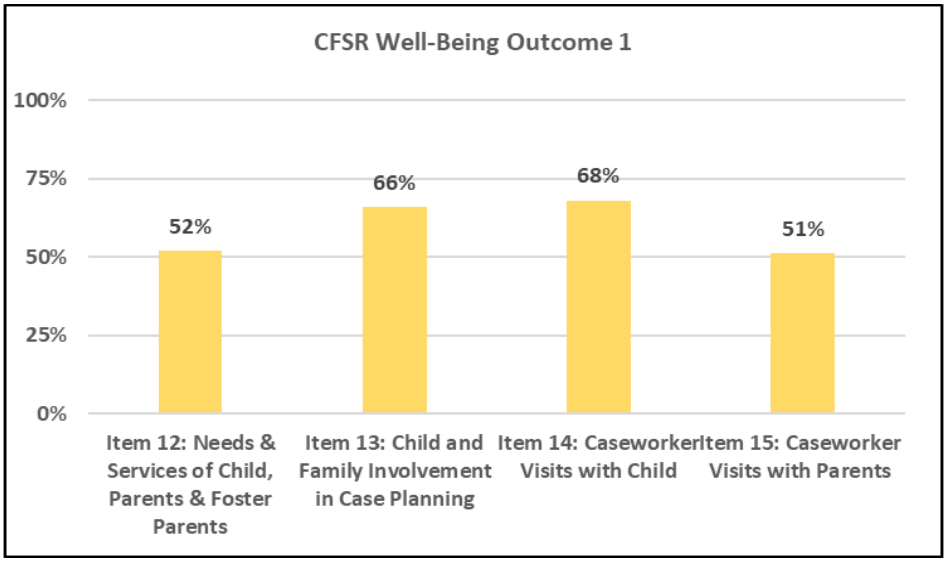
Well-Being Item Measures

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

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 causual 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 concluded on September 30, 2021. Between the period of October 2020 through September 30, 2021, 164 applicable cases were reviewed for **Item 12**. Of the cases reviewed, 57.93% (95 cases) were rated as a Strength and Ohio 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 children services practice identified. Fifty-five agencies/courts that identified **Item 12** as an Area Needing Improvement included strategies which focused on:

- Practice Enhancements
- Monitoring and Evaluation

Thus far, the following strategies were contained in PPAs:

- The Placement Coordinator will enhance skills for assessing the needs of youth through training regarding Child and Adolescent Needs and Strengths (CANS) assessments and processes/procedures for placing youth into a Qualified Residential Treatment Program. ***(Practice Enhancements) (Training)***
- 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 to locate an absent parent. ***(Practice Enhancements)***
- Performance Management Unit will run *Identified Fathers Report* in SACWIS monthly and send the report 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)***

- Agency supervisors will review the *Children in Placement and Children in Custody Approaching Age of Majority Reports* (SACWIS) no less than quarterly to ensure emancipation services are provided to youth in care. ***(Monitoring and Evaluation)***

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 concluded on September 30, 2021. Between the period of October 2020 through September 30, 2021, 163 applicable cases were reviewed for **Item 13**. Of the cases reviewed, 78.53% (128) were rated as a Strength and Ohio 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:

- Practice Enhancements
- Training
- Monitoring and Evaluation

The following strategies were contained in 51 approved PPAs:

- Family team meetings will be scheduled and held to assist in case plan development. The parents, caregivers, service providers and any identified natural supports will be included in the FTM. ***(Practice Enhancements)***
- 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 to involve them in the case planning process. ***(Practice Enhancements)***
- Develop and implement a policy for case transfers from assessment/investigation to ongoing services. This policy will include the agency's expectations for contact with case participants prior to case transfer and staff responsible for the development of the family case plan. This policy will be reviewed and discussed with staff. ***(Practice Enhancements)***
- Provide training on the family case plan case reviews, semi-annual reviews. ***(Training)***
- Review case planning services with parent/caregiver monthly. 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 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)***
- Ongoing Supervisor will hold Lunch and Learn sessions with the ongoing team every other month to teach and review case plan development and case plan amendments. ***(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 concluded on September 30, 2021. Between the period of October 2020 through September 30, 2021, 164 applicable cases were reviewed for **Item 14**. Of the cases reviewed, 82.32% were rated as a Strength and 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:

- Time Management
- Practice Enhancements
- Training and Coaching
- Monitoring and Evaluation

The following strategies were contained in 55 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 monthly 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 impacted 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 concluded on September 30, 2021. Between the period of October 2020 through September 30, 2021 155 applicable cases were reviewed for **Item 15**. Of the cases reviewed, 67.1% (104 cases) were rated as a Strength and Ohio 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 helps 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:

- Time Management
- Practice Enhancements
- Training and Coaching
- Monitoring and Evaluation

Thus far the following strategies were contained in 56 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 monthly 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)***
- Staff will attend fatherhood training with Anthony President to get a better understanding of the importance of engaging fathers in the life of their children. ***(Training)***

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

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 concluded on September 30, 2021. Between the period of October 2020 through September 30, 2021, 81 applicable cases were reviewed for **Item 16**. Of the cases reviewed, 86.42% (81 cases) were rated as a Strength. Ohio 's performance was slightly above the CFSR Round 3 performance of 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:

- Practice Enhancements
- Training
- Time Management
- Monitoring and Evaluation

Thus far, the following strategies were contained in 5 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 a 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)***

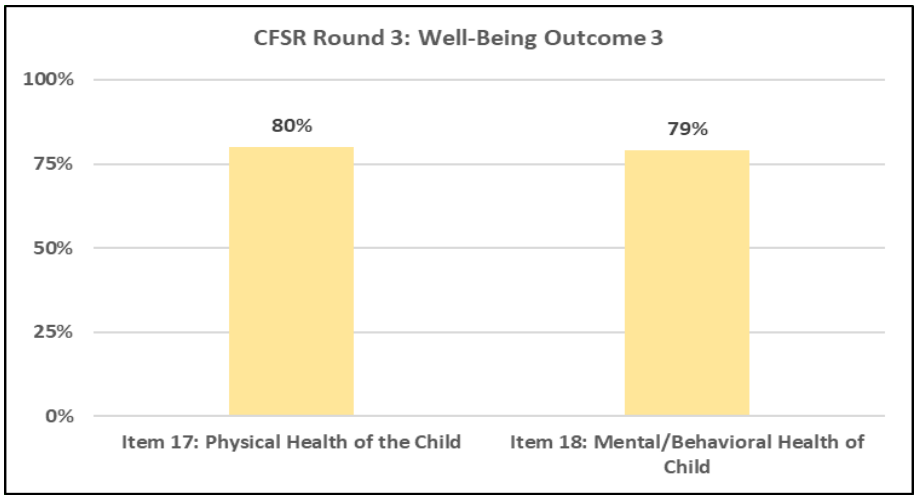
Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.

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
17	**Physical health of child**	Assess whether the agency addressed the physical health needs of the child, including dental health needs.
18	**Mental/behavioral health of the child**	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 concluded on September 30, 2021. Between the period of October 2020 through September 30, 2021, 100 applicable cases were reviewed for **Item 17**. Of the cases reviewed, 85% (85 cases) were rated as a Strength. There was a slight level of improvement in performance for this Item when compared to the performance results from CFSR Round 3 which was 80%.

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:

- Time Management
- Practice Enhancements
- Training
- Monitoring and Evaluation

The following strategies were contained in 18 approved 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 SARs 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)***
- For each child in the agency's custody, the agency will utilize a spreadsheet to track a child's physical and mental/behavioral health, including 5-day screenings, physical, optical, and dental exams, and counseling/psychiatric reports, as applicable. This information will begin to be tracked at the time of the initial placement and will continue throughout the child's time in the agency's custody. ***(Case Practice Enhancements) (Time Management) (Monitoring and Evaluation)***
- Social Worker 1's will request physical and mental/behavioral health updates for each applicable child 30 days prior to Case Reviews and SARs being due. Social Worker 1's will update the tracking spreadsheet upon receipt of the information. Social Worker 1's and 2's will also document the information in the child's physical and mental/behavioral health sections in SACWIS. ***(Time Management)***
- Prior to case transfer, Supervisors will review the tracking spreadsheet to ensure that the information is accurate and updated. ***(Monitoring and Evaluation)***

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 concluded on September 30, 2021. Between the period of October 2020 through September 30, 2021, 94 applicable cases were reviewed for **Item 18**. Of the cases reviewed, 73.4% (94 cases) were rated as a Strength. During the CFSR PIP there was a decline in performance for this Item when compared to the performance results from CFSR Round 3 which was 79%

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:

- Assessment
- Collaboration
- Practice Enhancements
- Monitoring and Evaluation

The following strategies were contained in 16 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)***
- Develop an agency custody folder/binder for foster parents that contains documentation outlining instructions for maintaining a child's medical, educational, and mental health records including the procedure for psychotropic medication approval. ***(Practice Enhancements)***

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. Ohio SACWIS has 7 modules which include: intake, case, provider, financial, administration, person, and reporting. These modules support the children services work from intake report through the post adoption services/subsidies. 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 FFY2021, 3,456 work items were completed to improve functionality across all modules: 20% of these work items were in the Screening/Intake and Person modules; 16% in the Case Management module; 17% in Resource Management; 2% in Administration; 30% in Finance; and 14% in Reporting.

ODJFS has consistently funded significant CCWIS development to support new initiatives such as the: Residential Treatment Information System (RTIS), Kinship Support Program (KSP), Post Adoption Special Services Subsidy (PASSS), Comprehensive Assessment and Planning Model (CAPM) tool updates, Bridges Program Eligibility functionality, data reporting, and regular system improvements. Ohio SACWIS data has been cited in multiple national children services research articles and federally funded program reform efforts to inform practice improvements.

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 children services application need to occur.

Case Review System

Assessment of Current Performance

The Ohio 2017 CFSR Round 3 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. Ohio SACWIS data can be pulled to see what percentage of case plans are completed within the required timeframe. Agencies/IV-E courts can produce their own *Initial Case Plan Timeliness Report, which is contained in Ohio SACWIS, to* assess performance. Below are examples of how this report is used:

- Administrators compare data monthly from the *Initial Case Plan Timeliness Report* to measure improvement on a month-to-month basis with respect to Initial Case Plan timeliness.
- Agencies have established a baseline for timely completion of case plans and established an improvement Goal. Progress in achieving the goal is determined by running the Ohio SACWIS initial case plan timeliness report.
- Staff are provided with a copy of the Ohio SACWIS *Initial Case Plan Timeliness Report* monthly to assure that initial case plans are being developed and implemented in a timely manner.
- The *SACWIS Family Team Meeting Statistical Report* is reviewed monthly to ensure that Family Team Meetings are being scheduled and held timely to develop case plans and complete updates to case plans.

Item 21 Periodic Reviews was 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. Ohio SACWIS generates reports and reminders.

Agencies/IV-E courts can produce their own *Case Review/SAR Due Date Report.* which is contained in Ohio SACWIS, to assess performance. Below are examples of how this report is used:

- Administrators compare data monthly from the *SAR/Case Review Due Date Report* to measure improvement on a month-to-month basis with respect to timely SAR/Case Reviews.
- Agencies have established a baseline for timely completion of Case Reviews/SARs and established an Improvement Goal. Progress in achieving the Goal is determined by running the Ohio SACWIS *Case Review/**SAR** Due Date Report.*
- Staff are provided the Ohio SACWIS Case Review/SAR Due Date Report monthly. Ongoing supervisors develop a spreadsheet to track trigger dates, case plan due dates, and Case Review/SAR due dates for each unit. Information is then discussed during supervisory meetings.

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 Ohio 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.

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.

While the CFSR PIP has been completed, ODJFS and the Supreme Court of Ohio is continuing the groundbreaking work that was started to address the quality of hearings and the quality of legal representation for families, children and youth involved in the children services system as noted below.

Updates

Quality Hearings

A follow up hearing quality study was conducted to assess the impact of the post- initial study implemented strategies and activities on court delays and permanency outcomes. Dr. Summers and her team conducted a follow-up study using the same tool used initially to obtain baseline

measurement. For the follow up study, 330 additional court hearings were reviewed from 11 of the 12 original participating sites.

Impact or significant changes noted in the follow up study are as follows:

- Hearings lasted longer, on average at follow-up with Shelter Care Hearings averaging 18 minutes and Annual Review/Permanency Hearings averaging 30 minutes.
- Judicial engagement of mothers expanded at follow-up with judges' use of all the different engagement strategies increasing compared to baseline.
- There was more discussion when a child was present (40% compared to 48% of applicable topics) at hearings at follow-up, and when the mother's attorney was present, discussion averaged 43% of applicable topics compared to 38% when the mother's attorney was not present – this latter finding represents a significant difference from baseline.
- With the exception of the presence of children, the presence of all parties at Shelter Care Hearings increased.

Dr. Summers also conducted a comparison of In-Person (pre-COVID) hearing practice compared to Remote Hearing Practice. The following was noted:

- There was more discussion of children's mental health in remote hearings.
- Efforts to locate missing parties was discussed more often during in-person hearings.
- Courts were more likely to provide parents with information about how to obtain counsel in remote hearings.
- Judicial engagement of parents increased in remote hearings, with statistically significant increases in the use of all of the different engagement strategies for mothers. Judicial engagement of fathers also increased but not significantly.

A second round of the quality hearing study will be conducted using hearings from thirteen new courts. Like the first study, Dr. Summers and her team will review recorded hearings and score them using the same quality hearing checklist used for the initial study. The checklist focuses on persons present, Judicial engagement, attorney advocacy, and child safety & well-being. One change to this study is the addition of time for courts to work with Dr. Summers to develop action plans based on their quality hearing results.

For ongoing support and improvement, Dr. Summers is also creating a quality hearing self-assessment toolkit and training module for courts.

Quality Legal Representation

Legal Representation Pilot- Pre- and Post-Petition

Through competitive selection, grants were awarded to five sites to become Child Welfare Quality Legal Representation Pilots; Clark and Wayne County Juvenile Courts, Stark County Family Court, and Cuyahoga and Erie Public Defender Offices. Ohio's first pilot site began in Summit County in January 2021.The structure of the six pilot sites is captured in the chart below:

STRUCTURE OF OHIO LEGAL REPRESENTATION PILOT PROJECT							
County	Type of County	Pilot Lead Entity/ Grant Awardee	Strategy	Contract Model, Center Model, or Mixed Approach Model*	Social Worker(s)	Parent(s) with Lived Experience	Attorneys
Summit	Urban	Summit County Juvenile Court	Post Petition	Mixed Approach	Employed by Juvenile Court	Contract with Community	Contract
Wayne	Suburban	Wayne County Juvenile Court	Pre-Petition	Mixed Approach	Contract with Community Entity	Contract with Community	Contract
Cuyahoga	Urban	Cuyahoga Public Defenders Office	Pre-Petition	Center Model	Employed by PD Office	Employed by PD Office	Employed by PD Office and Contract with Legal Aid
Clark	Suburban	Clark County Juvenile Court	Pre-Petition	Mixed Approach	Employed by Juvenile Court	Contract with Community	Contract with Legal Aid
Stark	Urban	Stark County Juvenile Court	Pre-Petition	Mixed Approach	Employed by Juvenile Court	Juvenile Court Social Worker Filling this Role	Contract with Legal Aid
Erie	Rural	Erie Public Defenders Office	Pre-Petition	Mixed Approach	Employed by PD Office	Employed by PD Office	Employed by PD Office and Contract with Legal Aid
*Contract Model - legal team members (social workers, parent with lived experience, attorneys) are contracted by the lead entitiy							
Center Model - legal team members are all employed and housed by the same entity							
Mixed Approach Model - legal team members are a mixture of employed by entitiy and contracted staff.							
Legal team members may be located in different physical locations.							

Attorney Training and Standards

Ohio Red Book

Using CJA and CIP funds, partnership continues with the National Association for Counsel for Children (NACC) for training and resources that promote high quality legal representation. Based on feedback from surveys and focus group from 2020 Ohio Red Book attendees, NACC developed an updated Ohio specific Red Book training. The virtual four series training was held in October 2021. It was designed for Ohio attorneys who represent children, parents, Juvenile or Family Court Staff, Children's Services Staff or any community professionals working in child welfare law. The training included practice tips, hypothetical case studies, and polls, grounded in Ohio law, to share knowledge, skills, and best practices aimed at promoting high quality representation in Ohio child welfare cases.

Child Welfare Law Specialist Certification

In May 2020, CJA funds were used to partner with NACC to provide training and resources to PCSA attorneys, courts, CASA/GAL, staff, etc. This partnership prompted NACC to submit a formal request to the SCO Commission on Certification of Attorneys as Specialists for Ohio to join the 43 states, District of Columbia, Virgin Islands and Puerto Rico in formally recognizing Child Welfare Law as a certified specialty area of law. In October 2021, SCO adopted amendments to add "Child Welfare Law" to the fields of law subject to specialization designation in Ohio. To begin accepting applications for the specialization, a certification program in that area must first be accredited by the Commission on Certification of Attorneys as Specialists. NACC is the only agency approved by the American Bar Association to certify in this area. In December 2021,

NACC applied to the Commission to request accreditation. NACC's application is scheduled to be reviewed at the Commission's next meeting in Spring 2022.

Attorney Onboarding Toolkit

The training and standards committee also developed an attorney onboarding toolkit. The purpose of this toolkit is to provide juvenile courts with practical suggestions for attracting and maintaining a competent, committed pool of attorneys. The appendix features a multitude of newly developed resources for attorneys practicing child welfare law. Courts can print the appendix as a packet for new attorneys or can easily create a PDF and provide a link to the resources on the court's webpage. By providing attorneys with information about local case plan services, typical case timelines, and background information about child welfare cases, courts will increase the number of competent attorneys. The toolkit has been submitted for review and approval by leadership the public information office.

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.

B. Quality Assurance System

Assessment of Current Performance

Item 25 Quality Assurance System was found to be in Substantial Conformity in the final CFSR Round 3 Report. 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.

Quality Assurance

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, Title IV-E Courts, and ODJFS on a twenty-four-month cycle. CPOE includes regular data collection, analysis and verification, and continuous feedback to PCSAs/Title IV-E Courts over the twenty-four-month period. Through joint assessment and enhancement planning, it is expected that the PCSA or Title IV-E Court (Court) and the ODJFS, OFC will promote effective and efficient service delivery.

CPOE is currently divided into two distinct phases. In Phase 1 the CPOE 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 PCSA or Court are encouraged to provide accurate ratings and thoughtful responses to the questions, while commenting on best practices the agency has implemented or challenges the PCSA or Court is currently experiencing. The completed Self-Assessment is utilized to generate discussion during both Phase 1 and Phase 2 entrance conferences.

Data is integral in reporting statewide performance and evaluating changes within Ohio's children services system. ODJFS, OFC has developed reports which capture information for most of the performance measures monitored and these reports are important to the CPOE review process. During CPOE Stage 12 Phase 1 the following reports are reviewed during the entrance conference, when working in collaboration with the agency/court in developing a Plan for Practice Advancement (PPA), and during PPA Implementation reviews (6 and 15 month),

Screening: Intake Details & Statistics Report

Safety:
Initiation Contact Timely: CPS: Key Practice Indicators (ROM) (CFSR requirement)
Investigations Completed Within Required Time CPS: Key Practice Indicators (ROM) (OAC requirement)
Family Assessment Override Report (Filtered for Discretionary Overrides) (SACWIS)
Safe from Maltreatment Recurrence for 6 months (ROM)
Comprehensive Addiction and Recovery Act (CARA) Administrative Report (SACWIS)

Federal Indicators
(Federal) Recurrence of Maltreatment (ROM)
(Federal) Maltreatment in Foster Care (ROM)

Permanency: Federal Indicators
(Federal) Permanency in 12 Months (ROM)
(Federal) Permanency in 12 Months for Children in Foster Care 12-23 Months (ROM)
(Federal) Permanency in 12 Months for Children in Foster Care 24+ Months (ROM)
(Federal) Placement Stability (ROM)
(Federal) Re-Entry to Foster Care (ROM)

Foster Care:
Initial Placement with Relatives (ROM)
Placement Type (ROM)
Siblings Placed Together (ROM)
Matching Conference and Adoption Activities Due (SACWIS)

Well-being:
Comprehensive Visitation Report (SACWIS) (State Standard)
Identified Father Report (Ongoing) (SACWIS)

Based upon the Self-Assessment discussions and review and analysis of the data a PPA is developed. In developing the PPA, the PCSA or Court and assigned TAS determine which areas of practice are to be included in the PPA. Priority is given to any areas directly impacting child safety.

The PPA includes a holistic approach to addressing identified practice areas and any identified interrelatedness in the practice areas contributing to the PPA. In planning activities to be included in the PPA, the PCSA or Court consider the underlying or systemic issues and address them by utilizing strategies such as the following:

- PCSA or Court development needs, including professional development/training needs.
- Clinical supervision activities.
- Policies and Procedures.

- Development of PCSA or Court workgroups.
- Internal agency case reviews.
- Cross-county partnerships.
- Resources available through the Regional Training Center (coaching, GAP sessions, training); and
- Resources available through the OFC Regional Technical Assistance Team.
- On-site and/or remote (virtual) Technical Assistance by assigned TAS to focus on identified areas needing improvement.

During Phase 2, a case record review is conducted using the CFSR Instrument. Based upon the results of the review a new PPA is developed collaboratively with the agency/court and the TAS. The PPA is reviewed at regular intervals to assess performance.

Following commencement of CPOE Stage 12 counties/courts were asked for feedback on the new CPOE Stage 12 process. Listed below is a summary of feedback received:

- Majority of PCSAs/IV-E Courts like the new process and are highly invested in making practice improvements.
- They like the data review at the Phase 1 Entrance Conference and the use of the data to assist in creating PPAs.
- This process has assisted agencies that do not have CQI/QA staff to complete internal planning.
- There has been positive feedback regarding the support and assistance the TASs provide during the PPA process.
- They have indicated that the PPA case reviews (at the 9-month and 18-month PPA implementation points) of only four cases is not representative of the agency's practice/improvements being made as a result of the PPA.
- A couple of counties have been resistant to the PPA process.

Ohio's CPOE Quality Improvement System provides regular feedback on effectiveness of practices and information which guides technical assistance, training, policy, and potential Ohio SACWIS changes. For example, Ohio is reviewing current rules related to concurrent planning requirements, concurrent plan content, and the review of concurrent plans. This review process demonstrates effective collaboration through Ohio's Quality Improvement System in identifying and examining a need for change, generating solutions to affect change, and implementing recommended changes comprehensively.

Statewide CQI

The OFC's Statewide CQI committee continues to refine its process. Ohio's CQI has been streamlined to focus on small- and large-scale projects. An internal CQI team collaborates with OFC areas and PCSAs in applying CQI principles to identified projects to examine current functioning as well as progress made toward achieving outcomes and improvements. This is done by analyzing data, both qualitative and quantitative, to deliver feedback to OFC team members and partnering PCSA's. Examples of CQI projects include:

1. OFC staff are working closely with a large metropolitan county that has struggled with workforce and staffing issues. The staffing issues have led to a substantial number of overdue intakes and stagnant investigations. OFC staff are conducting monthly qualitative reviews of intakes involving children under two as this population is most vulnerable. Data is sent to the agency, allowing them to prioritize work and ensure the safety of children, while they work on the longer-term workforce issues that have contributed to the crisis. Monthly checkpoint meetings are held with leadership at the county who have expressed that the partnership has been very helpful.
2. OFC staff conduct qualitative and quantitative reviews of children who have experienced maltreatment in foster care annually. This has allowed OFC to partner with counties to correct data entry errors related to the intake incident date. It has also allowed OFC to identify themes related to children maltreated in foster care (such as the children's age, placement types where maltreatment is occurring, whether maltreatment is occurring when the child is on a home visit, and whether maltreatment is occurring when the child is AWOL) and to brainstorm ways to target the trends identified.
3. Technical assistance staff at OFC review data on child fatalities and near fatalities as they occur in their assigned counties. Administrative staff at OFC review the qualitative and quantitative data quarterly to identify trends and areas of potential intervention. One common theme is fatalities related to unsafe sleeping. OFC is now sending information on safe sleep to all new resource homes and is exploring how to further address these issues.

Ohio's CQI is involved in review of practice data specific to Family First Prevention Services Act, Prevention Services. Specific to work with Prevention Services, the CQI team will be reviewing data collected to examine issues and develop strategies around practice and implementation. There are two "buckets" that have been identified for CQI review. These buckets involve review of evidence-based practice services (EBPs) and analysis of related data and casework practice specific to Prevention Services.

Bucket one involves review of data shared on the currently utilized EBPs. The Center of Excellence (COE) is responsible for monitoring, evaluation, and data analysis of Multisystemic Therapy (MST) and Family Functional Therapy (FFT). The Ohio Department of Health (ODH) is responsible for monitoring, evaluation, and data analysis of Healthy Families America (HFA) and Parents as Teachers (PAT). The Public Children Services Association of Ohio (PCSAO), in collaboration with The Ohio State University, is responsible for monitoring, evaluation, and data analysis of Ohio START. Data collected from these Prevention Services partners will be shared with the CQI team for internal review and analysis. Data collection is currently underway.

Bucket two involves examination of casework practices as it relates to the implementation of Prevention Services. This is the primary focus for the CQI team as it relates to Prevention Services overarching goals which are to prevent Prevention Service candidates from entering agency custody and increase access to prevention services for Prevention Service candidates and their families and pregnant teens. The CQI team will be looking at Prevention Services cases to conduct qualitative and quantitative analysis to include areas such as:

- Case category types and category changes
- Prevention Services Candidacy determination
- Prevention Services Plan and associated EBP case services
- Monitoring utilization and capacity of EBP services
- Contact requirements on Prevention Services type cases
- Recurrence of Reports and Recurrence of Maltreatment
- Re-entry into Care

The CQI team will analyze qualitative and quantitative data collected applying the CQI process. Through this review, feedback and recommendations will be provided on what is going well and adjustments to consider.

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. Ohio will continue to apply CQI principles to small- and large-scale projects in an ongoing effort to continuously review systemic change and implementation efforts.

C. Staff and Provider Training

Assessment of Current Performance

PART I: Introduction

This section contains information on the following:

- Statewide Coordination of the Ohio Child Welfare Training Program (OCWTP)
- Initial Staff Training
- Ongoing Staff Development
- Resource Family Training
    - Preservice
    - Ongoing Training and Support

Statewide Coordination of the Ohio Child Welfare Training Program (OCWTP)

Ohio's University Consortium for Child and Adult Services (OUCCAS) has served as the statewide coordinator since December 4, 2019. 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

During its 17 months as statewide coordinator, OUCCAS has demonstrated strength in the following areas:

- *Continuous Quality Improvement Team:* The CQI Team systematically identifies strengths and challenges in OCWTP operations. Major reports to date have focused on the University Partnership Program (UPP) and the preparation and training needs of supervisors. In addition, the team has supported the needs assessments conducted by the Family and Protective Services Team (FPS) and the Substitute Care and Permanency Team (SCP) as they planned curriculum revisions.

- *Instructional Design*: OUCCAS has a team of instructional designers who package curriculum content for delivery in-person, virtual, and on-demand.

- *Evidence-Based Practice:* Scoping reviews ensure that content is based on empirically supported practice.

- *Technology:* ODJFS is implementing a new Learning Management System (LMS) that will manage access to learning content. Until it is implemented in SFY 2023, OUCCAS provides learners and trainers access to IT platforms to support training, in addition to supporting operations for the current LMS.

Role of Regional Training Centers

Eight Regional Training Centers (RTCs), run by county public children services agencies, identify and address the training needs of staff and help in developing, piloting, and evaluating training activities. In addition, they handle the budgeting, scheduling, registration, and administration of children services related training within their regions. Each RTC collaborates with its constituent agencies in identifying training needs, implementing training, transfer of training, and other training-related issues.

Overview of Training Statistics and Training Evaluations

OCWTP offered 4,256 training programs in SFY 2022, totaling 21,622 hours of training for 45,826 learners (a duplicated count as many learners attended multiple sessions). The system provided 238,315 learner hours (i.e., one learner in training for one hour = one learner hour). (Data for April-June 2022 assumes that registrations in those months will be equal, for the same courses, as registrations from July 2021 through March 2022.)

Included in the above are 15 Training of Trainers (TOT) sessions that enrolled 103 trainers for a total of 648 learner hours.

In addition to enrolling in sessions offered by OCWTP, learners could take self-directed courses available through the OCWTP LMS or offered by trusted partners such:

- Ohio PCSA Motivational Engagement Strategies and Actions (MESA)
- Ohio Department of Mental Health and Addiction Services
- Ohio START (Sobriety, Treatment and Reducing Trauma)
- Safe & Together
- Kinnect
- Center for Adoption Support and Education (CASE)
- National Indian Child Welfare Association
- Foster Parent College

OCWTP usually requires that learners complete a brief survey after each session. The data are challenging to work with (e.g., the questions are not the same from course to course, or even from session to session). Given that, and given the work done in SFY 2022 to prepare new curriculum products based on other research (e.g., focus groups), the evaluation findings presented in this report draw more from CQI reports and needs assessments than from session evaluation data.

PART II: Initial Staff Training

Introduction

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

- New public children services agency caseworkers
- New public children services agency caseworker supervisors
- Providers of foster care and adoption services (including 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 module of Caseworker Core introduces fundamental knowledge and skills new caseworkers must learn, and continue to develop, to become an effective public children services agency caseworker.

Module	Title
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	Title
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 2022

In SFY 2022, OUCCAS began a full revision of Caseworker Core. The goals are to:

- Modularize content
- Blend delivery
- Standardized content across population, when applicable
- Increase application, skill development, and transfer of training support
- Update and incorporate best practices
- Increase relevance to current practice

This journey started with a comprehensive needs assessment phase that included:

- Analyzing stakeholder feedback via focus groups and surveys
- Scoping review of the literature
- Analyzing evaluations from the LMS
- Synthesized information from several state and federal reports
- Consulting several other states about their initial training programs

OUCCAS staff took the information gathered from the needs assessment phase and developed a comprehensive plan for the revised Caseworker Core Series and have begun development of courses. The revised series will be fully implemented by June 30, 2023.

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 extra 30 hours of training.

Key facts include:

- Sessions scheduled (% cancelled): 688 (12)
- Mean class size: 11.5
- Total cost: $663,950
- Cost/learner hour: $9.03
- % Online: 49
- % In person but outside county of RTC: 4
- % Outside normal working hours: 0

OCWTP Scheduled Training: Caseworker Core

Module	Sessions Held	Total Enrolled	Hours of Training	Mean Session Hours	Total Learner Hours
All	604	6,922	6,102	10.1	73,536
1	47	521	564	12.0	6,252
2	70	861	420	6.0	5,166
2LL	20	168	120	6.0	1,008
3	50	651	600	12.0	7,812
4	48	612	576	12.0	7,344
4LL	95	872	570	6.0	5,232
5	74	849	444	6.0	5,094
5LL	17	201	102	6.0	1,206
6	48	591	864	18.0	10,638
6LL	49	412	294	6.0	2,472
7	43	564	774	18.0	10,152
8	43	620	774	18.0	11,160

Delivery

Core trainers must be approved by OUCCAS. This requires an application, resume, interview, and references. Trainers must attend a Training of Trainer (TOT) session on diversity issues. Another key TOT (Stand Up and Take Charge of the Learning Environment) is in the process of being revised.

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 Training on Content (TOC) on any new or revised Core curriculum.

These requirements for trainers are identical for all standardized training offered by OCWTP and so will not be mentioned again.

Compliance

Compliance reports from the LMS include completion status of each required Core module, and the status of ongoing training requirements.

In response to COVID, core content is now available both in-person and 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 (Human Resources) files. There is no interface between county HR data and 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 revealed that 408 persons had mandated casework Core training to be completed between March 28, 2021 and March 29, 2022; 70% of caseworkers were compliant with initial training requirements.

Challenges and Responses

The challenges posed by COVID have not only begun to recede, but its largely successful response to those challenges has left OCWTP with an improved training system in the sense that there is increased flexibility in how training is offered. This applies not only to initial caseworker training, but to most training for most populations.

At the same time, there are human resource challenges, perhaps secondary to COVID, involving workforce retention that have increased the need for onboarding and training of new workers. OCWTP has responded in two ways:

- ODJFS bought a new virtual reality tool – AVEnueS, from Accenture – that can be used in screening potential new workers as well as in training them. Initial evaluation reports are promising.

- ODJFS is supporting a major expansion of the University Partnership Program (UPP) and a rethinking of its operations that should increase the number of new workers who will have already received the equivalent of Caseworker Core.

OUCCAS has embarked on a major redesign of Caseworker Core to increase the number of paths to completion, to improve its accessibility both pre- and post-training, to incorporate new findings from the field, and to recognize new mandates (e.g., Family First Prevention Services Act).

ODJFS made a major step forward in creating better caseworker tools by finishing and starting to implement a redesign of its tool for conducting safety assessments, which should result in more accurate assessments and provide caseworkers improved guidance in formulating a safety response.

Supervisors

Content

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

OCWTP addresses the initial training needs of direct-service supervisors in four ways:

- Supervisor Core training
- Supervisor Core companion learning lab
- Supervisor Training Transfer Indicators to support TOL
- A Distance Learning module: 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 public children services agency supervisor.

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

Learners

OAC (Ohio Administrative Code) rule 5101:2-33-56 requires newly hired PCSA supervisors to complete OCWTP's Supervisor Core series within their first two years in that position. Supervisors must complete 60 hours of training in their first year.

Key facts include:

- Sessions scheduled (% cancelled): 85 (9)
- Mean class size: 8.8
- Total cost: $99,143
- Cost/learner hour: $12.28
- % Online: 48

- % In person but outside county of RTC: 0
- % Outside normal working hours: 0

OCWTP Scheduled Training: Supervisor Core

Module	Sessions Held	Total Enrolled	Hours of Training	Mean Session Hours	Total Learner Hours
All	77	678	912	11.8	8,076
1	14	115	168	12.0	1,380
2	15	123	180	12.0	1,476
3	13	101	156	12.0	1,212
4	12	105	144	12.0	1,260
5	11	130	132	12.0	1,560
6	10	94	120	12.0	1,128
LL	2	10	12	6.0	60

Content Revisions During SFY 2022

OUCCAS started a full revision of Supervisor Core. The goals are to:

- Modularize content
- Blend delivery
- Standardized content across population, when applicable
- Increase application, skill development, and TOL support
- Update and incorporate best practices
- Increase relevance to current practice

The revision process started with a comprehensive needs assessment phase that included:

- Analyzing stakeholder feedback via focus groups and surveys
- Scoping review of the literature
- Analyzing evaluations from the LMS
- Synthesizing information from state and federal reports
- Consulting with several other states about their supervisor

OUCCAS used the needs assessment findings to develop a plan for the revised Supervisor Core and have begun developing courses. The revised series will be fully implemented by June 30, 2023.

Challenges and Responses

Research focusing on Ohio supervisors by OUCCAS has revealed:

- Supervisors have mixed views about the effectiveness of the supervision they receive.
- High stress and heavy caseloads drive employee turnover.
- Workplace flexibility and pay promote retention.
- Executive communication/transparency is valued by supervisors.
- Caseworker training must promote critical thinking and decision-making.
- Stress management training would be valued.
- New ways are needed to assess training outcomes to show transfer of training occurred.

Each of these has training implications, especially with a broad view of training that includes coaching. Here are some responses to these challenges.

- ODJFS and OUCCAS are discussing how to deliver coaching to supervisors.
- ODJFS paid for an add-on to the new LMS so that employee retention can be tracked and studied.
- ODJFS has completed an extensive redesign of the Safety Assessment caseworkers use and has started work to improve the Risk Assessment.
- OUCCAS will be part of the Risk Assessment redesign, and thus ideally positioned to ensure the new work is reflected in training materials.
- OCWTP is committed to the concept of a *learning highway* that sees onboarding, training, supervision, and tool development as essential to transfer of training. For example, the plans for both supervisor and caseworker core include creating the capability for employees to access training materials any time, thus promoting self-directed learning on demand.

Delivery

Core trainers must be approved by OUCCAS. This requires an application, resume, interview, and references. The online version of the Supervisor Core series was first offered in June 2020. Modules were first offered virtually as follows:

- 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

Compliance

A total of 148 people were due to complete mandated supervisor Core training from March 29, 2021, through March 28, 2022, and 50% of those supervisors were compliant with initial training, which is to be completed within two years. All six modules of Supervisor Core are available as

virtual instructor-led training. Due to COVID, 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. After they complete the Tier I and Tier II series that constitute initial training, assessors must 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 must attend the 12-hour Refresher course upon returning to employment as an assessor.

Content

Tier	Session (Virtual and In Person)	Description
I	Family and Child Assessment	• 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. • Provides workers with strategies for assessing the needs and readiness of children for foster and adoptive placements. • Presents information about selecting 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.
	Services for Birth Parents	• Provides information about counseling issues and strategies in permanency planning with birth parents and their families. • 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. • Acquaints trainees with methods for gathering and recording social and medical histories of birth parents, Ohio rules/laws about open records and open adoptions, the Putative Father Registry, and the Ohio Voluntary Surrender form. • Presents information on how to empower birth parents who are experiencing termination of parental rights, including permission messages, entrustment ceremonies, and closure.

Tier	Session (Virtual and In Person)	Description
	Post-Final Adoption Services	• Provides an overview of the need for post adoption services, the components of such services, Ohio statutes about release of identifying and nonidentifying information, and strategies for implementation of post-finalization services.
	Adoption Assistance	• 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. • Presents the role of assessors and challenges they may meet with subsidy negotiation. • Explores strategies for supporting families in adoption subsidy negotiations.
	Placement Strategies	• Presents effective strategies for preplacement preparation and adoptive placement transition. • Explores how to apply these strategies to foster parent and kinship adoptions as well as adoption by individuals not previously known to the child.
	Pre-Finalization Adoption Services	• 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.
II	Achieving Permanency Through Interagency Collaboration	• Presents elements of interagency, intra-agency, and interpersonal collaboration, and highlights federal standards for permanency. • Discusses barriers to achieving the best outcomes for children and youth. • Examines issues of culture and diversity on personal and organizational levels. • Provides information on the stages of successful collaboration and strategies to enhance skills in navigating these stages to ensure permanence for children and youth.
	Diversity Competence in Permanency Planning	• Identifies the role diversity plays in permanency planning and enhances the worker's diversity competence in serving both children and families. • 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.

Tier	Session (Virtual and In Person)	Description
	Openness in Adoption	• Explores the importance of openness in adoption practice. • Presents the historical perspective and current trends in openness in adoption. • Provides information about the impact of openness on the adoption triad members. • 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.
	Gathering and Documenting Background Information	• 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. • Explores why resource families and children need information and what information they need. • Introduces creative, effective strategies of family search and engagement to gather complete information. • Provides strategies for how and when to share information effectively with resource parents. • Provides techniques to help resource parents communicate information in a helpful way to their children will be presented.
AR	Assessor Refresher	• Designed for those assessors who have not maintained their assessor status, per OAC (Ohio Administrative Code) rule 5101:2-48-06. • Earlier completion of Tier I and Tier II is required to enroll. • Updates assessors on practice and policies and reinforces learning that occurred during the Assessor series.

