

OHIO 2025-2029 CHILD AND FAMILY SERVICES PLAN

June 30, 2024



**Department of
Children & Youth**

Mike DeWine, Governor
Jon Husted, Lt.
Governor
Kara Wentz, Director

Table of Contents

I.		Vision and Collaboration	1
II.		Assessment of Current Performance in Improving Outcomes	8
III.		Plan for Enacting the State’s Vision	104
IV.		Services	121
V.		Consultation and Coordination with the Tribes	158
VI.		Targeted Plans within the CFSP	159
Section E: Financial Information			159
		Payment Limitation: Title IV-B, Subpart 1	
		Payment Limitation: Title IV-B, Subpart 1	
		Payment Limitation: Title IV-B, Subpart 1	
		Payment Limitation: Title IV-B, Subpart 2	
		Chafee Program	
Section F: Additional Submission Requirements			
Excel Workbook:			
<ul style="list-style-type: none"> ○ CFS-101, Part I for FY 2025. ○ CFS-101, Part II with planned expenditures for the use of FY 2025 funds. ○ CFS-101, Part III with estimated and actual expenditures of FY 2022 grants for the title IV-B, and, at state option, the Chafee and ETV programs. 			
Workbook in PDF format:			
<ul style="list-style-type: none"> ○ CFS 101, Part I for FY 2025 signed, titled, and dated by the appropriate official. ○ CFS-101, Part II with planned expenditures for the use of FY 2025 funds. ○ CFS-101, Part III signed, titled, and dated by the appropriate official. 			
Assurances and Certification:			
<ul style="list-style-type: none"> ○ Title IV-B Assurances ○ Chafee Certification ○ ETV Certification 			

Appendices		
Appendix A	Ohio Department of Children and Youth Organizational Chart	
Appendix B	Ohio Information Systems Assessment of Current Performance in Improving Goals, Outcomes or Systemic Factors	
Appendix C	Ohio Foster and Adoptive Parent Diligent Recruitment Plan	
Appendix D	Ohio Health Care Oversight and Coordination Plan	
Appendix D1	Ohio Psychotropic Medication Toolkit for Public Children Services Agencies	
Appendix E	Ohio Disaster Plan	
Appendix F	Ohio Training Plan	

I. Vision and Collaboration

A. State Agency Administering the Programs

Ohio is a state-supervised, county-administered children services system.

State-Supervised: Children services functions and programs currently under the auspices of the Ohio Department of Job and Family Services (ODJFS) will be transferring to the newly created cabinet department, the Ohio Department of Children and Youth (DCY), commencing on July 1, 2024. ODJFS/DCY, under the provisions contained in the Ohio Revised Code, is authorized to administer Title IV-B, Title IV-E, Title XX programs, CAPTA, license resource homes and perform other child welfare functions.

In partnership with ODJFS, the agency's information systems support Ohio's service delivery system. Information systems include the: Ohio's Comprehensive Child Welfare Information System (Ohio CCWIS), County Finance Information System (CFIS), and Ohio Benefits.

While the children's services functions will reside within the new agency there will be no changes to the local structure and functions of the county children services agencies.

County-Administered: Pursuant to Section 307.981 of the Ohio Revised Code County Commissioners in Ohio's 88 counties are responsible for determining which agency within their county will provide public children services to their communities.

Programs under the direction of the DCY include, but are not limited to:

- **Prevention/Early Identification:** Home Visiting, Ohio Children's Trust Fund, Infant Vitality.
- **Early Education:** Early Intervention, Publicly Funded Child Care, Early Childhood Education, Preschool Special Education, Licensing, Dolly Parton's Imagination Library of Ohio.
- **Support:** Children Services (i.e., foster, adoptive, kinship), Ohio Commission on Fatherhood, Ohio Family Children First Council, Healthy Beginnings at Home, Early Childhood Mental Health Consultation, Strong Families, Safe Communities.

DCY's Table of Organization can be found in Appendix A of the 2025 – 2029 Child and Family Services Plan.

B. Mission, Vision, Goals, Guiding Principles

The work of DCY is defined by our Mission, Vision, Goals, Guiding Principles, and critical Pillars which are viewed as essential components that support our mission and goals. They are the strength behind the department and are found below.

Our Mission

The Mission of the Ohio Department of Children and Youth is to promote positive, lifelong outcomes for Ohio youth through early intervention, quality education, and family support programs.

Our Vision

Each Ohioan is able to live up to their full potential and have the opportunity to live their version of the American dream.

Goals

- **Reduce Infant Mortality.** Help more children thrive and reach their first birthday.
- **Reduce Learning Gaps.** Ensure continuation of care across the spectrum of ages, stages, and services to help children and youth achieve.
- **Reduce Involvement with Child Welfare.** Help provide families with resources and support needed proactively before a crisis within the family occurs.

Principles

We will achieve our goals with:

- Transparency
- Accountability
- Focus & Prioritization
- Maintaining Local Structure (strong network of local providers and partners)

Pillars

These essential components support our mission and goals. They are the strength behind the department.

- **Continuum of Care** – Providing the level of support children and youth need, where and when they need it.
- **Workforce** – Attracting and maintaining quality, competent professionals working on behalf of children to match needs across the state.
- **Service Coordination** – Working together to support the well-being and future success of all children.

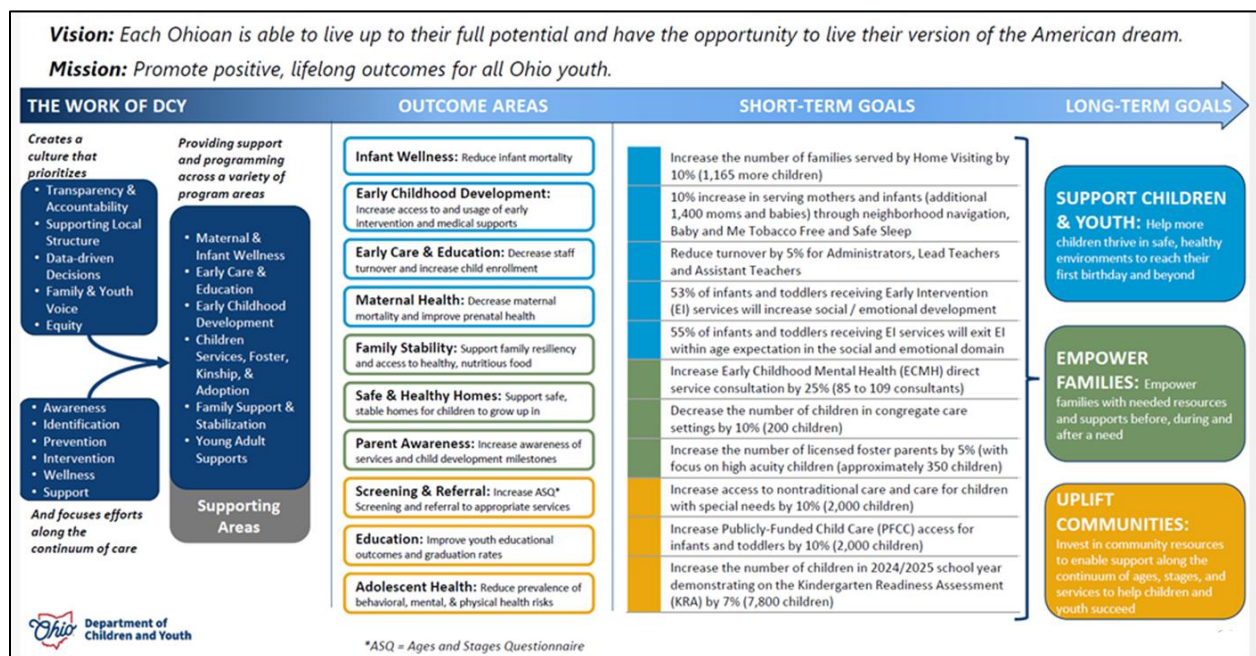
The above vision of DCY and motto “Do What’s Right for Kids” aligns with Ohio’s Governor’s commitment to create an Ohio that works for all Ohio families, especially those most in need by investing in:

- Evidence-based home visiting programs.
- Early Intervention programs.
- Improving the quality of Ohio’s publicly funded childcare system.