Content Revisions During SFY 2022

All Assessor Tier I and Tier II and Assessor Refresher in person modules were revised to align with virtual modules. Implementation of the aligned series began in January 2022. This alignment provides consistent hours and content in either format.

The Assessor training series is being revised. The revised series will include current research and improved content to enhance application in the field. An advisory group has been formed to provide feedback throughout the revision process. The advisory group is made up of individuals with experience in the field of foster care and adoption, including assessors, supervisors of assessors, trainers of assessors, and a foster care alum.

Learners

Caseworkers, private children services agency employees, and court employees who wish to do foster and adoption assessments and other related tasks must complete Tier I training within the first year and Tier II training within the first three years.

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

Key facts include:

- Sessions scheduled (% cancelled): 328 (20)
- Mean class size: 10.6
- Total cost: $138,288
- Cost/learner hour: $10.39
- % Online: 42
- % In person but outside county of RTC: 0
- % Outside normal working hours: 5%

OCWTP Scheduled Training: Assessor Training

Tier	Sessions Held	Total Enrolled	Hours of Training	Mean Session Hours	Total Learner Hours
All	264	2,789	1,339	5.1	13,288
Refresher	12	99	144	12.0	1,188
T1	170	1,946	719	4.2	7,964
T2	82	744	476	5.8	4,136

Delivery

Assessor trainers must be approved by OUCCAS. This requires an application, resume, interview, and references. Potential trainers of assessors 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 screening, trainers go through the 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.

Compliance

Compliance is monitored by the state through the Assessor Registry, and not by OCWTP.

Impact

To prepare for the revision of the Assessor training series, OUCCAS conducted an environmental scan that included a needs assessment and a scoping review.

For the needs assessment, survey data were collected statewide from assessors, supervisors of assessors, trainers of assessors, as well as ODJFS policy staff, technical assistance specialists, and licensing staff. Reported strengths included the general knowledge gained about the adoption and Homestudy process as well as the positive experiences with trainers. Survey results found a desire for more focus on application over theory. Assessors reported a need for improved information about Ohio SACWIS, rules, and required forms.

In addition to the survey data, three focus group sessions were conducted in December 2021 using a standard protocol and series of questions based on survey findings. The focus groups consisted of assessors, supervisors of assessors, assessor trainers, and assessor advisory group members. When asked what is working well with the current curriculum, participants most often cited the thoroughness of and interactive nature of the training, which effectively blends information sharing and activity-based work. They also noted that the resources provided on the website and in classes are helpful.

When asked how training could be improved, participants most often mentioned (1) better prepare assessors to foster transparency and communication with families, (2) more opportunities to apply what they are learning in the classroom (i.e., the "theories") to the work – most notably when it comes to completing Homestudies, (3) more updated content and media, and (4) trainers with current familiarity of system operations.

A scoping review was conducted that will help OUCCAS update material on transracial parenting, Homestudy assessment factors, adoption preparation, and trauma and loss in adoption.

Challenges and Responses

When in-person assessor training was suspended because of COVID, training was converted to a shorter virtual format. When in-person training returned, confusion remained as to varying training hours for in-person vs. virtual format. To address this confusion, the two formats were aligned. The alignment resulted in learners receiving the same content in the same number of hours (39.5) no matter which format they chose. OCWTP was able to shorten the series without compromising learning objectives by using the research on learning development and design. A shortened series allowed OCWTP to get participants through training faster, thereby supporting the need to increase the assessor pool.

Conclusions About Initial Training

Caseworkers and Supervisors

Strengths

OCWTP is committed to comprehensive revisions of the curriculum for initial training, for implementing a learning highway, and for upgrading the LMS and integrating it with SACWIS. ODJFS has committed money for these initiatives, and for others such as upgrading the tools for safety and risk assessments and experimenting with virtual reality for onboarding new workers. ODJFS is also funding a major expansion of the University Partnership Program.

Challenges and Responses

A new LMS for example places huge demands on the implementation teams, and that is even before RTCs, and learners will have to adjust. Partners in OCWTP are therefore meeting with high frequency to coordinate all these efforts. Meanwhile the training program not only has to continue functioning, but it also must be responsive to new demands, both explicit (e.g., county executives mandating de-escalation training; legislative mandates both state and federal) and implicit (e.g., resource families showing by their registration behavior that COVID has probably permanently increased the demand for virtual training).

Assessors

Strengths

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.

Challenges and Responses

To enhance the preparation and development of assessors, a redesigned training series is being planned to align with new processes and resources that help skill transfer. The OCWTP is engaging in an environmental scan as part of the redesign work.

PART III: Ongoing Staff Development

Introduction

The organization of this section differs from the earlier section.

- Whereas initial training for caseworkers, supervisors, and assessors is standardized and dictated by code, ongoing training is guided by individual training need assessment (ITNA), described in the first section below.

- While initial training ordinarily serves a single population, on-going training often addresses the needs of multiple populations (e.g., caregivers and caseworkers, or caseworkers and supervisors).

- OCWTP provides all initial training, but sometimes partners with other organizations to ensure people receive some of the ongoing training.

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

Needs Assessment

Introduction

OCWTP's primary source of data on staff training needs is 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 respective supervisors) 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 and PCSA supervisors, 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 OUCCAS. The RTC then creates a corresponding Individual Development Plan (IDP) in OCWTP's LMS, made up of one objective for each priority competency identified. The individual and their supervisor can link to and enroll in available learning interventions designed to address each objective (competency).

RTCs and OUCCAS 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 help 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 the 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 OUCCAS also review training topic suggestions collected in post-training evaluation surveys.

OUCCAS 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.

Priority Ongoing Training Needs Identified in ITNAs

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

Top Ten Casework Competency Needs	**%**	**Count**
Knows strategies to manage multiple and competing priorities.	6.3%	117
Knows personal strategies to help reduce and manage stress, strengthen coping ability, and support physical and emotional health.	4.8%	89
Can develop and execute a work plan that maximizes effectiveness of the time available to complete an activity.	4.3%	80
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.	4.2%	78
Knows strategies for observing and interviewing children and youth to elicit and identify indicators of human trafficking.	4.0%	75
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.	3.9%	73
Knows how to identify common street drugs and their associated drug paraphernalia.	3.9%	73
Knows the physical, emotional, and behavioral indicators of sexual abuse in children at different ages and stages of development.	3.6%	68
Knows the physical and behavioral indicators of drug abuse, including methamphetamine, crack/cocaine, heroin, hallucinogens, other	3.6%	68

Top Ten Casework Competency Needs	%	Count
stimulants and depressants, prescription medications, and other street or "club" drugs.		
Understands the dynamics, contributors, and treatments for burnout, secondary trauma, and post-traumatic stress experienced by children services workers.	3.6%	68

Top Ten Supervisor Competency Needs	%	Count
Knows how to help staff identify and overcome organizational, environmental, and personal barriers that may prevent them from mastering job knowledge or skills.	10.6%	48
Knows how to use performance improvement plans and implement progressive disciplinary action and use it as a motivator to encourage constructive dialogue to improve work performance.	9.9%	45
Knows how to use strengths-based supervisory strategies to engage a staff member with challenging behaviors to take part in assessing and resolving performance problems.	9.5%	43
Can identify factors contributing to challenging behavior and design strategies to address these factors.	8.6%	39
Knows strategies that empower staff to learn, master, and sustain creative and innovative approaches to practice.	7.7%	35
Knows administrative, educational, and supportive supervisory strategies that can help staff achieve their potential and succeed in their jobs.	7.0%	32
Understands how differences in perspective, communication styles, or work styles may create conflict or contribute to a belief that an employee is uncooperative or difficult.	6.2%	28
Can plan, design, and implement supervisory interventions that address both deficits of knowledge and skill and deficits of execution	5.9%	27
Understands the nature of resistance, its emotional and behavioral indicators, and the importance of accurately identifying the factors contributing to it.	5.9%	27
Knows how to advocate with upper-level managers to reduce or eliminate organizational barriers to transfer of learning and effective job performance.	5.7%	26

Top Ten Supervisor Competency Needs	%	Count
Top Ten Assessor Competency Needs (N=568)	**%**	**Count**
Knows how to conduct targeted recruitment activities in the communities and neighborhoods of the children who need families.	7.0%	32
Knows strategies to manage multiple and competing priorities.	6.8%	31
Knows strategies to guide and support parents and caregivers of traumatized children to prevent placement disruption.	6.4%	29
Knows how to use computerized resource listings, adoption exchanges, and interagency collaborative agreements to publicize the need for and recruit families for particular children.	5.9%	27
Knows the medications commonly used to treat developmental disorders, their side effects, and the risks of misusing or discontinuing these drugs.	5.9%	27
Knows the characteristics and indicators of the various levels of cognitive disorders in children and youth.	5.5%	25
Knows strategies to access and engage minority foster and adoptive families and to eliminate agency and community barriers to their involvement.	5.3%	24
Can design and implement coordinated recruitment plans for resource families targeted specifically toward the children in care.	5.3%	24
Knows the early indicators of developmental disorders or delays in infants and young children.	5.3%	24
Knows Ohio Revised Code and Ohio Administrative Code definitions for various forms of child maltreatment.	5.1%	23

Challenges and Responses

In theory, ITNA data are triangulated with other data to develop new learning interventions and to prioritize the scheduling of existing interventions to meet the specific needs of individuals, agencies, regions, and the state. In practice, there are many challenges.

- The ITNA data correlate poorly with what learnings are offered, and this is no doubt a function of both the challenges noted below as well as the ITNA system itself, which has over 1,500 defined competences, of which some courses might be designed to address hundreds.

- Trainees seek variety.
- Some trainers are popular, but not always because of the importance of their topics.
- OCWTP prides itself as being a competency-based system, but its scheduling practices and assessment require an update.

One of the key priorities for SFY 2022-SFY 2023 is to adopt a new competencies system, one that reflects best practices in other states and that is supported by key Ohio stakeholders, and to integrate the new system with the new LMS. The new competency model and new LMS provides an opportunity to develop an enhanced way to identify training needs. This work is well underway.

Ongoing Learning Requirements

Caseworkers

After completing the Caseworker Core series in their first year, PCSA caseworkers must attend 36 hours of ongoing training each year thereafter. Twelve hours of domestic violence training and an approved human trafficking course must be completed within the first two years of hire. 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), detailed in 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 LMS transcript.

Supervisors

After completing the Supervisor Core series, supervisors must attend 30 hours of ongoing training each year thereafter. Twelve hours of domestic violence training and approved human trafficking course must be completed within their first two years of hire. If taken as a caseworker, new supervisors are exempt. 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 the LMS.

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 LMS transcript.

Training Offered by OCWTP

Some of the training discussed in this section might be taken by multiple populations. For example, CAPMIS training may be taken by caseworkers or supervisors. Or a course on diversity might be taken by caregivers or caseworkers. Thus, there can be some double counting in the following tables. As an example, statistics on ongoing training by caseworkers may be inflated with the inclusion of some supervisors or some caregivers.

Scheduled CAPMIS Training

Key facts include:

- Sessions scheduled (% cancelled): 53 (9)
- Mean class size: 9.4
- Total cost: $32.336
- Cost/learner hour: $12.25
- % Online: 71
- % In person but outside county of RTC: 17
- % In person but outside normal working hours: 0

Course Type	Sessions Held	Total Enrolled	Hours of Training	Mean Session Hours	Total Learner Hours
All	48	452	276	5.8	2,583
GAP	4	43	12	3.0	129
Regular	44	409	264	6.0	2,454

Scheduled Caseworker Training

Key facts include:

- Sessions scheduled (% cancelled): 1,327 (16)
- Mean class size: 12.1
- Total cost: $604,135
- Cost/learner hour: $8.24
- % Online: 28
- % In person but outside county of RTC: 10
- % In person but outside normal working hours: 4%

Training Topic	Sessions Held	Total Enrolled	Hours of Training	Mean Session Hours	Total Learner Hours
All	1,120	13,507	6,088	5.4	73,320
Assessment	87	956	583	6.7	7,347
Case Management	58	637	261	4.5	2,616
Child Development	19	186	129	6.8	1,215
Diversity	125	1,417	630	5.0	7,119
Domestic Violence	44	477	372	8.5	4,182
Engagement	30	381	123	4.1	1,443
Ethics	88	1,104	322	3.7	4,014
Health	4	18	18	4.5	78
Legal	51	552	282	5.5	3,189
Mental Health	106	1,317	579	5.5	6,939
Other	4	48	24	6.0	288
Parenting	27	357	168	6.2	2,202
Permanency	23	206	129	5.6	1,170
Planning	16	189	93	5.8	1,122
Reporting	18	130	105	5.8	768
Resource Families	32	401	183	5.7	2,337
Safety	67	973	279	4.2	3,966
Self-care	75	889	378	5.0	4,596
Sexual Abuse	18	122	156	8.7	1,110
Substance Abuse	78	1,047	423	5.4	5,748
Teams	28	523	144	5.1	2,853
Trafficking	18	197	108	6.0	1,182
Trauma-Informed Care	104	1,380	600	5.8	7,836

Scheduled Supervisor Training

Key facts include:

- Sessions scheduled (% cancelled): 348 (12)
- Mean class size: 12.2
- Total cost: $173,933
- Cost/learner hour: $8.00
- % Online: 33
- % In person but outside county of RTC: 11
- % In person but outside normal working hours: 2

Training Topic	Sessions Held	Total Enrolled	Hours of Training	Mean Session Hours	Total Learner Hours
All	305	3,714	1,709	5.6	21,671
General Supervision	47	468	238	5.1	2,310
Assessment	24	311	279	11.6	4,098
Case Management	4	32	36	9.0	264
Diversity	40	420	195	4.9	2,115
Engagement	0				
Ethics	39	542	157	4.0	2,122
Leadership	18	189	54	3.0	571
Legal	20	137	93	4.7	681
Mental Health	20	234	120	6.0	1,404
Other	3	22	18	6.0	132
Planning	11	122	66	6.0	732
Reporting	3	21	18	6.0	126
Safety	4	53	24	6.0	318
Self-care	27	308	156	5.8	1,824
Sexual Abuse	2	6	12	6.0	36
Substance Abuse	1	3	3	3.0	9
Teams	14	403	72	5.1	2,271
Trauma-Informed Care	28	443	168	6.0	2,658

Self-Directed Training vis LMS

This section discusses self-directed training that learners can register for and take online at their convenience. There is some overlap in these numbers as a given learning might be designed for two populations, but we are unable to segregate the caregivers, for example, who might attend a session on Safety from the caseworkers who might attend.

Part A - Caseworkers

Training Topic	Learners	Learner Hours	Hours/ Learner
All	2,257	3,605	1.6
Assessment	196	237	1.2
Case Management	228	370	1.6
Child Development	80	492	6.2
Diversity	255	536	2.1
Engagement	138	138	1.0
Legal	96	48	0.5

Training Topic	Learners	Learner Hours	Hours/ Learner
Mental Health	45	311	6.9
Planning	56	56	1.0
Resource Families	142	284	2.0
Safety	82	82	1.0
Self-care	65	70	1.1
Substance Abuse	659	758	1.1
Trafficking	183	183	1.0
Trauma-Informed Care	32	40	1.3

Part B – Supervisors

Training Topic	Learners	Learner Hours	Hours/ Learner
All	1,108	1,390	1.3
Assessment	196	237	1.2
Case Management	185	185	1.0
Diversity	141	344	2.4
Engagement	138	138	1.0
Leadership	30	30	1.0
Mental Health	1	25	25.0
Planning	81	81	1.0
Self-care	44	44	1.0
Substance Abuse	77	84	1.1
Trafficking	183	183	1.0
Trauma-Informed Care	32	40	1.3

Part C - Caregivers

Training Topic	Learners	Learner Hours	Hours/ Learner
All	763	1,845	2.4
Child Development	211	623	3.0
Diversity	81	162	2.0
Safety	292	876	3.0
Self-care	21	26	1.3
Substance Abuse	44	44	1.0
Trafficking	114	114	1.0

Challenges and Responses

Curricular redesign will help, particularly the implementation of the learning highway model. Trainees should have multiple opportunities to take a deeper dive into core competencies they need to do their jobs.

Training Offered by Partner Organizations

ODJFS has partnered with several organizations to develop and provide specialized training content needed by staff. Following is a summary of training offered between July 1, 2020 and March 21, 2022. Except as noted below, these learnings are not tracked in the OCWTP LMS.

Ohio PCSA Motivational Engagement Strategies and Actions (MESA)

In 2019, ODJFS partnered with the Ohio Department of Mental Health and Addiction Services (OhioMHAS) to use State Opioid Response funding to provide intensive substance abuse and motivational interviewing coaching and training to children services staff members.

Eleven PCSAs are in the current round of MESA training: 75 caseworkers, 20 supervisors, 10 administrators and 6 other partners.

- **Primer Training**

    - Module 1: Substance Use, Child Welfare, and Trauma
    - Module 2: The Neurobiology of Addiction
    - Module 3: Stigma and Substance Use Disorder
    - Module 4: The Importance of Engaging Families
    - Module 5: Strategies to Engage Individuals and Families
    - Module 6: Hope of Recovery and Looking Ahead

Two evaluations were completed for the Primer Training Modules in January 2022 and March 2022. The evaluation completed in January 2022 had a 91% completion rate. Fifty-eight percent of respondents said the training enhanced their learning and 46% said the training was useful for their professional development. The March evaluation had a 50% completion rate; 50% said the training enhanced their learning and 50% said the training was useful to their professional development.

- **Coaching and Live Interactive Training**

Live interactive coaching for caseworkers focuses on the skills and practices needed to operationalize the information learned and transform knowledge into practice. Live interactive coaching for supervisors focuses on conducting timely evaluation and coaching sessions, guiding, and shaping the practice of specific motivational elements related to the caseworker's practice, and offering specific feedback to help staff develop enhanced skills.

Two evaluations were completed for the interactive coaching sessions in January 2022 and March 2022. The evaluation completed in January 2022 had a 100% rate of completion; 69% of respondents said the coaching sessions enhanced their learning and 67% said it was useful to their professional development at 66. In March there was a 91% completion rate, 50% said the coaching sessions enhanced their learning and 50% said they were useful to their professional development.

- **Working Toward Change Webinar 1: At Greater Risk: The Intersection of ACES and Trauma in Substance Use Disorder (SUD)**

An evaluation of this online seminar was completed in December 2021. The evaluation had a 100% completion rate; 60% of respondents said the online seminar enhanced their learning and 90% said it was useful to their professional development.

- **Next Level Training (Evaluation results are not available as these sessions are currently in progress)**

    - Module 1: Increase Engagement
    - Module 2: Skills Practice with Engagement Strategies
    - Module 3: Welcome to Coaching
    - Module 4: Skills Practice with Motivation Enhancement Techniques

- **Moving Toward Change Webinar 2: Supporting Kids and Families Impacted by Substance Use: Addiction is a family disease. (Evaluation results are not yet available).**

- **Co-occurring Disorders Training**

An evaluation for this training was completed in February 2022. The evaluation had an 86% completion rate, with 58% of respondents saying the online seminar enhanced their learning and 58% saying it was useful to their professional development.

- **SBIRT, Screening, Brief Intervention, Referral to Treatment (there is no evaluation for this overview training)**

- **Leadership Implementation Sessions for Agency Leaders (no evaluations were completed for these sessions)**

    - Session 1: Leading Change (2 hours)
    - Session 2: Safe Environments (2 hours).

Ohio START

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

total, 52 Ohio counties take part in the program and a new cohort of four new counties just started. The training offered is:

- Trauma-Informed Practice
- Motivational Interviewing
- Family Team Meetings
- Substance Abuse Disorder 101
- Ohio START Foundations
- Secondary Traumatic Stress

There were 47 training sessions with 1,179 participants, six quarterly consortium courses with 91 attending, six essential component courses with 76 attending, and 512 one-on-one meetings led by eight technical assistance consultants.

Ohio START held their 3rd annual START Summit in August 2021. There were over 200 attendees and 87% in a post-survey rated the summit as relevant and said they were satisfied with the content.

Safe & Together

Safe & Together Institute's training is designed to provide a skills-oriented foundation for domestic violence-informed practice.

- Safe & Together Institute's CORE Training
- Module One: Assessment
- Module Two: Interviewing
- Module Three: Documentation
- Module Four: Case Planning
- Two-Day Supervisor Training

Safe & Together sessions had 175 PCSA attendees, 12 of which were supervisors.

Kinnect

Kinnect to Family (KTF; formerly 30 Days to Family® Ohio Model) offered the following training:

- KTF Intense Family Search & Engagement (FSE): 80 attendees
- KTF Intense FSE Training: 89 attendees
- KTF Model Training: 9 attendees
- KTF Bootcamp: 14 attendees
- KTF Bootcamp: 36 attendees
- KTF Bootcamp: 44 attendees
- KTF Model Training: 3 attendees
- KTF Model Training: 3 attendees

Kinnect also offered 38 sessions (with 289 attendees) of SEEK (Search, Engage, Explore, Kinnect). SEEK is a values-based intense family search and engagement (FSE) training.

- SEEK Training (6 hours in person)
- SEEK: FSE Search Tools (1-3 hours virtual)
- SEEK: Genogram (1-3 hours virtual)
- SEEK: Policy and Workflow Development (2-3 hours virtual)
- FSE Bootcamp (3 hours in person or virtual)
- SOGIE 101-Working with LGBTQ+ youth in child welfare (3 hours in person or virtual)

Center for Adoption Support and Education (CASE)

The national Adoption Competency Mental Health Training Initiative for Child Welfare Professionals is available online. Fourteen workers and one supervisor took part in the training this year. The total number of learner hours was 305. These trainings are tracked in the LMS and so are included in the data presented in the section, "Self-Directed Training Via LMS".

National Indian Child Welfare Association (NICWA)

Information about this course may be found at https://www.nicwa.org/. Fifty-eight workers took part in the training this year, completing 261 learning hours. These trainings are tracked in the LMS and so are included in the data presented in the previous section, "Self-Directed Training Via LMS".

Challenges and Responses

OCWTP does not need to own all its learning materials. Partnering with other organizations (e.g., NICWA) makes perfect sense. But ongoing vigilance is needed to ensure our partners are offering state-of-the-art training.

The long-term provider of Safe and Together Training in Ohio is not going to continue that work past SFY 2022. ODJFS has arranged for OUCCAS to assume responsibility for Safe and Together training.

Compliance with Ongoing Training Requirements

Caseworkers

Ongoing training compliance reports generated April 2022 found that *current* year compliance was:

- 50% for 2,549 caseworkers
- 56% for 639 supervisors

In considering these results, note that ongoing workers have two years to achieve compliance, so 50% one-year compliance is expected if all workers were on the path to 100% two-year compliance.

Challenges and Responses

Transition to a new LMS will be a challenge. Compliance is part of planning for the transition.

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. RTCs 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 suitable 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 (i.e., caseworkers, supervisors, executives) and resource families is skills-based, time-limited, and connected directly to a defined competency. 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 then attend training that focuses on roles and responsibilities along with addressing and practicing key coaching skills.

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 offer assessments. This data is used to assess individual progress. However, due to the lack of automation, data is not aggregated to evaluate overall program effectiveness. Improvement in coaching documentation and assessment is awaiting the development of the new LM.

Population	Hours	Topics
Assessors	13.00	Adoption
Caseworkers/ Supervisors	615.77	CAPMIS, documentation, SACWIS, interviewing and time management, effective supervision strategies, organizational skills, leadership, supportive supervision, and transitioning to supervision.
Resource Families	76.0	Managing behavior affected by trauma, caring for NAS infants, confidentiality

Challenges and Responses

Coaching is arranged by the RTCs. There is more variability in its use than would be desirable. OUCCAS needs to find and onboard more highly skilled coaches. RTCs need to be confident they can afford coaching, the most expensive form of training. Coaching must be directed at the points where it will have the most impact. ODJFS and OUCCAS are discussing ways to improve and increase the coaching of supervisors, which is where we expect to have the most benefit.

Conclusions About Ongoing Training

Strengths

Transfer of training is not uniformly excellent. COVID did not help. Nor has the workforce retention problem.

OCWTP has an established process for vetting and onboarding trainers to ensure trainers 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.

Challenges and Responses

The major challenges are:

- Improving the curriculum
- Transition to a new LMS
- Better and more coaching
- Adapting to a changed set of expectations by learners (e.g., caregivers want virtual)
- Transfer of training

The response by OCWTP to each of these challenges has been addressed earlier.

PART IV: Resource Family Training

Introduction

The Ohio Revised Code (ORC) mandates that prospective foster caregivers and prospective adoptive parents complete pre-licensure and pre-approval training requirements.

Licensed kin and non-kin foster caregivers have ongoing training requirements that must be met to keep licensure. Approved adoptive parents do not have any ongoing training requirements.

House Bill 8, which passed in December 2020, removed training requirements from the ORC and allows ODJFS to specify requirements in rules. Ohio is implementing this law in two phases. Phase one, which decreased the number of required training hours (optional for Preservice) began in April 2022. Phase two will be implemented in fiscal year 2023.

	Preservice training requirements	Ongoing training requirements
Pre-adoptive infant	12	24
Family	Either 24 (or 36*)	30**
Specialized	Either 24 (or 36*)	45**

* OCWTP chose to continue to provide a 36-hour Preservice training series
** Must complete the remaining 12 hours of Preservice if attended 24 hours

OCWTP provides the required training for kin and non-kin foster caregivers being licensed or currently licensed through a public agency. Foster caregivers from private agencies can attend on a space available basis. Families who adopted through either the public or private system have equal access to training through OCWTP.

Through Procedural Letter guidance, ODJFS continues to allow caregivers to complete all required Preservice and post-licensure training virtually. Regional Training Centers offer both virtual and in-person training formats.

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 attend 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*. This training is Module 12 in the table below.

Key facts include:

- Sessions scheduled (% cancelled): 1,656 (18)
- Mean class size: 10.6
- Total cost: $371,562
- Cost/learner hour: $9.02
- % Online: 9
- % In person but outside county of RTC: 41
- % In person but outside normal working hours: 94

OCWTP Instructor-Led Preservice

Module	Sessions Held	Total Enrolled	Hours of Training	Mean Session Hours	Total Learner Hours
All	1,357	14,382	3,962	2.9	41,178
1	112	1,099	336	3.0	3,297
2	143	1,684	401	2.8	4,539
3	115	1,091	345	3.0	3,273
4	141	1,561	397	2.8	4,204
5	114	1,075	342	3.0	3,225
6	113	1,052	339	3.0	3,156
7	140	1,582	392	2.8	4,255
8	111	1,048	333	3.0	3,144
9	111	1,006	333	3.0	3,018
10	138	1,597	387	2.8	4,306
11	112	1,010	336	3.0	3,030
12	7	577	21	3.0	1,731

Another 2,943 self-directed Preservice modules were completed in Foster Parent College by 667 participants for a total of 11,736 training hours.

Content

Title	Description
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 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 keeping connections is stressed. CEUs are not provided for this three-hour training

Title	Description
7 Transcending Differences in Placement	Participants gain awareness of their own diversity 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 help 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
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 burnout and secondary traumatic stress. Communicable diseases and medication management are also addressed.
11 Adoption Considerations	Discusses adoption dynamics affecting families and adopted children. Participants will explore adoption from a developmental perspective as well as consider issues such as keeping connections, openness, and sharing adoption-related information with the child. Post adoption services including subsidies 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.

Content Updates for SFY 2022

No changes were made to the curriculum this fiscal year. Trainers were provided information on the *Foster Youth Bill of Rights* and the *Resource Family Bill of Rights*, which were enacted in

November 2021, and asked to share this information with learners. This content is being incorporated into revised Preservice training.

OUCCAS is conducting an environmental scan in preparation for implementation of phase two of House Bill 8.

Support Materials

Participants with permanent children in the home can use the Preservice Youth Series to help share Preservice content with their children. The author of this tool, not affiliated with OUCCAS, is prepared to update it to be aligned with the revised Preservice content.

To help 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 support 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, with 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 seeking help with retention can sign up for the *Protect Your Learning Campaign*. Participants are informed about the campaign by their Preservice trainer and can sign up on the OCWTP website. Once registered, the participants receive three spaced emails, each with brief activities that reinforce key points of the training. This campaign was suspended due to the vendor change but will be updated and relaunched when the revised Preservice is implemented.

Delivery

Preservice trainers must be approved by OUCCAS. This requires an application, resume, interview, and references. 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 virtually 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 8 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 the LMS. 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 help 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.

Compliance

Compliance is tracked by the agency, which must verify training requirements are met before submitting the recommendation for licensure or approving the family for adoption.

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 a process mapped out. We will begin tracking this data once the revised Preservice is implemented.

Impact

Preservice participants do not have accounts in OCWTP's LMS, so most evaluation surveys are completed by pen and paper and must be individually entered into a database. Because of the time needed, and the fact we have significant feedback from approximately 2,000 participants,

evaluation survey collection was suspended October 2021. We will resume collecting evaluation survey data when the revised Preservice training is implemented.

In preparation for the revision of the Preservice training series, the OCWTP completed a scoping review, held focus groups, and assembled a curriculum advisory group.

The scoping helped to clarify the purpose of Preservice, identify the topics necessary for inclusion, and gather the latest information on specific content areas such as trauma, racism, the impact of fostering, and attachment/placement/separation.

Focus groups were held with current Preservice trainers and public agency representatives. Other information was requested from the Ohio Youth Advisory Board and the Ohio Family Care Association. Trainers want more information on trauma and its effects, working with birth families/reunification, mental health and addiction, affirming differences, and advocacy skills. Foster youth and alumni want more content on normalcy, safety, care and supervision, and meals/food. Primary parents and resource families request training on topics such as normalcy, allegations of maltreatment, reasonable efforts, and religion and residual rights of parents. Agency representatives helped identify how to deliver training on state rules and agency policies.

A Preservice curriculum advisory group provides ideas and feedback to the OCWTP as the curriculum is revised. Group members represent foster care alumni, private and public agency staff, resource families, adoptive families, trainers, primary parents, and ODJFS staff.

Strengths

The Preservice curriculum is developed with the input of representatives from several groups, including trainers, foster caregivers, assessors, and foster care alumni. This provides a richness and practicality to the content.

Approximately 2,000 people attend Preservice each year, so OCWTP can collect ample data to identify what is working and what needs to be changed.

Many Preservice trainers have lived experience as caregivers, adoptive parents, or foster care alumni.

Providing a virtual option allows more flexibility for families and makes it easier for those who live far from the licensing agency.

Challenges and Responses

It is a challenge to collect and analyze evaluation data for Preservice participants because they cannot receive their evaluations from the LMS. When the new LMS launches (targeted for Fall 2022), Preservice participants will be able to complete surveys electronically.

Another challenge is the lack of alignment between the virtual and in-person training. The in-person training is the traditional experience of 12 3-hour blocks of training. The virtual Preservice

training was developed in response to the need for virtual training due to the pandemic. Modules vary in length and use both instructor-led and self-directed formats. Families are encouraged to stay with one format for the entirety of Preservice training. A rubric was developed to help determine needed training modules for those families that attend both virtually and in-person.

The significant delay in the House Bill 8 phase two rules has put the revision of Preservice training and support tools on hold. The OCWTP continues with the development that is possible so they will be ready to implement the revisions when the rules go into effect.

Ongoing Training and Support

Learners

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. More virtual training options are available than in previous years and Ohio has temporarily waived the limit on the amount of training that can be taken virtually due to the pandemic. Licensed caregivers and adoptive parents can register for training and track their attendance through the LMS.

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.

Key facts include:

- Sessions scheduled (% cancelled): 1,195 (29)
- Mean class size: 10.0
- Total cost: $318,900
- Cost/learner hour: $9.80
- % Online: 21
- % In person but outside county of RTC: 24
- % In person but outside normal working hours: 74

Training Topics	Sessions Held	Total Enrolled	Hours of Training	Mean Session Hours	Total Learner Hours
All	854	8,505	3,263	3.8	32,543
Assessment	2	12	12	6.0	72
Case Management	30	373	102	3.4	1,206
Child Development	58	412	219	3.8	1,557
Diversity	33	391	123	3.7	1,413
Engagement	6	55	36	6.0	330
Mental Health	55	703	192	3.5	2,388
Other	5	32	30	6.0	192
Parenting	147	1,285	537	3.6	4,704
Permanency	82	867	324	4.0	3,357
Resource Families	91	820	339	3.7	3,057
Safety	96	556	383	4.0	2,255
Self-care	51	581	167	3.3	1,875
Sexual Abuse	4	17	14	3.6	60
Substance Abuse	38	460	117	3.1	1,395
Teams	4	46	12	3.0	138
Trauma-Informed Care	152	1,895	657	4.3	8,544

OCWTP partners with Foster Parent College to offer virtual, asynchronous training to licensed foster caregivers. Between July 1, 2021 and March 31, 2022, just over 9,000 self-directed learnings were completed through Foster Parent College by 1,487 caregivers for a total of 25,402 training hours.

HTH Safety Solutions assists OCWTP in providing CPR/First Aid training (Red Cross) for licensed caregivers. 172 Caregivers took part in the training this year.

Content

OCWTP continues to provide the standardized training series *Fundamentals of Fostering*. This training targets newer foster caregivers who need deeper knowledge of topics addressed in Preservice. Other standardized training series include:

- *Caring for Children Who Have Experienced Trauma* (NCTSN)
- *Youth Development series* (University of Kansas)
- *Trust-Based Relational Intervention* (TCU)

To support more experienced foster caregivers, OCWTP has a pool of vetted trainers who develop and deliver training in high need areas, as identified by the RTCs.

Content Updates FY22

Two trainings in the Fundamentals of Fostering series, *Using Discipline to Teach Self-Regulation* and t*he Basics of Caring for Children Who Have Been Sexually Abused*, are currently being piloted in both in-person and virtual formats. They will be implemented in the Summer of 2022.

Caring for Children Who Have Experienced Trauma, the NCTSN trauma training series for caregivers, was released in virtual format in the Summer of 2021.

It is expected that the House Bill 8 phase two rules will have required training topics for caregivers post licensure. OCWTP is reviewing the literature and current standardized courses in preparation for this change.

Compliance

There is no required standardized training for licensed caregivers. They must complete training on topics identified in their individualized training plan and they have a minimum number of hours of training they must complete. Agency staff monitor the completion of the individualized training plan. ODJFS licensing staff monitor agency compliance.

Impact

Foster Parent College Feedback: July 1, 2021, to March 31, 2022 (1 = poorest rating, 5 = best)

RTC	Total Responses	%	Added to Child Caring Knowledge	Good Material Presentation	Will Recommend	Time Well Spent
WORTC	1,275	85.2%	4.34	4.29	4.31	4.33
CORTC	797	89.0%	4.45	4.35	4.41	4.42
ECORTC	800	87.0%	4.23	4.14	4.22	4.18
NCORTC	440	96.5%	4.33	4.34	4.35	4.35
NEORTC	3,082	87.4%	4.34	4.26	4.28	4.30
NWORTC	1,907	88.1%	4.43	4.36	4.38	4.39
SEORTC	845	89.2%	4.41	4.37	4.37	4.39
SWORTC	1,300	85.6%	4.35	4.28	4.32	4.32

Strengths

- Use of trainers with professional and lived experience (foster caregivers, foster care workers, foster care alumni) brings a variety of perspectives into the training environment.

- Use of curricula advisory groups when developing and updating standardized training ensures the training content is relevant and accurate.

Challenges and Responses

- Without a standardized collection of training needs, OCWTP cannot accurately assess whether training needs are being met. Ohio is exploring the feasibility of a standardized ITNA process.

- As Ohio implements QRTP (Qualified Residential Treatment Program) standards, it is assumed children who previously would have been placed in residential centers will be placed in families. Ohio is reviewing its current training to identify gaps in training content to support caregivers in taking in children with higher needs. A standardized ITNA process will also help in identifying training gaps.

Conclusions about Resource Family Training

OCWTP will continue to seek the input of diverse perspectives when developing training and tools for caregivers. Those with lived experience, such as foster and kinship caregivers, adoptive parents, primary parents, and foster care alumni, are valuable in helping to make the training applicable and practical.

Ohio's HB8 changes will allow potential caregivers to move through the process faster, helping to address the need for more foster caregivers. Rather than train these families in everything they need to know months before they will ever use it, which risks it being lost, Ohio is mandating training right after licensure when caregivers will be at once able to apply the information and skills.

OCWTP has plans to create a new system for assessing competencies that will improve its ability to assess and meet caregiver training needs.

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 ensure that all childcare staff hired possess:

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

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

As a result of the COIVID- 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.

FCASPL 382 (Requirements Impacted by Ending State of Emergency and Updated COVID-19 Guidance) was then issued on January21, 2022 instructing agencies that:

- CPR and First Aid training for childcare staff may no longer be completed online without certification.
- Certification for existing employees who had online training was required to be completed as of September 16, 2021, ninety days after the end of the State of Emergency.
- CPR and First Aid training must also be completed prior to working alone with children effective September 16, 2021, ninety days after the end of the State of Emergency.

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 childcare.
- Administrative structure, procedures, and overall program goals of the residential facility.
- Trauma informed approach implemented by the agency if the individual does not have a current "Level 2 Trauma Informed" or "Level 3 Trauma Competent" certificate.
- Appropriate techniques of behavior management.
- Techniques and methodologies of crisis management including acceptable physical restraint or acceptable alternatives to restraint, if restraint is prohibited.
- 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 childcare staff person will be providing care for a youth at least 14 years of age, the person shall be prepared adequately with the appropriate knowledge and skills to understand and address

the issues confronting adolescents preparing for independent living and provide such services as are needed and appropriate. To the extent possible, such services shall be coordinated with the life skill services required to be provided.

Annual Training

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

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

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

Physical restraint of a child shall only be utilized by a childcare staff person who has received specific training and annual review in acceptable methods of restraint. Documentation of such training shall be 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.

D. 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

PCSAs are required to complete an ongoing and comprehensive assessment of the safety and risk of children and families in response to suspected child maltreatment, in accordance with Chapter 36 of the Ohio Administrative Code. This is completed with Ohio's Comprehensive Assessment and Planning Model and includes an analysis of the service needs based on an assessment of the family's strengths and needs and the impact of service provision at specified points throughout the life of a case. PCSAs are required to provide supportive services to prevent removal, reunify children whenever possible, and enhance the life skills of youth to support independent living. The primary goals of 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 Family First Prevention Services (FFPS), a Prevention Services Plan is developed and specifies 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.