- Children services agencies by investing in county support, care coordination of Ohio's highest need children, foster care and family recruitment and engagement, statewide Kinship and Adoption Navigator Program, and Ohio's Bridges program.

DCY has developed a logic model to help drive the work of the agency while remaining in line with the overarching vision and mission as well as its short and long-term goals. By way of definition, logic models are road maps that show the relationship between what an agency does and the intended impacts and effects for those served. Depicted below, DCY's logic model strives to:

- **Articulate goals** – Communicate our goals so that we are all able to articulate them succinctly.
- **Identify roles** – Share how each of us where what we do fits into the agency's mission, vision, and goals.
- **Shared beliefs** – Shares with others what we believe to be true – “If we do this, it will result in that.”
- **Task accountability** – Help us maintain accountability for what we say we will do.



C. Collaboration

On January 31, 2023, Governor Mike DeWine delivered his State of the State address. Much of the focus on Governor DeWine's address was on education, mental health, and the health and wellbeing of Ohio's infants and children. This included the proposal of a new state agency, the Ohio Department of Children & Youth (DCY). The proposed new department would consolidate programs from five existing state agencies and would:

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

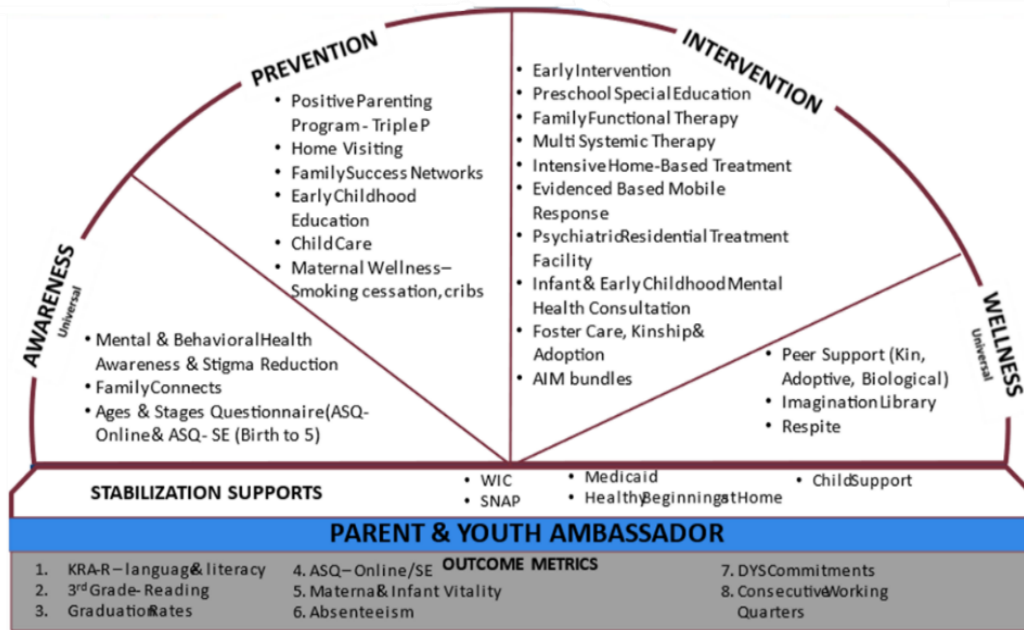
With passage of House Bill 33 in early July 2023, the Department of Children and Youth was enacted to administer programs and services from the following legacy agencies:

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

The following programs and services are now integrated within DCY:

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

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



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

In response to insights gathered from Family Listening Sessions, DCY will be adding a new, powerful resource to our team – 12 Parent and Youth Ambassadors, one for each of the service delivery areas. Ambassadors who have lived experience and live either within or near the service delivery areas to which they are assigned will be hired. The Ambassadors will answer questions and provide help to families through phone calls, online chat, and face-to-face interactions. Additionally, the Ambassadors will schedule and facilitate regional Listening Sessions and Parent Cafés all aimed at gaining continuous feedback on how Ohioans are using available supports and identifying gaps in services. DCY is excited about this new role and sees Ambassadors as a bridge connecting families and communities with DCY.

From July through October of 2023, DCY leadership completed an initial wave of engagement across the state, including over 45 unique Stakeholder Engagement Meetings. These stakeholders represented various agencies, organizations, association member groups, and systems statewide that are impacted by the creation of the new agency. In this initial wave of engagement, DCY leadership met with stakeholders as a group to introduce the agency's priorities and get feedback on the current state and opportunities for the agency. Stakeholder groups included, but were not

limited to, Ohio Association of County Boards of Developmental Disabilities (OACB), Early Intervention/Ohio Association of County Boards, Early Childhood Mental Health, Public Children Services Agencies, Ohio Council of Behavioral Health & Family Services Providers, Public Children Services Association of Ohio (PCSAO), Home Visiting Consortium, Early Learning & School Readiness (ELSR) Team Meeting, Ohio Children's Alliance (OCA), Ohio Job and Family Services Directors' Association (OJFSDA), Whole Child Matters Grantees, Early Childhood Mental Health Consultants, Ohio Center for Autism and Low Incidence (OCALI), Court Stakeholder Discussion, The Ohio Educational Service Center Association (OESCA), PCSAO Board of Trustees Meeting, Ohio Children's Trust Fund (OCTF), Ohio Commission on Fatherhood, National Alliance on Mental Illness (NAMI Ohio), John Glenn Leadership Forum- Child Well-Being, Ohio Family and Children First Cabinet Council, Ohio Grandparents Coalition, and Ohio Children's Hospitals.

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



During the month of April 2024, DCY leadership completed a second wave of stakeholder engagement and listening sessions across the state to obtain additional feedback on needs, services, and experiences of families served.

Additional Platforms for Collaboration

DCY continues to engage the Partners for Ohio's Families (PFOF) Advisory Board as a forum to promote a sustainable and collaborative partnership to improve Ohio's children services system. The PFOF Advisory Board is comprised of representatives from local public and private children services agencies, the Supreme Court of Ohio, PCSAO, the Ohio Children's Alliance, the Ohio Family Care Association and OFC. Ohio's former foster youth continue to serve on local and statewide Ohio Youth Advisory Boards. They are often contacted to participate in or provide feedback to various advocacy events, reviews, and stakeholder groups.

Children's Justice Act and Court Improvement Project

ODJFS/DCY has a rich history of collaboration with the Supreme Court of Ohio (SCO) demonstrated through the implementation of previous Child and Family Services Plans and Program Improvement Plans. DCY continues to partner with the Court and other system stakeholders through the Supreme Court of Ohio's Advisory Committee on Children, Families and the Courts and its Subcommittee on Responding to Child Abuse, Neglect and Dependency (CAND). CAND also serves as the Task Force for both the Ohio's Children's Justice Act and Court Improvement Program (CIP). DCY and the Supreme Court of Ohio partner on the implementation of activities under Ohio's Children's Justice Act grant and Ohio's CIP. The terms CAND and Task Force are used interchangeably to describe Ohio's multidisciplinary CJA task force. The purpose of the advisory committee is to provide ongoing advice to the Court and its staff regarding the promotion of statewide rules and uniform standards concerning the establishment and operation of programs for children and families in Ohio courts; the development and delivery of services to Ohio courts on matters involving children and families, including training programs for judges and court personnel; and, the consideration of any other issues the advisory committee deems necessary to assist the Court and its staff regarding children and families in Ohio courts. This functionality has significantly enhanced the Task Force's professional participation and several years, SCO and DCY have blended CJA and CIP funds to implement strategies to improve the quality of legal representation for children and families involved in the child welfare system. Strategies include Ohio specific child welfare legal training through the National Association of Counsel for Children, multi-disciplinary pilot project that includes both pre-and post- petition legal services, and an evaluation of the Ohio Court Appointed Special Advocate program.

Collaboration in development of the 2025-2029 CFSP

DCY leveraged existing and newly formed relationships with stakeholders, associations and persons with lived experience in reviewing data when establishing the Goals, Objectives, Strategies and Benchmarks. With the creation of DCY within the Governor's Cabinet in conjunction with the formation of the Executive Leadership Team, internal and external work that is planned through the CFSP, and cross-system leadership and accountability structures will facilitate CFSP implementation efforts. In addition, the newly created agency will seek to engage a diverse group of individuals and perspectives to determine potential disparities in services and outcomes.

II. Assessment of Current Performance in Improving Outcomes

A. Child and Family Outcomes

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

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

Safety Outcomes

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

As shown in the table below, the Safety Outcome is comprised of two Federal data indicators and one case-review measure. The table below depicts the relationship between and among the data measures, data sources, and the analytic method used.

Safety Outcome 1	
Federal Data Indicator Domain	Case-Review Domain
(S1) Maltreatment in Care (AFCARS + NCANDS) Of all children in care during a 12-month period, what is the rate of victimization per 100,000 days in foster care? <ul style="list-style-type: none">○ Risk Standardized Performance○ Observed Performance (S2) Recurrence of Maltreatment (NCANDS) 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? <ul style="list-style-type: none">○ Risk Standardized Performance○ Observed Performance	(Item 1) Timeliness of Initiating Investigations of Reports of Child Maltreatment 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. <ul style="list-style-type: none">○ Risk Standardized Performance○ Observed Performance

Federal data indicators include: (1) Maltreatment in Care and (2) Recurrence of Maltreatment. Maltreatment in Care uses the AFCARS and NCANDS data sets. Recurrence of Maltreatment uses the NCANDS data set. Both indicators report their findings using two different and complimentary analytic methods. The risk standardized method is only valid for comparing Ohio's performance relative to other states or for comparing Ohio's risk standardized performance to prior risk standardized performance timeframes. The observed performance is only valid comparing Ohio specific performance, and not valid for comparing Ohio to the performance of other states.

The data for the Case-Review Safety Item are obtained from CPOE Review Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment. The results are determined by sampling cases from each county's CPOE review and then pooling their results to yield statewide performance. These results reflect the Strengths and Areas Needing Improvement.

Safety Outcome

(S1) Maltreatment in Care

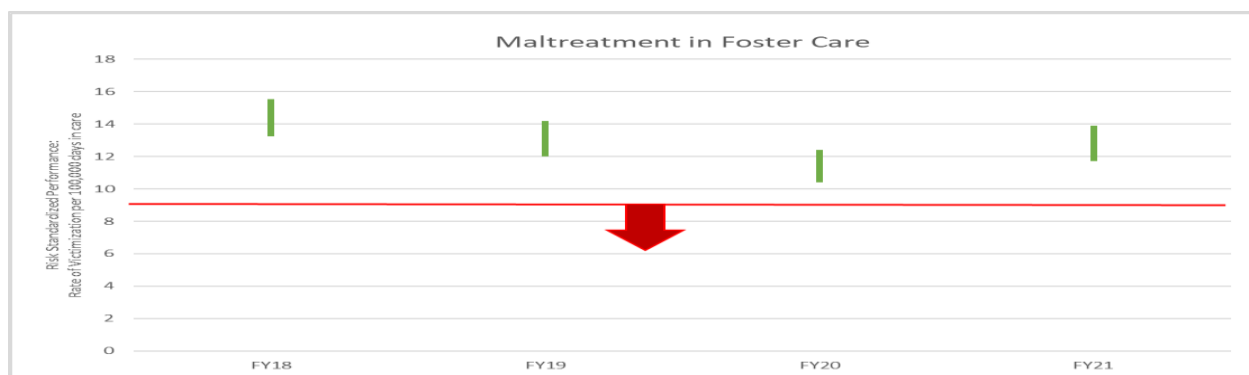
Using Risk Standardized Performance

The 2020-2024 CFSP spanned CFSR Round 3 and CFSR Round 4. The CFSR Round 4 Data Profiles ushered in the newly established Risk Standardized Performance for all seven CFSR Data Indicators.

The Children's Bureau released the CFSR Round 4 Statewide Data Indicators (SWDIs) national performance values on June 8, 2022. Examination of Ohio's Risk Standardized Performance between FY18 and FY20 for Maltreatment in Care revealed that Ohio did not achieve the National Performance threshold for Round 3 (target 9.67 or less) or for Round 4 (target 9.07 or less). Ohio's Risk Standardized Performance has been statistically worse than the National Performance for the last four observation periods.¹

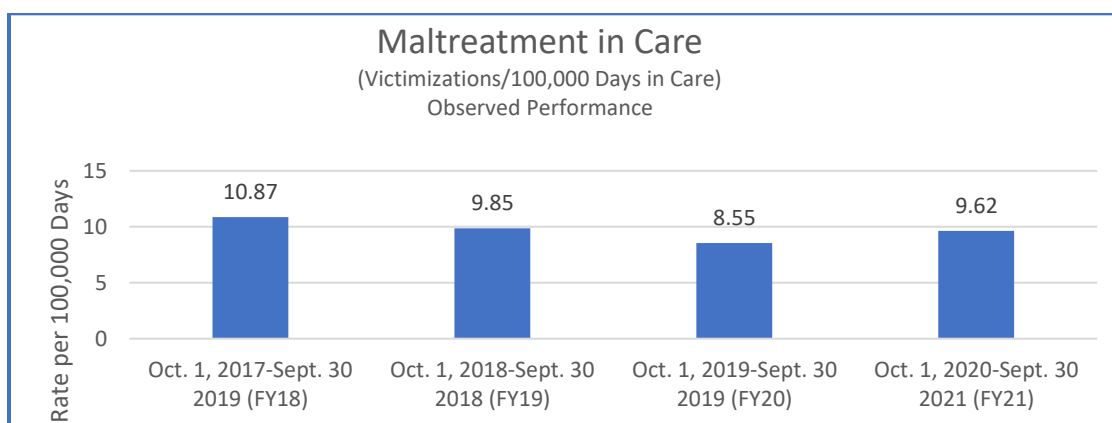
Federal Data Indicator: (S1) Maltreatment in Care Risk Standardized Performance				
National Performance Target: 9.67 or less (Round 3) 9.07 or less (Round 4)	10/1/2017-9/30/2018 FY18	10/1/2018-9/30/2019 FY19	10/1/2019-9/30/2020 FY20	10/1/2020-9/30/2021 FY21
RSP Value	14.36*	13.05*	11.36*	12.75*
RSP Interval	13.26 -15.55	12.0 -14.18	10.40 -12.41	11.7 -13.9
*Fails National Standard, placing the State under risk of fiscal penalty.				

¹ Ohio Child and Family Service Review (CFSR 4) Data Profile, February 2023 and February 2024.

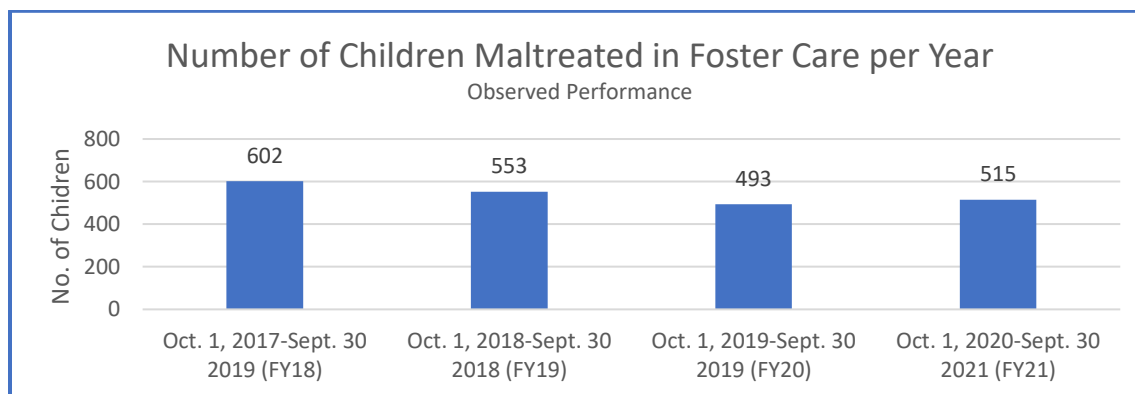


Using Observed Performance

Examination of Ohio's Observed Performance over four observation periods show the rate of child victimizations while in foster care has ranged between 8.55 and 10.87 per 100,000 days in care.²