PCSAs are also required to conduct a life skills assessment within sixty days of all youth entering foster care age fourteen and older or youth turning age fourteen while in foster care. The assessment is used to identify the needs that will be addressed in the youth's independent living plan in addition to input from the youth, the youth's caregiver, and caseworker. The agency is

required to determine which independent living services are needed to include, at a minimum, the following:

- Academic support
- Post-secondary educational support
- Career preparation Employment programs or vocational training
- Budget and financial management
- Housing, education, and home management training
- Health education and risk prevention
- Family support and healthy marriage education
- Mentoring
- Supervision services for a youth placed in a supervised independent living arrangement
- Room and board financial assistance

Additionally, agencies are required to begin final transition planning at least ninety days prior to youth's emancipation. A transition plan should be youth driven and include:

- Options to receive post emancipation services through a Young Adult Services case or Bridges
- Health Care (Medicaid) Information
- Employment Services
- Secondary and post-secondary education and training
- Obtaining and paying for housing
- Budgeting
- Obtaining a credit report
- Registering for selective service
- Information on obtaining a driver's license
- Information on existing court fees prior to emancipation
- Information on existing benefits (SSI)

Both the Independent Living and Final Transition plans are housed in Ohio SACWIS and are meant to be unique to the individual and reviewed every 90 days and updated as the youth or young adult's services needs change.

Bridges is Ohio's voluntary extended foster care program for youth who emancipated from PCSA custody. At enrollment, an assessment and Self-Sufficiency survey are completed for each Bridges participant. Based on the information gathered, an individualized Bridges Plan is created with the participant. The Plan contains both short- and long-term goals often focusing on health and well-being, education, employment, and housing. The Bridges Liaison and participant work together in identifying action steps necessary in obtaining these goals. A Bridges Plan is reviewed every 90 days and is often updated to reflect the successful completion of goals and the addition of new goals.

As a state supervised and county administered system, service array and availability can vary from county to county. As a result, services are assessed and strengthened at both the local and state

levels. In accordance with 5101:2-33-02 of the OAC, PCSAs participate in Child Protection Oversight and Evaluation quality improvement reviews which includes a self-assessment from the agency and the courts on service availability. Additionally, Ohio has partnered across state agencies with the Ohio Departments of Health, Medicaid, Mental Health and Addition Services and Developmental Disabilities to enhance services and expand service availability across Ohio. Many of these services are referenced throughout this plan and Appendix C, *Ohio Health Care Oversight and Coordination Plan.* Ohio's highlights of service focus this year, include:

- OhioRISE - The first phase of the Ohio Department of Medicaid's Next Generation of Managed Care. OhioRISE is a specialized managed care program that will provide behavioral health services to children involved in multiple state systems who have complex behavioral health needs. The initiative aims to shift the system of care and keep more kids and families together by creating new access to in-home and community-based services for children with the most complex behavioral health challenges. It includes a child and family-centric delivery system recognizes the need to specialize services and support for this unique group of children and families. OhioRISE will feature care coordination and both new and enhanced behavioral health services targeted toward this population and will offer a new Medicaid waiver program that will help families prevent custody relinquishment.

- Trauma-competent Care Initiative - To establish a statewide network to expand availability of effective services by increasing practitioners' competency in trauma informed care practices. This includes development of a set of seven trauma competencies to assist programs and services in becoming trauma-informed and trauma-responsive; and development of trauma-informed training for all involved in the system, including resource families, caseworkers, agency staff, courts, service providers, mandated reporters (such as teachers and counselors), kinship caregivers, and parents; implementation of an Ohio Trauma Certificate program.

- Center of Excellence (EOC) -To provide technical assistance, training, fidelity monitoring, and other services to help build and sustain the delivery of EBPs statewide. The COE will also be responsible for 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.

- Office of Health Opportunity (OHO) - Creation of the new office within the Ohio Department of Health to eliminate population level health disparities by aligning and focusing strategic resources on communities with the highest levels of need to advance the health and well-being of all Ohioans. OHO is currently developing Youth Health Townhalls which will provide an opportunity for young people across Ohio to voice their concerns, observations, and suggestions related to their health and wellness.

- Concurrent Planning - Ohio's Children Services Transformation recommendations resulted in legislation amending section 2151.412 of the Ohio Revised Code mandating a case plan for a child in temporary custody to include a permanency plan for the child unless it is documented that such a plan would not be in the best interest of the child. The permanency

plan is required to describe the services the agency shall provide to achieve permanency for the child if reasonable efforts to return the child to the child's home are unsuccessful. It requires those services be provided concurrently with reasonable efforts to return the child home or eliminate the child's continued removal from the home. This legislation will be effective on January 1, 2023. Rule revision, case plan content and system design are under development with stakeholder feedback to include youth voice to enhance Ohio's provision of services.

- Ohio START (Sobriety, Treatment And Reducing Trauma) - Expansion to 54 counites across Ohio with implementation of an evidence-based practice to stabilize families harmed by parental drug use by integrating community partners to ensure the seamless provision of wraparound services.

- Kinnect to Family - A specialized, intense, family search and engagement program utilizing diligent search strategies to identify a vast array of connections for children and families involved in children services. This program is designed to empower kinship caregivers and wrap them in stabilizing supports using relentless effort, focus, and determination.

- Multi-System Youth (MSY) - To decrease custody relinquishment for the purpose of obtaining treatment and increase in-state service provision, MSY brings together representatives from children services, 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.

- Tiered Foster Care - a new initiative to build a system of consistent, high-quality care for children and youth, resources for foster parents, and supports for agencies to better serve youth by ensuring an appropriate level of placement care based on their needs.

- Qualified Residential Treatment Programs (QRTPs) and Ohio Children's Initiative Child and Adolescent Needs and Strengths (CANS) Assessment - all children being placed into a QRTP are required to receive a CANS assessment confirming the placement and level of care is appropriate for the individual child. This includes consideration of the child's short- and long-term mental health and behavioral health goals when determining the most effective and appropriate level of care in the least restrictive environment.

- Communities of Care Grants – Grants to supports existing and new local community planning and coordinated service delivery efforts with a focus on collaborative cross-system work to the needs of children and families. This includes CARA and Plans of Safe Care, QRTP) level of care assessments, and community-based aftercare planning for children discharged from residential treatment settings.

- Family-Centered Services and Supports (FCSS) - flexible funding provided to county Family and Children First Council local partners to support needed non-clinical services and supports to families of children with multi-system needs.

Item 30: Individualizing Services

Ohio's implementation of FFPSA offered the state the opportunity to re-envision how services and supports are delivered to children and families involved in the children services system. Beyond compliance with Family First, Ohio has prioritized children services reform with Governor DeWine's investment in children services. The implementation of Governor DeWine's Office of Children's Initiatives spearheaded a state level approach to coordinating and aligning the state's children's programming, advancing policy and innovation within the state's children's programs, and providing supportive services for Ohio's most in-need children and families. This effort capitalized on data, outcomes, and stakeholder feedback across state agencies to identify and prioritize needed service array for children and family. The priorities of the Office of Children's Initiatives have focused on increasing the quality of childcare, wraparound supports in school and prevention education, foster care reform and home visiting.

Governor DeWine also created the Office of Children Services Transformation to ensure focused efforts on the need to strengthen and reform the children services system in Ohio. The Children Services Advisory Council consisted of a wide range of families, youth, and subject matter experts from across the state. The members held 10 forums to hear from hundreds of Ohioans about their experiences with the children services system and their ideas for its improvement. The collective vision of the thirty-seven recommendations from the Advisory Council represented:

- a children services and foster care system that promotes safety, permanency, and well-being by strengthening families and communities.
- a public and private continuum of care that prioritizes children's existing networks and requires sensitive consideration of their diverse racial, cultural, and economic identities.

The thirty-seven recommendations addressed prevention, workforce, practice, kinship, foster care, adoption, and juvenile justice and have been a focus of work throughout the year. This work focused on utilizing Ohio's child protection data and outcomes in addition to stakeholder feedback to support development of services and program expansion. To date, Ohio has partially or fully implemented thirty-five (35) of the recommendations. A few highlights include:

- Establish a Statewide Ombudsman: Amended House Bill 4 was passed by the legislation and signed by Governor DeWine to establish a Youth and Family Ombudsmen Office, with two statewide ombudsmen: the Youth Ombudsman responding on behalf of youth and their adult supporters, and the Family Ombudsman responding on behalf of families. Both ombudsmen will act as advocates for those involved in the children services system, investigating complaints related to government services and addressing concerns, problems, and needs associated with rights and responsibilities.

- University Partnership Program (UPP): Building upon the successes of the UPP, the program extended invitations to four more schools for SFY23. The UPP continues to analyze data with a density mapping approach by looking at placement and employment

of UPP per region to help identify parts of the state to recruit more colleges. Bringing on more universities and increasing student enrollment numbers for existing universities with regional branches will expand the UPP's reach across the state.

- CarePortal: Created by The Global Orphan Project, the CarePortal technology platform connects families in need with local faith-based organizations who want to help ease some of the stress on child-serving professionals by providing resources to families in the community. It currently is active in nine Ohio counties, with plans to expand statewide. CarePortal has also recruited 117 churches/organizations throughout Ohio to help meet the needs of families, and they have met 83% of all requests entered in the portal.

- Enhance Normalcy – Only 38% of emancipated young adults entering Ohio's voluntary extended foster care program, Bridges, have their driver's license and most do not receive drivers' education services. This impacts self-sufficiency of youth and young adults and creates barriers in access to education, employment, and medical treatment. In response to this gap, Ohio released a request for grant agreement for a vendor to implement a statewide program, *Road to Success,* to increase driving related services to foster youth sixteen and over and emancipated young adults. *Road to Success* will be an eligibility program to provide reimburse and specialized technical assistance for driving related services such as driver's education classes, driver's license fees, and liability insurance.

To support Ohio's implementation and expansion of FFPS, OMHAS contracted with the Child and Adolescent Behavioral Health Center for Excellence (COE) to support Ohio's efforts to build and sustain 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 to enhance access throughout Ohio. The COE 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. Each of these five evidence-based services includes a continuous monitoring process of outcome and fidelity measures.

As mentioned previously, OhioRISE is a specialized managed care program that will provide behavioral health services to children involved in multiple state systems who have complex behavioral health needs. It includes a child and family-centric delivery system which recognizes the need to specialize services and support for this unique group of children and families. As Ohio prepares to implement OhioRISE, part of the Next Generation of Managed Care, there is a keen focus on gathering feedback and data. ODM's Medicaid managed care contract requires managed care councils to gather feedback and make recommendations from members, including youth. Medicaid managed care organizations (MCOs) serve approximately 90% of the youth and children in custody.

OhioRISE will feature a multi-agency governance to improve cross-system outcomes and prevent custody relinquishment of youth to PCSAs. The OhioRISE Managed Care Organization contract requires reviewing reports on quality-of-care elements for youth satisfaction with services, providers, and quality of life improvement measures gathered directly from members of the OhioRISE Plan. Additionally, the OhioRISE MCO will establish a Member and Family Advisory

Council that must serve in an advisory capacity to ODM and other child-serving agencies. The Member and Family Advisory Council is to develop policies and procedures for the inclusion of family voice that demonstrate, at least quarterly, accommodation for youth and young adults. The council is also required to provide input to the OhioRISE Plan regarding the development, implementation, and outcomes of a publicly available report card for providers serving members. This includes grading them in areas such as ongoing engagement with youth and families, quality of service, overall progress experienced by members, and quality of life improvements. Furthermore, the Council is to provide specific input to improve and enhance outreach to members and their families to educate them regarding available services, in particular care coordination; mobile response; and how youth and families can access and advocate for services, support, guidance, and connection to other supportive family resources as needed.

Additionally, Family-Centered Services and Supports (FCSS) provide local communities with flexible funding to improve access to needed non-clinical interventions by families of children with multi-system involvement. To be utilized, services must be identified on an *Individualized Family Services Plan*, which is jointly written by the youth, parents/caregivers, and members of a multi-disciplinary team.

The target population for FCSS is children (ages 0 through 21) with multi-systemic needs and who are receiving service coordination through the county FCFC. FCSS funding is designed to meet the unique needs of children and families identified on the county FCFC individualized family service coordination plan (IFSCP) developed through the service coordination process, and/or to support the FCFC service coordination process. Service coordination is provided by FCFCs, and many counties are also providing High-Fidelity Wraparound to coordinate service needs for those with higher intensity needs.

These children are at the highest risk for failure within our traditional service systems and are often on the verge of placement outside of their homes. These are not “one size fits all” children or children with a single need. The power of this type of service coordination, with the support of FCSS funding, is the opportunity for families to creatively design integrated family service plans with trusted and unique teams.

The total number of children served from the beginning of this APSR until December 31, 2021 was 1,218. The 14 through 18-year-old age group is the largest age group of youth being served through FCFC Service Coordination (43%) with FCSS funds. The age range of 10 through 13 was the second highest (31%) and the age range of 4 through 9 was the third highest (21%). 2% of youth were served in the 0 through 3 age range and 2% of youth served in the 19 through 21-year-old age range.

The FCFCs report the primary identified child’s service or support needs at the point of intake. The top three categories of needs identified for years, including the current review, have consistently been Mental Health, Developmental Disability, and Unruliness. When combined, these three categories account for 2,239 of the needs identified, or 71% of the total identified needs in 13 categories.

The total number of various types of services/supports provided with FCSS funds during this time period was 7,978. Service coordination accounted for 53% of all types of services provided and was the most frequently reported individual type of service/support for which FCSS funds were used. All families must be enrolled in FCFC Service Coordination to access FCSS funding, however, some counties have access to other funding sources to support the operational costs of service coordination/High-Fidelity Wraparound such as Multi-System Youth state funding.

The Ohio Department of Medicaid and the Ohio Department of Job and Family Services developed a state-level Multi-System Youth (MSY) program in 2019 to provide technical assistance and financial assistance to children, youth, and families with complex multi-system needs. Additional systems involved in the MSY state team include Ohio Family and Children First, the Ohio Department of Developmental Disabilities, the Ohio Department of Mental Health and Addiction Services, the Office of Juvenile Justice of the Ohio Department of Youth Services, and the Ohio Department of Education.

The aim of this program is to prevent custody relinquishment of children and youth solely for the purpose of obtaining needed treatment and to assist local entities with obtaining services that support children and youth who have been relinquished and are transitioning back to community and/or non-custody settings. All applications for technical assistance and/or funding are reviewed on a case-by-case basis to ensure that each youth's individual needs for service are identified.

From program inception in July 2019 to December 16, 2021, 744 youth in 84 counties were served by the MSY state team. The most common requested services are residential treatment (60%), in-home supports to prevent custody relinquishment (21%), care coordination/wraparound (15%), and in-home supports for a youth transitioning into the community (4%). To date, the state MSY program has authorized over $33 million to provide needed services to youth supported by multi-systems.

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 Ohio SACWIS application. ODJFS has also 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.

E. 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.

Statewide Information System

The Bureau of Automated Systems has many partners from public and private agencies, Title IV-E courts, foster care advocates (include former foster youth), and a cross-section of OFC users across all bureaus. The Ohio SACWIS system supports over 8,000 active users. Feedback from these partners is obtained in many venues, including:

- Webinars/Live Events: The Bureau of Automated Systems routinely provides webinar overviews on project priorities and system functionality.
- PCSAO Directors' Meetings: Agency directors provide feedback on CCWIS and other systems functionality and user needs.
- Title -E Juvenile Court Roundtable: The Bureau of Automated Systems, at times, will participate in these meetings to announce future enhancements, answer functionality questions, and gather information on desired modifications.
- Build Release Calls: The Bureau of Automated Systems conducts regular build release calls to inform users of upcoming 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.
- PFOF Advisory Group: The Bureau of Automated Systems provides systems updates and facilitates discussion around systems improvements and modifications.
- OFC Touchpoints: OFC staff provides monthly updates to public and private agencies and notice of upcoming programmatic changes, including system functionality upgrades.
- Ohio SACWIS and RTIS User Acceptance Testing (UAT): Each release cycle, the project team encourages agency users to participate in testing the upcoming release over the course of 2-3 days prior to deployment into production to solicit feedback on design changes and to assist in testing the release.

Future activities designed to improve the users' experience with Ohio SACWIS include, but are not limited to, improvements to the Family First Prevention Services functionality, changes to the PASSS, and creation of the Kinship Guardianship Assistance Program (KGAP).

Ohio continues to assess and explore areas where system modifications are needed. Upcoming enhancements will include:

- Creating functionality to support PASSS becoming a state administered program
- Creation of KGAP
- Creation of the concurrent plan
- System updates from the results of the Children Services Transformation recommendations
- 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
- Providing training, visual aids and technical assistance to users regarding new and updated Ohio SACWIS functionality

Ohio will also be conducting an assessment to determine how the Job and Family Services (JFS) and child welfare systems can be streamlined and will assess how Ohio SACWIS can be streamlined, modernized, and become less burdensome on caseworkers.

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 Residential Treatment Information System (RTIS). RTIS uses the existing Ohio SACWIS database while allowing users to only see children who have been placed in a congregate care facility. The subsystem was deployed in June 2021 and ensures agencies who operate a congregate care facility have a system to record discharge plans, aftercare services, and monthly contacts for youth. These agencies can record placements made directly by families which ensures Ohio has one place to view all children in each agency. By recording direct placements in RTIS, Ohio can utilize one system to monitor compliance with the QRTP requirements. Title IV-E Agencies have a link available in Ohio SACWIS which allows them to view discharge plans, services, and monthly contacts for youth in a Title IV-E Agency's care and placement. Title IV-E Agencies are able to copy these services to Ohio SACWIS preventing duplication of data entry and allowing the services provided or recommending by a congregate care facility to be linked to the case plan. The project team completed 3 separate 2-day trainings to prepare agencies for the system going live. The team continues to provide training opportunities and technical assistance to RTIS users. The system currently supports 524 state, PCSA users.

Ohio Certification and Licensing Management (OCALM) System

ODJFS certified private and public agencies can log into OCALM directly to upload and complete required documents needed to maintain their agency certification. State Licensing Specialists can complete several 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 projects where licensing specialists, business analysts and software developers meet to create and realize new functionality intended to improve the overall OCALM user experience. The current enhancement project includes several changes to improve the user experience and creation of a review study for PSCSAs. 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 project's design and 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. OSAPS is used by external individuals to submit requests for child abuse/neglect perpetrator history. Between July 1, 2021 through April 30, 2022 Registry staff completed a total of 20,151 OSAPS requests. A breakdown of the types of requests completed are provided below.

- Individual requests ~ 2, 886
- Out of State (OOS) ~ 10,129
- SACWIS requests ~ 7,136

Traverse

Traverse is the statewide child welfare system for document management and offline data entry. Traverse is connected to Ohio SACWIS to pull relevant person, case, and provider information which allows state and county forms to be pre-populated. Traverse also sends Ohio SACWIS draft activity logs when workers are not able to connect to the internet. Currently, 87 PCSAs are using Traverse with a total of 2,400 active users.

Accurint

During FFY 2021, OFC began offering county agencies the ability to use Accurint in their family finding efforts. The number of users is limited for each agency, but to date, the Bureau of Automated Systems has provisioned access to 29 active users.

PCSA Onboarding

As a result of identified needs expressed by PCSAs, in early 2022 OFC implemented a new system which houses new caseworker and supervisor training material in addition to what is received through OCWTP CORE trainings. These additional supports assist in the onboarding of new caseworkers and supervisors. Currently, the team has provisioned access to 233 active users.

Fiscal Training

In 2021, additional training opportunities were added to the training program including, *Supporting Youth During the Pandemic-Chafee Stimulus.* This training was designed to provide clarity around the acceptable uses for Chafee Stimulus dollars. A Title IV-E Master Contract training was presented to provide an in-depth review of the contract that is used for placement and related services. Many changes were made to the contract because of FFPSA. The IV-E Policy Team also provided a detailed training series in coordination with the Ohio SACWIS team; *Part One: Determining IV-E Eligibility* and *Part Two: Determining IV-E Reimbursability*. This training series provided an overview of the tenets of IV-E eligibility as well as how to correctly capture information in Ohio SACWIS to maximize reimbursement. A training was presented in coordination with the Public Children Services Association of Ohio on how agencies can begin to draw down Title IV-E funds for OhioSTART as Ohio moves forward with the implementation of prevention services. Additionally, Post Adoption Special Services Subsidy (PASSS) training was conducted on May 10, 2022 and a second session will occur on June 28, 2022. The training provided a review of the transition of PASSS to the state which was one of the thirty-seven Children Services Transformation recommendations. With the budget bill's passage last year, ODJFS was tasked with moving forward with this transition by July 1, 2022. The content focused on that transition and the role the Ohio Kinship and Adoption Navigator (OhioKAN) programs have in this process. The training was a unified effort delivered by the Children Services Training and Development Team, with content and support provided by Substitute Care Policy, Ohio SACWIS, and OhioKAN.

Practice Efforts

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:

- The Transition Age Youth team have been providing Independent Living (IL)/Post Emancipation comprehensive practice trainings for several county partners when requested. The training consisted of day- to- day operational work (How-To) on implementing the Independent Living program. The content included the following:
    - Explanation of the Chafee Foster Care Program for Successful Transition to Adulthood>
    - Overview of Independent Living Timelines and Service.

- IL Case Plan Service Activities.
- Overview of Post Emancipation Services including both Young Adult Service and Bridges.
- Explanation of NYTD, Ohio Education and Training Voucher and Foster youth to Independence.

Trainings have been tailored to the county agency specific structure and identified need. The following agencies participated in this training opportunity.

- Stark County, September of 2021
- Montgomery County, October of 2021
- Erie County, November of 2021

- Since September of 2021, the Transition Age Youth Team has been working with Title IV-E partners to improve participation and compliance in monitoring youth in foster care's credit report security. Twenty-nine Equifax E-port profiles have been updates and 14 new profiles created, and to date there has been an increased by 30% compliance ratio for youth credit reporting as a result to these activities.
- In November of 2021, an updated Foster Youth Bill of Rights was codified into Ohio law. In partnership with the OFC training team, a training was held for Ohio's 88 PCSAs to introduce the new legislation and provide an in depth look at the Bill of Rights and how to support them in local practice.
- The Transition Age Youth team held an Independent Living (IL)/Bridges training presentation, for the Opportunities for Ohioans with Disabilities staff. The content included the following: Provisions of IL; IL Assessments and IL Plan; IL Funding; IL Services and IL Skills Toolkit; IL Classes; NTYD; Final Transition planning; Education Training Voucher program; Young adult services; and Bridges. There were over 375 participants on the call. The training was well received by participants.

Comprehensive Addiction and Recovery Act (CARA Implementation)

OFC continues CARA training with Ohio's county children services 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 the Ohio Department of Mental Health and Addiction Services 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 to Ohio.

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. Recipients of Prong 2 funds received $10,000 dollars. For Prong 2, 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. Recipients of Prong 2 funds received $20,000, $40,000, or $60,000 depending on the size of their county population. The grants allow communities to assess the local needs for these priorities, establish best practices, and prepare for any necessary budget considerations for implementation and/or sustainability.

Thirteen counties received Prong 2 grant funding specific to CARA and PoSC implementation during State Fiscal Year 2021. Four of those counties applied for these funds for State Fiscal 2022, along with four new counties. These counties report monthly data on: (1) the number of CARA cases screened in for assessment/investigation, (2) the total number of CARA cases reported, (3) the number of CARA cases closed, and (4) the number of CARA cases transferred for ongoing services. Feedback from these counties as well as an analysis of data trends informed updates to the *CARA Administrative Report* in Ohio SACWIS in March 2022. These updates included enhancements to improve the accuracy of the logic behind the reports as well as the addition of new data metrics. Also in March 2022, the Ohio SACWIS Reporting Team began rolling out a new CARA Dashboard, which was modeled after the data presentation of one of the Communities of Support grant recipient counties. The CARA Dashboard displays continuous quarterly data pulled from the point-in-time *CARA Administrative Report* in Ohio SACWIS. The CARA Dashboard was designed to be more user-friendly and to allow counties to see how their data changes over time and to compare their data with that of other counties or the entire state.

Three of the counties which receive Community of Support Grant funding were selected to work directly with the Practice and Policy Academy. These counties participate in Monthly Technical Assistance Calls to assist their counties with the implementation of PoSC in their own community and address any obstacles they may encounter. The pilot counties have used their grant funds for activities such as: establishing or enhancing community collaboratives, developing a county-specific Plan of Safe Care template, funding a community prevention position, training community partners, and educating the community on the CARA population. Quarterly Trainings are provided for all of Ohio's counties and agencies which work with these identified populations, which allows for cross collaboration and education.

The following work continues:

- Implementation & Training: Plans for the rollout of POSC activities have been developed and are supported by the CARA Handbook, which is a comprehensive list of national and state trainings on a variety of topics related to CARA and PoSC. A toolkit is in the process of being finalized, which will highlight how counties can develop their own core team and implement PoSC within their own individual county. In addition, technical assistance is provided along with individualized training in the counties who need additional assistance.
- Data & Notification: The CARA Dashboard will be updated to reflect the feedback and suggestions from the Communities of Support grantees.
- Website: A statewide website is being developed, which will be housed in the Bold Beginnings main website. The governor's office is assisting in this development. This website will house all information specific to PoSC for counties and community partners. The purpose is to develop one site, where constituents can learn about PoSC, and communities can take advantage of resources to develop comprehensive PoSC implementation plans.

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. ODJFS has established long term partnerships with the Public Children Services Association of Ohio, the Ohio Job and Family Services Directors' Association, and the Ohio Children's Alliance all of whom continue to be active partners and have shared innovations that have had significant positive impact on our constituency. ODJFS has also enhanced partnerships with Ohio's Youth Advisory Board, Ohio Family Care Association, and Ohio's County Commissioner Association by adding monthly calls with each group to share information, updates and receive stakeholder feedback. 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, Public Children Services Association of Ohio, Ohio Job and Family Services Directors' Association, Ohio's County Commissioner Association, Ohio's Youth Advisory Board, and the Ohio Family Care Association participate on several different stakeholder leadership bodies alongside ODJFS, including the Partners for Ohio's Families Advisory Board and several of the programmatic collaborations noted above. 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 children services 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.

Parent Partner work continues to be a strong area of focus. Expansion efforts around Parent Partner work are underway in two pilot efforts. Ohio has made the decision to adapt the Iowa Parent Partner Approach (IPPA) model as an intervention. IPPA is rated a promising evidence-based practice under the Prevention Services Clearinghouse and rated high with promising research evidence under the California Evidence Based Clearinghouse. This approach is designed to provide better outcomes around re-abuse and reunification. It is through the pairing of a parent partner with lived experience having worked with children services to successfully reunify with their child with a parent currently involved with children services working to achieve successful reunification that promotes better outcomes for families.

With continued support from Casey Family Programs, ODJFS is partnering with a major metropolitan public children services agency and their managed care partners to develop and implement a parent partner pilot program modeled after IPPA. Ohio has also been awarded a five-year grant through The National Quality Improvement Center for Family Centered Reunification (QIC-R). This QIC-R will support Ohio's efforts in adapting the IPPA model under a pilot with three public children services agencies. Funding through this grant will support program development, implementation, and evaluation needs. Additionally, Ohio is partnering with Children and Families of Iowa for technical assistance and training around implementation of their IPPA model.

COVID - Partnership with the Ohio Department of Education

ODJFS continues to enhance its partnership with the Ohio Department of Education 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 the Ohio Department of Education 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 the Ohio Department of Education 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.

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).

F. 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 the agency 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 of the OAC identify the frequency and manner by 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, 64,125 criminal checks have been submitted through May 1, 2022. Of those, xxx were submitted between May 1, 2021-May 1, 2022. Seventy percent of those reviewed between May 1,2021-May 1,2022 have been found to be compliant, while others are still being processed. 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.

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 early 2022 articles related to the foster care home study requirements and various kinship related program articles were updated to enhance the new kinship initiatives. 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, accessible at Adoption Photolisting | Foster Care and Adoption in Ohio. Sixty-one counties have requested access to the Adoption Photolisting website. The website is currently under review to enhance user experience with a goal of increasing recruitment efforts.

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 to receive funds. Initially, the payments will be for 9 months, then eventually drop to 6 months on September 30, 2021. 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 identified foster parent training as a waivable certification requirement, 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 their 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.

Amended Substitute House Bill 100 of the 134th General Assembly (HB 110) included an allocation of funding to ODJFS to support statewide efforts for recruitment and retention of foster caregivers. The final amounts allocated for this purpose were $5 million in State Fiscal Year (SFY) 2022 and 2023. ODJFS offered the funds as a grant opportunity to support public and private children services agencies in their efforts to recruit and retain foster caregivers, prioritizing funds to recruit and retain treatment foster caregivers and to develop and implement new services or activities to support treatment foster caregivers. Listed below are the specific areas of focus for utilization of these funds:

Recruitment of Foster Homes

- Develop/implement or enhance/expand a targeted recruitment strategy aimed at recruiting families able to foster harder to place youth and/or treatment level youth.
- Hire staff responsible for recruiting foster caregivers.
- Hire staff to guide and support foster care applicants, from initial inquiry through certification, to increase the number of foster caregivers who complete the process to become certified.
- Provide incentives to existing foster caregivers who refer others who become certified foster caregivers and take placement of at least one youth for a minimum period of time.
- Other recruitment activities detailed in an agency's application for funding and approved by ODJFS.

Retention of Foster Homes

- Develop/implement or enhance/expand a peer-to-peer mentorship program for foster caregivers.
- Develop/implement or enhance/expand other supports for foster caregivers, including support groups/social media groups.
- Develop, purchase, or enhance trauma training for foster caregivers and/or for agency staff.
- Develop/implement the use of a trauma informed treatment model.
- Offer incentives to foster caregivers who recertify and have had at least one placement in their current certification period (or additional criteria established).
- Offer incentives to family foster caregivers who become certified as treatment foster caregivers.
- Offer incentives to foster caregivers who foster teens or large sibling groups.
- Develop or enhance/expand foster caregiver recognition activities that could include community businesses offering free or discounted services to foster caregivers and youth.
- Develop/implement or enhance/expand an agency 24/7 crisis prevention/intervention program to support foster families to prevent crisis or to offer support during times of crisis.
- Become a Nationally Accredited foster care agency.
- Other retention activities detailed in an agency's application for funding and approved by ODJFS.

Of the 74 applications received, 70 were provided funding for various activities in the scope of the grant. The total amount of funding an agency could receive for each SFY is $200,000. Agencies

are required to submit periodic progress reports detailing how the funds were spent and the evaluation of their efforts. The first progress report is due to ODJFS on June 3, 2022.

Note: 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:

- On October 22, 2021, a training for staff at Portage 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 an Ohio SACWIS demonstration for entering ICPC intakes, creating ICPC records, linking documents in Ohio 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 November 29, 2021, a training for Department of Youth Services (DYS) staff was held through Microsoft Teams. This training presented a general overview of ICPC, a review of the articles/regulations, and the general ICPC process. Attendees were able to ask questions and discuss scenarios.

- On October 19, 2021, 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 7, 2021 a follow-up training was provided for Hamilton County staff to explore in-depth issues and scenarios related to ICPC.

- On April 11, 2022, a training for new ICPC staff and any other interested staff at Highland 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 an Ohio SACWIS demonstration for entering ICPC intakes, creating ICPC records, linking documents in Ohio 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 May 4, 2022, a training for staff at Highland 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 an Ohio SACWIS demonstration for entering ICPC intakes, creating ICPC records, linking documents in Ohio 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.

- During the past year, state ICPC staff worked closely with the Ohio Department of Medicaid to develop and present training to county staff on Medicaid for children placed into or out of Ohio. State ICPC staff participated in meetings and discussions regarding various specific out-of-state placements to assist with options for medical coverage and the process for obtaining Medicaid.

The online Ohio SACWIS Knowledge Base has the following resources available to support ICPC workers:

- ICPC Requirements Checklists for Adoption, Foster/Relative/Parent, and Residential placement requests. These were provided by OFC's Deputy Compact Administrator in the Substitute Care Policy section and list the required documentation for each type of ICPC request.
- *Completing an Outgoing ICPC Request via NEICE* article with step-by-step instructions.
- *Completing an Incoming ICPC Request from NEICE* article with step-by-step instructions
- *SACWIS ICPC-NEICE Tips* document.

The Ohio 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 2021, there were 931 requests for home studies received from another state to facilitate a permanent placement. Of those, 225 (24.17%) home studies were completed within 60 days or less. Additionally, 132 of the 931 records were terminated prior to 60 days, without completion of the home study, indicating that the sending state may have withdrawn the request. Of the 931 requests for home studies received from another state to facilitate a permanent placement, a total of 262 children were placed. Of the 262 children placed, 112 (42.75%) home studies 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 adjust 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.*

Ohio SACWIS

The Ohio SACWIS team continues its commitment to provide training and technical assistance to users of our systems at all levels, through utilization of a variety of delivery methods, and frequently in collaboration with OFC staff from other areas such as CPS Policy, Title IV-E Policy, Foster Care Licensing, and Children Services Training and Development. The Ohio SACWIS user community is made up of PCSAs, Title IV-E Courts, Private Agencies, and OhioKAN staff. Ohio RTIS (Residential Treatment Information System) is a subsystem of Ohio SACWIS, who's

users also make up part of the Ohio SACWIS user community, and receive support, technical assistance, help and training from the Ohio SACWIS team. As new functionality is introduced to existing system users and as brand-new users come on board, informal and formal help and training opportunities are created by the Ohio SACWIS team. In the past year, most of the help and training offerings that have been provided in real time have been done virtually through the use of Microsoft Teams meetings and live events that were led by Ohio SACWIS staff. Help and training content that is available to users on-demand is available in the form of in-depth Knowledge Base Articles, quick guide documents, training videos, and system-based Online Help. The Automated Systems Help Desk also provides daily support by responding to impromptu calls, emails, and online chats received from the Ohio 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:

- Microsoft Teams virtual training sessions and creation of additional Knowledge Base documents to support the AFCARS 2020 initiative.
- PASSS (Post Adoption Special Services Subsidy) Knowledge Base article(s) to support the transition of the program from Public Children Services Agencies to the Office of Families and Children.
- Training and Technical Assistance suite for the Youth Navigator initiative.

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

Title	Knowledge Base Article/Materials	Additional/Other Delivery Method	Related Initiative
2-Day RTIS New User Training Sessions (June & July)	No	Virtual instruction	RTIS
2-Day Provider Module End-User Training Sessions (May & November 2021, March 2022)	No	Virtual instruction	Ongoing TA
An Overview of the new Kinship Support Program Payment Functionality Webinar	No	Webinar	Kinship Support
Kinship Support Program (KSP) Payment Flow	Yes		Kinship Support
IV-E Master Contract Training Webinar	Yes	Webinar	OhioKAN
RTIS Discharge Plan	Yes	Training Video	QRTP
RTIS Person Profile - Medical	Yes	Training Video	QRTP
RTIS Person Profile – Education	Yes	Training Video	QRTP
RTIS Person Profile – Basic Information	Yes	Training Video	QRTP
RTIS Youth Supports	Yes	Training Video	QRTP
Managing a Workload in the Ohio Residential Treatment Information System (Ohio RTIS)	Yes		QRTP

Title	Knowledge Base Article/Materials	Additional/Other Delivery Method	Related Initiative
Performing a Placement Search & Creating a Direct/Out-of-State Placement	Yes		QRTP
Overview of the Ohio RTIS (Residential Treatment Information System)	Yes		QRTP
RTIS Employee Maintenance	Yes		QRTP
Navigating the Youth Overview and Youth Tools in Ohio RTIS	Yes		QRTP
Managing Services Professionals in Ohio RTIS	Yes		QRTP
Residential Treatment Information System (Ohio RTIS) Log In	Yes		QRTP
Managing Direct Placements Less than 14 days in Ohio RTIS	Yes		QRTP
Managing Ohio RTIS Placements Lasting Less than 14 Days	Yes		QRTP
RTIS Q&A	Yes		QRTP
Creating Discharge Documentation for Youth Placed Prior to RTIS Implementation	Yes		QRTP
Recording a Release of Information in RTIS	Yes		QRTP
Ohio RTIS General Application Navigation	Yes		QRTP
Creating Contact Information	Yes		QRTP
CANS and QRTP Webinar	Slides	Webinar	QRTP
QRTP and Casework Policy and SACWIS Training	Slides	Webinar	QRTP
QRTP FCM Rules/Reimbursability and SACWIS Training	Slides	Webinar	QRTP
FFPS Eligibility/Reimbursability Training Ohio SACWIS	Slides	Webinar	Prevention Services
Prevention Services: Preparing Caseworkers for Prevention Planning	No	Webinar	Prevention Services
FFPSA FAQs	QA Document		Prevention Services
Prevention Services Case Category Change in SACWIS	No	Training Video	Prevention Services
Evidence Based Practice Referrals for Prevention Services	No	Training Video	Prevention Services
Reviewing Invoice Line Items	Yes		Prevention Services
OhioSTART FFPS Training	No	Webinar	Prevention Services
Adding OhioSTART Service Costs	Yes		Prevention Services
Overview of the CAPM Safety Assessment in SACWIS	Yes	Webinar & Training Video	CAPM

Title	Knowledge Base Article/Materials	Additional/Other Delivery Method	Related Initiative
Overview of the Actuarial Risk Assessment	Yes	Training Video	CAPM
Creating a Bridges Ongoing Eligibility Record	Yes	Training Video	Bridges Updates
Title IV-E FCM Foster Care Maintenance Policy and SACWIS Training Series	Yes	Training Video	
Creating a Permanency Team	Yes		QRTP
Recording a QRTP Placement Assessment Record	Yes		QRTP
Qualified Residential Treatment Program (QRTP) Case and Finance Flow	Yes		QRTP
Ohio START Case Services & Payment Processing in SACWIS	No	Webinar	Prevention Services
Creating Invoices	Yes		Prevention Services
Statewide Student Identifier – SSID SACWIS Data Exchange	Yes		
SACWIS PASSS Functionality Demonstration Training	No	Webinar	PASSS
Ohio SACWIS Medicaid 101	Slides & QA Document	Webinar	Medicaid

OFC Policy and Practice Training & Technical Assistance

In September 2021, the Children Services Training and Development Team was established, with six additional in-house positions, providing training and assistance to children services staff on practice. The Children Services Training and Development Section, within OFC, is responsible for:

- working collaboratively across the office to provide and develop policy and practice training and guidance for child protective services staff.
- partnering with the policy areas, automated systems, technical assistance specialists (TAS), the state training coordinator for the Ohio Child Welfare Training Program, and regional training centers (RTCs) to provide a comprehensive support system to internal and external stakeholders.

The Children Services Training and Development Section focuses on providing support, guidance, and skill development to assist counties with identified practice needs. This is done through partnering with counties to assess needs, coordinating training, providing support in applying policy to practice, evaluating outcomes, and contributing to policy development. Rules and regulations are continuously evolving, and this Section interprets, trains, and assists agencies with practical implementation.

A webpage was created to allow optimal communication with public and private agency partners related to all training information and content, available at: https://jfs.ohio.gov/ocf/training.stm. A new mailbox has also been created to allow county partners to send inquiries on training topics to one location which is: OFCTraining@jfs.ohio.gov.