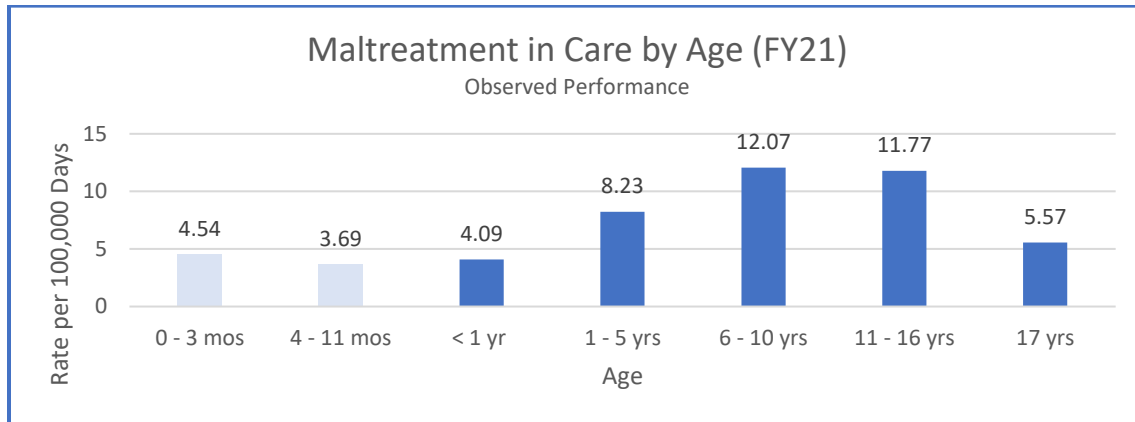


There were 515 victimizations identified during the last observation period. Over the last four years, there has been an average of 433 children victimized per year.

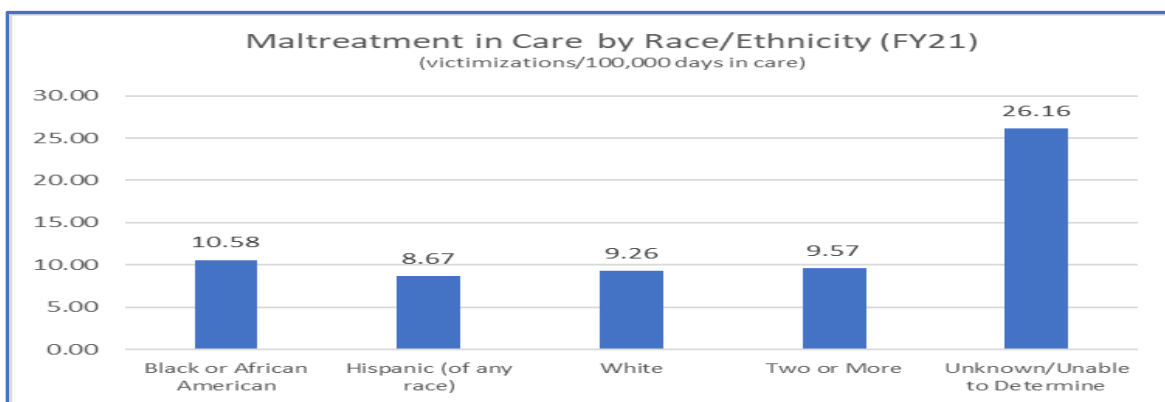


² Child and Family Service Review (CFSR 4) Data Profile Context Data – Observed Performance on Safety Indicator Maltreatment in Care, February 2024.

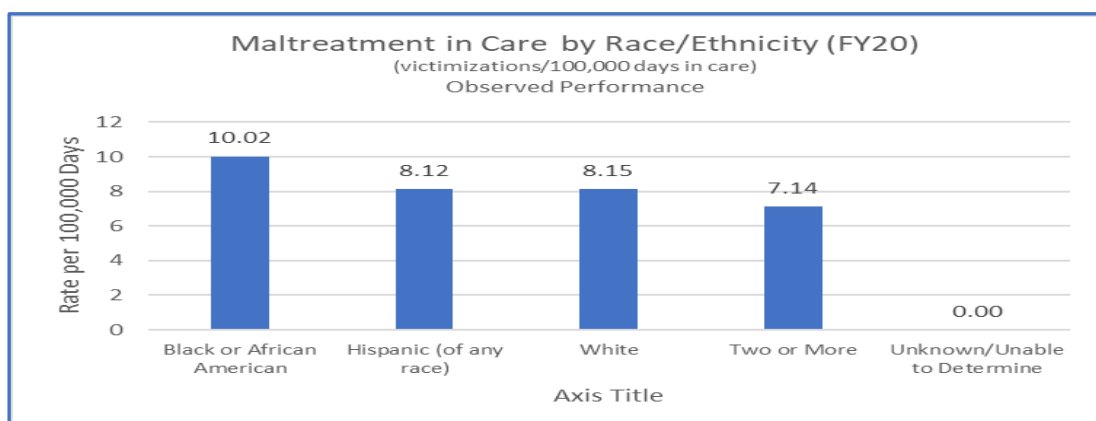
For the last observation period FY21, two age groups (6-10 years and 11-16 years) show the highest rates of maltreatment in care. The table below presents information on all age groupings.



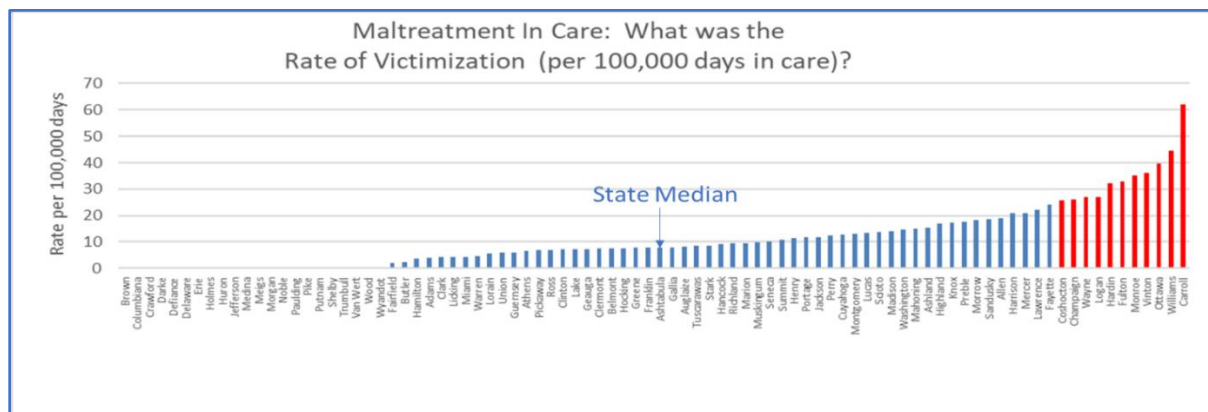
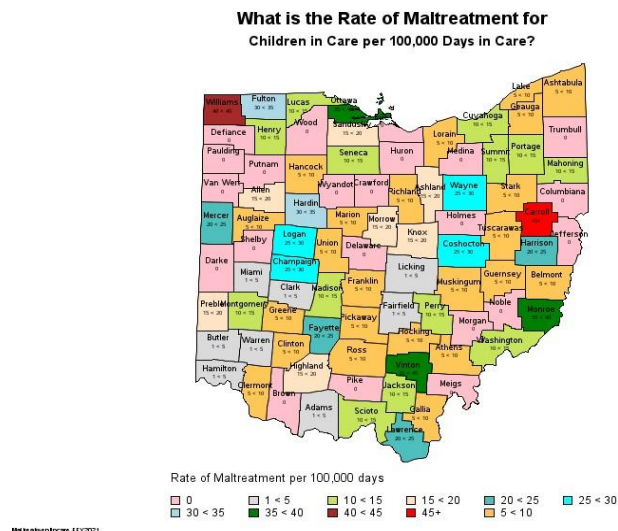
Looking at the FY21 data for race/ethnicity, there is an unusual spike in the unknown/unable to determine. Until this aberration is examined further it makes it difficult to interpret results. This aberration may be attributed to the AFCARS conversion. Until better race/ethnicity data are available, FY20 data will be used.



During FY20 there was a higher rate of victimization of Black/African American children when compared to White or Multi-Racial children as presented below.



The following county level map of Ohio shows a wide range in the rate of victimizations per 100,000 days in care. Ohio's observed rate is 9.62 and 37 counties have rate exceeding the rate. Eleven counties have a higher rate than 25.



Maltreatment in Care: Findings at a Glance

- Ohio's performance has failed to achieve the National Performance Standard on Maltreatment in Care.
- Over the last four years, a yearly average of 433 children have been maltreated in foster care in each year.
- Older youth tend to be victimized at a higher rate than younger.
- African Americans are more likely to be victims than other races.
- While the state median is 9.62, 11 counties have a victimization rate higher than 25.
- *Special Note:* The results and findings discussed in this section were enhanced by using data from the U.S. Census Bureau and detailed in the Population of Greatest Risk section (pages 143-148).

Current or Planned Activities Targeted to Improve Performance

Ohio uses a dual approach to reduce maltreatment in care. This approach enhances the training of resource parents to cope with trauma and assists children in identifying preferred coping strategies. At the beginning of placement, caseworkers discuss with the child what they prefer to do when they become uncomfortable, anxious, frustrated, or angry. A variety of coping strategies are explored, like the following: spend time alone in a quiet area, talk with caregivers, talk with peers, hugging a stuffed animal, listening to music, talking with friend/family, drawing/coloring pictures, squeezing a ball, playing cards with staff or peers, journaling, exercise, deep breathing, aromatherapy, taking a bubble bath/show, molding clay, blowing bubbles, reading, working puzzles, word search, rocking in a chair. In addition, counties can use a new program called “Strengthening Relationships” which focuses on strengthening the relationships between resource providers and the child’s caretakers. The training provides insight into Ohio’s move towards a co-parenting approach to foster care and kinship care. This cultural shift provides better outcomes for all parties, assists agencies with workforce needs, and most importantly, ensures that every child and teen is able to keep everyone they love in their life.

Safety Outcome (S2) Recurrence of Maltreatment

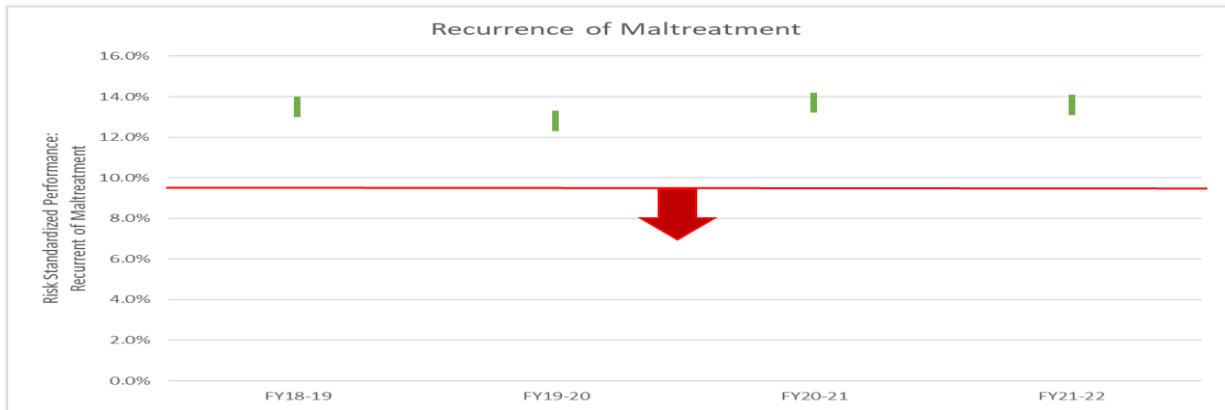
Using Risk Standardized Performance

The Children’s Bureau released the Child and Family Services Review (CFSR) Round 4 Statewide Data Indicators (SWDIs) national performance values on June 8, 2022. The Risk Standardized Performance (RSP) for *Recurrence of Maltreatment* was set at 9.7% or below. During CFSR Round 3 the Risk Standardized Performance was set at 9.5% or less. The Risk Standardized Performance (RSP) scores between FY18-19 and FY20-21 revealed that Ohio did not achieve the National Performance threshold of either 9.5% or less (Round 3) or 9.7% or less (Round 4). As presented below, there was an increase in Recurrence of Maltreatment during the last observation period from the prior observation periods.³ Ohio’s Risk Standardized Performance was statistically worse than the national performance for all four observation periods.⁴

Federal Indicator: (S2) Recurrence of Maltreatment Risk Standardized Performance				
National Performance: 9.5% or less (CFSR 3) or 9.7% or less (CFSR 4)	F18-19	F19-20	FY20-21	FY21-22
RSP Value	13.5%*	12.8%*	13.7%*	13.6%*
RSP Interval	13%-14%	12.3%-13.3%	13.2% -14.2%	13.1% -14.1%
*Exceeds National Standard, placing the State under risk of fiscal penalty.				

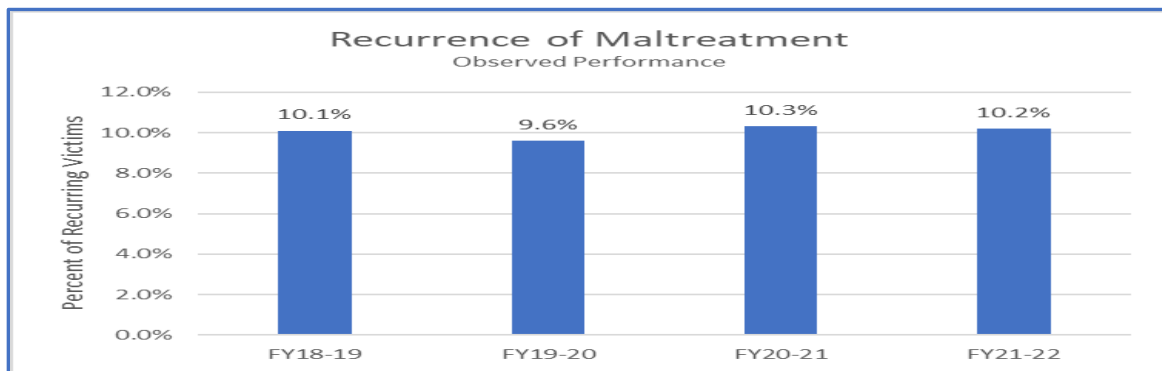
³ Ohio Child and Family Service Review (CFSR 4) Data Profile – Risk Standardized Performance on Safety Indicator Recurrence of Maltreatment, February 2023 and February 2024.

⁴ Ohio Child and Family Service Review (CFSR 4) Data Profile, February 2023 and February 2024.

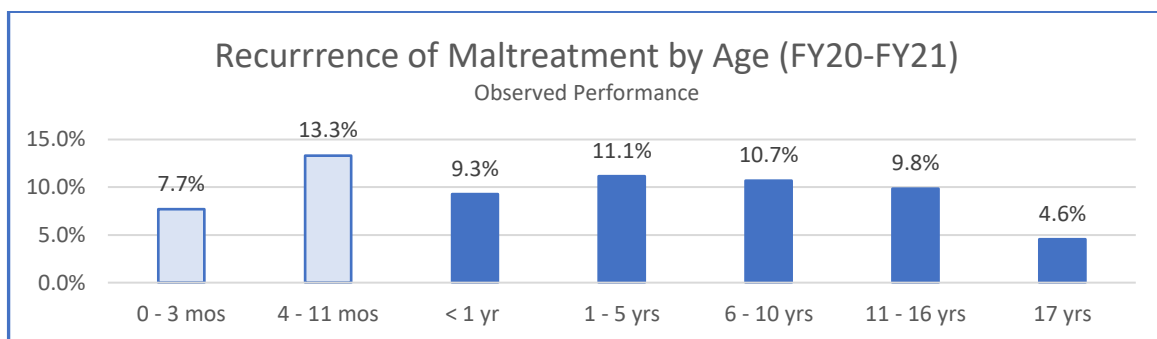


Using Observed Performance

The graph below presents data on Ohio's Observed Performance for Recurrence of Maltreatment over four observation periods.⁵ Though the percentage of victims of Recurrence of Maltreatment continues to rise with 2,413 recurring victims identified in FY20-21, there were fewer victims in FY20-21 than in the two prior periods. This is because the overall number of victims of abuse or neglect decreased in the most recent period.