The website includes the following training information:

Current Training
- Safety Assessment & SACWIS Functionality
- Transitioning Post Adoption Special Services Subsidy (PASSS) to the State

Past Training
- Family Case Plan
- Resource Family and Foster Youth Bill of Rights

Upcoming Events
- Leadership Conference
- Annual OCWTP Trainer Conference

Helpful Resources
- Best Practice Guide for Engaging Fathers v.2/2017
- Link to SACWIS Knowledge Base
- Link to Children Services Training and Development Stream Channel

PCSA New Caseworker and Supervisor Onboarding
- FCL 021 PCSA New Caseworker & Supervisor Onboarding
- Administrative Toolkit PCSA Onboarding
- User Toolkit PCSA Onboarding
- Acronyms for Modules
- Certificate of Completion PDF

Training delivered by the Children Services Training and Development team is eligible for county partners to receive ongoing training certificates. This assists PCSA caseworkers to complete their required thirty-six-hours of ongoing training.

Since its inception, the Children Service Training and Development Team has provided statewide training to PCSA staff on the CAPM concepts. The statewide training is attended by administrators, supervisory staff, and caseworkers. The following Table contains detailed information on the CAPM training. Provided.

CAPM	Family Case Plan	Safety Assessment
Sessions scheduled	2	2
Total Registered (both sessions)	470	1419
Total Attended	344	999
Total Learner Hours	2	2
Method of Delivery	Virtual	Virtual

The training team also works to develop and present training that will preemptively assist counties with new and updated rules. The training topics that have been designed and made available to assist Ohio in achieving CFSR, CFSP Goals, and the mission of the OFC are listed below:

Title	Posted Webpage	Additional/Other Delivery Method	Related Initiative
Family Case Plan (December & January)	Yes	Virtual instruction	CAPMIS
Family Case Plan Regional Discussions (March 2022)	Yes	Virtual instruction	Ongoing TA
Foster Youth & Resource Family Bill of Rights (November 2021)	Yes	Virtual instruction	
Face to Face Contacts & Quality Documentation	Yes	Virtual instruction	
SACWIS Basic Navigation	Yes	Webinar	
Face to Face Regional Discussions	No	Virtual instruction	
Making the Difference in Supervising the Family Case Plan	No	In-person instruction	
VR Tool Linkage to Data Dashboard	No	Virtual instruction	
Safety Assessment SACWIS Functionality	Yes	Virtual instruction	CAPM
Maltreatment in Care – Incident Disposition Date Recording	Yes	Webinar	Performance Data

Guidance Document Creation/Update

Guidance documents can assist with informing Ohio county partners on policy and practice. The training team collaborated in the development or updates of the following guidance documents.

Title	Posted to Webpage	Resource Developed For
FCP 016: Potential Uses for Best Practice Funds – October 2021	No	Leadership/County PCSA
Independent Living/Transitional Youth Resource List	No	Leadership
County Structure Map	No	Leadership
Caseworker Core Waiver	Pending	County PCSA

Helping the Workforce

The state introduced and implemented Virtual Reality headsets to provide PCSAs with resources to utilize for hiring and training staff. There are three scenarios that counties can use to provide realistic previews of children services work. The scenarios can also help staff with family engagement/interviewing and documentation skills development. The scenarios within the VR tool were not designed with Ohio's CAPM concepts in mind; however, OCWTP has created content to allow for critical thinking and additional skill development in the workforce using these concepts. Ohio is working on implementing a data dashboard related to the VR tool. This will allow those using the tool to hire staff, assess the workforce's skills, and gather data surrounding

the use of the VR tool in workforce retention specifically. The following Table presents information on training provided to PCSAs on use of the headsets and application of the scenarios.

VR Headset Training	Overview & Usage	Sophia's Safety Assessment	Sophia's Safety Plan	Tory's Home Visit
Sessions scheduled	2	5	5	5
Total Registered	6	19	19	19
Total Attended	6	19	19	9 (1 Session pending)
Total Learner Hours	2	4	4	4
Method of Delivery	Virtual	Virtual	Virtual	Virtual

The use of these headsets was proven in Indiana to reduce turnover associated with unrealistic expectations of the role of a caseworker, and Ohio is hopeful to achieve similar results.

PCSA New Caseworker and Supervisor Onboarding Curriculum

PCSAs, PCSAO, and one of the Children Services Transformation (CST) recommendations identified the need for a consistent, statewide onboarding program for new caseworkers and supervisors. To meet this need, OFC worked with a vendor to create an online, on-demand platform and onboarding curriculum for new PCSA caseworkers and supervisors. The onboarding training does not replace the requirement for caseworkers and supervisors to attend CORE training, and counties will not be required to participate in the onboarding training. PCSA Onboarding provides the user with a high-level overview of foundational concepts and requirements through a virtual platform that includes interactive quizzes and assessments.

Caseworker Onboarding Curriculum

Outline of Content	Learning Goals
Children Services Overview	
• Job purpose overview • ODJFS & OFC • Child abuse and neglect (CA/N) • Trauma • Typical flow of a case • Worker safety fundamentals • Confidentiality and ethics • Practice is key	• State the purpose of the Ohio children services system • State the importance of confidentiality and ethics concerning children services • Be able to access and navigate knowledge base articles, practice profiles, and child welfare-related administrative codes • Recognize that implicit biases impact their work
Diversity, Equity, Inclusion, and Implicit Bias	
• Diversity, equity, inclusion, and implicit bias	• Understand the impact of diversity, equity, and inclusion (DEI) in children services • Understand implicit bias and how these biases can impact the decision-making process

Outline of Content	Learning Goals
Screening	
• Receiving referrals • Intakes in SACWIS • Screening decision-making process	• Describe the intake process • Explain how to receive a referral and properly categorize a report • Explain how to review referrals and identify child abuse and neglect (CA/N), dependency reports, family in need of services (FINS) reports, and Information and/or Referral • Identify guidelines and principles to screen in and screen out referrals
Assessment and Investigation	
• Introduction to assessments/investigations • Assessing safety vs. risk • Home visits engaging children and families	• Learn strategies to engage children and families during an assessment • Understand the OAC requirements for completing an assessment/investigation • Recognize the CAPMIS model for assessing safety vs. risk • Understand the purpose of the safety assessment and family assessment • Have links to knowledge base articles
Search, Engagement, and Documentation	
• Introduction to family search and engagement • Engagement with families • Documentation and its importance	• Describe guiding principles and strategies for family search and engagement • Use various engagement strategies during home visits and contact with the family • Understand how to engage the family throughout the life of the case • Understand the importance of documentation
Safety Planning	
• Safety planning • Voluntary safety plans • Legally authorized out-of-home safety plan	• Understand the importance of a safety plan • Understand the ideas and concepts behind a safety plan • Knowledge of the court filings and interventions available that help ensure the safety of children
Open and Ongoing Cases	
• Types of open cases • Developing a family case plan or prevention services plan • Ongoing assessments • Case reviews • Permanency planning	• Identify the types of ongoing cases • Describe the considerations and guidelines for developing a family case plan • Understand the goals related to permanency • Understand the process for case reviews and semiannual administrative reviews (SARs) • Explain the need for ongoing assessments, as well as ongoing contact with the family

Outline of Content	Learning Goals
Case Transfer Meetings	
• Case transfer overview • Current worker, newly assigned worker, and case transfers • Ensuring Quality case transfers • Transfer meetings	• Describe transfer meetings and their purpose • Describe how county procedure could impact a case transfer • State reasons why teamwork is essential for caseworkers
Time Management and Organizational Skills	
• Time management • Task prioritization	• Explain the importance of having organizational skills to manage time • Describe the benefits of using a personal time tracking log • List several best practices for time management

Supervisor Onboarding Curriculum

Outline of Content	Learning Goals
Fundamentals of Supervision	
• Introduction to supervision • Diversity, equity, inclusion • Professional development • Safety hazards • Conducting effective meetings • Time management and workflows	• Using leadership and coaching skills to support and develop caseworkers • Building relationships with caseworkers • Setting clear expectations for caseworkers • Promoting supportive supervision • Creating workflows and timelines • Running valuable meetings • Utilizing data and other information to review employee's performance
Diversity, Equity, Inclusion, and Implicit Bias	
▪ Diversity, equity, inclusion, and implicit bias	• Understand the impact of diversity, equity, and inclusion (DEI) in children services • Understand implicit bias and how these biases can impact the decision-making process
Overview of Duties in SACWIS	
• Welcome to Ohio SACWIS • Screening decisions and case linking • Case assignment • Processing work items • Case conference notes • Safety hazard documentation • Generating reports	• Understand screen flows in Ohio SACWIS • Conduct supervisor level activities in Ohio SACWIS • Reflect on the importance of the actions made in Ohio SACWIS • Provide an enhanced level of support to caseworkers
Overview of ODJFS Reviews	
• Child and Family Services Review (CFSR) • Child Protection Oversight and Evaluation (CPOE) • Ohio Accelerated Safety Analysis Program (ASAP) • Administrative and child fatality reviews	• Understand the CFSR process • Understand the requirements and steps for completing CPOE • Understand the Ohio ASAP process • Understand the child fatality review process

Outline of Content	Learning Goals
Ohio Administrative Code	
• How to navigate OAC • Rule process	• Access and navigate relevant OAC rules online • State where to provide input during the rule process • Sign up for updates on new rules and changes to existing rules
Children Services Legislation	
• Federal, state, and county relationships ▪ Federal legislation • Federal reporting • State legislation overview	• Identify, access, and understand critical federal legislation and its role in children services • Identify, access, and understand state legislation and its role in children services • Utilize reporting programs and understand the importance of data entry into SACWIS • Describe how federal legislation influences state law and county expectations

The training team has developed and implemented a PCSA County Staff Training Liaison Round Table for county staff to share resources and ideas for the onboarding and development of staff. These meetings are held quarterly to provide support and networking to assist workforce retention. The initial meeting had forty-nine participants who could share resources and suggestions around onboarding and already developed materials. A Teams channel was created for file sharing and interactive dialogue.

COVID-19

Governor DeWine lifted the State of Emergency Order on June 18, 2021. Following conversations with the Children's Bureau**,** on January 21, 2022 *Family, Children, and Adult Services Procedure Letter No. 382* was issued. This Procedure Letter consolidated available guidance regarding COVID-19 into one document, provided additional information from the Ohio Department of Health to agencies as they determine how to respond to the pandemic conditions withing their local communities, and provided flexibility for counties to respond to the unique circumstances in their own communities due to COVID-19 and remain consistent with prior guidance regarding when virtual visits may be appropriate. Agencies will need to determine how to best apply the provided guidance to local conditions and clearly document this decision-making rationale in the case record. FCASPL 382 may be viewed at the following site:

FCASPL 382 (Requirements Impacted by Ending State of Emergency and Updated COVID-19 Guidance) (ohio.gov)

In addition, communications were distributed throughout the state on locations to obtain COVID vaccines and information was again provided on what to do if an individual has COVID-19.

COVID-19 Response Information for Local Agencies continues to be updated and located on the ODJFS website at: COVID-19 Response Information for Local Agencies | Office of Communications | Ohio Department of Job and Family Services

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.*

No new technical assistance and capacity building needs are anticipated beyond what is currently being received as outlined below.

- Ohio is in the final year of the QIC-WD grant, after a one-year extension was granted. The QIC-WD team is currently evaluating data collected over the course of the project. ***(Assists in achieving: Goal 1, Objective 1, Strategy 1 – 2020-2024 CFSP)***
- Ohio was selected as a grantee for the Quality Improvement Center for Family-Centered Reunification (QIC-R) in the fall of 2021. Ohio is working to implement the Iowa Parent Partner Approach (IPPA) in Franklin, Fairfield, and Knox Counties. Ohio is contracting with Children & Families of Iowa (CFI), the purveyor of the IPPA model, to provide model-specific technical assistance. QIC-R staff members are also providing technical assistance on issues related to family-centered reunification. ***(Assists in achieving Goal 2, Objective 7– 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. The evaluation of the first and second NACC Ohio specific training sessions is complete. Two key findings were:

    - Self-reported practices were **not** statistically different between pre and post surveys.
    - Parent and child attorneys/advocates reported an **increase** in understanding child welfare law and best practices post the trainings.

    No new needs are anticipated, but a 3rd training series will be offered in the fall. ***(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 in the final year of the QIC-WD grant, after a one-year extension was granted. The QIC-WD team is currently evaluating data collected over the course of the project. ***(Assists in achieving: Goal 1, Objective 1, Strategy 1 – 2020-2024 CFSP)***

  - Ohio was selected as a grantee for the Quality Improvement Center for Family-Centered Reunification (QIC-R) in the fall of 2021. Ohio is working to implement the Iowa Parent Partner Approach (IPPA) in Franklin, Fairfield, and Knox Counties. Ohio is contracting with Children & Families of Iowa (CFI), the purveyor of the IPPA model, to provide model-specific technical assistance. QIC-R staff members are also providing technical assistance on issues related to family-centered reunification. ***(Assists in achieving Goal 2, Objective 7– 2020-2024 CFSP).***

  - The Capacity Building Center for Courts 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. The evaluation of the first and second NACC Ohio specific training sessions is complete. Two key findings were:

    - Self-reported practices were **not** statistically different between pre and post surveys.
    - Parent and child attorneys/advocates reported an **increase** in understanding child welfare law and best practices post the trainings.

    No new needs are anticipated, but a 3rd training series will be offered in the fall. ***(Assists in achieving: Goal 4, Strategy 2 and Strategy 3- CFSR, PIP* and *Goal 2, Objective 6, Objective 7– 2020-2024 CFSP)***

  - Chapin Hall has been utilized throughout the development and implementation of the OhioKAN program. Chapin Hall is currently working with OhioKAN to finalize the procedure manual, making sure it meets Clearinghouse requirements and is publicly accessible. Chapin Hall continues to assist OhioKAN with all aspects of implementation, including fidelity to the model, performance management, training curriculum, stakeholder engagement, and alignment with OhioKAN's Inclusion, Diversity, Equity and Access principles. Chapin Hall has

been instrumental in developing the system for continuous quality improvement and continues to lead these efforts. 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 continues to enhance the implementation of OhioKAN program. ***(Assists in achieving: Goal 2, Objective 7, Strategy 3 – 2020-2024 CFSP)***

- A data sharing agreement with an external evaluator exists to support the evaluation of the Kinnect 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. Ohio SACWIS data is joined to model fidelity information so the program can be comprehensively evaluated. Evaluation activities or 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 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. Currently, KI&E receives the agreed upon data every week and is reviewing it for fidelity and accuracy prior to beginning the effectiveness evaluation. ***(Assists in achieving: Goal 3, Objective 1, Strategy 3– 2020-2024 CFSP)***

- Conducted statistical analysis to determine the role of Overrides in Family Assessments. ***(Assists in achieving: Goal 4, Objective 2– 2020-2024 CFSP)***

- Replicated CFSR Data Profile to expand the ability to interpret county differences. ***(Assists in evaluating CFSR Data Profiles - 2020-2024 CFSP)***

- In the previous year, OFC designed and implemented a methodology to evaluate the accuracy of psychotropic and opioid medications being recorded in Ohio 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 all pharmacy claims dispensed on those children for that month to OFC. The analysis involves electronically comparing the medications dispensed with the information recorded in Ohio SACWIS to verify that the medications dispensed (Medicaid) aligns with the medications the child has been prescribed in Ohio SACWIS.

Reports were 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.

Agencies found these reports insightful to gauge the needs of foster youth and have requested OFC continue releasing them to assist their efforts in understanding this unique and important population. ***(Assists in improving the Well-Being of Children and Youth)***

- Released a procedure letter announcing a two-year funding opportunity for public and private agencies to support recruitment and retention of foster homes. **Recruiting foster homes** strategies for harder to place youth and/or treatment level youth centered on hiring staff responsible for recruiting foster caregivers; hiring staff to guide and support foster care applicants; and providing incentives to existing foster caregivers who refer others who become certified foster caregivers and take placement of at least one youth for a minimum period of time. **Foster home retention** strategies centered on: supporting peer-to-peer mentorship programs for foster caregivers; developing/purchasing/enhancing trauma training for foster caregivers and/or for agency staff; developing/implementing a trauma informed treatment model; providing incentives to foster caregivers who recertify and have had at least one placement in their current certification period; providing incentives to family foster caregivers who become certified as treatment foster caregivers; providing incentives to foster caregivers who foster teens or large sibling groups; developing/expanding foster caregiver recognition activities that could include community businesses offering free or discounted services to foster caregivers and youth; developing/expanding an agency 24/7 crisis prevention/intervention program to support foster families to prevent crisis or to offer support during times of crisis; becoming a Nationally Accredited foster care agency.

  ODJFS received 75 applications and 71 were awarded funds totaling $2,613,173.16 for SFY22 and $6,466,095.56 for SFY23. To assure future funding, each public and private agency awarded funds must submit three detailed progress reports (6/3/2022; 12/30/2022, and 6/6/2023). The first progress report will include either data regarding the measurable outcomes in the agency's approved plan or details regarding when such data will be available on the measurable outcomes. The second and third progress reports must include data regarding the measurable outcomes in the agency's approved plan. The data from these reports will be analyzed to guide future planning. ***(Assists in achieving Goal 2 -2020-2024 CFSP and assists in increasing Placement Stability)***

- A team of 16 consisting of representatives from OFC's licensing staff, foster parents, and public and private agency staff examined multiple models of supporting birth parents and foster parents by reviewing the literature and speaking

to six states about their best practices. The team then settled on adopting the "All About Me" method to strengthen the relationships between birth and foster families. Using this method, the birth family, foster family, and caseworker meet within 72 hours from the time the child is placed discuss the needs of the child, only. For instance, the conversation centers on the food preferences, sleep habits, education needs, maintaining friendships, hobbies, etc. The conversation is not to learn about the underlying reasons (e.g., parental drug addiction, domestic violence) that triggered placement. Currently a "Care Guide" is being written for agency staff, training activities are being shaped, and rules are being developed. A decision on when to implement the rule has not been determined. ***(Assists in addressing Children's Services Transformation Recommendation: Strengthen relationships between birth families and foster parent)***.

- Planning efforts for CFSR Round 4 have begun and discussions are occurring on options for the state to explore when determining whether the state will conduct its own review and how each option would be managed. A spreadsheet tool was developed to drive discussions on various methodologies for conducting the review, taking into consideration the time demands on staff in conducting the review and how to engage counties. Methods to select counties and deciding the sample size to best reflect public children services agency performance is also being discussed. ***(Assists in Planning for CFSR Round 4)***

- OFC has made available two analyses to agencies to assist them in their planning efforts on prevention services. One analysis is a cluster analysis based on data extracted from the Safety Assessments and Risk Assessments. These cluster analyses, one from the Safety Assessment and one from the Risk Assessments, are designed to show the distinct groups of issues families have which pose risks to children. With an agency understanding these clusters, they can connect the appropriate array of services for each cluster to support the families. A second product provided to agencies was an event history analysis. This analysis showed the length of time children, by age group, are in custody. Counties were guided to examine this analysis and determine when, in a child's custody history, they were most likely to not exit care, and then determine which services could be provided at that point to reunify children. ***(Assists in Planning for Prevention Services)***

- ODJFS has 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 Ohio SACWIS IPT is committed to supporting quality data entry and ensuring completeness of information contained in the system. The Ohio SACWIS IPT continues to work towards collecting data uniformly across the new CCWIS and the reporting system using CCWIS data. The plan includes strategies for ensuring confidentiality requirements are met, reviews are conducted at least biennially, and data is secured across systems. Through data analysis for work related to new Ohio SACWIS builds, existing reports, federal

reporting, data requests, ETL processes, communication with our agency partners, or other data analysis, the 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 performs analysis on the data and may then create a scorecard in Informatica. This scorecard indicates the number of records that have the data anomaly out of the total number of records. Once the scorecard is created, the team determines the quality requirement for accuracy, timeliness, and completeness as required by the CCWIS program. If the data has an overarching impact on users or otherwise requires user input, the data quality issue is presented to the Ohio Statewide Data Quality Team which is comprised of several representatives from PCSAs, ODJFS, and private agencies throughout Ohio. The OFC data and reporting team acts on the recommendations to improve data quality. The Statewide Data Quality Team meets at least 3 times per year with ongoing communication. 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)***

Summary:

ODJFS continues to build capacity for collaboration to provide enhanced levels of support and technical assistance. Continued relationship building through initiatives such as CAPMIS Infusion, the County Staff Training Liaison Round Table, and ASAP assists in expanding a culture of collaboration with county agencies. It also creates an open dialogue where individuals from counties feel comfortable reaching out for support or technical assistance from the State. Those who facilitate initiatives, conduct research and evaluation, provide training, coaching, systems support, and technical assistance continue to expand on ways to work together to provide a cohesive message of best practice.

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 evaluator will not have aggregate data until 2022. It is anticipated that a final report will be issued before the end of the federal fiscal year.

Rationale*:* Staff recruitment and retention are widespread challenges in Ohio, as well as across the nation for many children services agencies. The reality of the increasing number of children needing public children 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 children services 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 children services 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[11]

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 (***Completed)***

[11] 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. Ohio's intervention has been successfully implemented. The project is now awaiting the compilation of evaluation data to be completed by the QIC-WD evaluation team. Pilot sites continue to administer the intervention.

Benchmark 3: The Coach Ohio intervention will be formally evaluated by the QIC-WD evaluation team.
Timeframe: Years 1-3 ***(Completed)***

Progress Report:
Ohio's intervention is in its final stages as the project is now focusing on review and analysis of collected data. Anita Barbee, from the University of Louisville, continues to lead the evaluation process. The Coach Ohio team completed the online final survey in July 2021. Human Resources data from each county was also finalized so that it can be incorporated into the evaluation efforts. The WIT met in May, July, and September of 2021 as well as in February and May 2022 to continue updating the team on evaluation progress.

The QIC-WD evaluation team is currently analyzing data from Ohio SACWIS and survey data compiled over the entire project. The team is working to join the two data sets. It is anticipated that a final report will be issued before the end of the federal fiscal year. The report will guide future expansion of the intervention in Ohio.

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 ***(Completed)***

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:
During this reporting period available training resources continue to be expanded to address the needs of the children services workforce. By hovering over the main titles below you can view the available resources.

ODJFS Online | Office of Fiscal & Monitoring Services (state.oh.us)

- Introduction to Children Services Funding
- Introduction to the Random Moment Time Study
- Rules Process Overview
- Understanding Child Welfare Policy 1: Introduction to the Federal Child Welfare Policy Manual
- Understanding Child Welfare Policy 2: State of Ohio Laws – A Brief Tour of Program Policy in the Ohio Revised Code and ODJFS E-manuals
- Introduction to the Title IV-E State Plan
- Supporting Youth During the Pandemic -Chafee Stimulus
- Title IV-E Master Contract Training
- Determining IV-E Eligibility

Children Services Training & Development | Office of Families and Children | Ohio Department of Job and Family Services

- Basic SACWIS Navigation
- Face to Face Contacts and Quality Documentation
- Family Case Plan Rule Training
- Foster Youth and Resource Family Bill of Rights
- OFC Incident Date at Disposition Maltreatment in Care Performance Data Reminders

SACWIS Knowledge Base - Home (jfskb.com)

Training documentation is provided for SACWIS functionality pertinent to:

- Person
- Intake
- Case
- Provider
- Financial
- Administration

These sites are updated as new training opportunities become available.

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)***

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)***

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

Progress Report:
The new approach to deliverables for OCWTP is in place and fully operational with Action Plans that outline deliverables, lead staff and collaborative partners, benchmarks, and timelines. Monthly status reports are submitted and accessible to key departmental stakeholders. The new model allows the training program to easily track progress, rapidly identify challenges, and adjust or pivot as necessary. Deliverables focus on the redesign of mandated training to better align with learning science and facilitate application and skill development.

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) receive regular updates through

various means including status reports, progress updates at regularly scheduled meetings, and participation in work teams and advisory committees.

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:
The state training coordinator for the Ohio Child Welfare Training Program, Ohio's University Consortium for Child and Adult Services (OUCCAS), has been working on major revisions and/or development to several mandated training modules including Caseworker and Supervisor Core; training modules for Assessors, preservice for prospective caregivers, and a new training pathway for resource families to assist them prepare youth in foster care for independent learning. Environmental scans have been a focus this year resulting in reports that outline strengths of current curricula, identify current gaps and needs, and provide insight to, not only revisions, but, in some circumstances, a new vision of how curricula will be designed and implemented to better match best practice in learning science.

Training metrics have been developed to explore training efficiency (i.e., cost per learner hour). As one example of what we've learned, efficiency for assessor training was poor in some parts of the state so we are implementing a plan to offer virtual assessor training statewide.

ODJFS and OUCCAS staff are preparing to launch a new Learning Management System that offers a better evaluation toolkit, including the capability of assessing learning at Kirkpatrick Level II.

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) receive regular updates through various means including status reports, progress updates at regularly scheduled meetings, and participation in work teams and advisory committees.

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)***

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 (***Completed)***

Benchmark 2: OFC's SIM, data coordinator, and one county representative will attend annual QIC-WD all site meetings.
Timeframe: Years 1-3 (***Completed)***

Progress Report:
The Site Implementation Manager and Data Coordinator attended the Annual QIC-WD all site meeting held virtually in August 2021 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

Progress Report:
The QIC-WD evaluation team is working on preparing data for review.

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

Progress Report:
Once Ohio receives evaluation data, action can begin on this item.

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:
The Cohort of Experts Group, originally formed during CFSR, PIP implementation has continued to meet quarterly to engage in real-time dialogue around CAPM concepts and assist with case-specific problem-solving. Meetings were held on September 28, 2021, January 25, 2022, and April 26, 2022. Meeting topics have included: CAPM Planning and current rule revisions, the Family Case Plan, Safety Assessment Ohio SACWIS functionality changes, Alternative Forms of Contact, Incarcerated Parents barriers to engagement, and Concurrent Planning MORRPH sessions. The group is updated on workforce issues and what is working well within the area. Information from other counties regarding caseworker development and CFSR outcomes updates are provided.

Additionally, the Children Services Training and Development team informs the group of upcoming training topics in development. This allows the group to share ideas and provide suggestions they have about training topics of interest. The training team has been tasked with expanding the group to include non-CFSR counties. An outline of steps to complete this task has

been developed starting with the environmental scan to determine which counties may benefit from the group and its experience.

A Teams channel has been created to allow open dialogue and file sharing. This channel has been embraced, and participants have reached out for existing resources from other group members to assist with daily practice needs.

~~**Strategy 2: Provide access to a clinician to assist caseworkers and managers with guidance on addressing multiple issues in family dynamics leading to resolution.**~~

~~**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~~ ***(Deleted in Year 3)***

Progress Report:
Based upon results from Ohio's CFSR, PIP which was completed on June 30, 2021, there was little interest in accessing expert clinicians to provide consultation on domestic violence, mental health, and other specialized topics. As a result, Strategy 2 and its associated benchmarks was removed from the CFSP.

Feedback Loops:
The decision to remove this Strategy and associated benchmarks was based upon the lack of interest for this assistance by CFSR PIP county members.

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 on October 1, 2020 and concluded on September 30, 2021. Between the period of October 1, 2020 to September 30, 2021, 66 applicable cases were reviewed and 84.85% of the cases (56) were rated as a Strength.

Permanency Indicators: In the February 2022 *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), Permanency in 12 months (24+ months, Re-entry to foster care a*nd *Placement Stability* revealed that Ohio exceeded the National Performance Standard and did better than the National Performance on *Permanency in 12 months (entries), Permanency in 12 months (12-23 months), and Placement Stability.*

Kinship Care Data: Examination of Placement Type for the period of July 1, 2021 to May 11, 2022, indicated that as of the end of each month in the period, on average 26.15% of the children in care were placed with Kin and 26.5% of children in care were placed with Kin as of May 11, 2022. When children were discharged from care, approximately 25.4% were discharged to the custody of relatives. An additional 4.0% 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)[12]

Benchmark 1: Evaluate Ohio's pilot results with a comprehensive study.
Timeframe: Years 1-2 ***(Completed)***

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 ***(Completed)***

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 Ohio Program was transformed to Kinnect to Family in December 2021. Both county implementation and program administration funds were increased during this reporting period to allow for program expansion.

This enhanced model reflects model application and programming to support services beyond initial placement in implementation counties. To broaden the scope of their programs, Kinnect will be expanding their services with the values of the model in four pathways:

- Diversion - to prevent children from entering foster care.
- Initial Custody - To reducing the length of time spent in foster care.
- Ongoing Custody- to reduce time spent in foster care and decrease children entering permanent custody of a children services agency.
- Permanent Custody- to increase familial connections for children and establish timely permanency.

Additional grant funding focused on expanding implementation of Kinnect to Family, in particular, to counties located in the Southeast region of Ohio. The Kinnect to Family program is currently active and serving families in the following 25 counties: Allen, Athens, Belmont, Champaign, Clark, Clinton, Cuyahoga, Fairfield, Franklin, Hamilton, Hancock, Highland, Lorain, Lucas, Marion, Montgomery, Portage, Sandusky, Stark, Summit, Tuscarawas, Union, Wayne, Williams, and Wood. With two (2) additional counties entering the exploration phase of implementation, by the end of calendar-year 2022 there will be 27 active Kinnect to Family counties.

Current service numbers for the Kinnect to Family program are as follows:

- Children served: 1,658
- Placement with kin rate: 62%
- Average case length: 45 days
- Children served with at least one backup caregiver: 73%

[12] This Strategy is contained under Goal 3, Strategy 1, Option 1 of the CFSR, PIP.

- Assessment scores (well-being) rose from initial case open to 30 days after conclusion by an average of 20%

Additional outreach and expansion efforts included Kinnect initiating and providing SEEK (Search, Engage, Explore, Kinnect) trainings starting in January 2022. These trainings were statewide-regionally approached training for PCSA staff available in-person, or remote in either full day or 3-hour sessions. In total through March 31, 2022, there were 38 sessions held with over 289 attendees. Close to 50% of all Ohio counties (40 total) were represented. Post-training survey results reflected the following:

Over 90% of attendees stated that SEEK training significantly increased their:

- Knowledge in areas of family finding tools and resources
- Meaningful engagement strategies to uncover family supports
- Solutions to barriers for connecting children with their kin

These encouraging results have led to a 2nd blitz of trainings to be offered in early Summer 2022. SEEK trainings have brought necessary exposure to the Kinnect to Family program as well as visibility to vital children services tools for intense family finding and engagement.

Below is a listing of activities Kinnect has completed during this review period:

- Discussed the Kinnect to Family model at the annual PCSAO's Exec's meeting.
- Presented on Kinnect to Family through the OFC updates.
- Held informational meetings for those PCSAs that expressed interest in the Kinnect to Family Model.
- Communicated directly with agencies that had expressed interest in the model, including holding exploration meetings with those counties.
- Sent several communications to PCSA directors.
- Partnered with Integrated Services for connection referrals to Southeast Ohio county contacts.
- Presented at PCSAO Annual Conference, Ohio CASA Conference, Appalachian Coalition Symposium, and Kempe.

Kinnect to Family has also been striving to implement Diversity, Equity & Inclusion (DEI) practices within their trainings, organization, work, and partnerships. Examples of their efforts to incorporate DEI include revising policies, documents, and trainings with the support of the Center for the Study of Social Policy to ensure they align with DEI principles. Specific efforts include using Dare to Lead to engage staff and develop operational tools. Staff participate in onboarding trainings focused on deepening understanding of systemic inequities in children services throughout their tenure at Kinnect to Family. A specific statewide SOGIE-101 training is offered which provides foundational information about gender identity and equality. Kinnect to Family is dedicated to ongoing efforts as this is an evolving process with new practices being explored.

Encouraging Kinnect to Family enhanced model results along with continued program efforts will lead to continued Kinnect to Family program expansion and ensuring Ohio continues to be a leader in children services policies and practices.

Feedback Loops: Kinnect to Family has ongoing regular coaching and technical assistance feedback loops with Kinnect to Family specialists. Kinnect to Family. also operates with an advisory council which includes Kinnect to Family. staff, ODJFS and PCSAs. Kinnect to Family 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)***

Benchmark 3: Increase agency training on the availability of non-safety waivers for relatives applying for licensure.
Timeframe: Years 1-2 ***(Completed)***

Benchmark 4: Release procedure letter to share waiver types and instructions on how to submit requests for waivers.
Timeframe: Years 1-2 ***(Completed)***

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)***

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** ***(Completed)***

Progress Report:
In June 2021, the internal OFC tiered foster care workgroup reviewed the results of the agency readiness survey. The survey included responses from 61 Public Children Services Agencies and 42 private agencies. The survey results provided detailed information from agencies on what they provide to their current treatment foster families around in-home therapeutic supports, peer to peer supports and respite services. It also allowed for responses to be collected on the limitations agencies experience regarding placements with treatment foster families, trainings offered to families, and crisis or emergency services. The results provided the framework to begin collaboration with external stakeholders. Beginning in late 2021, workgroups were formed to include staff from PCSAO, public children services agencies, private foster care agencies, Ohio Family Care Association, foster parents, and the Ohio Children's Alliance. The workgroups began by reviewing documents defining foster care tiers in terms of child characteristics and caregiver supports and the associated foster care rates. The workgroup and sub-workgroups meet either bi-weekly or monthly. The group defined the foster care tiers as tier 1, tier 2, or tier 3. The caregiver characteristics are being divided into three tiers to match the level of the child's need. The Ohio Children's Initiative Child and Adolescent Needs and Strengths (CANS) assessment tool will be used to assess each child entering foster care and identify their level of need and the specific tier, ensuring each child is placed in the appropriate level of care in the least restrictive environment. The use of the CANS assessment aligns with the assessment already in place for children and youth in QRTP placement as required by FFPSA implementation. The workgroup continues to inform policy and programmatic decisions. The tiered foster care system, along with the use of the CANS, is projected to begin on July 1, 2022.

Feedback Loops:
ODJFS continues to work with external stakeholders including the Ohio Department of Medicaid, Ohio Family Care Association, Public Children Services Agencies, private foster care agencies, persons with lived experience, and foster parents. Some of the groups' work is being driven by Milliman, an external actuarial agency, to establish uniform foster care rates. The external workgroup, along with Milliman, provides each member with comprehensive notes from each meeting allowing communication to remain open and all feedback to be accurately captured and considered.

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** ***(Completed)***

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 decided to use the Child and Adolescent Needs and Strengths (CANS) assessment. 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 in July 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, the Ohio Department of Mental Health and Addiction Services, the 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 ***(Completed)***

Progress Report:
Beginning on October 1, 2021, all children being placed into Qualified Residential Treatment Programs (QRTPs) were required to receive an Ohio Children's Initiative Child and Adolescent Needs and Strengths (CANS) assessment confirming the placement and level of care is appropriate for the individual child. The CANS assessment is administered by a Qualified Individual trained and certified in the Ohio Children's Initiative Brief and Ohio Children's Initiative Comprehensive CANS. The assessment is completed in conjunction with the Family and Permanency Team for the child, to include appropriate family members and professionals who are a resource to the child and family. Both the Qualified Individual and Family and Permanency Team consider the child's short and long-term mental health and behavioral health goals when determining the most effective and appropriate level of care in the least restrictive environment.

ODJFS worked closely with the Ohio Department of Mental Health and Addiction Services and the Ohio Department of Medicaid in the development of the CANS assessment. The Ohio Children's Initiative Brief and Comprehensive CANS will be used for OhioRISE which is scheduled for statewide implementation on July 1, 2022. Using the same assessment instrument will allow for multiple professionals involved with each child's care to collaborate on care planning and decision-making on the placement recommendations for each child. Information from each completed assessment is recorded in Ohio SACWIS and upon the launch of OhioRISE, will be entered into a statewide CANS IT system, making the results accessible to permanency team members while promoting cross-system coordination. The CANS IT system was developed jointly by staff from the Ohio Department of Medicaid, the Ohio Department of Mental Health and Addiction Services, and ODJFS.

Using the CANS IT system data, the effectiveness of the assessment will be continually evaluated. Monitoring and evaluation of the tool's effectiveness will be completed by the Child and

Adolescent Behavioral Health Center of Excellence and through the Ohio Department of Medicaid's contract with Aetna's specialized managed care program.

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 (***Completed)***

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 timeframe to review submitted applications to add established trauma models to the statewide list. Over this reporting period, twenty-seven additional models were added to the approved list based on review of comprehensive applications for a current total of thirty-one approved models. The approved trauma model list is located at: https://jfs.ohio.gov/ocf/FFPSA-TraumaProgramIntervention.stm.

In response to the Child Service Transformation Recommendation, "Develop trauma-informed training for all involved in the system, including resource families, caseworkers, agency staff, courts, service providers, mandated reporters (such as teachers and counselors), kinship caregivers, and parents", ODJFS employed a Program Manager to develop a statewide training directory. Collaborative efforts are being made to display this training directory through the ODJFS website, connecting all training links housed within this directory.

During this review period, ODJFS launched and tracked participants enrolled in the 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. The certificate will demonstrate knowledge and skill development in approved Trauma Competencies. Representatives from ODJFS and OhioMHAS collectively developed the statewide Trauma Informed Training Certificate. As of May 2022, 1,240 trauma aware, informed, and competent certificates were issued through this training program. Of these, 1,204 were awarded between May 1, 2021 through May 1, 2022. Some of these groups include: Four Regional PCSAO Consortiums; Ohio Home Visitors Group; the Head Start Association; Childcare Professionals; Ohio Children's Alliance members; and all five-regional Ohio trauma-informed collaboratives. During this review period, ODJFS and OhioMHAS, as well as other subject matter experts, have begun developing the renewal process for this training program.

In addition to the trauma training certificate program, a series of trainings, leading with trauma informed care, was developed by ODJFS and OhioMHAS to support residential agencies in obtaining and maintaining QRTP compliance. This training series partners our QRTP certified agencies as guest speakers in their area of program. These trainings are held in a one-hour session through live interaction, followed by a recorded session later in the day to allow each program to create their own unique learning environment best suited for their agency staff, structure, and hours of operation. The recorded session will be housed in the e-Based Academy and offer Continuing Education Units (CEUs).

Feedback Loops:
To appropriately represent all populations, OFC partnered with 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 children services 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 5101:2-5-09, 5101:2-5-09.1 and 5101:2-48-09 of the OAC identify the frequency and manner by 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 period of time since ODJFS implemented electronic submission of all criminal checks for public and private agency childcare staff, and foster and/or adoptive parents and applicants, 64,125 criminal checks have been submitted through May 1, 2022. Of those, 9,668 were submitted between May 1, 2021-May 1, 2022. Seventy percent of those reviewed between May 1,2021-May 1, 2022 have been found compliant, while others are still being processed. Records identified as non-compliant were cited and the agencies were required to complete a Corrective Action Plan.

Criminal Record Checks	
Total Criminal Checks Submitted through May 1, 2022	**64,125**
Total Submitted from May 1, 2021-May 1, 2022	**9,668**

Feedback Loops:
ODJFS is currently in the process of evaluating the established procedure and hiring additional resources to ensure expedited approvals of background checks, as well as support agencies in more timely hiring opportunities.

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' 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. ODJFS continues to develop this report and procedures to provide this technical assistance.

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 (Ohio 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.

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 ***(Completed)***

Benchmark 2: Conduct statewide webinar and provide technical assistance to support proper claiming.
Timeframe: Years 1-2 ***(Completed)***

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.[13]

Benchmark 1: Identify an established practice model with data supporting the model's effectiveness towards achieving permanency.
Timeframe: Year 1-2 ***(Completed)***

Benchmark 2: Identify court, clinics, or agencies that will participate in pilot and begin training on model.
Timeframe: Years 1- 2 ***(Completed)***

Benchmark 3: Begin implementation of the model in cases and provide technical assistance to the sites and develop evaluation protocol.
Timeframe: Years 2- 3 ***(Completed)***

Progress Report:
In May of 2021, the Supreme Court of Ohio released a competitive request for proposals for multi-disciplinary and pre-petition legal representation pilots. Funding for the pilot project is a collaborative effort made possible by the blending of the following funding sources:

- Ohio Department of Job and Family Services – Federal Children's Justice Act Grant
- Supreme Court of Ohio – Federal Court Improvement Program Grant
- Ohio Children's Trust Fund – Federal Community Based Child Abuse Prevention Grant

Pilot Grant Awards for Grant Year 1 (October 1, 2021 – September 30, 2022) were awarded to the following Juvenile Courts/Public Defenders Offices:

- Summit County Juvenile Court: $158,577
- Wayne County Juvenile Court: $144,600
- Cuyahoga Public Defenders Office: $136,451
- Clark County Juvenile Court: $145,191
- Stark County Juvenile Court: $150,000
- Erie Public Defenders Office: $127,017

The structure of the pilot sites is captured in the chart below:

[13] This Strategy is contained under Goal 4, Strategy 2, Option 3 of the CFSR, PIP.

STRUCTURE OF OHIO LEGAL REPRESENTATION PILOT PROJECT							
County	Type of County	Pilot Lead Entity/ Grant Awardee	Strategy	Contract Model, Center Model, or Mixed Approach Model*	Social Worker(s)	Parent(s) with Lived Experience	Attorneys
Summit	Urban	Summit County Juvenile Court	Post Petition	Mixed Approach	Employed by Juvenile Court	Contract with Community	Contract
Wayne	Suburban	Wayne County Juvenile Court	Pre-Petition	Mixed Approach	Contract with Community Entity	Contract with Community	Contract
Cuyahoga	Urban	Cuyahoga Public Defenders Office	Pre-Petition	Center Model	Employed by PD Office	Employed by PD Office	Employed by PD Office and Contract with Legal Aid
Clark	Suburban	Clark County Juvenile Court	Pre-Petition	Mixed Approach	Employed by Juvenile Court	Contract with Community	Contract with Legal Aid
Stark	Urban	Stark County Juvenile Court	Pre-Petition	Mixed Approach	Employed by Juvenile Court	Juvenile Court Social Worker Filling this Role	Contract with Legal Aid
Erie	Rural	Erie Public Defenders Office	Pre-Petition	Mixed Approach	Employed by PD Office	Employed by PD Office	Employed by PD Office and Contract with Legal Aid
*Contract Model - legal team members (social workers, parent with lived experience, attorneys) are contracted by the lead entitiy							
Center Model - legal team members are all employed and housed by the same entity							
Mixed Approach Model - legal team members are a mixture of employed by entitiy and contracted staff.							
Legal team members may be located in different physical locations.							

Technical Assistance and Training provided to the Ohio Pilot Project included:

- **Monthly Virtual Technical Assistance**
  Susan Jacobs, Debra Copeland, SCO, and funding partners Tequilla Washington, ODJFS and Eric Gonzalez, OCTF meet monthly via zoom to provide technical assistance to each pilot site. Susan Jacobs Esq., founding Executive Director, the Center for Family Representation, Inc., is the technical assistance provider for the pilot project.

- **Monthly Pilot Cohort Virtual Training & Technical Assistance**
  October 2021 – Launch of Ohio Pilot Program – What to Expect in the First Three Months, Team Identity Structure and Roles, Diversity Equity Inclusion Considerations, Research Plans
  November 2021 – Role of each of the team members, what a pre-petition case might look like, shared ownership of cases
  December 2021 – Communication strategies for cases and data
  January 2022 – Research plans with research team, Mandated Reporting discussion, What to expect when starting to take cases
  March 2022 – Cornerstone Advocacy Model Training Part 1
  April 2022 – Cornerstone Advocacy Model Training Part 2

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

Progress Report:
Ohio CIP has contracted with Action Research Inc to evaluate the Ohio pilot project. The lead evaluator for the project is Tim Ross. The evaluation team includes Jessica Pak Mortega, Oliver Ponce, and Alfred Perez.

During the Spring of 2022, Action Research met with each of the pilot projects via Zoom to gather information to develop a four-year research strategy. The draft plan is being reviewed by the pilots, the three funders of the pilot project, and Susan Jacobs. Feedback was provided to Action Research at the end of April so any needed adjustments to the evaluation design could be made and the evaluation could move forward.

The draft evaluation is proposing a mixed-methods approach.

- A process evaluation will include interviews and focus groups with individual pilot staff and stakeholders.
- Surveys of program participants and non-program participants.
- Analysis of program data.
- Cost analysis-cost implications of return on investment of the pilot programs.

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:
The CAND sub-committee met on October 20, 2021, April 6, 2022, and will continue to meet quarterly. During these meetings, updates regarding the project are given and guidance requested or received when applicable.

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:
Based on stakeholder feedback, the permanency docket quarterly report was revised to include demographics of children in care and of Ohio's child population based on census data. In addition, the entire report, state, and county level, is now available online in an interactive format. In addition, SCO and OFC are meeting with the Capacity Center for Courts to review race and ethnicity data to identify disparities and disproportionality to inform strategies for improvement.

Dr. Summers is conducting a second round of the quality hearing study with a new group of Juvenile Courts. The following thirteen county courts have volunteered to participate: Coshocton, Licking, Logan, Warren, Ashtabula, Clark, Union, Portage, Ross Sandusky, Williams, Pickaway, and Hamilton.

Like the first study, Dr Summers and her team will review recorded hearings and score them using the same quality hearing checklist used for the initial study. The checklist focuses on persons present, Judicial engagement, attorney advocacy, and child safety and well-being. One change to this study is the addition of time for courts to work with Dr. Summers to develop action plans based on their quality hearing results.

For ongoing support and improvement, Dr. Summers created a quality hearing self-assessment tool for courts. This includes a corresponding toolkit and training module.

Benchmark 2: Recommendations put forth to the Supreme Court of Ohio, based upon the review.
Timeframe: Years 1-3 ***(Completed)***

Progress Report:
Recommendations included the aforementioned revisions to the PDQ, the self-assessment toolkit, and round two of the quality hearing study.

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 ***(Completed)***

Benchmark 2: Identify an established practice model with data supporting the model's effectiveness towards resolving family concerns leading to placement.
Timeframe: Year 2 ***(Completed)***

Benchmark 3: Begin implementation of the model in cases and provide technical assistance to the sites.
Timeframe: Years 3-4

Progress Report:
Refer to updates under Objective 6.

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 ***(Completed)***

Benchmark 2: Conduct statewide webinar and provide technical assistance to support proper claiming.
Timeframe: Years 1-2 ***(Completed)***

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 2022 indicated there has been a decrease in entries into care in FY21 from the prior 4 years. During FY21 there were 9, 118 entries (3.55 entry rate per 1,000). During the prior fiscal year there were 9,286 entries (3.62 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 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 82.61% of the applicable cases reviewed. This exceeded the CFSR Improved Goal. As a result of these findings there is additional credence to 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 ***(Completed Year 3)***

Benchmark 2: Data will be tracked and analyzed for the pilot to determine effectiveness.
Timeframe: Years 1-5***(Completed Year 3)***

Benchmark 3: Disseminate the findings/best practices statewide via regional forums.
Timeframe: Year 5***(Completed Year 3)***

Progress Report:
Together, the 14 QIC sites served 71% of adults and 59% of the children referred for services**.** Cross-site evaluation findings include the following:

- The average time between treatment referral and enrollment was 16 days; the average stay in treatment was 117 days, or nearly four months.

- Most children (81%) in-home at time of court program enrollment remained at home with their parent(s) throughout QIC-CCCT involvement. Additionally, 71% (n=76) of babies born during the QIC-CCCT remained with their families.

- Nearly all women (93%) who were pregnant at program enrollment had a PoSC by the time of exit/closeout Family functioning.

- Adult employment increased from 38% at enrollment to 57% at exit/closeout—a 50% increase.

- Black/African American, American Indian/Alaskan Native, and biracial/multiracial children were less likely than White/European American, Asian American, or Native Hawaiian/Other Pacific Islander to live at home at exit/ closeout and to reunify with their families during QIC-CCCT–even after controlling for other variables.

Cross-site lessons learned included the following:

- Implementing prenatal PoSC is an effective strategy to inform children services system's response to notifications of infants with prenatal substance exposure and help prevent removals of infants. Prenatal PoSC also serve to empower families to advocate for their own needs both before and after birth.

- Building coordinated service systems between health care, children services, and SUD treatment for pregnant and parenting women requires building trust at the systems and family level.

- Building strong relationships among systems partners can foster community-wide shifts in both culture and practice, break down silos between systems, and reduce stigma for families affected by SUDs.

- State agencies can support local implementation sites by identifying state-level resources, disseminating successful program strategies, and planning for expansion to other counties.

- Opportunities for statewide expansion are more likely when coordinating with related parallel initiatives and aligning with local, state, and federal priorities (e.g., the Family First Prevention and Services Act priority on prevention; 2016 CARA amendments to CAPTA).

Ohio site specific impact and lessons learned by each is summarized below:

Coshocton county's QIC team received 291 referrals. Sixty-four percent of all adults and children referred were enrolled in services. Coshocton County QIC worked diligently to expand communication between providers and identify pregnant mothers with substance use disorders. They expanded the medication-assisted treatment (MAT) program with integrated health services, added Parent Child Interactive Therapy and Child Parent Psychotherapy, and a mother's mentoring group with the local treatment provider. They strengthened court services within the Family Dependency Court by adding services from their local domestic violence center, local Fatherhood Initiative, and Family and Children First Council. Except for inpatient residential treatment, Coshocton County residents can remain in the county for all their substance use treatment needs.

Trumbull county received 17 referrals of which 13 adults and 38 children were served. In 2019, Family Drug Treatment Court (FDTC) referrals increased by 138%. Peer support services were provided to over 20 participants. Trumbull County advocated to ODJFS to add the CARA requirements to the CPS Family Assessment Rule (OAC 5101:2-37-03). Trumbull's Initiative has made a concerted effort to implement peer support to assist FDTC and Trumbull County Children Services clients in navigating the path from a life of addiction to a life of recovery. Use of peer support resulted in timely referrals, improved trust and engagement, and greater access to services.

Fairfield county's QIC team received 90 referrals. Seventy-five percent of all adults and children referred were enrolled in services. Through cross-system collaboration, Fairfield County developed a coordinated multi-system approach to address the needs of infants affected by prenatal substance exposure and their families. The team created materials and organized cross-system trainings to educate all providers working with families about the QIC initiative and the importance of keeping families together while keeping babies safe through holistic, family-centered services. To oversee community wide implementation, Fairfield hired a Plan of Safe Care (PoSC) Coordinator to monitor the community PoSC and manage data from both community providers and children services. To support this effort, the community also reinitiated their Perinatal Services Council to provide clinical oversight and guidance for planning, monitoring and resource linkage.

At the conclusion of the project, plans for regional dissemination were canceled due to the pandemic. Instead, outcomes and lessons learned as well as resources were shared in webinars, web-based learning, and online.

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 (***Completed)***

Benchmark 2: Develop Child's prevention plan.
Timeframe: Years 1-3 (***Completed)***

Progress Report:
Ohio's five-year Title IV-E Prevention Services Plan was found to be in compliance with applicable federal statutory and regulatory requirements by the Administration for Children and Families on December 3, 2021. Approval of the Prevention Services Plan allowed Ohio to begin claiming IV-E reimbursement for the approved prevention services back to October 1, 2021. Both approvals are major steps forward in Ohio's implementation of the Family First Prevention Services Act (FFPSA).

Benchmark 3: Define process for ongoing monitoring of safety while children and families are receiving prevention services.
Timeframe: Years 1-2 ***(Completed)***

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. To assist in the conversations around prevention services, OFC partnered with the Center for the Study of Social Policy.

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 ***(Completed)***

Progress Report:
OhioKAN was launched in the fall of 2020. Since the launch, the program has received calls from every county in the state, serving 2,329 families. As of March 2021, OhioKAN employs 1 Program Director, 1 Program Manager, 1 Program Coordinator, 1 Contract and Performance Coordinator and 2 Trainers at the state level. At the regional level there are 9 Regional Directors, 9 Regional Coordinators, and 9 Coaches. Throughout the state there are 36 navigators located within 19 community agencies and there is 1 Benefits Coordinator statewide. At least 1 additional agency is expected to join OhioKAN and have 1 additional navigator. Although the regional sites are not fully staffed, the navigator positions are approximately 82% filled.

During the last year there have been some staff turnover, promotions within the program and difficulty hiring new staff. OhioKAN is working with navigator sites on workforce issues as many agencies are having difficulty finding and maintaining staff. In two circumstances agencies left OhioKAN when their navigators left because they had too many other open staff positions to dedicate resources to OhioKAN. OhioKAN continues to work with sites to assist with such difficulties.

The OhioKAN program manual is in its final stages of preparation. The manual is being designed to meet the requirements of the Title IV-E Clearinghouse. Changes are being made to ensure Inclusion, Diversity, Equity, and Access are addressed and are at the forefront of the work with families. Once the manual has been finalized, it will be publicly accessible.

The Effectiveness Evaluation began in February 2022 by Kaye Implementation and Evaluation (KI&E). The response rate to the initial surveys has been promising and the number of families enrolling in the program has increased. When the effectiveness trial began, program outreach and advertisement increased to inform more families about the program. Additionally, the measures for caregiver and child well-being that KI&E are using were developed using the culturally responsive and equitable evaluation (CREE) approach, which included the voice of diverse families on what should be measured.

In January 2022, The Statewide Advisory Council held its first meeting. The purpose of this council mirrors the Regional Advisory Councils but will look at how to implement and sustain the program statewide. The Council will look at statewide data and trends to identify action areas to assist the program. The council consists of members from each Regional Advisory Council, and additional stakeholders to provide a diverse perspective. Council members represent such groups

as the state Office on Aging, community leaders, individuals with lived experience in kinship and adoptive families, local nonprofits, and children services professionals.

Benchmark 3: Implementation of program based on funding allocations.
Timeframe: Years 2-5

Progress Report:
Ohio has allocated $8.5 million for the OhioKAN program. OhioKAN was also supported using the Title IV-B Kinship Navigator funds. Funds were used to support all aspects of the program, including implementation, staff training, services to families, and evaluation. In state fiscal year 2022, OhioKAN was able to increase staff to reflect the initial design. All regions were able to hire a regional director, regional coordinator, and coach. OhioKAN is budgeted for 40 – 44 navigators throughout the state. We have not fully hit our budgeted staffing model due to staff turnover, promotions, slower than usual hiring, and onboarding new sites.

Feedback Loops:
Stakeholders are engaged in program implementation and sustainability through Advisory Councils. Each region has a Regional Advisory Council (RAC), and representatives from each RAC sit on the State Advisory Council. These councils consist of individuals with lived experience 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.

One example of the CQI process is the updates to the OhioKAN Support Plan. Through feedback from direct service staff, leadership was informed that the Support Plan was confusing for staff and families. Through conversations with navigators, families, and former youth in the children

services system, the Support Plan was completely updated. The updates were piloted for further refinement. Once the final Support Plan was created, navigators were trained during Learning Collaboratives, which identified any additional feedback. In the CQI Steering Committee, members continue to look at data about Support Plan development to ensure it is being used consistently across the OhioKAN intervention regions.

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 **(*Completed)***

Benchmark 4: Cross-system fiscal planning to support the prevention services array.
Timeframe: Years 1-2 ***(Completed)***

Benchmark 5: Development a plan for ensuring ongoing model fidelity of approved evidence-based prevention services.
Timeframe: Years 1-2 (***Completed)***

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:
Following approval of Ohio's Title IV-E Prevention Plan in December, OFC began the research and planning stages for Phase 2 services. In early December 2021, three Prevention Services meetings were held. These meetings provided an opportunity for OFC to level set with counties on the Prevention Services planning process, discuss Pathways to Prevention Services, and garner feedback on Phase 2 services. OFC shared needs data with the groups, similar to what was analyzed during the initial planning process. The goal-was to match the needs of families and children we are serving to services identified on the Title IV-E Prevention Services Clearinghouse. Additionally, the goal was to look at where there may be existing capacity for these services that can be leveraged.

The meetings provided a great opportunity for group discussion around needs and services. Many counties had specific services in mind, while others shared areas where they saw gaps in their community's service array. After the meetings, the team compiled all the information shared and began sifting through programs to make final service recommendations. Parenting programs were the most requested and discussed service category. Many counties expressed a need for additional parenting programs. They wanted programs that were flexible, designed for the children services population, and served all ages.

Even with our work to expand the service array, we wanted to maintain our focus and momentum for Phase 1 services and continue our capacity building efforts for MST, FFT, Ohio START, HFA, and PAT. With the current focus on mental health services through OhioRISE and other ODM and OMHAS initiatives, we wanted to focus on parenting programs in Phase 2. We will look to include additional mental health services in future phases of Prevention Services. We know there is work to be done to increase the number of counties implementing Prevention Services and to expand capacity across the state, so we are looking at programs where we may be able to leverage existing infrastructure.

In addition to this work, OFC has been partnering with the Ohio Children's Trust Fund (OCTF) in the prevention services space. OCTF was awarded one of nine federal Community Collaborations to Strengthen and Preserve Families grant. The OCTF is specifically working on this goal and subsequent benchmarks through a three-county pilot area in Northeast Ohio, to provide community-based child maltreatment prevention services via the Family Success Network to families prior to becoming involved in the children services 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 families involved in

OCTF programs are able to remain outside of public children services involvement and/or the foster care system.

Additionally, this pilot project includes the utilization of several EBPs, such as Triple P Positive Parenting Program, Transition to Independence Practice Model, and Motivational Interviewing, that are being utilized with families who do not meet Ohio's candidacy definition for FFPSA prevention services. To ensure ongoing model fidelity to both the specific EBPs provided to families, as well as the model in general, the OCTF has developed a program manual to be utilized by other providers for replication purposes.

Throughout the last FFY the OFC has closely collaborated with the OCTF to plan for the expansion of the Triple P positive parenting program in Ohio. With the addition of CBCAP American Rescue Plan Act (ARPA) funds in FFY 2021, the OCTF Board recently approved the expansion of the Family Success Network to two additional sites throughout Ohio. After collaborative discussion with OFC, it was decided that additional prevention services GRF funding will be directed to the OCTF to support two additional expansion sites, for a total of four expansion sites across Ohio. This expansion effort will allow the OCTF to continue supporting other EBPs and promising interventions to meet the needs of Ohio's children and families and to reduce the need for foster care for children at risk of removal. With additional sites onboarded to this model, the OCTF will be able to better assess the efficacy of the program manual and better monitor ongoing fidelity to the model through multiple sites.

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:
A multi-prong approach is being used to 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. These include the: (1) Multi-System Youth Initiative, (2) Next Generation of Ohio Medicaid Initiative, (3) Qualified Residential Treatment Programs and Ohio Children's Initiative Child and Adolescent Needs and Strengths (CANS); and (4) Tiered Foster Care.

Multi-System Youth Initiative

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 children services, 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 April 30, 2022, the Team had received 1,030 applications, and authorized over $33 million to provide needed services and supports to 818 children from 82 counties. In addition, the team

had provided technical assistance to numerous local entities regarding complex cases for 127 children.

Next Generation of Ohio Medicaid Initiative

The Ohio Department of Medicaid (ODM) began development and is currently preparing for implementation of their Next Generation of Ohio Medicaid initiative which includes additional supports for Medicaid-covered children and youth under 21. ODM is planning a staggered rollout of several new types of Managed Care Entities (MCE). ODM will begin the next generation initiative with an MCE delivered behavioral health-specific program called OhioRISE (Resilience through Integrated Systems and Excellence) - a program targeted specifically to youth under 21 with complex needs.

OhioRISE will begin July 1, 2022 and this initiative has been designed to better address the needs of children with complex challenges and multi-system involvement. On any given day, approximately 140 Ohio children are placed in out-of-state facilities, often in Psychiatric Residential Treatment Facilities. To combat this statistic and offer a more robust service provision in Ohio, OhioRISE is implementing the following services:

- Intensive and Moderate Care Coordination: Moderate and intensive levels of care coordination will be implemented under the principles of High-Fidelity Wraparound model and delivered by a Care Management Entity-qualified agency.
- Intensive Home-based Treatment: Ohio's existing IHBT services will be changed and aligned with those of the Family First Prevention Services Act.
- Psychiatric Residential Treatment Facility: This service will be designed to keep youth with the most intensive behavioral health needs in-state, and closer to their families and support systems.
- Mobile Response and Stabilization Services: This service will provide youth in crisis and their families with immediate behavioral health services to ensure they are safe and receive necessary supports and services. (Note: This service will also be available to children who are not enrolled in Ohio Medicaid.)
- Behavioral Health Respite: This service will provide short-term, temporary relief to the primary caregiver(s) of an OhioRISE enrolled youth.
- Flex Funds: Flex funds will support services, equipment, or supplies not otherwise provided through the Medicaid state plan or OhioRISE Program that addresses an identified need in the case plan.
- 1915(c) Waiver: This unique waiver provides an opportunity for at-risk children who are not otherwise eligible to become part of the Medicaid OhioRISE program. The waiver will cover services such as transitional services and supports (TSS), out-of-home respite, secondary flex funds for customized goods and services not otherwise provided.

After OhioRISE is implemented, ODM will expand the available selection of managed care plans as part of the Next Generation of Ohio Medicaid. ODM is finalizing the managed care plans that will coordinate Medicaid-funded services for Ohio's 3 million members, their families and service providers. The Plans selected were United Healthcare Community Plan of Ohio, Inc.; Humana Health Plan of Ohio, Inc; Molina Healthcare of Ohio, Inc.; AmeriHealth Caritas Ohio, Inc.; Anthem Blue Cross and Blue Shield; CareSource Ohio, Inc.; and Buckeye Health Plan.

Qualified Residential Treatment Programs & Ohio Children's Initiative Child and Adolescent Needs and Strengths (CANS)

Beginning on October 1, 2021, all children placed into Qualified Residential Treatment Programs (QRTPs) were required to receive an Ohio Children's Initiative Child and Adolescent Needs and Strengths (CANS) assessment confirming the placement and level of care is appropriate for the individual child. The CANS assessment is administered by a Qualified Individual trained and certified in the Ohio Children's Initiative Brief and Ohio Children's Initiative Comprehensive CANS. The assessment is completed in conjunction with the Family and Permanency Team for the child, to include appropriate family members and professionals who are a resource to the child and family. Both the Qualified Individual and Family and Permanency Team consider the child's short- and long-term mental health and behavioral health goals when determining the most effective and appropriate level of care in the least restrictive environment.

ODJFS worked closely with the Ohio Department of Mental Health and Addiction Services and the Ohio Department of Medicaid in the development of the CANS Assessment. Information from each completed assessment is recorded in Ohio SACWIS. Ongoing training, certification, professional development, and coaching for CANS assessors is available through the Child and Adolescent Behavioral Health Center of Excellence (COE).

Tiered Foster Care

OFC started a new initiative to build a system of consistent, high-quality care for children and youth, resources for foster parents, and supports for agencies in Tiered Foster Care (TFC). A Stakeholder Workgroup consisting of the Ohio Departments of Job and Family Services, Medicaid, and Mental Health and Addiction Services along with public and private agencies, advocacy organizations, foster parents, and former foster youth started meeting in January 2022. The three key areas for the workgroup to address included:

1. Defining and characterizing each of the planned Tiers.
2. Updating and enhancing resources, training, and supports available to foster parents.
3. Setting more consistent rates and determination tool(s) used across the State.

Data collection and analysis will be conducted to support the determination tool and rate-setting. Ultimately, Tiered Foster Care will expand foster care, better support foster parents, and better serve youth where they should properly be placed.

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,
3. **promote healthy relationships** through conflict resolution and communications skills training.

Efforts continue to build workforce skills to seek and engage fathers as they are viewed as a critical component in child well-being. The Fatherhood Commission has established a new workgroup to revise the *Fatherhood Engagement Tool Kit* with members of the OFC training team actively participating.

The OFC Children Services Training and Development Team has joined the Fatherhood Commissions Grantee monthly meetings to learn what is being implemented and achieved at the community level. The training team ensures that information and best practices for engaging fathers are included in all of the following content training.

Topic	Sessions	Dates
Foster Youth & Resource Family Bill of Rights	One session	November 30, 2021
Family Case Plan	Two sessions	December 7, 2021 February 2, 2022
Family Case Plan Regional Discussions	Eight sessions	March 2, 2022 March 3, 2022 March 4, 2022 March 7, 2022 March 8, 2022 March 9, 2022 March 10, 2022 March 11, 2022
Case Reviews/Semi-Annual Reviews	Self-paced on-demand	
Safety Assessment SACWIS Functionality	Two sessions	Pending for April 2022
AVEnueS Virtual Reality Train the Trainer – Scenario 3 – Tory's Home Visit – Exploring personal bias	One session	March 3, 2022

OCWTP maintains content surrounding father engagement best practices. In CY 2021, OCWTP Fatherhood Learning content was addressed in the following OCWTP training sessions:

Title	Sessions	Learners	Format
(CW 6 hr. V-ILT) Caseworker Core Module 2: Engaging Families in Family-Centered Child Protective Services	33	462	Virtual
(CW 6 hr.) Caseworker Core Module 2: Engaging Families in Family-Centered Child Protective Services	17	169	In-person
(CW 12 hr. V-ILT) Caseworker Core Module 3: Legal Aspects of Family-Centered Child Protective Services	10	163	Current virtual
(CW 12 hr.) Caseworker Core Module 3: Legal Aspects of Family-Centered Child Protective Services	14	160	Current In person
CW3 Legal Aspects of Family-Centered Child Protective Services (Virtual)	2	42	Old virtual
Virtual CW3 PILOT Legal Aspects of Family-Centered Child Protective Services	13	210	pilot
CW3 Legal Aspects of Family-Centered Child Protective Services	16	169	Old in person
(CW 18 hr. V-ILT) Caseworker Core Module 6: Service Planning and Delivery	33	479	Virtual
(CW 18 hr.) Caseworker Core Module 6: Service Planning and Delivery	15	121	In-person
(CW 6 hr.) Journeys of Adoption: In Our Own Voices	0	0	N/A
(Virtual 3 hr.) Services for Birth Parents (Assessor-Tier 1)	8	134	Virtual
Services for Birth Parents (Assessor-Tier 1)	15	104	In-person
(CW, SU 6 hr.) Semi-Annual Review: A Tool to Assist in Reaching Permanency	0	0	N/A
(CW, SU 6 hr. V-ILT) Semi-Annual Review: A Tool to Assist in Reaching Permanency	3	26	Virtual
(CW 6 hr.) The Resilient Father	0	0	N/A
(CW 6 hr.) Engaging Dads: Walking the Walk and Talking the Talk	0	0	N/A
(CW, FC 6 hr. V-ILT) Achieving Permanency Through Roundtables (YCPRT Values)	8	107	Virtual
(CW, FC 6 hr.) Achieving Permanency Through Roundtables (YCPRT Values)	4	33	In-person
(CW 6 hr.) Fatherhood	0	0	N/A
(CW 6 hr.) Working with Kin: A Critical Resource for Children in Care	0	0	N/A
(CW 6 hr.) Factor the Father In, Part II	0	0	N/A
(CW 6 hr.) Factor the Father In! Part I	0	0	N/A
(CW 3.25 hr.) Fathers, Inequity, and Ethics in Child Welfare	5	38	In-person
(FC, CW, SU 6 hr.) Journeys of Adoption: In Our Own Voices	0	0	N/A
(CW 6 hr.) Overview of Fatherhood: Empowering Fathers to Improve their Child's Life	5	76	In-person
	201	**2,493**	

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. In FY18-19 there was an increase in the percent of recurrence of maltreatment to 10.1%. However, for FY19-20 there was a decrease in the recurrence of maltreatment and the Observed Performance was at 9.6% - although still not achieving the National Performance Standard of 9.5% or less. The Risk Standardized Performance for FY19-20 was reported at 13.2% which is statistically worse than the National Performance Standard.

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 Children Services 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." 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.

As OFC explored issues related to effective safety and risk assessment in the context of the CFSR PIP, it became more apparent that while multiple agencies may struggle with developing effective risk and safety assessments 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 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. The five identified counties continue to work to improve recurrence of maltreatment using the strategies that they have identified. Athens, Allen, Wood, and Logan counties are all showing some improvement in their recurrence of maltreatment performance since the beginning of 2021 when the intervention was implemented. Lucas's rate has not improved but their performance on this measure was less concerning than that of some of the other counties.

***Rationale**:* One of the primary responsibilities of a children services system is to keep children safe and for those children that have experienced maltreatment, the interventions should prevent future harm and reduce the need for future interventions of the children services system. One way to reduce the recurrence of maltreatment, is for the children services system to understand the recurrence patterns, 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 ***(Completed)***

Progress Report:
This benchmark was completed during this reporting period. The Screening Guidelines underwent additional revisions from December 2021 through March 2022. Collaboration with the Ohio Governor's Human Trafficking Task Force and Ohio's Chapter of the American Academy of Pediatrics have resulted in improved guidance and criteria added to the guidelines. Guidance specific to The Comprehensive Addiction and Recovery Act (CARA) and Plans of Safe Care have been included. The Screening Guidelines underwent re-formatting and review in March 2022. A presentation and review of the Screening Guidelines was held with the original Screening Workgroup members in April 2022. In May 2022, the Screening Guidelines were submitted to the Office of Communications for finalization prior to distribution.

The revised Screening Guidelines are in process to soon be published electronically for PCSAs to view and/or print. In addition, OFC plans to print and provide copies of the Screening Guidelines

to requesting PCSAs. If agencies would like to order paper copies of the Screening Guidelines, the Screening Guidelines Order Form would need to be completed no later than June 30, 2022.

***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 (CST) 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." Post the CST recommendation, ongoing collaboration with the Ohio Governor's Human Trafficking Task Force and the Ohio Chapter of the American Academy of Pediatrics provided additional guidance and criteria to include in the Screening Guidelines.

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:
Following finalization of the Ohio Screening Guidelines, the guidelines will be distributed to all 88 PCSA's and Juvenile Courts. The Screening Guidelines will be posted and available on Ohio's SACWIS Knowledge Base. Training and presentations on the Screening Guidelines will be offered to PCSAs and IV-E Courts in conjunction with release of the Screening Guidelines.

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 continue to have access to data reports related to recurrence of maltreatment and maltreatment in 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 care and can then validate the data in Ohio SACWIS.

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 in maltreatment recurrence.

The OFC training team has created a video explaining the importance of entering the maltreatment incident date information correctly and demonstrating how to enter the information.

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:
OFC has restructured its Continuous Quality Improvement work and the CQI Data Subcommittee now functions as a data quality group to assist with CCWIS data quality issues. OFC remains committed to reviewing data related to recurrence of maltreatment and maltreatment in care. OFC reviewed all maltreatment in care records prior to submission of the National Child Abuse Data System (NCANDS) file and requested that counties correct data that was inaccurately entered. This has helped to improve the state's performance on the maltreatment in care measure. During the review of these records, staff also identified who the perpetrator of abuse/neglect was, where the abuse neglect occurred, and the child's placement type to identify trends and implement interventions to improve this issue. One finding was that many youths who are maltreated in care are older youth in residential facilities. OFC is currently promoting trauma informed care training and certification for staff members at these facilities, in hopes that this will help to reduce these incidents.

OFC has also continued 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 relationship to the CFSR PIP, it became more apparent that while multiple agencies may struggle with developing effective risk and safety assessments 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 conducted an extensive review of 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 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 similar 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. The five identified counties continue to work to reduce recurrence of maltreatment using the strategies that they have identified. Athens, Allen, Wood, and Logan counties are all showing some improvement in their recurrence of maltreatment performance since the beginning of 2021 when the intervention was implemented. Lucas's rate has not improved but their performance on this measure was less concerning than that of some of the other counties.

~~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)*

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 care, state and county data analysts and children services 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 Subcommittee 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.***

Ohio continues to progress in enhancing the current capacity of its CQI/QA system through ongoing learning opportunities provided by the Capacity Building Center for States. OFC members have participated in the asynchronous CQI Training Academy: Foundations of Continuous Quality Improvement learning series. The principles of the CQI cycle are routinely applied to numerous projects within OFC. Additionally, members of OFC participate in the County-Administered State Partnership Peer Group through the Capacity Building Center for States. Networking and learning opportunities are made available to the membership in exploring best practice and quality assurance efforts in children services that are unique to state supervised, county administered states.

One program administrator on the OFC team is participating in the Casey Family Programs Data Leaders Group. The group meets every six months to discuss how data can be utilized to improve outcomes. The program administrator joined the group in the spring of 2021. Before COVID, the group met in person but the last several convenings were virtual due to the pandemic. In person convenings will resume in July in Salt Lake City. Examples of topics discussed at the November 2021 convening were Impact of PACE program on Racial Disparities in Child Welfare, Modernizing Measurement and Federal CQI Processes: Discussion with ACF, and Child Welfare Data Leaders Covid Lessons Learned. The group allows members to increase knowledge of using data to analyze programs and improve practice and assists in creating a valuable network of peers for knowledge sharing on data and CQI related challenges.

Ohio's 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/IV-E Courts and ODJFS on a twenty-four-month cycle. The CPOE process includes an initial self-assessment, which is an opportunity for the PCSA or Court to gather and analyze qualitative and quantitative data and information to evaluate their children's services programs and practice, and to identify opportunities for improvement.

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.

Through the CPOE process, there is emphasis on supporting PCSA's in the use of data reports as a tool for monitoring for continuous quality and improvement. Efforts have been made to support PCSA's to increase understanding and utilization of data reports. OFC has partnered with a number of PCSA's to make use of data reports as an administrative supervision tool to assist in managing mandates, tracking requirements, and improving performance and practice. Information gleaned from the use of data reports helps to identity gaps in knowledge and skill which results in developing a solution. As an example, Ohio SACWIS and ROM generated reports around assessment/investigation timelines and activities were reviewed to examine practice and identify areas for improvement. An area identified was completing investigation requirements when a new report is screened-in on an open case. Another area identified was meeting face-to-face contact requirements within the first four days of a screened-in assessment/investigation. The review of data reports in conjunction with review of documentation in Ohio SACWIS generated a response to address the gaps identified. As part of the CPOE process, these gaps were addressed by instituting knowledge building activities with ongoing monitoring for success. PCSA's are encouraged to make use of a results-oriented approach using data as a means to enhance ongoing QA/CQI.

Through the CPOE process, OFC has partnered with PCSA's to expand Continuous Quality Improvement (CQI) departments to re-establish a positive relationship between the CQI staff and the caseworkers, supervisors, and senior managers. OFC staff provided education and training to the CQI staff regarding the State of Ohio's Child Protection Oversight and Evaluation (CPOE) practice advancement process and the use of the Federal On-site Review Instrument (OSRI). In an effort to foster the agency's CQI staff as being a valuable resource, OFC staff collaborated with the CQI staff to conduct non-threatening case reviews of the agency's casework practices utilizing the federal On-Site Review Instrument (OSRI). This process included coaching the CQI staff regarding how to rate the items in the OSRI when reviewing cases; leading peer reviews of cases with caseworkers, supervisors, and senior managers; and synthesizing qualitative information from the case reviews to make informed recommendations for practice improvement. Additionally, OFC staff provided assistance to the CQI staff in using various quantitative data reports to identify areas needing improvement. This process has been instrumental in building positive relationships between the CQI and casework staff; eliciting positive CQI lead peer reviews feedback; and the leadership team and staff embracing the CQI process to attain positive outcomes for the families and children they serve.

Additionally, OFC generates a series of snapshot dashboard reports monthly to support PCSA's in their ongoing QA/CQI efforts. This was in response to PCSA's expressing concern they did not have the resources to pull and review data. The issuing of these reports has been an ongoing process over the course of this reporting period and will continue. The snapshot dashboard reports issued to PCSA's monthly consist of:

- *Children in Care Snapshot Dashboard* provides the number of children in custody and their placement settings on a state and county level as a point in time count as of the last day of the month. It is updated monthly. The snapshot provides a 15-month trend so that

PCSA's can see the established trajectory. It also provides a further breakdown of the point in time county by race and age.

- *Foster Home Snapshot Dashboard* provides the number of foster homes, by county and certifying agency. It allows agencies to quickly see 15-month trend lines and is critical when comparing the availability of foster homes to the number of children in custody to determine recruitment needs.

- *Racial Disproportionality Snapshot Dashboard* provides information for all intakes and screened-in referrals broken down by race at both the state and county level. The report compares the demographics served to the overall population and depicts where over and under representation is realized. These reports are not meant to serve as causal reports to drive policy and case decisions. Instead, they are intended to inform where Ohio is as a state and county system from a baseline perspective to assist in efforts to improve practice and policy, guide training needs and evaluate change.

PCSA's also have access to the *Children Services Performance Measures Dashboard* as a tool for ongoing QA/CQI. This is a series of reports made available to PCSA's to examine children services measures of performance related to 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. These reports are updated daily.

- ***Provide any relevant updates on how CCWIS enhancements or updates have or will be used to support CQI/QA and how the agency ensures coordination of CCWIS Data Quality Plan and Biennial Review strategies with ongoing CQI/QA activities.***

Ohio's implementation of Family First Prevention Services Act (FFPSA) led to several enhancements and updates to CCWIS. Of particular interest to Ohio's CQI/QA team is the implementation of Prevention Services as a priority initiative. As Prevention Service implementation data is collected, the CQI team will begin applying CQI principles to evaluate and monitor progress.

Ohio completed an evaluation of the validity and reliability of the instruments in the CAPMIS assessment tool kit. The evaluation provided recommendations for improving the tools within the system to ensure accuracy of information to be used to inform actions and decisions. Based on the provided recommendations, enhancements to Ohio SACWIS functionality have been made to the Safety Assessment and Actuarial Risk Assessment tools, effective April 2022. These new tools will be monitored for compliance through ongoing quality assurance efforts enacted through Ohio's CPOE Stage 12 review process. A key feature of the Actuarial Risk Assessment tool update is that risk questions will be pre-populated based on data found in Ohio SACWIS, though users can update the answers if needed. Questions were previously answered incorrectly at times, despite the supporting data found in Ohio SACWIS. Answering the questions incorrectly leads to the incorrect risk score being calculated and could lead to a case closing when it should be transferred to ongoing services.