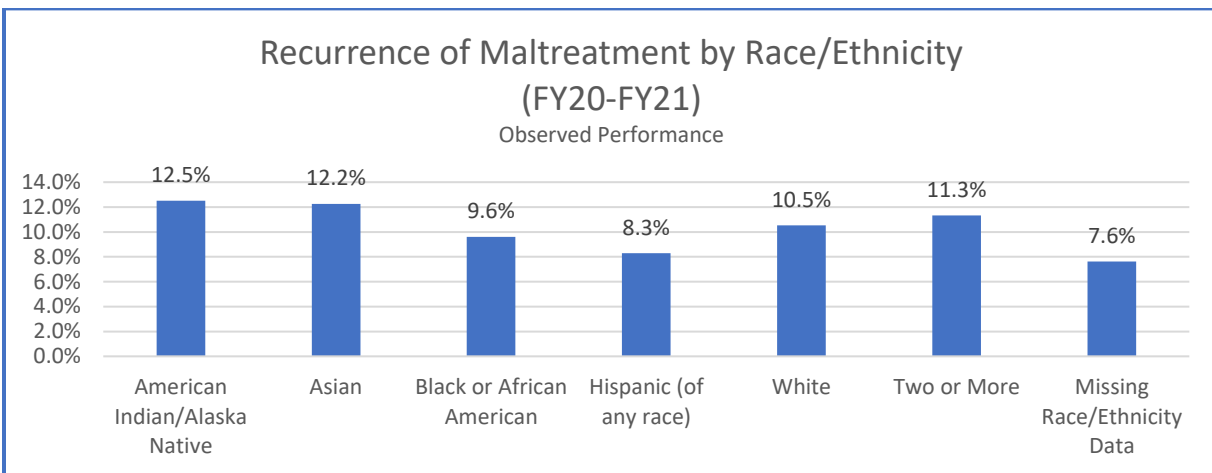


When the FY20-21 data are examined by age there was a higher percent of Recurrence of Maltreatment among children aged 4-11 months (11.5%), 1-5 years old (11.8%), and 6-10-year-olds (11.8%). The following Table presents data for all age groupings.



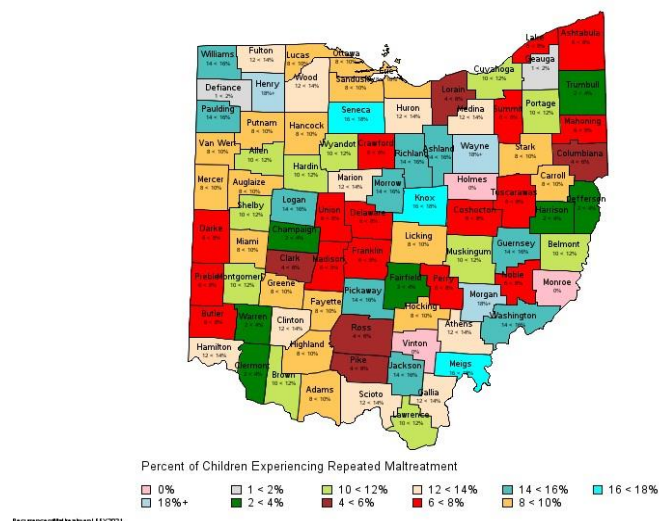
⁵Ohio Child and Family Service Review (CFSR 4) Data Profile Context Data – Observed Performance on Safety Indicator Recurrence of Maltreatment, February 2024.

Additionally, during this observation period there is no substantial difference in rates of maltreatment by race. 9.7% of Black/African American children are re-abused, compared to 10.6% of White children, and 11.3% for children of two or more races.⁶

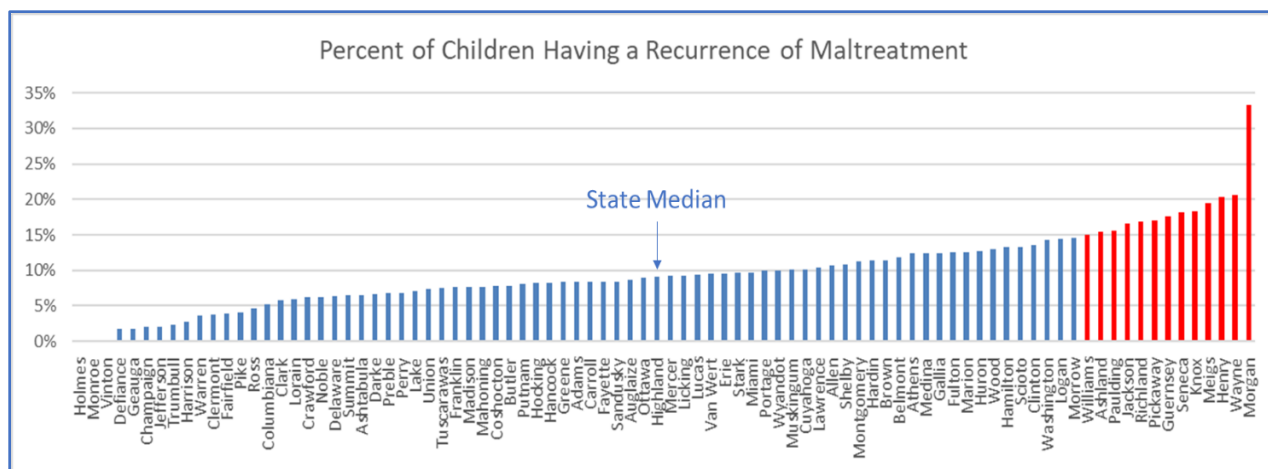


The following county level map of Ohio shows a wide range in the percent of children experiencing repeat maltreatment from 0% to greater than 18%. Ohio's observed performance is 10.2% and 32 counties have rate exceeding the State rate.

What Percent of Children Experience Repeated Maltreatment?



⁶ Child and Family Service Review (CFSR 4) Data Profile Context Data – Observed Performance on Safety Indicators Recurrence of Maltreatment, February 2023.



Recurrence of Maltreatment: Findings at a Glance

- The percent of children experiencing recurrence of maltreatment is higher than national standard.
- While 9.3% of maltreated children under 1 year experience a recurrence of maltreatment, most of those children are between the ages of 4 and 11 months.
- There is no appreciable differences by race in the recurrence of maltreatment.
- There is a large range (33.3%) in the proportion of children experiencing recurrence of maltreatment across the counties.
- 14 counties have a recurrence rate of less than 5%. 13 counties have a recurrence rate of greater than 15%. Over the past 5 years, in depth evaluation of records within Ohio SACWIS was conducted to determine the characteristics of the alleged perpetrators and the alleged child victims as well as the circumstances surrounding the abuse/neglect. This has guided the work in establishing the 2025-2029 CFSP Goals, Objectives, and Strategies.
- *Special Note:* The results and findings discussed in this section were enhanced by using data from the U.S. Census Bureau and detailed in the Population of Greatest Risk section (pages 142-147).

Current or Planned Activities Targeted to Improve Performance

Effective casework is a multi-faceted approach, combining direct support with proactive strategies, community engagement, and systemic advocacy to create a safe and nurturing environment for all children. By using assessments to detect at-risk children early, families build resilience and are empowered with tools and strategies to provide a safer environment.

Caseworkers are encouraged to engage caregivers with services immediately after the first substantiated/indicated report. These services may include educational training for parents or guardians, parenting classes to educate caregivers on positive parenting techniques and child development. Intense support services can be provided directly to the families, or the families can be referred to counseling services to address trauma and learn effective coping mechanisms. Similarly, families can be connected with resources such as financial assistance, healthcare, and housing support to alleviate stressors that may lead to maltreatment. There can be collaboration with law enforcement, schools, healthcare providers, and non-profits to create a support network.

Regular home visits are used to monitor the child’s environment and well-being, and review progress to assure the interventions remain effective.