Ohio SACWIS continues to utilize automated alerts to assist children services professionals with compliance and data entry. Alerts, Action Items, and Administrative Reports reveal when data is entered within expected time frames. PCSAs can generate reports to identify continuing or unresolved data quality problems and correct errors within the system. These tools also assist in monitoring compliance through ongoing quality assurance efforts conducted through the CPOE Stage 12 process.

Ohio SACWIS has a Data Quality team and has been using Informatica since 2017. Informatica is an automation tool used to assist in the identification of data quality issues. Informatica Scorecards developed are used to monitor and report data quality issues. These scorecards run weekly and are reviewed by the reporting team at least monthly. The reporting team also facilitates a CCWIS data quality group composed of state and county agency representatives. This group provides feedback on potential changes to Ohio's CCWIS system to promote data quality. At a recent meeting, discussions occurred regarding changes needed to ensure that the state can successfully transmit files for AFCARS 2.0. There are plans to obtain feedback about the data structure of employee data in Ohio SACWIS at the next meeting.

- ***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 "Section III- 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 "Section III- 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 components 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.

Snapshot Dashboard Reports

The State of Ohio began issuing a series of snapshot dashboard reports to PCSA's monthly beginning March 2021. This was in response to PCSA's expressing concern they did not have the resources to pull and review data. The issuing of the following reports has been an ongoing process over the course of this reporting period and will continue.

Children in Care Snapshot Dashboard provides the number of children in custody and their placement settings on a state and county level as a point in time count as of the last day of the month. It is updated monthly. The snapshot provides a 15-month trend so PCSA's can see the established trajectory. It also provides a further breakdown of the point in time county by race and age.

Foster Home Snapshot Dashboard provides the number of foster homes, by county and certifying agency. It allows agencies to quickly see 15-month trend lines and is critical when comparing to the number of children in custody to determine recruitment needs.

Racial Disproportionality Snapshot Dashboard provides information for all intakes and screened-in referrals broken down by race at both the state and county level. The report compares the demographics served to the overall population and depicts where over and under representation is realized. These reports are not meant to serve as causal reports to drive policy and case decisions. Instead, they are intended to inform where Ohio is as a state and county system from a baseline perspective to assist in efforts to improve practice and policy, guide training needs and evaluate change.

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 predetermined areas of review and provide feedback loops with the county from the initial entrance to the final exit of the CPOE 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:
  - o Information Systems,
  - o Quality Assurance Systems,
  - o Staff Training, Supervision and Staff Development,
  - o Service Array and Resource Development, and
  - o 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 Ohio 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 discusses 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 PSCAs 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: 201 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 2022, Ohio held a series of MORRPH sessions to review PCSA Ohio Revised Code requirements mandating a permanency plan for youth in the temporary custody and planned permanent living arrangement of a PCSA. PCSAs also provided input on concurrent planning content, requirements, and implementation. Three sessions were held which were facilitated by Technical Assistance Specialists from various field offices from ODJFS. Discussion points and feedback are being compiled for review and subsequent drafting of requirements.

Timely Visitation

The State of Ohio and county agencies make concerted efforts to meet Federal requirements to achieve a 95% compliance rate for caseworker visits with children in agency custody. In a

collaborative effort, the State of Ohio issued Comprehensive Visitation Reports to each PCSA between July and September 2021. The report provided information on data entry trends and a detailed analysis of what was seen in Ohio SACWIS as it related to documentation. Specific PCSA's were provided targeted guidance on how to improve their documentation practices. Due to this targeted and collaborative approach, Ohio has proven successful in achieving compliance around visitation with children in agency custody.

Best Practice Incentive Program

Ohio is dedicated to strengthening best practices to help achieve better outcomes for children, youth, and families. Ohio launched a new Best Practice funding strategy in October 2021. This best practice incentive program incentivizes two measures fundamental to the Children Services mission:

- Timely completion of Assessments/Investigations
- A composite visitation score of all required face-to-face visits with children and parents. By recognizing and rewarding agencies making marked improvements with visitation and timely assessment/investigation measures, the goal is to incentivize all countries to prioritize improvement. Advancements in these areas are critical to Ohio's success in making transformative change for families served.

This program, extending through November 2023, awards annual incentive funding to the first, second, and third Most Improved counties. Additionally, every six-months, incentive dollars will be provided to counties achieving 95% compliance in either of the prioritized measures.

- ***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 CPOE reviews. 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. The numerous reports available in the Online Monitoring System (OMS) allows the state to easily analyze and review both CPOE and CFSR case review data.

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. (Appendix A of Technical Bulletin 12 for more information.)***

Sustain:

Ohio continued to utilize the Federal On-Site Review Instrument (OSRI) for both CPOE and its state-led Round 3 CFSR. ODJFS continued the successful training plan initially applied to the CFSR Round 3 case reviews to the PIP reviews. ODJFS intends to continue use of the OSRI through future rounds of CPOE, as the ability to compare data over cycles and years is invaluable to assessing improvement and areas of practice needing attention. Ohio continues to possess the resources to conduct a state-led review in CFSR Round 4 if the state decides to do so.

V. Update on the Service Descriptions

Child and Family Services Continuum

Ohio's publicly funded children 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 children services 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.
- 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.
- Establishment of a dispute resolution process.

Health Care Services

ODJFS, OFC monitors compliance with state mandates designed to ensure youth in the child services 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, the Ohio Department of Health, 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)

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. Title IV-B, subpart I funds support development and expansion of a coordinated child and family services program that utilizes community-based agencies. 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 children services workforce.

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: 196,370
Families to be served: 84,793

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).

Ohio has a Foster and Adoption Website with resources for adoptive families including service providers in their communities. In addition to this resource, the Ohio Kinship and Adoption Navigator program assists kinship and post adoptive families navigate resources available to them

in their communities. There are ten regions within Ohio, each has navigators to assist families, as well as coaches and coordinators. Children adopted from other countries may also be eligible to receive the Post Adoption Special Services Subsidy (PASSS). This subsidy provides for the reasonable costs of allowable services to address the child's physical, emotional, or developmental disability.

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 has implemented a number of cross-system programs to reduce the length of time children under the age of five are in foster care without a permanent family as well as address the developmental needs of vulnerable children under the age of 5 who are in foster care or being served in-home. Some of these programs and services are outlined below.

Infant and Early Childhood Mental Health Consultation

The Ohio Department of Mental Health and Addiction Services (OhioMHAS), in partnership with ODJFS, supports Ohio's Infant and Early Childhood Mental Health Consultation (IECMHC) Program designed to improve social and emotional wellness 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.

IECMH Consultation focus its resources on helping children succeed in early learning environments by building the skills and competencies of the adults who care for young children. For children that may be at risk for abuse or neglect, and/or who demonstrate poor social skills or delayed emotional development, IECMH Consultants work to connect these families to needed services including pediatric or behavioral health, early intervention, home visiting, special education and/or child protective services.

The Ohio Preschool Expulsion Prevention Partnership (OPEPP) is a free, statewide program whose aim is to reduce the rate of expulsions in preschool age children. The resource is available to any childcare, preschool or family childcare provider licensed by ODJFS or ODE to receive tools and resources to manage challenging behaviors. For additional information regarding this service, please visit the following:
https://www.nationwidechildrens.org/specialties/behavioral-health/for-providers/ohio-preschool-expulsion-prevention-partnership.

IECMHC 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 Climate of Healthy Interactions for Learning and Development (CHILD); Conscious Discipline;* and *The*

Positive Parenting Program (Triple P). To learn more about Ohio's Early Childhood Mental Health initiative, go to: https://mha.ohio.gov/community-partners/early-childhood-children-and-youth/early-childhood-mental-health.

OhioMHAS also continues to distribute *Grow Power~ Ohio Kids Matter* and the Next Generation Toolkit - *You are Loved*. These toolkits provide information to parents and caregivers to promote their child's social-emotional development. To learn more about Ohio's Early Childhood Mental Health initiative, go to: https://mha.ohio.gov/community-partners/early-childhood-children-and-youth/early-childhood-mental-health.

OPQC – Maternal-Infant Dyad Project

At the beginning of 2022, the Ohio Perinatal Quality Collaborative launched the initiative "Mother-Infant Dyad Project." The project is designed to build on the MOMS+ Project to optimize post-partum support through the first 12 months for the dyad, the mother with OUD and her baby. The key themes include:

- Providing prioritized, seamless, and integrated care coordination;
- Removing barriers to integrated medical and behavioral services; and
- Ensuring child safety and health while maintaining parental trust.

Interventions are implemented based on key drivers of the design that include:

- Evidence based clinical care;
- Accessible integrated person-centered care;
- Effective transition to primary care;
- Strengths based, inclusive, and empowering culture of care; and
- System policies support care.

Project information including a Key Driver Diagram, Charter, and provider resources can be accessed at: Mother-Infant Dyad Project — OPQC

Maternal Opiate Medical Support (MOMS) Program and MOMS + (Plus)

The State of Ohio is working with various healthcare leaders, stakeholders, and medical professionals to identify promising treatment practices, including Medication Assisted Treatment (MAT), for opioid dependent pregnant mothers eligible for or enrolled in Medicaid during and after pregnancy. The goal of the *Maternal Opiate Medical Supports* (MOMS 1.0) collaborative, was to improve maternal and fetal health outcomes, improve family stability, and reduce costs of Neonatal Abstinence Syndrome (NAS) to Ohio's Medicaid program by providing treatment to pregnant mothers with opiate issues during and after pregnancy through a Maternity Care Home (MCH) model of care. The MCH model is a team-based healthcare delivery model that emphasizes care coordination and wrap-around services engaging expecting mothers in a combination of counseling, MAT, and case management. MOMS (momsohio.org)

MOMS 2.0 continued the work of the MOMS throughout Ohio and focused on the following objectives:

- Continued partnerships
- Leveraging other community work
- Continued focus on 'one-stop' shop
- Model shift while retaining key components

New topics included Tobacco Cessation, Infant Mortality, Celebrate One/Step One, and Reproductive Life Planning. Both of these cohorts ended in 2020 but the goal of providing treatment for opiate dependent mothers enrolled in Medicaid both during and after pregnancy remain the same. FY22-Community-Guidebook-Update-03-02-2022-PBL-CLS.pdf (ohio.gov)

Governor's Children Initiatives and Priorities

Governor DeWine has identified key priorities to support Ohio's most vulnerable population including quality childcare, wrap around services in schools and prevention education, foster care reform, and home visiting. Foster care reform is underway in Ohio. In November 2019, Governor DeWine created the Children Services Transformation Advisory Council to build on the historic investments included in the State Operating Budget providing more opportunities for families and children.

The Children Services Transformation Advisory Council was tasked with:

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

Governor DeWine released the Children Services Transformation (CST) Advisory Council's Final Report on November 20, 2020. The report contains 37 recommendations with the following action areas: Prevention, Workforce, Practice, Kinship, Foster Care, Adoption, and Juvenile Justice. The 37 CST recommendations have been assigned and distributed to various units within OFC based on policy expertise. The recommendations are in varying stages of implementation. Much of the work already in process has been completed. Some of the larger projects are under review and slated to be completed in 2023.

Family First Prevention Services Implementation of Healthy Families America and Parents as Teachers

The Ohio Department of Health through the *Help Me Grow* Program is Ohio's evidenced-based parent support program that encourages early prenatal and well-baby care, as well as parenting education to promote the comprehensive health and development of children. *Help Me Grow* System includes Central Intake, Help Me Grow Home Visiting and Help Me Grow Early Intervention. Since 2017, *Help Me Grow* has been established as Ohio's evidenced-based parent support program that encourages early prenatal and well-baby care, as well as parenting education to promote the comprehensive health and development of children. Additionally, Senate Bill 332 required *Help Me Grow* to utilize only evidence-based or innovative, or promising home visiting models to accomplish the following goals:

1. Improve maternal and child health;
2. Prevent child abuse and neglect;
3. Encourage positive parenting;
4. Promote child development and school readiness

Making a referral to *Help Me Grow* is the first and easy step for parents who have questions or concerns about their infant or child. One referral to *Help Me Grow* opens the door to many programs that support families including Early Intervention, Home Visiting, Moms and Babies First.

For the purposes of identifying whether early intervention services are needed for developmental delays, children ages 0-3, with an open child abuse or neglect case are automatically referred to *Help Me Grow* through the central intake process for assessment.

Two evidence-based services implemented by OFC with the adoption of the Family First Prevention Services Act to serve children ages 0-5 were *Healthy Families America* and *Parents as Teachers*. These services are provided to families by the Ohio Department of Health through the Help Me Grow Program. Healthy Families America and Parents as Teachers are the models used by practitioners to deliver services to families. OFC was able to create a means for PCSAs to categorize open cases as ongoing or prevention in nature. Through the case planning process evidence-based practice services are identified that best fit the needs of the child or family and a referral is made. The children services worker remains responsible for case management, frequent contact with the service provider, and some monitoring of the family along with regular case reviews.

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 local PCSAs are involved with and where abuse and/or neglect are suspected in the child's death. Each agency must enter information on referrals involving a child's death into Ohio SACWIS and screen the referral. Ohio SACWIS has a report, *Child Fatality/Near Fatality Administrative Report*, that displays the agency name, fatality status recorded at intake (Fatality or Near Fatality), fatality status at the time of the work item, fatality status at the time of disposition, person ID, Child Name, Date of Birth, Deceased Date, Intake ID, Intake Received Date, Incident Date, Intake Category, Intake Type, Intake Screening Decision, etc. The report can capture the Child's Harm Description from the Intake Disposition if it is entered into the system.

Email notifications are sent from Ohio SACWIS to the Technical Assistance Manager when a child fatality or near fatality is entered in Ohio SACWIS. They, in turn, forward the email to the assigned Technical Assistance Specialist for the county PCSA to complete an initial review and 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 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 Ohio 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 table contains information on the number of child fatalities reported to NCANDS by the identified federal fiscal year:

Year	Number of Fatalities
2017	73
2018	106
2019	78
2020	103
2021	102

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 PCSA director, county coroner, chief of police or sheriff, public health official, executive director of the board of alcohol, drug addiction and mental health services, and a pediatrician or family practice physician or any designee to meet at least once a year to review all deaths of child residents in a particular county. Each local CFR board provides data to the Ohio Department of Health (ODH) by recording information on a case report tool before entering it into a national web-based data system. The report tool and data system were developed by the National Center for Fatality Review and Prevention (NCFRP) with a cooperative agreement from the federal Maternal and Child Health Bureau. The tool captures information about the factors

related to the death and the often-complex conversations that happen during the review process in a format that can be analyzed on the local, state, or national level. The review process allows committees to use a public health approach to assess whether prevention of the death was possible and determine areas of improvement for services and programs available to the family.

CFR Boards Findings for the five-year period from 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 the information to ODH by April 1 of each year. The data is downloaded to conduct the annual analysis. As a result of the pandemic, the current report for 2020-2021 remains under revision and has not been released for publication by ODH. Information presented below is the most up to date five-year aggregate data which covers the period 2015-2019.

- 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 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

Ohio is home to 404,275 babies, representing 3.5 percent of the state's population. As many as 43.5 percent live in households with incomes less than twice the federal poverty line (in 2020, about $52,400 for a family of four), placing them at economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures (Ohio (OH) - State of Babies Yearbook 2022). Infant mortality is an important gauge of the health of a community because infants are uniquely vulnerable to the many factors that impact health, including socioeconomic disparities. Infants and toddlers are the most vulnerable age group to suffer abuse and neglect, accounting for more than a quarter of all incidents that are substantiated. The most prevalent form of maltreatment is neglect, defined as "the absence of sufficient attention, responsiveness, and protection that are appropriate to the ages and needs of a child." Child maltreatment is influenced by numerous risk factors, including inadequate access to education about child development, substance abuse, other forms of domestic violence, and mental illness. Although maltreatment occurs in families of all economic levels, abuse and especially neglect are more common in economically disadvantaged families than in families with higher incomes. (U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2021). Child maltreatment 2019).

Children are much more likely to die during the first year of life than at older ages. Infant deaths can reflect underlying problems, such as barriers to accessing to prenatal care, living in violent neighborhoods, or circumstances that challenge parents' ability to adequately supervise their young children. The Centers for Disease Control and Prevention (CDC) website reports the infant mortality rate as the number of infant deaths per 1,000 live births. The national and state-level estimates for the State of Babies Yearbook 2022 reflect data from 2019. 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 slightly higher than the national average. In addition, the racial disparity continues to be substantial, with black infants dying at almost three times the rate of white infants. For these reasons, The Ohio Department of Health has identified decreasing infant mortality as a top priority in its State Health Improvement

Plan. ODH initiated an additional review program in 2014 to fully understand the issues of fetal and infant mortality (Ohio (OH) - State of Babies Yearbook 2022).

The Fetal Infant Mortality Review (FIMR) is a multi-disciplinary, multi-agency, community-based program that identifies local infant mortality issues through the review of fetal and infant deaths and develops recommendations and initiatives to reduce infant deaths.

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, childcare providers, drug treatment centers, and hospital administrators.

- **Community Action Team (CAT)** reviews the recommendations presented by the CRT and develops a plan to implement these interventions. It is recommended that an existing community group serve as the CAT, rather than creating a new team such as, a Healthy Mothers/Healthy Babies program, Prenatal/Perinatal Regional Consortium, Community Advisory Board, 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 had a data sharing agreement with ODH to provide data regarding child abuse and neglect history for decedents in their *Violent Death Reporting System*. This allowed ODJFS to cross-reference children reported in this system to Ohio SACWIS data. Due to staffing changes at ODH and the need for ODH staff to focus on the pandemic, the data sharing agreement lapsed. ODJFS and ODH are currently working on re-establishing the data sharing agreement. The agreement should be in place within the next three months.

ODJFS is currently reviewing internal procedures related to the review of child maltreatment fatalities to determine how the process can be enhanced and to hopefully lead to preventing future fatalities of children with public children services involvement. ODJFS is also reviewing aggregate fatality data to identify trends and areas where intervention is needed and will be reviewing data with the internal Child Fatality subcommittee on a quarterly basis. The first review

of data occurred in February of 2022. ODJFS is also working to enhance the Ohio SACWIS *Child Fatality/Near Fatality Report* to add additional information to assist with data analysis.

The 2021-2024 Plan to reduce child maltreatment deaths is still in development. It 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 children services practices.

Supplemental Appropriations for Disaster Relief Act

ODJFS issued the federal Title IV-B, subpart 1 Disaster Relief allocation to PCSAs in counties severely impacted by natural disasters during calendar year 2019 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 impacted 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.

Although the department provided technical assistance to the impacted counties on the allowable uses for the funding, only one county took advantage of this funding.

Supplemental Funding to Prevent, Prepare for, or Respond to, Coronavirus Disaster 2019 (COVID-19)

The CARES Act funds were used toward:

- An onboarding program for new public children services caseworkers and supervisors.
- A connective, collaborative technology platform to put agencies in touch with community resources.
- A race equity study to help Ohio address racial disproportionality within the children services system.
- Supports for young adults graduating and exiting the foster care system.
- A Family Finding tool to assist caseworkers in identifying potential placements for children in out-of-home care.

Challenges or barriers in being able to use these funds.

ODJFS had CARES Act funding originally dedicated to other initiatives, but the time it took to get requests for proposals and ultimately agreements in place caused ODJFS to go beyond the federal obligation period and other funding had to be used.

MaryLee Allen Promoting Safe and Stable Families Program (*PSSF)* (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).
- 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 more than the allocation amount are the responsibility of the county agency. The methodology used to distribute available funds is as follows:

- ODJFS allocates forty per cent of the statewide allocation equally among all PCSAs; and
- ODJFS allocates sixty per cent of the statewide allocation is based on each county's population of children less than one hundred per cent of the federal poverty level as compared statewide in the same category, utilizing the most recent available calendar year data from the U.S. bureau of census figures.

ODJFS reimburses the PCSAs for allowable direct and administrative ESAA preservation expenditures with seventy-five per cent Title IV-B, subpart 2 funds. The PCSA shall use eligible state funding or provide local funds at a twenty-five per cent match rate for the nonfederal share.

Children to be served: 63,005
Families to be served: 26,885

The funds received through the Consolidated Appropriations Act were dedicated to the recommendations that came from the state's Office of Children Services Transformation. This office produced 37 recommendations aimed at transforming children services practice. The funds were used 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.

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."

The OFCF 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. Utilization of these funds requires that specific needs be identified on an individualized service coordination plan which must be jointly developed with the family. To read more about the purpose

and criteria established for use of these funds, go to: http://www.fcf.ohio.gov/Initiatives/System-of-Care-FCSS.

At the submission of the previous update, full state fiscal year data was not fully available. In order to have a more holistic view of data, both state fiscal year 2021 annual data (July 1, 2020 – June 30, 2021) and state fiscal year 2022 semi-annual data (July 1, 2021 – December 31, 2021) is found below:

July 1, 2020 – June 30, 2021:

Total Number of Families Served: **3,503**

Total Number and Ages of Children Served by Age:

Ages of Children	0 – 3	4 – 9	10 – 13	14 – 18	19 - 21	Total
	134	831	1,099	1,352	87	3,503

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: 2,170
Special Education: 1,141
Developmental Disability: 1,072
Poverty: 1,037
Unruly Behavior: 710
Autism Spectrum Disorder: 621
Delinquency: 337
Child Abuse: 332
Child Neglect: 310
Primary Care Physician Linkage: 260
Alcohol/Drug Disorder: 254
Physical Health: 218
Early Intervention Need: 70

July 1, 2021 – December 31, 2021:

Total Number of Families Served: 3,503

Total Number and Ages of Children Served by Age:

Ages of Children	0 – 3	4 – 9	10 – 13	14 – 18	19 - 21	Total
	24	236	378	524	24	1,186

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: 585
Developmental Disability: 187
Unruly Behavior: 97
Autism Spectrum Disorder: 85
Poverty: 49
Delinquency: 48
Child Neglect: 37
Physical Health: 24
Child Abuse: 12
Alcohol/Drug Disorder: 12
Early Intervention Need: 11
Primary Care Physician Linkage: 0

Children to be served: 19,081
Families to be served: 12,270

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.
- 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: 9,259
Families to be served: 5,724

Adoption Promotion and Support

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

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

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 May 2, 2022, nearly 1,003 applications for PASSS have been received for SFY 2022. Over $5.3 million has been approved to cover special services for adopted children. ODJFS has reimbursed just over $2.1 million of the funds requested.

Children to be served: 943
Families to be served: 652

Division X Supplemental Funding from the Supporting Foster Youth and Families through the Pandemic Act

ODJFS allocated a total of $13,203,746 to our county agencies as well as the extended foster care to 21 programs (BRIDGES). The funds were used to:

- Prevent children from aging out of foster care and becoming homeless.
- Provide unrestricted one-time or monthly direct financial assistance to youth/young adults to assist them in meeting their needs during the pandemic.
- Provide targeted payments and supports to allow youth/young adults to remain at home during the COVID-19 pandemic and public health emergency, when needed to ensure their health and well-being. Individuals requiring such assistance may include youth with medical conditions.
- Assist pregnant or parenting youth, and youth who need to quarantine due to exposure to COVID-19.
- Assist youth in meeting living expenses, including rent, groceries, grocery or meal delivery, and utilities. Such assistance may include helping youth pay back payments and fees and/or paying for expenses for youth/young adults who need to stay home for extended periods of time.

- Purchase cell phones, tablets, laptops, internet service, cell phone plans or other technological tools for young people.
- Provide respite care services and additional support for parenting or pregnant youth.
- Help pay salaries of agency staff who administer and oversee emergency assistance for youth, including fiscal staff responsible for generating and issuing payments paid for the Chafee program.
- Partner with national and state organizations to assist young adults, including activities relating to locating youth, outreach, and marketing.
- Hire youth/ young adults with lived experience in children services to provide navigation services to fellow youth/young adults.
- Provide Navigation services to help connect youth to services and support them as they apply for or engage in those services. Employ youth/young adults, at the agency level and/or as part of contractor staff, to provide outreach and support to fellow youth and young adults. This could include paid internships for youth/young adults to help prepare them to re-enter the job market.
- Assist youth in paying medical expenses, including COVID testing and treatment, if these expenses were not already covered by other health insurance or Medicaid.
- Purchase or reimburse youth for personal protective equipment (PPE), including cloth masks.
- Provide services and support to combat young peoples' social isolation during the pandemic. This could include sending gift boxes, cooking kits, puzzles, art and hobby supplies, or other interactive items to connect youth/young adults.
- Provide outreach and offer any needed assistance to youth who experienced foster care after attaining age 14 and were subsequently reunified and to youth who exited foster care to adoption or guardianship after attaining age 16.

In addition, funds were used to conduct a public awareness campaign about the option for youth to re-enter foster care (use social media and other strategies to perform outreach to youth, young adults, and other community providers) and make youth aware of expanded Chafee funding and available supports.

ODJFS amended an existing contract with the vendor who administers the Education and Training Voucher program and added $1,919,149 that was used for expenses youth incur that are not associated with the cost of attendance of the youth/young adult. While states have reported some success in working with post-secondary institutions to include additional items in the cost of attendance specific to individual needs of youth, there are other expenses related to attending post-secondary institutions that may not be covered in the cost of attendance. Examples of these expenses include but are not limited to laptops or other technology necessary for virtual education; earbuds/earphones; desks, chairs and other items needed to create a learning space; supplies such as printer paper and ink; and tools for internet access (such as broadband internet access, cell phone data cards, routers and WIFI extenders).

ODJFS received $2,442,286 that was used toward:

- Peer Parent Supports

- Transitioning the Post Adoption Special Services Subsidy program to be administered at the state level.
- Family Search and Engagement using Genogram software to locate potential kin placements
- Concurrent Planning information tool

Challenges or barriers in being able to use these funds.

Due to the influx of additional federal funds, it became difficult in some circumstances to stand up programming when requests for proposals were required because of the time it takes to administer the bidding and contracting process. In a few cases, funding lapsed because it couldn't be obligated soon enough.

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 that is 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 Family and Children First Councils (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. Over time FCSS has expanded to serve youth with any multi-system involvement.

The FCFC Service Coordination Process is an integral component of a local system of care. FCFC Service Coordination is a process of service planning and system collaboration that provides individualized services and supports to families who have needs across multiple systems.

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 to effectively respond to the needs of the community agencies and families we serve.

Populations at Greatest Risk of Maltreatment

Two groups of children are at greatest risk of abuse. These children are reflected in two measures: Maltreatment in Care and Recurrence of Maltreatment.

As shown in the table below, Ohio's Risk Standardized Performance of Maltreatment in Care has exceeded the National Standard for several years. Older children (children over 6 years) are more at risk than younger children, although all children are of concern.

Maltreatment in Care:
National Standard 9.67 victimizations per 100,000 days in care

	FFY2016	FFY2017	FFY2018
Risk Standardized Performance (RSP)	14.38	13.87	14.64
Risk Standardized Performance Interval (If the 9.67 National Standard falls within this interval, the measure is achieved)	13.19-15.68	12.74-15.1	13.52-15.86
Observed Performance	10.61	10.25	10.87

Ohio believes part of performance difficulty is the result of the secondary effects of trauma. After children experience a traumatic event which necessitates removal, the removal itself could be another traumatic event. While the agency may not have been able to prevent the original trauma, agencies can minimize this most recent negative impact by using a procedure found to be effective in other states. This new procedure is the work of a committee of the Children's Services Transformation project to Strengthening Family Relationships to make removal as trauma-free as possible. This committee is a cross-section of children services experts including state policy and foster care staff, agency caseworkers and directors, and foster-parents. The strategy embraces

what is commonly known in other states as the "All About Me Meeting". This meeting consists of a meeting (physical or virtual) involving the parent (or removal caretaker), child (if of age), foster parent, and caseworker. The focus is for the parent to share specifics on what the child needs: bedtime routine, food dislikes and likes, hobbies, friends, school issues, and traditions the parent wants continued by the foster parent. In this meeting, the parent does not need to discuss why the child is being removed. The sole interest is what the child needs while in care. Ohio believes this meeting will help to reduce the anxiety of the parent and child and will emphasize the cohesiveness between parent and foster parent, helping ease the fear and worry of the child. While maltreatment in care increases with age, this strategy should positively impact everyone.

Recurrence of Maltreatment

As shown in the table below, Ohio has also struggled with achieving the National Standard of Recurrence of Maltreatment over the last several years.

Recurrence of Maltreatment:
National Standard: 9.5%

	FFY2016	FFY2017	FFY2018
Risk Standardized Performance	11.8%	12.6%	13.2%
Risk Standardized Performance Interval (If the **9.5%** National Standard falls within this interval, the measure is achieved)	11.4%-12.3%	12.2%-13.1%	12.7%-13.7%
Observed Performance	9.1%	9.7%	10.1%

To reduce the rate of repeated maltreatment, families must become engaged with services that address their needs, decrease stress, and teach and support effective ways of raising children. Using the knowledge gathered by the Prevention Services Initiative, which involves state and PCSA leaders, Mental Health experts, and the Department of Medicaid, Ohio is emphasizing a battery of evidence-based services. These include Multi-systemic therapy with psychiatric supports; Functional Family Therapy through Child Welfare; START, Healthy Families America, Parents as Teachers, Motivational Interviewing; and Triple-P Parenting.

Kinship Navigator Funding (title-IV-B, subpart 2)

Since receipt of Kinship Navigator Funding for Federal Fiscal Year 2018 through Federal Fiscal Year 2021, Ohio has experienced many significant accomplishments. Every year since receiving the funding, ODJFS has been able to have a social media campaign to increase awareness of kinship caregivers needs and available resources during Kinship Care month. In addition, Ohio contracted with Kinnect to develop, implement, and evaluate the Ohio Kinship and Adoption Navigator Program (OhioKAN). Planning for OhioKAN began in 2019 when a large group of

stakeholders developed the framework for the program. Once this framework was accepted by the state, Kinnect began work to further refine and implement the program.

OhioKAN was launched in August of 2020 during the pandemic and, as a result, the program provided short-term support to kinship families for hard goods, direct services, or other necessary resources to maintain the stability and functioning of the family during the COVID-19 public health emergency period from April 1, 2020 to September 30, 2021. These supports were provided based on the family's individual needs associated with a specific crisis or episode of need, not for the intent of meeting recurrent or ongoing needs. The Kinship Navigator provided short term assistance to kinship homes for a period of no more than 4 months. The amount per kinship home did not exceed $4,000.

OhioKAN collects program information in Ohio SACWIS. Completing enhancements to the OhioKAN SACWIS system allowed staff to collect and maintain program documentation more efficiently. Additionally, through a data agreement, the evaluators receive data from the system for a rigorous evaluation. Information provided to the evaluators includes, but is not limited to, baseline demographics, family's identified needs, level of service received, number of referrals obtained, and number of contacts with a navigator.

Additional accomplishments include the growth of the program across the state. Federal Fiscal Year 2021 commenced with only 6 navigators (October 31, 2020). By the beginning of Federal Fiscal Year 2022, OhioKAN had 21 navigators across the state (October 31, 2021). As of April 2022, OhioKAN has 36 navigators across the state, with the hopes of adding an additional 4 – 8 navigators by the end of this federal fiscal year.

In addition to program growth, the number of families served has grown each year. As of March 2022, OhioKAN has served 2,329 families since the launch. In Federal Fiscal Year 2021, OhioKAN served 2 families. In Federal Fiscal Year 2022, the first full year of implementation, OhioKAN grew to serve 1,240 families. In the current Federal Fiscal Year (October 2021 – March 2022), OhioKAN has already served 1,087 families.

Funding has also been used to assist in the development and implementation of a statewide process to provide training for caregivers and OhioKAN staff. This training is a collaborative effort between ODJFS and Kinnect. To identify training topics, OhioKAN data on family's needs, focus groups and community resources are being used. Additional ODJFS and Kinnect are coordinating to provide training for children services and mental health clinicians to better understand and address the needs of kinship and adoptive families.

Kinship Caregivers are made aware of OhioKAN in several ways. OhioKAN utilizes social media, google search ads, billboards, and radio ads to directly inform families of services and how to contact the program. OhioKAN also collaborates with the community through the ten Regional Advisory Councils and their members, presentations to agencies (such as Head Start, schools, and courts), and presentations at conferences. Direct outreach in the community through local events began last summer but paused when COVID rates began to increase. It is hoped that community outreach will begin again this year as more activities are taking place in person.

Once a kinship caregiver contacts OhioKAN through the phone line, website, or by having a provider send a referral, the navigator completes a needs assessment to identify their specific needs and priorities. Each family is provided with individualized resources in what is called a Resource Binder. This Binder can be emailed, mailed, or texted to the family. The navigators reach out to the family to see if they need additional assistance or resources, such as warm handoffs, assistance with a benefits appeal, or other supportive services. If there is a financial need that cannot be met in the community, OhioKAN can offer limited flex funds to assist the family.

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. For each year from Federal Fiscal Year (FFY) 2018 to 2021, Ohio Monthly Caseworker Visitations have maintained at 96% compliance.

A *Comprehensive Visitation Report* is available in Ohio SACWIS allowing each user to see both statistical and detailed drilldown data. Statistical information from this report is emailed to Directors and Administrators in each of the 88 county PCSAs monthly. All agency Directors and Administrators also have access to a *Children Services Performance Measures Dashboard*, which includes interactive visitation data in Tableau for easier understanding of the data.

On June 30, 2021, Ohio Governor Mike DeWine signed Amended Substitute House Bill Number 110 (HB 110) of the 134th General Assembly. Within the Bill, the state appropriated $5 million in funding per State Fiscal Year (SFY) dedicated to strengthening best practices to help achieve better outcomes for children, youth, and families. To that end, and in consultation with the County Commissioners Association of Ohio, the Ohio Job and Family Services Directors' Association, and the Public Children Services Association of Ohio, the Office of Families and Children created a new Best Practice Incentive Program recognizing and rewarding agencies making marked improvements with visitation and timely assessment/investigation measures. The goal is to incentivize all counties to prioritize improvement. Measurement for this incentive began on October 1, 2021. Visitation for this incentive is measured as a composite visitation, including all adults and children requiring visits.

Provide Information on the Policies, Procedures, or Training to Support Quality Virtual Caseworker Visits to Ensure Children and Youth's Privacy and Safety when in-Person Visits are not able to be Safely Conducted.

ODJFS issued two resource documents for PCSAs providing helpful tips when completing virtual visitations to ensure the greatest success. The documents provided technology considerations, as well as resources families and caregivers can use. The document providing guidance to families is available at: https://jfs.ohio.gov/ocf/virtual-visitation-sheet-families.stm.

The second resource document provides guidance to agencies which covers topics and suggestions on ways to be adaptive, consistent, and present during virtual visitations. Also included are suggestions to provide privacy, especially for older youth, who are more familiar with virtual devices. This is available for agency use at: https://jfs.ohio.gov/ocf/virtual-visitation-sheet-agency.stm.

Adoption and Legal Guardianship Incentive Payments

- ***How Adoption and Legal Guardianship Incentive Payment funds received by the state have been used in the past year and the services the state expects to provide to children and families using the Adoption and Legal Guardianship Incentive funds in FY 2023.***

The last Adoption and Legal Guardianship incentive payment received was for FFY 2020. The funds have been used toward:

  - The Ohio Kinship and Adoption Navigator Program.
  - The Wendy's Wonderful Kids program administered by the Dave Thomas Foundation.
  - Expansion of the Youth Centered Permanency Roundtable initiative.

- ***Indicate any changes, issues, or challenges the state has encountered to the plan outlined in the 2020-2024 CFSP and subsequent APSRs for timely expenditure of the funds within the 36-month expenditure period.***

ODJFS has received **no** Adoption and Legal Guardianship Incentive Payment since FFY 2020.

Adoption Savings

The adoption savings experienced in Ohio has allowed us to support the following state funded initiatives:

- The new Kinship Supports Program that provides time limited payments to kinship caregivers while they are in the process of becoming licensed providers.
- The Ohio Kinship and Adoption Navigator Program which provides navigation services to kin caregivers and adoptive families.
- The Multi-Systems Youth Program which provides services for congregate care, aftercare supports, and wrap around services for youth.
- The Foster Parent Recruitment and Retention Program which provides funding at the local level for agencies to use toward recruiting and retaining family foster homes.
- The Best Practice initiative which provides funding at the local level to support agency best practices including, FFPSA preparation and implementation, kinship supports, workforce supports, training incentives, data and reporting, and equipment and technology supports.

The total adoption savings reinvestment amount for FFY2015 - FFY2021 is $62,990,107. Of this amount, $53,088,980 has been expended for FFY2015-FFY2020. For FFY 2021 $7,730,925 was the total calculated adoption savings. Of this amount, and the remaining amount from prior years $34,471,054 has been spent. We used our state's adoption savings reinvestment toward our Kinship and Adoption Navigator Program; the expansion of the Wendy's Wonderful Kids Program, growing prevention services statewide, implementing 37 recommendations that came from the

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 funding has been used to:

- Help Ohio to stand up a statewide Prevention Services Behavioral Health Center of Excellence (COE). The role of the COE is 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 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 QRTP requirements.
- Provide funding to assist in automated systems enhancements to support FFPSA implementation.
- Provide trauma informed training to state and county stakeholders.

Title IV-E Waiver Demonstration

Transition Act funds **were not provided** to the county agencies that formerly participated in the waiver demonstration project.

Family First Transition Act Funding Certainty Grants (applicable states only)

The first Funding Certainty Grant was received in August 2021. Each former waiver county's proportionate share of loss was calculated to determine their share of the grant and these amounts were disbursed soon after received. ODJFS set up new expenditure coding to capture how these funds are used based upon the allowable uses (i.e., IV-B allowable activities, former waiver activities, and FFPSA planning and implementation activities). Expenditure data for the initial Funding Certainty Grant should be available for next year's APSR submission.

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 collaborate with and solicit feedback from diverse groups of 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 Youth Advisory Boards, 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.***

Ohio recognizes the value of lived experience and provides employment opportunities for two former foster youth on the Transition Age Youth Team as management analysts. 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 analysts 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.

By staggering quarterly meetings with youth and young adults with lived experience, ODJFS has created a platform that supports monthly engagement with Ohio's leadership such as:

- attending Ohio Youth Advisory Board's quarterly in-person meetings
- hosting quarterly virtual calls with OFC's leadership
- participating in bi-monthly Partners for Ohio's Families virtual meetings

These meetings offer the opportunity for youth and young adults to help set the agenda and creates authentic space for youth and young adults to share their thoughts on policy and program updates and improvements as well as for OFC leadership to respond and share updates to program plans initiated by youth voice.

The Ohio Independent Living Association (OHILA) has resumed in person quarterly meetings, and any PCSA or private entity providing independent living services to foster youth ages fourteen and above are invited to attend.

OFC's Transitional Youth Coordinators plan to resume hosting five annual regional meetings throughout the state as past years events have been delayed as result of the pandemic. 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 ODJFS's Transition Age Youth team has initiated a bi-monthly virtual call with the adult supporters of the nine local youth advisory boards to offer an opportunity for networking and collaboration and promote partnership among the local advisor boards. Already there are plans for boards to partner and offer leadership opportunities for local advisory board members.