Safety Item Measure

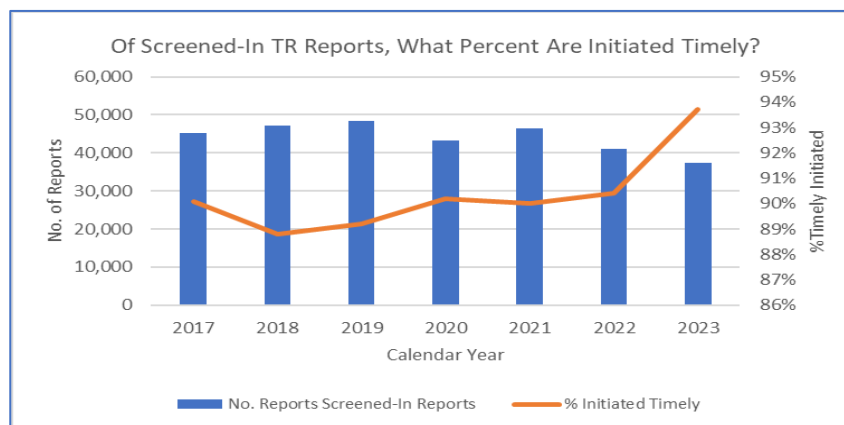
Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment

Examination of State 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 seven observation periods (Calendar Year 2017 through Calendar Year 2023) screened in for either Traditional Response or Alternative Response is presented below.

Traditional Response: Initiation of Reports

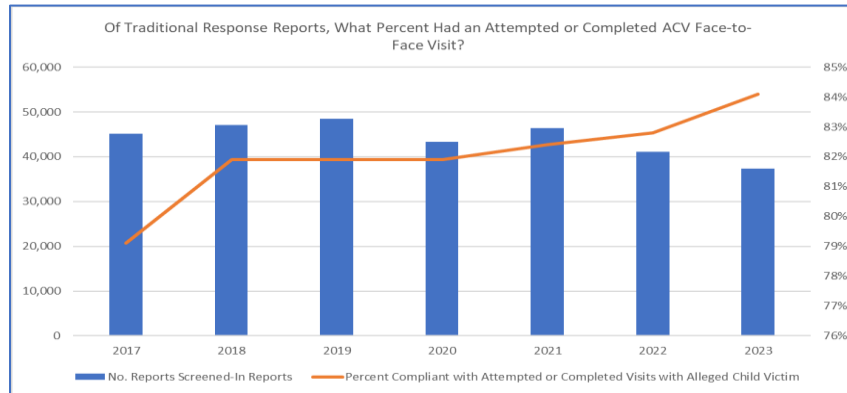
Initial examination of the data presented below revealed the state is able to meet initiation requirements when fewer reports are received (Calendar Years 2017, 2020, 2023). However, when there was an increase in the number of reports screened in during Calendar Year 2019 agencies improved their performance 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. The compliance rate increased during 2023.



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

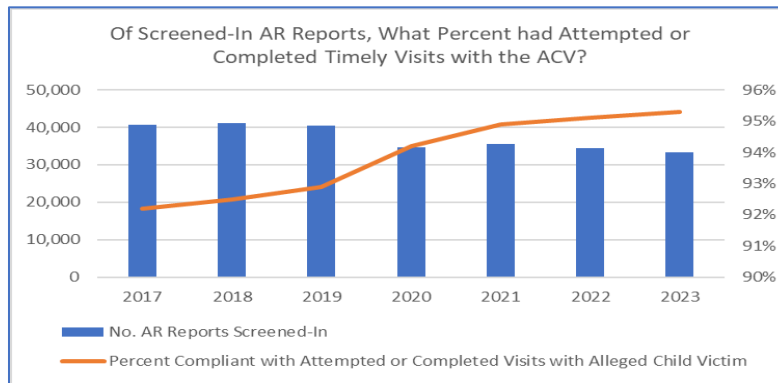
As depicted in the graphic below, over the first three observation periods there was an improvement in agency performance in attempts or completed visits with the alleged child victim. The 2021

observation period is likely an outlier due to the COVID-19 pandemic. The slight improvement in initial face-to-face contact continued in 2023.



Alternative Response: Initiation of Reports

As depicted in the following graph, during the last five observation periods, there has been an improvement in performance for initiation of reports. The state received 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 2020-2022. There were fewer reports screened in for Alternative Response in 2023.



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

There has been an improvement in performance for attempted or completed visits with the child subject of the report from the percent of compliance reported in Calendar Year 2017. The 2021 percentage is slightly lower than the 2020 percentage but is higher than the three preceding years before 2020. There was a decrease in compliance in 2022 and 2023 even though the number of reports screened in for an AR Assessment was lower.

Timeliness of Initiating Investigations: Findings at a Glance

Initiation Timeliness is evaluated by the report's investigatory response pathway, either Traditional Response or Alternative Response: The more common Traditional Response is triggered when a

report contains allegations (1) that could result in charges of felony child endangering, (2) of physical abuse resulting in serious injury or that creates a serious and immediate risk to a child's health and safety, (3) that could result in charges of criminal sexual conduct, (4) of sexual abuse of a child or an abused child who is also a victim of sexual abuse, or (5) that could result in charges of homicide. Reports not containing the above criteria may be routed to an Alternative Response pathway.

Between 2020 and 2023, the average number of Traditional Response reports was approximately 42,000 per year and over 90% were initiated timely. In over 82% of these reports, the alleged child victim was either attempted to be seen or was seen face-to-face timely.

The average number of Alternative Reports in the same time period neared 35,000 per year and over 94% were initiated timely. 82% of the alleged child victims were either seen or attempted to be seen face-to-face within established timeframes.

Examination of County CPOE Monitoring Results

Data is integral in reporting statewide performance and evaluating changes within Ohio's children services system. DCY has developed reports which capture information for most of the performance measures monitored and these reports are important to the CPOE review process.

Public Children Services Agencies (PCSA) and Title IV-E courts are monitored by the department over a 24-month cycle through the Child Protection Oversight and Evaluation (CPOE) process. During the 2020-2024 CFSP, CPOE Stage 12 was being conducted. CPOE Stage 12 consisted of two Phases. Phase 1 (October 2020-September 2022) provided PCSAs and IV-E courts with an opportunity to improve performance prior to a more extensive casework evaluation. ODJFS/DCY collaborated with PCSAs and Title IV-E Juvenile Courts to identify areas for performance improvement and cooperatively developed a Plan for Practice Advancement (PPA)-Phase 1. The agency/court PPAs were implemented and evaluated through a series of onsite visits (6), including case reviews/self-assessment/data evaluation. A comprehensive evaluation of casework practice then commenced during Phase 2 (January 2023-September 2024). CPOE Stage 12 Phase 2 assessed PCSA and Title IV-E court performance regarding substantial conformity in predetermined areas of review. Phase 2 is the traditional CPOE review comprised of multiple case types using the Federal Child Family Services Review Instrument (CFSR).

The following reports are discussed to gain an understanding of agency performance for Item 1 during the Entrance Conference:

- Initiation Contact Timely: CPS: Key Practice Indicators (ROM) (CFSR requirement)
- Investigations Completed Within Required Time CPS: Key Practice Indicators (ROM) (OAC requirement)

Phase 2 Results

Thus far, 841 cases have been reviewed for compliance with Item 1. There were 304 applicable cases identified for review. Of these, 244 cases (80.26%) were rated as a Strength and 60 cases (19.74%) were rated as an Area in Need of Improvement. Agencies continue to demonstrate significant improvement since CFSR Round 3, the CFSR Round 3 PIP, and Phase 1 of CPOE. Agencies that

identified Item 1 as an Area Needing Improvement included strategies in their PPA to work on achieving substantial conformity with Safety Outcome 1.

Safety Outcome 1 was Substantially Achieved thus far during Phase 2 at 80.26%. This far exceeded the CFSR PIP and Phase 1 performance. While there was demonstrated improvement over time Ohio did not achieve the required federal compliance requirement of 95% to receive a rating of Substantially Achieved.