Youth and young adults continue to report participating in typical or normalcy activities is often a barrier due to residential living restrictions, or custodial agency restrictions. These activities include but are not limited getting a driver license, going to school events, having a cell phone, and getting a job. Additionally, young adults share concerns on how to support their own independence once leaving foster care or extended foster care and are advocating for Ohio to extend post emancipation services to age 23 to give more time for them to find stable housing that they can afford. Advocates, foster alum, and current foster youth express disappointment in the services they receive from one county might not be the same services available in other counties and feel Ohio should create policies to standardize services and how services are offered statewide.

Based on lived experience input, one of Ohio's Children Service Transformation recommendations focuses on normalcy for youth in foster care. Youth and young adults in foster care continue to state that accessing driver's education and obtaining a driver's license is a critical aspect of normalcy and helping them to prepare for independence and future self-sufficiency. *Road to Success* is a new program designed to reduce barriers and increase current and former foster youth access to driving related services. This will be an eligibility program and will include enhanced technical assistance and reimbursement for services such as driver's education, a temporary driver's permit, a driver's license, and motor vehicle insurance.

Additionally, Ohio is standing up a new initiate to support current and former foster youth in accessing services statewide through the *Youth Navigator Program*. This program is being designed to address the input from youth and young adults that services statewide needs to be equitable and accessible. This program is also building a foundation for better data collection on services being provided to youth after emancipation and will help inform and propel the option Ohio has to extend services after emancipation to age 23.

During this reporting period the following activities occurred:

- In partnership with *Foster Care to Success*, Ohio surveyed 100 Ohio ETV participants to solicit feedback on Ohio's program and processes. Results from the survey has probed the Ohio ETV program to explore offering EFT or direct deposit options in the future.

- Collaborated with the Ohio Department of Health, Office of Health Opportunity to gather information from Bridges participants on COVID-19 health equity. Four sessions were held throughout February of 2022 representing all five Bridges regions across Ohio.

Feedback from participants include they are not interested in getting the Covid vaccination because they have heard the vaccine itself can make you sick or they feel like they are being used to test the vaccine like guinea pigs. Many young adults expressed their reluctance has to do with how fast the vaccine was developed and are waiting until more information is available.

- Solicited youth voice in updating Ohio's current Foster Youth Bill of Rights. The new Bill of Rights was codified in November 2021 and lead to the revision of the Foster Youth Bill of Right Handbook. The Ohio Youth Advisory Board reviewed the draft document and offered input on handbook layout, content, and design.

- Collaborated with internal and external partners to respond to the Children Service Transformation recommendation to create the Youth and Family Ombudsman Office. As a result of these efforts on February 28, 2022, Governor DeWine signed Amended House Bill 4 into law, creating the Youth and Family Ombudsman Office. This independent office will seek resolution for youth in foster care who feel their rights have been violated and voice unheard. The office opened on May 31, 2022. OFC in partnership with the Office of Communications and the Governor's office will launch a media campaign to educate stakeholders on how to connect with the Youth and Family Ombudsman office and what services are available through that office.

- ***Briefly describe the services provided since the submission of the 2022 APSR, highlighting any changes or additions in services or program design for FY 2023 and how the services assisted or will assist in achieving program goals (45 CFR 1357.16(a)(4)).8 Indicate how these activities have been integrated into the state's continuum of services and align with the state's vision.***

Chafee services and programs support some of Ohio's most vulnerable citizens. Efforts are 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 ages 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. Currently Ohio is looking at ways to streamline services to young adults once they emancipate by establishing the *Youth Navigator Program*. Youth navigators will be a neutral connection to valuable services and supports to young adults after emancipation. They will offer a warm hand off for young adults seeking Young Adult Services through the local PCSA. The PCSAs can use their federal Chafee allocation to support the provision of Young Adult Services.

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.

Ohio is standing up a new program in the Fall of 2022 to help support youth in foster care and emancipated young adults. The *Youth Navigator Program* will provide neutral assessments and connections to resources available to current and former youth in foster care. The *Youth Navigator Program* will also assist eligible young adults connecting to Education and Training Vouchers (ETV), Medicaid, Bridges and Young Adult Services through the local PCSA and other valuable local resources.

Through 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.

Ohio implemented Youth Centered Permanency Round Tables (YCPRT) as a pilot in 2014. There are currently 9 counties implementing the program with success to highlight youth voice in permanency decisions and planning. YCPRTs are professional consultation meetings that provide support to caseworkers while taking a comprehensive look at the youth's situation. YCPRTs are held on an ongoing basis for youth aged 12 years and older who have been in PCSA custody for 12 months or longer, until the youth achieves relational and legal permanency. YCPRTs expediate permanency for youth, stimulate thinking and learning about ways to accelerate permanency, identify and address systemic barriers to timely permanency. As a result of Ohio's increasing workforce challenges, YCPRT is preparing to launch a new approach to implementation. Kinnect, as Ohio's vendor for YCPRT, will make a statewide facilitator available to PCSAs to facilitate YCPRTs with the county team on behalf of the youth. This initiative will begin with 5 counties to examine the effectiveness of the new approach. YCPRTs was one of the practice options contained in Ohio's CFSR, PIP.

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 Ohio-State Automated Child Welfare Information System (Ohio 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 Ohio SACWIS Knowledge Base for reference.

Ohio continues to explore the option of extending eligibility for Chafee services provided to young adults who have emancipated from care to 23 years of age by increasing the age young adults are eligible for Young Adult Services. Given that no additional federal funds would support this expansion, Ohio's current planning process includes:

- Analyzing population and fiscal data to determine the state's capacity to meet the additional needs.

- Identifying program coordination strategies for cost-effectiveness and to maximize available resources by aligning Young Adult Services with the new ODJFS *Youth Navigator Program.* This one point of entry for assessment and referral will provide valuable insight to the current needs of emancipated young adults up to age 21.

- Examining needed infrastructure development to streamline service delivery and fiscal management. Ohio is considering cloning a fiscal reporting tool to strengthen data related to funding needs.

- ***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; the legal and judicial community; Independent Living coordinators; service providers and the public. Describe how the state, in consultation with youth/ young adults 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. Describe efforts to improve the awareness of NYTD and cross-system collaborations to improve reporting of NYTD data.***

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 IV-E Court Roundtables
- Ohio Adolescent Health Partnership Meetings
- Regional & Statewide Transitional Age Youth & Independent Living Meetings
- ODJFS led NTYD webinars

- Ohio Inter-Agency Council for Youth

The Transition Age Youth Team has a dedicated expert who works with PCSAs and the Ohio SACWIS reporting team to support and monitor the timely completion of NYTD surveys at the local level. Regular communication and support have been key to Ohio staying in compliance with federal standards. Additionally, the Transition Age Youth Team has used the Ohio SACWIS Knowledge base as a site to post recorded trainings on the NYTD survey for new agency workers and NYTD partners.

ODJFS employs two foster alums, and these young adults continue 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 foster alums, employed by ODJFS, led the recent initiative to assist Ohio's 88 PCSAs in attaining compliance with the NYTD participation standards.

- ***Provide information on the services to support LGBTQI+ youth/ young adults. Include information on appropriate activities and activities specific to the needs of individual youth in care, such as LGBTQI+ youth. Include information on partnerships with community organizations or resources to support resources to LGBTQI+ youth and young adults.*** •

During 2021 PCSAs and PCPAs have engaged in the following: activities:

- Cuyahoga County Department of Children and Family Services partnered with the Institute for Innovation and Implementation at the University of Maryland School of Social Work to collect demographic data on the sexual orientation, gender identity and gender expression of youth in Cuyahoga County's foster care program. Results were published in The Cuyahoga Youth Count: A Report on LGBTQ+ Youth's Experience in Foster Care," https://theinstitute.umaryland.edu/media/ssw/institute/Cuyahoga-Youth-Count.6.8.1.pdf

- Six Ohio private children services agencies have partnered with the national Human Rights Campaign Foundation to offer LGBTQ+ support to children in foster care.

- Montgomery County Department of Job and Family Services is working on increasing awareness of LGBTQ foster care needs within Montgomery County by partnering with LGBTQ youth groups and support groups to recruit foster parents and developing public recruitment events.

- Ohio recently codified a new Foster Youth Bill of Rights, which includes the right to protection against being discriminated against or harassed on the basis of race, sex, gender, gender identity, sexual orientation, disability, religion, color, or national origin. These rights are clearly explained in the updated Foster Youth Rights Handbook that each youth in foster care received in late spring. Additionally, ODJFS's training team offered statewide training on the updated Bill of Rights that included explanation and implementation support.

- The Ohio Child Welfare Training continues to develop and revise trainings to educate professionals and caregivers on the needs of LGBTQ+ youth and young adults experiencing foster care. New trainings added this fiscal year include:

- Adopting the SOGIE Lens for Caseworkers
- Successful Engagement for LGBTQ+ Identified Families
- Reaching Higher: A Curriculum for Foster/Adoptive Parent and Kinship Caregivers Caring for LGBTQ Youth

- ***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 examples of cross-system collaborations and the use of culturally-specific service providers. Provide information on assessments that indicate where gaps exist in engagement of the public and private sector, including potential partner organizations identified by youth/ young adults.***
- ***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.***

Below is a description of collaboration and coordination of service activities which occurred during this reporting period with other federal and state programs for youth as well as with the private sector.

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 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 programing to PCSA's and Title IV-E Courts to use in their Independent Living programing. The PREP program covers many of the same topics, including wellness and mental health support and currently continues to offer their programs virtually.

Balance of State Continuum of Care Board

The Independent Living and Transition Age Youth Manager serves on the Balance of State Continuum of Care Board as an at large member and new in 2022, a Transition Age Youth team member and foster alum has joined the board as the board has expanded membership to include members with lived experience. 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.

State and Local Youth Advisory Boards

ODJFS financially and programmatically supports the Ohio Youth Advisory Board and nine 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 children services policy and programs.

Foster Youth to Independence (FYI) Voucher Program

Ohio continues to work individually with many local agencies to assist in developing local partnerships to support Foster Youth to Independence (FYI) Voucher Program implementation. Currently, FYI vouchers are offered in 11 counties. 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, the ODJFS State Independent Living Coordinator formed a new partnership with Fostering Academic Achievement Nationwide (FAAN). This is a national group made up of children services and higher education professionals across the nation that 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.

The Ohio Department of Medicaid (ODM) is launching our Next Generation of Managed Care with the start of OhioRISE on July 1, 2022. ODM is implementing the Next Generation program in stages to avoid unnecessary disruption and confusion for members and to reduce burdens on our service providers. The staggered approach remains true to the Next Generation vision – to ensure we keep our focus on the individuals we serve, honor members' choice, and provide continuity in the provision of members' care.

OhioRISE will feature care coordination and both new and enhanced behavioral health services targeted toward this population and will offer a new Medicaid waiver program that will help families prevent custody relinquishment. Aetna is partnering with ODM, ODJFS, other sister state agencies, providers, families, and other stakeholders to develop and implement new and enhanced services.

OFC and ODM are collaborating on implementing Ohio SACWIS changes and a data exchange to support the Next Generation Medicaid program.

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.

Opportunities for Ohioans with Disabilities (OOD)

ODJFS partnered with Opportunities for Ohioans with Disabilities (OOD) and cross trained staff so that OOD could better serve youth and young adults with foster care experience and local PCSAs could better utilize the supports at the local level to build supports for youth and young adults in foster care with disabilities. ODJFS hosted a virtual training where over 200 local partners attended and invited OOD to present at an in-person Ohio Independent Living Association meeting in January of 2022.

Think of Us

Through partnership with a nationwide, alum led organization, Think of US, Ohio promoted services and supports to former foster youth through a national media campaign where former foster youth could sign up for services via the Think of Us website. Ohio received weekly list of young adults in need of services and connected these young adults personally with their local public children service agency for supports that included direct financial assistance, housing, wellness, and mental health supports.

Securing safe and affordable housing is part of the final transition planning process for young adults preparing to emancipate from foster care. Local public children service agencies and Title IV-E Courts are required to assist the young adult with locating, securing, and preparing housing prior to emancipation. Agencies can use up to 30% of their annual Chafee allocation to support the housing needs of former foster youth and when that cap is met, agencies can use additional state allocated independent living funds for up to four consecutive months. Agencies are encouraged to partner locally with housing providers to establish a network of available resources for foster alum to access.

Once young adults transition into Ohio's extended foster care program, Bridges, eligible young adults can receive ongoing financial support to cover housing up until their twenty-first birthday. When a young adult is exiting the Bridges program or does not participate in the Bridges program, local agencies are encouraged to partner with their local public housing authority and access available Foster Youth to Independence or Family Unification Vouchers to support a continuum of housing services.

- ***Provide information on the actions taken to address the housing needs of young adults in transition from foster care. Describe how the state utilized the funds from Division X and the flexibility in using Chafee for "room and board" to 30 support the housing needs of young adults and any lessons learned or new practices adopted as a result. Outline the federal, state, local, and public/private resources utilized to support a range of safe, affordable, and age-appropriate housing options for young people.***

ODJFS continues to provide support to local PCSAs and encourage their partnership with their local Public Housing Authority to support the Family Unification Program and/or Foster Youth in Independence housing vouchers for eligible young adults after leaving foster care. Ohio held and recorded training and provided on demand technical assistance to assist PCSAs during the temporary flexibilities of Division X that allowed for agencies to exceed the 30% restriction on room and board cost until September 30, 2021.

Local agencies report they are still struggling to find safe and affordable housing for young adults after foster care and have identified a lack of available housing and landlords willing to rent to young adults under the age of 21. Even with unrestricted funding, many Public Housing Authorities are still reluctant to prioritize young adults leaving foster care as a priority population because of the stigma associated with foster care or lack of rental history.

OFC is in the process of assisting Ohio's Balance of State Continuum of Care (Housing partner) in reviewing a letter of Interest and identify which geographies to include the CoC's Youth Homeless Demonstration Project (YHDP) and how to leverage YHDP needs with current existing youth advisory groups.

Currently in Ohio there are 8 known Public Housing Authorities offering Foster Youth to Independence (FYI) vouchers and several more offering the Family Unification Program (FUP) voucher. ODJFS learned that although some agencies are eligible to offer FYI, they continue to use FUP due to not having the required FUP utilization rate.

- ***Provide an update on how the state is supporting and reaching out to youth and young adults in or formerly in foster care to promote wellness and proactively address mental health needs.***
- ***Provide information on the title IV-B/IV-E agency's efforts to coordinate with the state's Medicaid agency to support the state's implementation of requirements to offer Medicaid to eligible young adults formerly in foster care who move to a new state after January 1, 2023.***
- ***Discuss efforts to provide former foster youth in your state with information and resources to support their enrollment in Medicaid in the case that they move to another state. This***

could include providing youth and supportive adults they identify with access to documentation, websites, contact information or other resources to facilitate enrollment.

ODJFS requires public children service agencies and Title IV-E Courts to assist young adults enrolling in their Medicaid Plan during the final transition planning process. Additionally, health and wellness is an allowable Independent Living service and agencies are encouraged to use Independent Living funds to support health and wellness activities including but not limited to, nutrition education, fitness apps and memberships.

ODJFS has also, in partnership with Ohio Medicaid, created a Medicaid Technical Assistance team within the Office of Families and Children. This team is responsible for identifying and troubleshooting any gaps in Medicaid coverage for current and former foster youth. OFC's Medicaid team also provides ongoing training and technical assistance to our local agency partners on topics such as:

- Determining Medicaid Eligibility
- Reconciling Duplicate Medicaid Eligibility and Enrollment
- Completing and processing the ODM 01958 Form
- Medicaid Benefit Categories
- Common SACWIS Medicaid or MCO Span Issues
- Medicaid for Children Placed in ICAMA and ICPC
- Out of State Medicaid Coverage and Psychiatric Residential Treatment Facilities

ODJFS's Medicaid Team will partner with the Ohio Department of Medicaid and offer training and support to initiate the extension of Medicaid Benefits for former foster youth that move to a new state renew their Medicaid Coverage available beginning in January 2023.

As Ohio designs and implements the *Youth Navigator Program* (YNP), it will include a process for former foster youth to be encouraged to apply and maintain their Medicaid coverage. YNP will assist any eligible young person with the application or renewal process to assure they have the appropriate coverage.

The Ohio Department of Medicaid is launching our Next Generation of Managed Care with the start of OhioRISE on July 1, 2022. The Ohio Department of Medicaid is implementing the Next Generation program in stages to avoid unnecessary disruption and confusion for members and to reduce burdens on service providers. The staggered approach remains true to the Next Generation vision – to ensure we keep our focus on the individuals we serve, honor members' choice, and provide continuity in the provision of members' care. The Next Generation of Ohio Medicaid program will be implemented in three stages:

- Stage 1: On July 1, 2022, **OhioRISE** will begin providing specialized services, which will help children and youth with behavioral health needs and help coordinate care for those who receive care across multiple systems.

- Stage 2: In October 2022, **Centralized Provider Credentialing** will begin and will reduce administrative burden on providers. Also, the **Single Pharmacy Benefit Manager** (**SPBM)** will begin providing pharmacy services across all managed care plans and members.

- Stage 3: In the last few months of 2022, ODM will finish implementing the Next Generation program with **all seven Next Generation managed care plans** beginning to provide healthcare coverage, along with launching additional improvements to streamline the process of claims and prior authorization submission for providers.

The aim of the Next Generation program is to better support children and youth served by the Medicaid program, including youth in the custody of public children's services agencies and Title IV-E Courts, adopted youth, and emancipated youth.

Division X Additional Funding from the Supporting Foster Youth and Families through the Pandemic Act

- ***Provide information on how the agency used the additional funding provided by Division X during FY 2021, when the additional flexibilities were in place (e.g., the ability to serve youth up to age 27 and the ability to exceed the limitation on the percentage of funds that may be used for room and board).***
- ***Describe how the state has used and/or plans to use the remainder of the funding in FY any challenges or barriers the state has experienced in being able to use the additional Chafee funds.2022. (Funds must be obligated by September 30, 2022.)***
- ***Describe accomplishments to date in using this supplemental funding to assist young people, including available quantitative information on the numbers of youth/ young adults assisted, the amount of funding provided for direct assistance to young people, and available information on the characteristics and demographics of youth assisted.***
- ***Provide information on the strategies the agency is using or used to engage youth/young adults and how those strategies will be incorporated for use in the future to meaningfully engage young people. Include information on any efforts to hire or contract with youth/young adults with lived expertise to support outreach and engagement efforts.***
- ***Describe any challenges or barriers the state has experienced in being able to use the additional Chafee funds.***

ODJFS allocated a total of $13,203,746 to our county agencies as well as the extended foster care to 21 program (BRIDGES). The funds were used to:

- Prevent children from aging out of foster care and becoming homeless.
- Provide unrestricted one-time or monthly direct financial assistance to youth/young adults to assist them in meeting their needs during the pandemic.
- Provide targeted payments and supports to allow youth/young adults to remain at home during the COVID-19 pandemic and public health emergency, when needed to ensure their health and well-being. Individuals requiring such assistance may include youth with medical conditions,

- Assist pregnant or parenting youth, and youth who need to quarantine due to exposure to COVID-19.
- Assist youth in meeting living expenses, including rent, groceries, grocery or meal delivery, and utilities. Such assistance may include helping youth pay back payments and fees and/or paying for expenses for youth/young adults who need to stay home for extended periods of time.
- Purchase cell phones, tablets, laptops, internet service, cell phone plans or other technological tools for young people.
- Provide respite care services and additional support for parenting or pregnant youth.
- Help pay salaries of agency staff who administer and oversee emergency assistance for youth, including fiscal staff responsible for generating and issuing payments paid for the Chafee program.
- Partner with national and state organizations to assist young adults, including for activities relating to locating youth, outreach, and marketing.
- Hire youth/young adults with lived experience in children services to provide navigation services to fellow youth/young adults.
- Provide Navigation services to help connect youth to services and support them as they apply for or engage in those services. Employ youth/young adults, at the agency level and/or as part of contractor staff, to provide outreach and support to fellow youth and young adults. This could include paid internships for youth/young adults to help prepare them to re-enter the job market.
- Assist youth in paying medical expenses, including COVID testing and treatment, if these expenses were not already covered by other health insurance or Medicaid.
- Purchase or reimburse youth for personal protective equipment (PPE), including cloth masks.
- Provide services and support to combat young peoples' social isolation during the pandemic. This could include sending gift boxes, cooking kits, puzzles, art and hobby supplies, or other interactive items to connect youth/ young adults.
- Provide outreach and offer any needed assistance to youth who experienced foster care after attaining age 14 and were subsequently reunified and to youth who exited foster care to adoption or guardianship after attaining age 16.

In addition, funds were used to conduct required public awareness campaigns about the option for youth to re-enter foster care and make youth, young adults, and other community providers aware of expanded Chafee funding and available supports.

During FFY21, when temporary flexibilities were in place, agencies were instructed to offer services and supports to eligible young adults up to their twenty-seventh birthday. These services could include no restrictions on room and board expenses, direct cash assistance and up to $4,000.00 annually for transportation assistance. ODJFS assisted young adults through a national media campaign to connect with the appropriate local agency for assistance. Feedback from our local partners confirmed that removing the restriction on room and board expenses was most helpful.

Ohio accessed existing partnerships with public and private agencies, youth led organizations to engage and encourage youth/young adults to connect with their local public children services

agency to access additional temporary resources available through Division X. Ohio was even able to partner with a partner, Think of Us, to connect with young adults needed services during the pandemic. This experience has led Ohio to design a foundation for young adults to access services and supports after they leave foster care. The *Youth Navigator Program* will offer "one front door" for youth and young adults to access services beginning in Fall of 2022. The navigators will be trained in proven engagement strategies to work with young adults with lived experience.

To date, Ohio has not encountered any challenges in using additional funds, Ohio is on target to spend the remaining Chafee funds from Division X and they traditional Chafee funds by the September 30, 2022 deadline. Local agencies and youth and young adults have expressed they would have benefited from the extension of the temporary flexibilities if allowed by legislation.

Ohio allowed local public children services agencies to roll over the remaining funding from FFY21 to FFY22 under the guidance that the temporary flexibilities were no longer in place. ODJFS continues to offer technical assistance and is currently doing outreach with local agencies to discuss their projected remaining balances and plans to expend before September 30, 2022.

Bridges, Ohio's extended foster care program was used as a vehicle to offer direct cash assistance to young adults eligible under the temporary flexibilities under Division X. Direct cash assistance was provided to 1,046 young adults to date and projections for an additional 726 to receive direct financial assistance before the September 30, 2022 deadline.

ODJFS worked with partners from local children services agencies, private stakeholders, advocate groups, sister state agencies and national media campaigns to engage with eligible youth and young adults impacted by the pandemic to reach out for supports offered under the temporary flexible legislation. The Transition Age Youth team personal assisted young adults with making connections with their local agencies to request support. Through an Office of Family and Children letter to Public Children Service Agency Directors and Independent Living Leaders, trainings and technical assistance, agencies were encouraged to use the flexible funding to employ and empower young adults for outreach purposes at the local level to inform as many young adults as possible about the expanded eligibility for supported services during the approved time frame.

Education and Training Vouchers (ETV) Program

- ***Briefly describe the services provided since the submission of the 2022 APSR, highlighting any changes or additions in services or program design for FY 2023 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.***
- ***Describe any collaborative efforts with college campus support programs designed to increase student enrollment, retention, and graduation.***
- ***Division X Additional Funding from the Supporting Foster Youth and Families Through the Pandemic Act.***

- ***Provide information on how the agency used the additional funding provided by Division X during FY 2021, when the additional flexibilities were in place (e.g., the ability to pay for items not in the student's cost of attendance). Note: The maximum award of an ETV remains $12,000 until September 30, 2022.***
- ***Describe how the state has used and/or plans to use the remainder of the funding in FY 2022. (Funds must be obligated by September 30, 2022.)***
- ***Describe accomplishments to date in using this supplemental funding to assist young people, including available quantitative information on the numbers of youth/young adult assisted and available information on the characteristics and demographics of youth assisted.***

- ***Provide information on the strategies the agency is using or used to engage youth/young adults and how those strategies will be incorporated for use in the future to meaningfully engage young people. Provide information on any collaborations with higher education institutions, college campus support programs to ensure that eligible youth are accessing ETV funds.***
- ***Describe any challenges or barriers the state has experienced in being able to use the additional ETV funds.***
- ***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. For this reporting, states may count the combined number of ETVs awarded from both the regular and additional Division X funding. (July 1st to June 30th). (Please see Section F2 and Attachment C).***

Ohio contracts marketing and operations for Ohio's ETV program with *Foster Care to Success.* Since submission of the 2022 APSR, Ohio has used Chafee Reallotment funds to expand services offered by *Foster Care to Success* to support young adults with transportation barriers to school and work with assistance in purchasing safe reliable used vehicles. This temporary assistance is available until funds are expended or obligated by September 30, 2022.

Foster Care to Success continues to reach out through email and text messages to ETV participants that have not returned to school during the pandemic. Participants are offered assistance to reenroll and reengage in classes and campus activities. Additionally, *Foster Care to Success* continues to partner with post-secondary institutions through the nationwide student clearinghouse, Ohio Reach and Fostering Academic Achievement Nationwide (FAAN) to identify, coordinate and offer supportive services to current students.

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). While the temporary flexibilities ended on September 30, 2021, the elevated maximum award of $12,000 continues through September 30, 2022.

ODJFS amended the current Ohio ETV contract to 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 were agreed upon and the development of a self-attestation form

for ETV participants to request retroactive dated funding allowed by the Consolidated Appropriations Act.

In FFY21, additional funds under Division X were directed to *Foster Care to Success* to provide additional services and supports to students impacted by the pandemic and at this time with the satisfactory academic progress and cost of attendance caps waived, students were able to receive up to $ 12,000 in ETV awards to support their current needs. ODJFS amended an existing contract with the vendor who administers the Education and Training Voucher Program and added $1,919,149. Students were asked to provide a budget and an explanation of their change in circumstances. While states have reported some success in working with post-secondary institutions to include additional items in the cost of attendance specific to individual needs of youth, there are other expenses related to attending post-secondary institutions that may not be covered in the cost of attendance. Examples of these expenses include but are not limited to laptops or other technology necessary for virtual education; earbuds/earphones; desks, chairs and other items needed to create a learning space; supplies such as printer paper and ink; and tools for internet access (such as broadband internet access, cell phone data cards, routers and WIFI extenders).

In FFY22, *Foster Care to Success* can continue to offer up to $12,000 annually; however, with the cost of attendance requirement back in place most students do not receive additional funds. As Ohio always expends their ETV award and many students do not receive the full $5000.00 annually the additional funding has still been useful in offering additional funds to students within their cost of attendance parameters.

Information as of **3/7/2022**

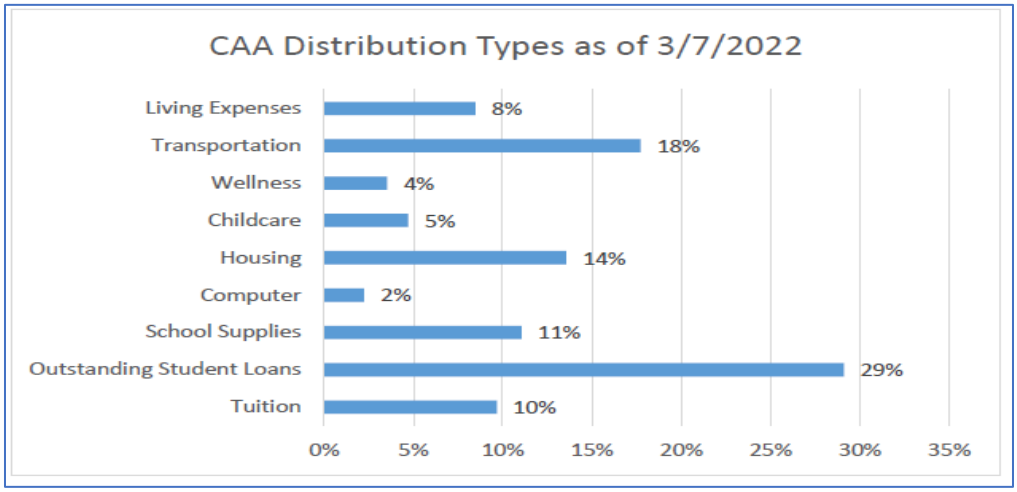
CAA Awards
The total number of *unique* CAA Award Recipients: **330**.

To date, the total amount of CAA allocated: **$1,569,553.88**.

Number of ETV Recipients:
- 2021-2022 Academic Year (as of 3/7/2022): **280**
- 2020-2021 Academic Year: **300**

Flexibilities – CAA awards granted prior to 10/1/2021:
- **238** youth received CAA
- **25** recipients were 26
- **55** youth were awarded who did not enroll in 2020-2021

How was CAA ETV funding used to strengthen the ETV program and support youth?



Funds were used to pay for car payments and repairs, past due rent and utilities, auto insurance and other living expenses. It was particularly helpful for those who owed an outstanding balance at a college or wanted to pay down student loan debt. In addition to debt being a stressor, it is also a barrier to enrolling in an education or training program in the future.

Accomplishments experienced with administration of CAA ETV funds

1. **Accelerated program launch.** The Ohio CAA implementation plan was developed to quickly process CAA grant requests and disburse funding in compliance with the federal and state rules. The plan included youth who were enrolled on or after April 1, 2020 or during academic year 2020-2021, eligibility extended to youth through age 27 until September 30, 2021.

    - Online forms were developed to simplify and standardize the request process, the application form was accessible 24-7.
    - Outreach was developed that included phone calls, emails, text messaging and working with stakeholders to eligible youth.

2. **Streamlined and standardized approach to processing requests:** To quickly facilitate requests, the OH ETV webpage was updated to include CAA ETV information and accessible online forms. forms were developed to standardize and simplify the process of requesting assistance:

    - Economic Needs Assessment Request Form (ENA)
    - Budget form

3. **Ongoing coordination between OHJFS and FC2S:** This included communicating regularly and frequent reporting on outreach, responses, information gleaned from individual students and funds allocated.

Challenges Experienced Around Implementation of CAA ETV funding

1. **The timeline for administering CAA ETV funding**. Implementation required an incredibly nimble and rapid response to maximize opportunities for youth to benefit from the CAA ETV program flexibilities before September 30, 2021. Building on existing ETV framework, Ohio was able to administer the CAA ETV funding quickly and responsibly.

Findings and Trends the Federal Government should Know About

1. Recipients received a significant influx of dollars in a short amount of time regardless of their actual need or ability to manage the money. In addition to CAA, college students received Federal Stimulus checks, financial aid refunds, Higher Education Emergency Relief Funds and other federal and state assistance which may include other Chafee/IL assistance.

2. The lasting impact of waiving the requirement of making 'academic progress' to receive funding may result in a learned sense of helplessness and more disconnection from postsecondary success. Turning on and off the concept that 'grades do not matter' is not easy to explain and it may have set students back 3-5 semesters.

ETV Program Administration

To avoid duplication of benefits and ensure that the total amount of ETV assistance to a youth does not exceed the total cost of attendance, ODJFS, through a contract with OFA, monitors the use of ETV funds to ensure:

1. Program funds are used for the purposes for which they were authorized, including, but not limited to, direct payment of tuition and other educational, living, and health-related expenses to the institution or service provider.

2. No student receives more than five thousand dollars ($5,000.00) in ETV funds.

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.

ETV Awarded

The following table presents information on the unduplicated number of ETVs awarded.

Name of State/ Tribe: Ohio

Ohio	Total ETVs Awarded	Number of New ETVs	Number of Returning ETVs
Number: 2021-2022 School Year (July 1, 2021 to June 30 2022)	287	108	179
Final: 2020-2021 School Year (July 1, 2020 to June 30, 2021)	300	117	183

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

ODJFS currently contracts with the Ohio Child Welfare Training Program (OCWTP) to provide custodial agencies with opportunities to train staff and foster parents working with youth and young adults aged 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 children services 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. They receive content on adolescent brain development as well. 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 Positive Youth Development 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*. The OCWTP explored resources from other Ohio departments to assist caregivers in supporting transitioning youth, and now includes The DODD course *Supporting Youth with Intensive and Complex Needs* in the training catalog.

The OCWTP is identifying an independent living learning pathway for resource families - Life Skills: Essential Elements of Interdependence. The pathway is being created in collaboration with Action Ohio and the Ohio Youth Advisory Board (OYAB) to ensure that youth and alumni voice are heard and integrated into its development.

The foundation of the pathway consists of ten (10) Essential Elements of Interdependence created by the OYAB which include: Assessments, Budgeting, Education, Health, Housing, Mentoring, Planning, Relationships, Workforce, and Vital Records. Courses within the pathway must be specific to at least one of the Essential Elements, specific to foster youth, and contain practical skill building strategies for youth in the caregiver's home. As resource parents move through the pathway, they will gain necessary knowledge and skills to assist youth in moving from novice towards proficiency in the Essential Elements needed to successfully transition to interdependence. Resource families will be able to:

- explain (insert Essential Element) skill(s) and importance to youth
- demonstrate use of (insert Essential Element) skill(s) to youth
- describe the steps of (insert Essential Element) skill(s) to youth
- provide constructive feedback when observing youth practicing (insert Essential Element) skill(s)

The pathway will provide learners with the opportunity to earn badges within each Essential Element by attending training (Learning - Level 1), applying with youth what was learned in the training (Practice - Level 2), and sharing the information with others in the form of mentoring, presenting as a panel member, or presenting to an identified group (Teach - Level 3). OCWTP envisions this as a continuous pathway of gaining knowledge and skill to meet the needs of the resource family and the youth in their home.

The OCWTP also maintains a strong catalogue of non-standardized learnings for staff and caregivers focused on transitioning youth. These include the following:

Transitioning Youth-related training added in FY22:

Caregiver

- Beyond Bully (6 hours)
- Hard Target: Keeping Them Safe in Cyberspace (3 hours & 6 hours)
- Helping Children with Peer Pressure (3 hours)
- In Pursuit of Permanence
- Keeping them S.A.F.E. in Cyberspace (6 hours V-ILT)

Caseworker

- Normalcy is the Way to Be (6 hours V-ILT)
- Real Life 101: Preparing Adolescent in Foster Care for Independent Living

Joint Training

- Adolescents in Foster Care and Emotional Resiliency (3 hours)

The OCWTP continues to support youth voice by including foster care alumni in the training pool and on curriculum advisory groups. 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.

Diversity, which includes aspects such as sexual orientation and gender identity and expression, is one of the Ohio Child Welfare Training Program's (OCWTP) six guiding principles. The OCWTP believes diversity competence is a lifelong process that includes:

- Understanding of the "dynamics of difference" in the helping process
- Awareness of their own diversity including attitudes, beliefs, standards of behavior, and values
- Awareness and appreciation of diversity
- Ability to establish a trusting, professional relationships across diverse populations
- Ability to adapt practice skills to fit the needs of the child or family
- Ability to communicate effectively across diverse populations

All standardized training series (Core, Supervisor Core, Assessor, Preservice, Fundamentals of Fostering) address diversity competence and utilize examples from diverse populations in the narrative, visuals, and activities. Examples include:

- *Diversity Competency in Permanency Planning* – provides information on identity formation, with a focus on groups overrepresented in the public children services system (those with disabilities, those identifying at LGBTQ+, children of color)
- *Transcending Differences in Placement* – provides reflection questions related to helping children feel welcomed and accepted in a new home. Issues of religion, sexual orientation, and gender identity are addressed.
- *Family and Child Assessment* – provides a matching case scenario in which a child identifies as non-binary and uses the pronoun "they."
- *Role of Caregiver in Healthy Sexual Development* - provides two cases scenarios that involve same gender sexual interaction.

The OCWTP supplements standardized training with vetted trainings by approved trainers. Trainer developed trainings added this fiscal year include:

- *Adopting the SOGIE Lens* (for caseworkers)
- *Successful Engagement with LGBTQI+ Identified Families* (for caseworkers)
- *Reaching Higher: A Curriculum for Foster/Adoptive Parents and Kinship Caregivers Caring for LGBTQ Youth* (for resource families)

The OCWTP has developed/revised trainings for OCWTP trainers to help them better address issues of diversity, including LGBTQ+ children and families, in their training:

- *Diversity, Equity, and Inclusivity: A Training for Trainers and Coaches*

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 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 tribal affiliation is recorded on the ICWA Detail Screen from the Person Demographics tab. At any time more information becomes available, the screen can be edited to add the additional information. The Tribal Inquiry and Notification Letter is generated to notify and/or request information from a specific tribe or the Bureau of Indian Affairs regarding the tribal affiliation of an individual.

ODJFS will seek to continue to improve ICWA compliance through:

- Continued policy guidance updates, as needed.
- Revision of Administrative Code rules, as needed.
- Provision of education on ICWA through statewide video conferences and/or conference workshops.
- 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 meets virtually 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.

Federally recognized Tribes can access the *CFSP/APSR* at the following website:

Office of Families and Children | Ohio Department of Job and Family Services

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, policy guidance, 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

CARA: Ohio continues to move forward with the roll out of CARA and the implementation of Plan of Safe Care planning, the consideration of utilizing CAPTA funds specific to CARA for Regional PoSC Coordinators throughout the state is being presented. The overall goal of community-based CARA/PoSC Coordinators is to create universal and consistent practices across the State of Ohio for all caregivers and families of infants born exposed or affected by the misuse of legal and illegal substances prior to delivery and meet the federal requirements of CARA.

The positive work of the Quality Improvement Center for Collaborative Community Court Teams (QIC—CCCT) and the Practice and Policy Academy, which has focused on families impacted by substance use disorders, has shown this practice approach of using care coordinators, improves the care and coordination in wrapping families with supportive services regardless of whether a public children services agency is involved. Both projects have set a solid foundation to move forward successfully.

Ohio’s Regional PoSC Coordinators would provide a system to ensure families not linked with a Public Children Services Agency (PCSA) would be monitored and followed to ensure they are

following treatment plans and providing a safe home for infants twelve months and younger who are impacted by family substance use disorders. These coordinators are to serve communities; dependent upon community needs the coordinators should be considered for each county and/or regionally.

Based on individual county needs, the regional hubs would provide an opportunity to maximize training, provide technical assistance, coaching, communication, innovation, and collaboration that align with specific state priorities, regional priorities, and the needs of children and families. This system of prioritizing needs according to each region will ensure that county agencies have strategies to support their workforces and enhance their organization culture through policy and practice improvements.

Apprenticeship/Fellowship Pilot Project: ODJFS is planning on implementing an Apprenticeship/Fellowship Pilot Project to recruit and train potential child protective service professionals. The project is designed to respond to the challenges of recruitment and retention of children services professionals in Ohio. Turnover is accelerating, wages are rising, and competition from outside employers is causing a workforce crisis. Traditional recruitment techniques and programs are not adequately meeting the needs of Ohio's Public Children Services Agencies (PCSAs). Additionally, the length of time needed to train and onboard new staff puts additional pressures on the system.

The initial discussions and planning for the development and piloting of an Apprenticeship/ Fellowship program entails the following:

- Provide training and onboarding to eligible college students in their last year of undergraduate study in a Social Science field of study.

- Engage college students and develop a path to careers in child protective services (CPS) through development of a formal apprenticeship program within the CPS space.

- Create an opportunity of earlier training and mentoring of incoming talent to a broader array of candidates utilizing the studies/fields related to social sciences and childhood development.

Student participants in the program will:

- Receive work experience in the field as well as the required caseworker training through the Ohio Child Welfare Training Program (OCWTP).

    - 120 Hours of CORE
    - 12 Hours of Domestic Violence Training
    - 1 Hour of Human Trafficking Training

- Function as part-time employees and provide a needed labor force to participating PCSAs.
- Gain meaningful work experience in Children Services.
- Assess their interest in this field.
- Develop a support network.
- Have employment opportunities immediately post-graduation.

Participating PCSAs will:

- Have additional labor, in times of a labor shortage.
- Workforce assistance with supervision of visits, front desk registration, phone screening, support visits to clients, document processing.
- Recruitment of employees with required state trainings completed.
- Hire employees with work experience and expectations of child protective services work.

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

A workgroup with multiple external stakeholders provided feedback on the existing screening guidelines. 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. Human Trafficking language has also been added. In addition, the Ohio Chapter of the American Academy of Pediatrics reviewed the guidelines and provided updated medical terms related to abuse and/or neglect.

The guidelines will be distributed to all eighty-eight PCSA's and Juvenile Courts. Technical assistance and guidance will be provided upon distribution of the Screening Guidelines. A training on the Screening Guidelines is near completion and will be offered to all PCSAs in conjunction with the release of the Screening Guidelines.

Objective 2: Improving Case Management, Including Ongoing Case Monitoring, and Delivery of Services and Treatment Provided to Children and their Families

Comprehensive Assessment and Planning Model – Interim Solution (CAPMIS) Tools Update

Upon the recommendations of the CAMPIS evaluation completed by the University of Cincinnati, planning, development, and activities have been underway for revision of existing CAPMIS tools for finalization to CAPM. The goal is to streamline Ohio's protective services assessment of safety and risk, reduce the time to complete assessments by eliminating unnecessary duplication of entry, while maintaining the imperative information gathered to comprehensively assess and inform case direction.

Case Planning and Review

The Family Case Plan, Case Review, and (SAR) tools were redesigned and released into Ohio SACWIS on January 17, 2020.

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 Ohio 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 the assessment tools are revised, the family case planning and review tools will be impacted resulting in further enhancements to the Family Case Plan, Case Review, and SAR.

Additionally, the following OAC Family Case Plan rules were amended as part of the five-year rule review and became effective February 1, 2022:

- **5101:2-38-01** *Requirements for PCSA Family Case Plan for In-home Supportive Services without Court Order.*
- **5101:2-38-05** *PCSA Family Case Plan for Children in Custody or under Protective Supervision.*
- **5101:2-38-07** *PCPA Family Case Plan for Children in Custody or under Court-Ordered Protective Supervision.*

The Children Services Transformation recommendations were a primary focus when reviewing and revising the rules. The amendments promote the ability to report on the ongoing contacts and attempts to engage Family Case Plan participants and discourage the removal of parties from the Family Case Plan. Specific documentation and supervisory oversight are required for ongoing accountability when completing family search and engagement efforts for an adult party to the plan when required face-to-face contact is unable to be successfully completed by a PCSA or PCPA. Revisions also addressed the goal of improving caseworker engagement with parents and children by addressing the challenges experienced by caseworkers related to determining who is provided services and visited.

Assessment Tools

Beginning in June 2020, The Child Protective Services (CPS) policy team partnered with various Office of Families and Children (OFC) staff, county partners, and stakeholders to begin revisions to the assessment tools and accompanying field guides.

The CPS policy team collaborated with the Governor's Human Trafficking Task Force to include universal human trafficking assessments and further guidance to the revised safety and family assessment tools. This will ensure that children service agency caseworkers are better positioned to identify human trafficking.

1. **Safety Assessment**

   The Safety Assessment tool was revised to include the CAPMIS evaluation recommendations, suggestions from OFC staff, county partners, stakeholders, and the previous Microburst on Rule Review and Program Hearing (MORRPH) sessions held regarding the OAC assessment rules. The goal of the Safety Assessment tool is to promote critical thinking about assessment and case decision making.

   Ohio SACWIS and CPS policy staff collaborated to enhance the Ohio SACWIS functionality in response to the revisions. The Safety Assessment has been enhanced by restructuring it to differentiate between possible safety threats, indicators of child vulnerabilities along with the presence or absence of adult protective capacities. Within the Safety Assessment, activity logs as well as historical intake and assessment information will display to assist with accurate documentation, review of gathered information, appropriate safety responses, and supervisory oversight. The new Safety Assessment structure has also been updated in other case areas to promote consistency across the life of a case.

   The Ohio SACWIS functionality of the Safety Assessment was released in April 2022. Prior to the implementation, the Children Services Training and Development team hosted virtual trainings.

2. **Actuarial Risk Assessment**

   The Child Protective Services policy team has proposed to revise Ohio's current actuarial risk assessment (ARA) that is more predictive of future maltreatment to better inform service teams of appropriate case direction.

   Prior to revising the ARA, Ohio SACWIS and CPS policy staff partnered to enhance the ARA within the system. The ARA will be available as a standalone tool, prior to completing a Family Assessment. Ohio SACWIS users can link an ARA when creating a new Family Assessment, prepopulating intake information, child participants, and risk scores. This information can be updated for accuracy during the assessment/investigation.

3. **Family Assessment**

   Beginning in October 2021, revisions to the Family Assessment tool commenced between CPS policy staff, various OFC staff, county partners, and stakeholders. In addition, recommendations, and suggestions from the CAPMIS evaluation and previous Microburst on Rule Review and Program Hearing (MORRPH) sessions have been considered in the development.

   The goal of the Family Assessment tool is to promote and enhance critical thinking skills, case decision making, appropriate service provision for families, and to provide guidance within the field guide on how to engage family members to gather information to comprehensively assess for safety and risk. Furthermore, resources will be readily available for specific case scenarios within Ohio SACWIS or the field guide along with streamlining information across tools and other work items within Ohio SACWIS to reduce duplication of entry.

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. Two additional panels have been added to the initial three panels. The panels are now identified to reflect their geographical area in Ohio. These panels are now titled:

1. Central Ohio Panel
2. Northeast Ohio Panel
3. Northwest Ohio Panel
4. Southeast Ohio Panel
5. Southwest Ohio Panel

OSU provides administrative support to the CRPs. 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 review public children services agency practices across Ohio 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 the Citizen Review Panel Strategic Plan for the 2021 and 2022 review period. The following are the recommendations from each of five panels:

Central Ohio Panel

The Central Ohio CRP will create actionable and measurable recommendations to improve Ohio's child welfare response to children and families exposed to domestic violence.

Northeast Ohio Panel

The Northeast Ohio CRP will create actionable and measurable recommendations to improve Ohio's support for the child welfare workforce negatively affected by secondary trauma.

Northwest Ohio Panel

The Northwest Ohio CRP will create actionable and measurable recommendations to improve Ohio's ability to respond to the well-being needs of child welfare-involved children affected by the COVID-19 pandemic.

Southeast Ohio Panel

The Southeast Ohio CRP will create actionable and measurable recommendations to improve Ohio's capacity to provide family foster homes for adolescents.

Southwest Ohio Panel

The Southwest Ohio CRP will create actionable and measurable recommendations to improve Ohio's ability to provide uninterrupted, stable, and high-quality education for children placed in residential and group home facilities.

Columbus, Ohio held the 2021 National CRP Conference. Due to the COVID-19 pandemic, this conference was held virtually. The annual CRP strategic planning meeting occurred on May 16, 2022. The Ohio CRPs submitted their annual report to ODJFS in September 2021. This report was sent out to Ohio's PCSAs, PCSAO and the IV-E Courts. ODJFS submitted their ODJFS Response Report to the OSU CRP Team on December 31, 2021. ODJFS will continue to ensure the recommendations are addressed by the appropriate bureaus within our office.

Program and Staff Development Update

CPS program staff continue to be responsible for: program and policy development; provision of technical assistance; rule reviews, legislative reviews; and serving as subject matter experts for numerous statewide initiatives and programs including, but not limited to CAPMIS, Family First

Prevention Services, Differential Response, CARA, Citizen Review Panel, Reducing Red Tape, Concurrent Planning, Family Search and Engagement, Screening Guidelines, and ensuring equity in the screening process.. Basic State Grant funds are allocated, as needed, for CPS staff to attend meetings, training workshops and conferences on 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 2021-2022, Ohio continued to support activities to sustain Differential Response practice model fidelity across the public children services agency system.

Data reports to track overall county performance on fidelity measures can be obtained through a SACWIS query. The following information shows how many reports are being categorically assigned to the Alternative Response and Traditional Response pathways:

- From May 1, 2021, to March 16, 2022, Ohio screened in 70,075 reports of Child Abuse and Neglect.
- 30,395 were assigned to the Alternative Response (AR) Pathway (43.4%). This reflects consistency in the statewide percentage of reports being assigned to the AR Pathway, which was previously 44.9%.
- 39,680 were assigned to the Traditional Response Pathway (56.6%) which is consistent with the prior year percentage of 55.1%.

ODJFS continues to encourage supervisors to use The *Supervisory Coaching Toolkit* to help them assess and provide feedback to workers on skills found in their Ohio SACWIS documentation. The case review tool allows supervisors and caseworkers to achieve fidelity to the Differential Response model and promotes improvement in clinical competency and case documentation practice. The *Supervisory Coaching Toolkit* was reviewed in JFS FORMS this year.

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. Select CAPMIS and Caseworker Core modules are currently being made available in the virtual learning environment. Ohio secured a new vendor to improve Caseworker Core training and to promote new and innovative ways of learning. In 2022 a user-friendly learning management system will be introduced to replace the outdated E-track. Ohio also invested in several sets of virtual reality goggles through AVEnueS to simulate family engagement and work on critical thinking skills for new caseworkers. To promote family search and engagement efforts OFC provided each PCSA with two software licenses for a LexisNexis database called Accurint.

Quality Legal Representation Improvements

ODJFS works collaboratively with the Supreme Court of Ohio's Court Improvement Program (CIP) to improve Ohio's response to the investigation, prosecution, and judicial handling of child abuse, neglect, and dependency cases. OFC makes statutory and administrative recommendations for system improvement and provides oversight and guidance to the PCSAs for the implementation of statutory and administrative changes. Through this collaboration, the Child Welfare Quality Legal Representation Workgroup was established in 2020 to identify and implement strategies to improve the quality of legal representation for children and families involved in the children services court process. The workgroup has three primary focus areas: Pre-Petition Legal Representation, Multi-Disciplinary Legal Representation and Attorney Training and Standards.

Objective 4: Developing, Strengthening, and Facilitating Training

Agency Training Update

PCSA staff were trained and coached on Assessing Safety, Safety Planning, Assessing Strengths and Needs, and Case Planning. All four topics are covered in sessions of the core training required of new caseworkers and supervisors, and all involve the tools that comprise Ohio's Comprehensive Assessment and Planning Model – Interim Solution (CAPMIS).

Eight Regional Training Centers (RTCs) oversee training and coaching in their areas. Each RTC is responsible for scheduling sessions, monitoring registrations, and administering public children services agencies related training within its region. Each RTC collaborates with its constituent PCSAs regarding the identification of training needs, the implementation of training and the transfer of learning.

A new statewide coordinator, Ohio's University Consortium for Child and Adult Services (OUCCAS) was named in December 2020. OUCCAS is responsible for creating and revising the curriculum and for onboarding and overseeing trainers and coaches.

CAPMIS Training

All training offered to caseworkers and supervisors on CAPMIS is summarized in the following table. Two kinds of sessions are offered: Guided Application and Practice (GAP) sessions and the regular, required sessions. Few learners sign up for the GAP sessions, which are frequently cancelled as a result. The majority of CAPMIS training is done online, which means that it does not have to be offered by each RTC for its new workers.

Caseworkers and Supervisors	All CAPMIS Learnings	Guided Application and Practice	Regular Sessions
Sessions Scheduled	53	7	46
Pct. Cancelled	9.4	42.9	4.3

Caseworkers and Supervisors	All CAPMIS Learnings	Guided Application and Practice	Regular Sessions
Sessions Held	48	4	44
Total Enrolled	452	43	409
Hours of Training	276	12	264
Mean Class Size	9.4	10.8	9.3
Mean Session Length (Hours)	5.8	3.0	6.0
Total Learner Hours	2,583	129	2,454
Total Cost	$32,336	$1,205	$31,131
Training Costs Per Learner Hour	$12.52	$9.34	$12.69
Pct. Online	70.8	25.0	75.0
Pct. Outside RTC County	16.7	75.0	11.4
Pct. Evening or Weekend	0.0	0.0	0.0

Caseworker Core

Caseworker core is required of all new caseworkers. It has eight sections, three of which are relevant to this part of the APSR: Assessment and safety planning, gathering facts, and service planning.

Caseworkers Regular Sessions	Assessment and Safety Planning	Gathering Facts	Service Planning
Sessions Scheduled	54	86	56
Pct. Cancelled	11.1	14.0	14.3
Sessions Held	48	74	48
Total Enrolled	612	849	591
Hours of Training	576	444	864
Mean Class Size	12.8	11.5	12.3
Mean Session Length (Hours)	12.0	6.0	18.0

Caseworkers Regular Sessions	Assessment and Safety Planning	Gathering Facts	Service Planning
Total Learner Hours	7,344	5,094	10,638
Total Cost	$62,462	$44,691	$96,843
Training Costs Per Learner Hour	$8.51	$8.77	$9.10
Pct. Online	47.9	25.7	58.3
Pct. Outside RTC County	2.1	6.8	0.0
Pct. Evening or Weekend	0.0	0.0	0.0

The design of core requires that learners participate in Learning Labs in these three areas.

Caseworker Learning Labs	Assessment and Safety Planning	Gathering Facts	Service Planning
Sessions Scheduled	111	19	58
Pct. Cancelled	14.4	10.5	15.5
Sessions Held	95	17	49
Total Enrolled	872	201	412
Hours of Training	570	102	294
Mean Class Size	9.2	11.8	8.4
Mean Session Length (Hours)	6.0	6.0	6.0
Total Learner Hours	5,232	1,206	2,472
Total Cost	$62,332	$12,920	$33,041
Training Costs Per Learner Hour	$11.91	$10.71	$13.37
Pct. Online	50.5	100.0	59.2
Pct. Outside RTC County	2.1	0.0	0.0
Pct. Evening or Weekend	0.0	0.0	0.0

Supervisors Core

New supervisors are required to participate in Supervisor Core, which has six modules, of which three are relevant to this part of the APSR. There is one learning lab for Supervisor Core.

Supervisors	Assessment and Safety Planning	Gathering Facts	Service Planning	Learning Lab
Sessions Scheduled	12	13	13	2
Pct. Cancelled	0.0	15.4	23.1	0.0
Sessions Held	12	11	10	2
Total Enrolled	105	130	94	10
Hours of Training	144	132	120	12
Mean Class Size	8.8	11.8	9.4	5.0
Mean Session Length (Hours)	12.0	12.0	12.0	6.0
Total Learner Hours	1,260	1,560	1,128	60
Total Cost	$15,300	$14,620	$13,520	$1,100
Training Costs Per Learner Hour	$12.14	$9.37	$11.99	$18.33
Pct. Online	41.7	54.5	60.0	0.0
Pct. Outside RTC County	0.0	0.0	0.0	0.0
Pct. Evening or Weekend	0.0	0.0	0.0	0.0

RTC Training and Coaching

All three kinds of sessions summarized above – CAPMIS training, parts of Caseworker Core, and parts of Supervisor Core are scheduled and offered by the RTCs. However, the statewide coordinator does schedule some of these sessions, particularly Supervisor Core. (There are few new supervisors in most regions to justify the RTC-scheduling sessions of Supervisor Core.)

RTC	Sessions Held	Total Enrolled	Total Learner Hours
CORTC	89	919	8,400
ECORTC	24	251	2,232
NCORTC	58	543	4,536

RTC	Sessions Held	Total Enrolled	Total Learner Hours
NEORTC	65	800	6,873
NWORTC	39	541	4,914
SEORTC	30	266	2,292
Statewide	23	218	1,944
SWORTC	45	398	3,810
WORTC	41	392	3,576

NEORTC provided one 3.5-hour session of supervisor coaching on CAPMIS tools.
WORTC provided one session of CAPMIS coaching.
ECORTC scheduled the most CAPMIS coaching, totaling 100 hours.

Curriculum Development

OUCCAS revised standardized curricula and associated materials to maintain alignment with the rule and Ohio SACWIS functionality updates that occurred in SFY22. As the revisions occurred, trainers were notified and re-trained on the materials. Trainers were also given opportunities to participate in presentations and "office hour" sessions to learn about practice updates so they could effectively deliver the new content.

OUCCAS developed training modules to accompany an exciting new technology in which ODJFS acquired that involves the use of virtual reality (VR) headsets to help onboard new caseworkers and University Partnership Program (UPP) students. The training modules are designed for PCSA staff to use with trainees to discuss and learn from their VR experience with safety assessments, safety plans, and home visits in general.

SFY22 saw the kick-off of an ambitious redesign of the entire core curriculum for both caseworkers and trainers. The redesign will differ from previous versions in several ways.

- Tools will be better integrated into the training.
- Training materials will conform to Quality Matters standards. Among other things, this means that OUCCAS will improve the specification of learning objectives and work to ensure that all training materials and activities reinforce those objectives.
- All training will be available for use in-person, online, or for use with self-directed learning.
- Self-directed learning will be available on demand if caseworkers wish to review the material.

Trainer Development

OUCCAS staff also trained University Partnership Program (UPP) instructors on standardized curriculum related to assessing safety, safety planning, assessing strengths and needs, and service planning to ensure they delivered accurate and current best practice information to students within the program.

During the year, OUCCAS staff offered 13 sessions for the Training of Trainers (TOT). A new TOT was developed on issues related to diversity, equity, and inclusion. It was piloted and offered twice late in the year but will be offered in the future for all new trainers.

Office of Families and Children-CPS Training Updates

The OFC, Child Protective Services (CPS) policy team introduced a new series entitled "Policy and Practice Application Support (PaPAS)."

Each session focuses on a specific subject area of CPS policy. The goal of each session is to provide agencies with the opportunity to engage in an open dialogue in a small group setting to gain clarity, understanding, and further guidance on new or existing rules, tools, program initiatives and practice application with the CPS policy team. The sessions are designed to provide direct, ongoing support to county agencies' front-line staff and supervisors.

Objective 5: Developing and Implementing Procedures for Collaboration among Child Protective Services, Domestic Violence Services, and Other Agencies

Safe & Together Update

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 children services, courts, domestic violence service providers and other critical stakeholders. Several pilot counties requested training and technical assistance to enhance their response in these cases and identified the Safe and Together Model™ created by David Mandel & Associates, LLC (DMA)—now the Safe & Together Institute—as a model of interest.

The Safe & Together™ CORE training provides a comprehensive introduction to domestic violence using a perpetrator pattern-based, child-centered, and survivor strengths approach. The Model is developed for children services systems, so it goes beyond a primer on domestic violence to teach practical skills and tools rooted in children services assessment, interviewing, documentation, and case planning. The Safe & Together Model also improves the ability of children services 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 300 PCSA staff members and community partners have participated in virtual Safe & Together™ trainings within the past year.

Trainings from January 2021 – December 2021

Central RTC: Franklin	Online CORE 1-2	Jan. 21, 22 & Jan. 28, 29	Online
Central RTC: Franklin	Online CORE 3-4	Feb. 3, 4 & Feb. 10, 11	Online
Preble	Core 1-2	Mon-Tues, Feb. 22, 23 2021	In-Person
Preble	CORE 3-4	Wed-Thurs, Mach 10,11, 2021	In-Person
NWORTC: Toledo	Online CORE 1-2	Mar.1, 2 & Mar. 8, 9	Online
NWORTC: Toledo	Online CORE 3-4	Mar. 15, 16 & Mar. 29, 30	Online
Central RTC: Franklin	Online CORE 1-2	April 14, 15 & April 21, 22	Online
Central RTC: Franklin	Online CORE 3-4	May 10, 11 & May 17, 18	Online
NEORTC: Summit	Online CORE 1-2	April 12, 13 & April 19, 20	Online
NEORTC: Summit	Online CORE 3-4	May 12, 13 & May 19, 20	Online
NEORTC: Summit	Supervisor Online Day 1&2	June 7, 8 & June 14, 15	Online
NWORTC: Toledo	Online Core Day 1 & 2	June 22 & 23 (All day)	Online
SEORTC: Athens	Online Core Day 1 & 2	Aug. 3, 4 & Aug. 10, 11	Online
SEORTC: Athens	Online Core Day 3 & 4	Sept. 1, 2 & Sept. 8, 9	Online
SWORTC: Hamilton	Online CORE 1-2	Aug. 18, 19 & Aug. 25, 26	Online
SWORTC: Hamilton	Online CORE 3-4	Sept. 13, 14 & 27, 28	Online
CORTC: Franklin	Online CORE 1-2	Aug. 23, 24 & Aug. 30, 31	Online
CORTC: Franklin	Online CORE 3-4	Sept. 20, 21 & Sept. 29,30	Online
NEORTC: Summit	In-Person CORE 1-2	Sept. 14 & 15	In-Person
NEORTC: Summit	In-Person CORE 3-4	Oct. 4 & 5	In-Person
Medina County	In-Person CORE 3-4	Oct. 13 & 14	In-Person
CORTC: Franklin	Online CORE 1-2	Oct. 13, 14 & Oct. 20, 21	Online
CORTC: Franklin	Online CORE 3-4	Nov. 9, 10 & Nov. 16, 17	Online
Geauga County	In-Person CORE 1-2	Oct. 27 & 28	In-Person
Geauga County	In-Person CORE 3-4	Nov. 29 & 30	In-Person
NCORTC: Cuyahoga	Online CORE 1-2	Oct. 18, 19 & Oct 25, 26	Online

NCORTC: Cuyahoga	Online CORE 3-4	Dec. 7, 8 & Dec. 14, 15	Online

Trainings from January 2022 – December 2022

NCORTC: Cuyahoga	Supervisor Online Day 1&2	Jan. 5, 6 & Jan. 12, 13	Online
NWORTC: Toledo	Online CORE 1 & 2	Jan. 19 & 20 (All day)	Online
CORTC: Franklin	Online CORE 1-2	Jan. 24, 25 & Jan. 31, Feb. 1	Online
CORTC: Franklin	Online CORE 3-4	Feb. 9, 10 & Feb. 16, 17	Online
SWORTC: Hamilton	Online CORE 1-2	Feb. 23, 24, March 2, 3	Online
SWORTC: Hamilton	Online CORE 3-4	April 4, 5 & April 27, 28	Online
NEORTC: Summit	In-Person CORE 1-2	March 30 & 31	In-Person
NEORTC: Summit	In-Person CORE 3-4	April 27 & 28	In-Person
CORTC: Franklin	Online CORE 1-2	April 6, 7 & April 13, 14	Online
NWORTC: Toledo	Online CORE 3 & 4	April 21, 22 (All day)	Online
CORTC: Franklin	Online CORE 3-4	May 9, 10 & May 16, 17	Online
NCORTC: Cuyahoga	CORE 1-2	May 18 & 19	In-Person
NCORTC: Cuyahoga	CORE 3-4	June 15 & 16	In-Person
CORTC: Franklin	Online CORE 1-2	July 18, 19 & July 25, 26	Online
NWORTC: Toledo	Online CORE 1-2	Aug. 23, 24 (All day)	Online
CORTC: Franklin	Online CORE 3-4	Aug. 24, 25 & Aug. 31, Sept. 1	Online
SEORTC: Athens	Online Core Day 1 & 2	Sept. 14, 15, 21, 22	Online
SEORTC: Athens	Online Core Day 3 & 4	Oct. 5, 6, 12, 13	Online
CORTC: Franklin	Online CORE 1-2	Oct. 3, 4 & Oct. 10, 11	Online
NWORTC: Toledo	Supervisor Training	Oct. 19 & 20	Online
CORTC: Franklin	Online CORE 3-4	Nov. 7, 8 & Nov. 14, 15	Online
ECORTC:	CORE 1-2	Dec. 1& 2	In-Person
ECORTC:	CORE 3-4	Dec. 8 & 9	In-Person

Ohio was able to move forward virtually without major issues. There are some drawbacks, but also benefits to the virtual format. Virtual is the preferred choice when coordinating the trainings. We completed 14 Core Day Model Trainings, and one Supervisor Training. Three trainings were held in person, while the remaining trainings were virtual. Retaining five of the original eleven certified

trainers gave Ohio the unique benefit of trainers who are not only extensively experienced in children services and domestic violence, but who have also been training and practicing the Model for over ten years. Our experienced trainers supported two new trainers that have been an asset to ensure Ohio is meeting their training needs.

Trainers participate in quarterly meetings with CPS staff and S&TI. These meetings are a time to address training questions, spend additional time on training topics, and engage with one another. These meetings were held at the following dates/times:

- Thursday, November 4, 2021 from 1:00 PM – 4:00 PM
- Thursday, February 10, 2022 from 1:00 PM – 4:00 PM
- Friday, May 27, 2022 from 1:00 PM – 4:00 PM

2021-2022 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.

The Ohio IPV Collaborative Coordinator has continued to participate in the statewide, multi-agency Linking Systems of Care for Ohio's Youth stakeholder group. Listed below are the details of the webinars coordinated with S&TI:

- Wednesday, September 15, 2021, from 2:00 pm – 3:30 pm EST: *Racial Justice and Equity* (complete)
- Wednesday, January 12, 2022, from 2:00 pm – 3:30 pm EST: *Perpetrators Manipulating Systems*
- Wednesday, May 18, 2022, from 2:00 pm – 3:30 pm EST: *Worker Safety*
- Wednesday, July 13, 2022, 2:00 pm – 3:30 pm EST: *Trauma Informed is Not Domestic Violence Informed*

S&TI has initiated annual updates to its most frequently used curricula, including the CORE and Supervisor trainings. S&TI created a global participant guide to assist trainers in training virtually. 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 meeting the needs of the training centers to offer CORE trainings 2-3 times each year. Areas of focus include, building supervisory capacity, reviewing implementation and evaluation strategies, and planning additional training support opportunities. With the ongoing challenges presented by COVID-19, the Collaborative works 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. Specifically, S&TI sends evaluations to the participants along with the post-test at the end of each training.

Recommendations

Coordinating outreach to community partners to bring awareness and facilitate collaboration. The idea of bringing back community days has come up in various conversations in the past six months.

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 understanding 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 concerns 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, 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 children services. ODJFS continues to present CARA via trainings, conferences, presentations, web-based trainings, listening sessions, 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 also updated the Child Protective Services webpage to include general information on CARA/CAPTA as well as resources available to all community members, including: the Practice and Policy Academy website, the Ohio Healthy Families Handbook, an informational PowerPoint for Medical and Community Providers, and the CARA educational brochures.

Additionally, ODJFS collaborated with the Ohio Fatherhood Commission to provide males in Ohio with information about the Putative Father Registry. 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 was provided with a PDF version of the brochure, per request, 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.

As part of recent legislation, the CPS policy team collaborated with the Animal Welfare Institute to educate the public through guidance documents on the connection between animal abuse and child abuse and/or neglect and steps to make a referral.

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 concluded on June 30, 2021. A final review of the training performance for the four interlocking components is presented 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:

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 children services, 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, 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 monitors 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 the Ohio Department of Mental Health and Addiction Services 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.

In November of 2020, ODJFS in coordination with 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. Recipients of Prong 2 funds received $10,000 dollars. For Prong 2, 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. Recipients of Prong 2 funds received $20,000, $40,000, or $60,000 depending on the size of their county population. The grants allow communities to assess the local needs for these priorities, establish best practices, and prepare for any necessary budget considerations for implementation and/or sustainability.

Thirteen counties received Prong 2 grant funding specific to CARA and PoSC implementation during State Fiscal Year 2021. Four of those counties applied for these funds for State Fiscal 2022, along with four new counties. These counties report monthly data on (1) the number of CARA cases screened in for assessment/investigation, (2) the total number of CARA cases reported, (3) the number of CARA cases closed, and (4) the number of CARA cases transferred for ongoing services. Feedback from these counties as well as an analysis of data trends informed updates to the CARA Administrative Report in Ohio SACWIS in March 2022. These updates included enhancements to improve the accuracy of the logic behind the reports as well as the addition of new data metrics. Also in March 2022, the Ohio SACWIS Reporting Team began rolling out a new CARA Dashboard, which was modeled after the data presentation of one of the Communities of Support grant recipient counties. The CARA Dashboard displays continuous quarterly data pulled from the point-in-time *CARA Administrative Report* in Ohio SACWIS. The CARA Dashboard was designed to be more user-friendly and to allow counties to see how their data changes over time and to compare their data with that of other counties or the entire state.

Three of the counties which receive Community of Support Grant funding were selected to work directly with the Practice and Policy Academy. These counties participate in Monthly Technical Assistance calls to assist their counties with the implementation of PoSC in their own community and address any obstacles they may encounter. The pilot counties have used their grant funds for activities such as: establishing or enhancing community collaboratives, developing a county-specific Plan of Safe Care template, funding a community prevention position, training community partners, and educating the community on the CARA population. Quarterly Trainings are provided for all of Ohio's counties and agencies which work with these identified populations, which allows for cross collaboration and education.

The following work continues:

- Implementation & Training: Plans for the rollout of PoSC activities have been developed and are supported by the CARA Handbook, which is a comprehensive list of national and state trainings on a variety of topics related to CARA and PoSC. A toolkit is in the process of being finalized, which will highlight how counties can develop their own core team and implement PoSC within their own individual county. In addition, technical assistance is provided along with individualized trainings in the counties who need additional assistance.
- Data & Notification: The CARA Dashboard will be updated to reflect the feedback and suggestions from the Communities of Support grantees.
- Website: A statewide website is being developed, which will be housed in the Bold Beginnings main website. The governor's office is assisting in this development. This website will house all information specific to PoSC for counties and community partners. The purpose is to develop one site, where constituents can learn about PoSC, and communities can take advantage of resources to develop comprehensive PoSC implementation plans.

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.

Note: *Ohio has not participated in a CB site visit relating to development of plans of safe care for infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder.*

PROGRAM	FFY 2020	FFY 2021	FFY 2022
CRP/CRB	$279,914.75	$293,000.00	$292,288.00
CASA/GAL Training	$194,920.00	$205,000.00	$594,285.00
Communities for Support		$2,300,000.00	$1,420,000
Race Equity		$830,000.00	
Center for the Study of Social Policy			$31,090.89
CARA	$2,028,144.00	$2,191,277.00	$2,247,881.00
CAPM Development	$200,000.00	$200,000.00	$200,000.00
ARPA*		3,496,480.00	
TOTAL^	$2,702,978.75	$9,515,757.00	$4,785,544.89

^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

With the addition of ARPA funds in FFY 2021, the OCTF Board recently approved the expansion of the Family Success Network to two additional sites throughout Ohio. This expansion effort will allow the OCTF to continue supporting other EBPs and promising interventions to meet the needs of Ohio's children and families and to reduce the need for foster care for children at risk of removal.

During FFY 2021 the OCTF has worked with other state partners at ODJFS to develop a strategic layered approach in planning for the delivery of Triple P programming throughout various family and child-serving settings. By combining numerous funding sources state leaders developed an approach to deliver Triple P services to parents via OCTF CBCAP funding, to children through the early childcare system via ARPA funding, as well as to children services involved parents via FFPSA funding. Implementation of the program and reporting will begin FFY 2022.

The OCTF participated in the Supreme Court of Ohio's Child Welfare Quality Legal Representation Workgroup and served as a member of the Pre-Petition Legal Representation Subcommittee. The OCTF worked with court and children services staff to discuss various ways to address legal representation for parents. Through this collaboration, the OCTF allocated a small portion of its CBCAP ARPA funds to award two grantees with funding to support their pre-petition legal representation work in Cuyahoga and Erie counties.

The development of the Trust Fund's six-year strategic plan and logic model informed the child abuse and neglect prevention work funded by the OCTF in FFY 2021 and beyond. The OCTF engaged numerous partners to help it assess its current strengths, weaknesses, opportunities, and challenges (SWOC), and completed an analysis in the area of child maltreatment prevention for the state of Ohio. The OCTF gathered critical insights about the impact of the services funded via the Trust Fund, as well as the gaps and needs that families are still experiencing throughout the state of Ohio pertaining to accessing supportive, family strengthening services. The timeliness of the completion of these items helped inform funding priorities for utilization of CBCAP ARPA funds.

While it represents its own stand-alone priority focus area, woven throughout all other areas of the strategic plan is the Trust Fund's focus and commitment to race equity, diversity, and inclusion.

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	106
White	526
Undetermined	106
Unknown	70
Null	2272
Total	3089

AGE	# EMPLOYEES
20-30 Years	195
31-40 Years	175
41-50 Years	118
51-60 Years	42
61 Years & Over	9
Missing Data	2550
Total	3089

GENDER	# EMPLOYEES
Male	260
Female	1826
Unknown/Null Data	1003
Total	3089

- **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 this 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). 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, 2021 was 10.17 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)**

  There are data fields in Ohio's SACWIS that capture information on children alleged at the time of the referral, to be affected by illegal substance abuse, withdrawal symptoms or Fetal Alcohol Spectrum Disorder (FASD). This reporting information continues to improve and transform as we learn more about this population and how to treat the families and children.

  The number of children alleged to be impacted by FASD, illegal substance abuse or withdrawal symptoms upon referral was 9,513. Of those referrals 2,750 were screened in and assigned to Ohio's traditional pathway. There were 4,011 referrals screened in and assigned to Ohio's alternative response pathway. Approximately 2,645 referrals were screened out. In the previous reporting year there were 12,192 children alleged to be impacted by FASD, illegal substance abuse or withdrawal symptoms.

  Ohio's enhancements to SACWIS have been deemed federally compliant with the Comprehensive Addiction and Recovery Act (CARA) of 2016. Changes were made to Ohio's SACWIS system in October of 2016, which required users to answer a series of CARA related questions and flagged those cases for tracking purposes at the intake level and reassessed throughout the continuum of the case.

  Enhancements to data retrieval have occurred each year since improving Ohio's ability to identify and serve this vulnerable population. Of the 9,513 substance related referrals from May 2021- April 2022; 8,391 were identified as CARA infants. The following are the top substances identified for this reporting period: THC 6,885, cocaine 695, amphetamines 610 and several types of opiates including fentanyl, suboxone, heroin, opiates, methadone, hydromorphone, and morphine 1684 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 Ohio SACWIS based on age and child abuse or neglect report disposition. Ohio 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 2021, 5,585 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 6,882 in FFY 2020.

In FFY 2021, 36,265 reports linked to 32,009 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 2021, 46 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 children services population.

Education and Training Vouchers

Attachment C

Name of State/ Tribe: Ohio

Ohio	**Total ETVs Awarded**	**Number of New ETVs**
Number: 2021-2022 School Year (July 1, 2021 to June 30 2022)	287	108
Final: 2020-2021 School Year (July 1, 2020 to June 30, 2021)	300	117

Inter-Country Adoptions

In Federal Fiscal Year 2021, 443 of the children in foster care for at least one day were reported as previously adopted. Only three of the children have a birth country listed that is not the United States. It should be noted, however, that of the remaining children, 268 do not have their birth country listed.

The primary removal reasons for the children with previous adoptions were:

Removal Reason from Adoptive Placement	Number of Children
Abandonment	2
Alcohol Abuse of child	0
Alcohol Abuse of Parent	1
Caretaker's Inability to Cope	23
Child's Behavior Problems	101
Custody Relinquishment - Treatment	2
Death of Parent(s)	10
Delinquency	28
Dependency	165
Drug Abuse of Parent	8
Emotional Maltreatment	2
Incarceration of Parents(s)	2
Inadequate Housing	1
Intimate Partner Violence	2
Neglect	36
Physical Abuse	21
Relinquishment	14
Sexual Abuse	19
Sibling Removal	0
Unruly Status offender	6

The current permanency goal (or last goal if the case is now closed) for those same children was:

Permanency Goal Established for Child	Number of Children
Adoption	164
Independent Living/Emancipation	30
Maintain in own home	54
Permanent Placement with a Relative	13
PPLA	36
Return Child to Parent	111
No goal listed (likely short-term placements)	35

The age of the child when the previous adoption finalized:

Age at Adoption Finalization	Number of Children
0	23
1-3	119
4-6	113
7-9	91
10-12	64
13-15	23
16	1
Unknown	9

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 B1: Ohio 2000-2024 Foster Care and Adoption Diligent Recruitment Plan Changes APSR FY2023
Appendix C: Health Care Oversight and Coordination Plan Update
Appendix C1: Psychotropic Medication Toolkit for Public Children Services Agencies
Appendix C2: Health Care Oversight and Coordination Plan Changes APSR FY2023
Appendix D: 2020-2024 Disaster Plan Updated
Appendix D1: Revisions Made to the Disaster Plan
Appendix E: 2020-2024 Training Plan Appendix
Appendix F: Attachment C- Annual Reporting of Education and Training Vouchers Awarded
Appendix G: Financial Information

Payment Limitations

Excel workbook:

- CFS-101, Part I for: Annual Budget for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CHAFFEE, and ETV an Reallotment for Current Federal Fiscal Year Funding *For Federal Fiscal Year 2023: October 1, 2022 through September 30, 2023* *New*
- CFS-101, Part II: Annual Estimated Expenditure Summary of Child and Family Services Funds For *FY 2023: October 1, 2022 to September 30,2023*
- CFS-101, Part III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chaffee Program, and Education and Training Voucher *Reporting on Expenditure Period For Federal Fiscal Year 2020 Grants: October 1, 2019 through September 30, 2021*

- Ohio Request for Reallotment –
  CFS-101, Part I for: Annual Budget for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CHAFFEE, and ETV an Reallotment for Current Federal Fiscal Year Funding Reallotment

PDF

- CFS-101, Part I for: Annual Budget for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CHAFFEE, and ETV an Reallotment for Current Federal Fiscal Year Funding *For Federal Fiscal Year 2023: October 1, 2022 through September 30, 2023*
- CFS-101, Part II: Annual Estimated Expenditure Summary of Child and Family Services Funds For *FY 2023: October 1, 2022 to September 30,2023*
- CFS-101, Part III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chaffee Program, and Education and Training Voucher *Reporting on Expenditure Period For Federal Fiscal Year 2020 Grants: October 1, 2019 through September 30, 2021*

- Ohio Request for Reallotment –
  CFS-101, Part I for: Annual Budget for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CHAFFEE, and ETV an Reallotment for Current Federal Fiscal Year Funding Reallotment

Appendix H: Ohio Citizen Review Panels State Fiscal Year 2020-2021Annual Report
Appendix H1: ODJFS Response to Citizen Review Panel Report Recommendations Cover Letter
Appendix H2: ODJFS Response to Citizen Review Panel Report Recommendations