One strategy that will continue to be used to improve performance is to provide Children Services Best Practice Incentive funding to PCSAs for making marked improvements in achieving compliance with timely assessment/investigation measures. The chart below provides a breakdown of the incentive amounts available and the measurement time frame:

Children Services Best Practice Incentive Amounts and Timelines

Achieving 95% Compliance Evaluation Period: April 1, 2024- September 30, 2024	Distributed evenly among all counties achieving 95%		
Timely Assessment/Investigations	\$1,025,000		
Composite Visitation Score	\$1,025,000		
Achieving 95% Compliance Evaluation Period: October 1, 2024- March 31, 2025	Distributed evenly among all counties achieving 95%		
Timely Assessment/Investigations	\$1,025,000		
Composite Visitation Score	\$1,025,000		
Most Improved Evaluation Period: October 2023-March 2025	Small	Medium	Large
Timely Assessment/Investigations			
1st	\$60,000	\$60,000	\$60,000
Composite Visitation Score			
1st	\$60,000	\$60,000	\$60,000
Bonus Incentive Evaluation Period: October 2023-March2025	Distributed evenly among all counties achieving 95% in both measures throughout all three evaluation Periods		
Bonus Incentive Award	\$540,000		

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

As shown in the table below, there are no Federal Data Indicators associated with Safety Outcome 2. However, there are 2 case review Items which make up the Safety Item Domain.

Safety Outcome 2	
Federal Data Indicator Domain	Case Review Domain
None	<p>(Item 2) Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care (CPOE) 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.</p> <ul style="list-style-type: none"> ○ Observed Performance <p>(Item 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.</p> <ul style="list-style-type: none"> ○ Observed Performance

Safety Item Measures

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

Examination of County CPOE Monitoring Results

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

- Agency Safety Plan Report (Ohio SACWIS)
- Agency Safety Plan Contacts Report (Ohio SACWIS)
- Case Reopening Report (Ohio SACWIS)
- Case Services Report (Ohio SACWIS)
- Child Custody Removal Reasons and Statistics (Ohio SACWIS)
- Family Assessment Risk Contributor Report (Ohio 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)

Phase 2 Results

Thus far, a total of 806 cases have been reviewed. There were 422 applicable cases identified for review for compliance with Item 2. Of the 422 applicable cases reviewed, 97.87% were rated as a Strength and 9 cases (2.13%) were rated as an Area Needing Improvement. Agencies and courts continue to demonstrate significant improvement since CFSR Round 3, the CFSR Round 3 PIP and Phase 1 of CPOE.

Based upon discussions and analysis of the data PCSAs/IV-E courts, in collaboration with DCY, developed 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

Item 3: Risk and Safety Assessment and Management

Examination of County CPOE Monitoring Results

During CPOE Stage 12, Phase 1 and Phase 2 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 (Ohio SACWIS)
- Agency Safety Plan Contacts Report (Ohio SACWIS)
- Case Reopening Report (Ohio SACWIS)
- Case Services Report (Ohio SACWIS)
- Child Custody Removal Reasons and Statistics (Ohio SACWIS)
- Family Assessment Risk Contributor Report (Ohio SACWIS)
- Intake Assessment Lifecycle Report (Ohio SACWIS)
- SAR/Case Review Due Date Report (Ohio 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)

Phase 2 Results

Thus far, 836 cases were identified as applicable for review. Of the cases reviewed for Item 3, results indicated that 667 cases (79.78%) were rated as Strength and 169 cases (20.22%) were rated as an Area Needing Improvement.

Based upon discussions and analysis of the data PCSAs/IV-E Courts, in collaboration with DCY, 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.

Conclusions

Thus far, counties/courts participating in CPOE Stage 12, Phase 1 and Phase 2 achieved a higher degree of performance for this item than what was achieved during the CFSR Round 3 and the CFSR Round 3 PIP review. However, a great deal of work is still needed around Risk Assessment and Safety Management. Safety Outcome 2 thus far during Phase 2 was Substantially Achieved at 80.26%. It

should be noted that inability to back-fill vacant positions has had an adverse impact on improving performance for Item 3.

Permanency Outcomes

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

As shown in the table below, the Permanency Outcome is comprised of five federal data indicators and three case-review item measure. The table provides definitions of the data indicators and the case-review items as well as depicts the relationship between and among the data measures, data sources, and the analytic method used.

Permanency Outcome 1	
Federal Data Indicator Domain	Case-Review Domain
<p>(P1) Permanency in 12 Months for Children Entering Foster Care (AFCARS): Of all children who enter foster care in a 12-month period, what percent discharged to permanency within 12 months of entering foster care?</p> <ul style="list-style-type: none"> ○ Risk Standardized Performance ○ Observed Performance 	<p>(Item 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).</p>
<p>(P2) Permanency in 12 Months for Children in Foster Care 12 to 23 Months (AFCARS) 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?</p> <ul style="list-style-type: none"> ○ Risk Standardized Performance ○ Observed Performance 	<p>(Item 5) Permanency goal of child Determine whether appropriate permanency goals were established for the child in a timely manner.</p>
<p>(P3) Permanency in 12 Months for Children in Foster Care 24 Months (AFCARS) 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?</p> <ul style="list-style-type: none"> ○ Risk Standardized Performance ○ Observed Performance 	<p>(Item 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.</p>
<p>(P4) Re-entry to Foster Care in 12 Months (AFCARS) Of all children who discharged to permanency (excluding adoption) in a 12-month period, what</p>	

Permanency Outcome 1	
Federal Data Indicator Domain	Case-Review Domain
<p>percent reentered care within 12 months of exist?</p> <ul style="list-style-type: none"> ○ Risk Standardized Performance ○ Observed Performance <p>(P5) Placement Stability (AFCARS) 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?</p> <ul style="list-style-type: none"> ○ Risk Standardized Performance ○ Observed Performance 	

Permanency Outcomes

(P1) Permanency in 12 Months for Children Entering Foster Care

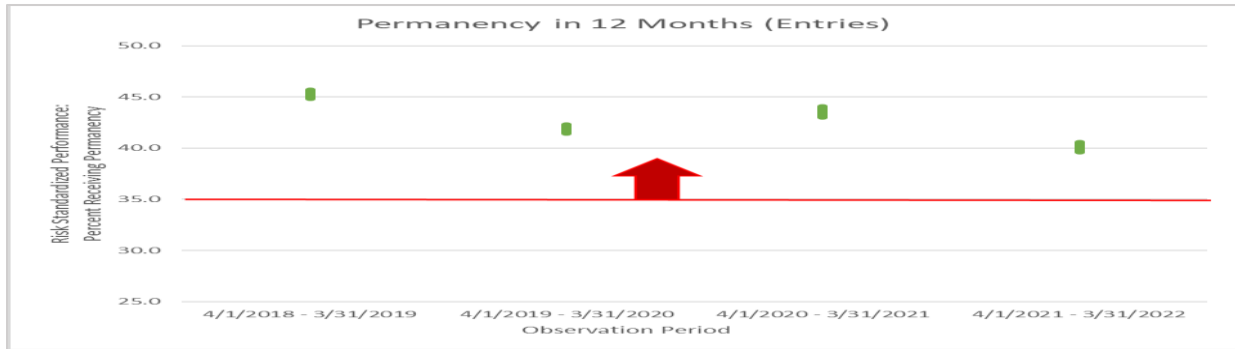
Using Risk Standardized Performance

The 2020-2024 CFSP spanned the period of time that the CFSR Round 3 Data Profiles were in effect and then the CFSR Round 4 Data Profiles. The CFSR Round 4 Data Profiles ushered in the newly established Risk Standardized Performance for all seven CFSR Data Indicators. The Children’s Bureau released the Child and Family Services Review (CFSR) Round 4 Statewide Data Indicators (SWDIs) National Performance values on June 8, 2022.

The Risk Standardized Performance (RSP) for Permanency in 12 Months was set at 35.2% and above. CFSR Round 3 set the Risk Standardized Performance at 42.7% and above. Over the past four observation periods, Ohio’s Risk Standardized Performance has exceeded the existing National Performance of 35.2% over four observation periods for Permanency in 12 Months for Children Entering Care as depicted in the table below.⁷

Federal Data Indicator: (P1) Permanency in 12 Months for Children Entering Care Risk Standardized Performance				
National Performance 35.2% or more (Round 4)	4/1/2018- 3/31/2019	4/1/2019- 3/31/2020	4/1/2020- 3/31/2021	4/1/2021- 3/31/2022
RSP Value	45.7%	42.3%	44.1%	40.6%
RSP Interval	44.8%- 46.6%	41.4%- 43.2%	43.1%- 45.2%	39.6%- 41.6%

⁷ Children’s Bureau. *Ohio Child and Family Services Review (CFSR 4) Data Profile*. February 2024.



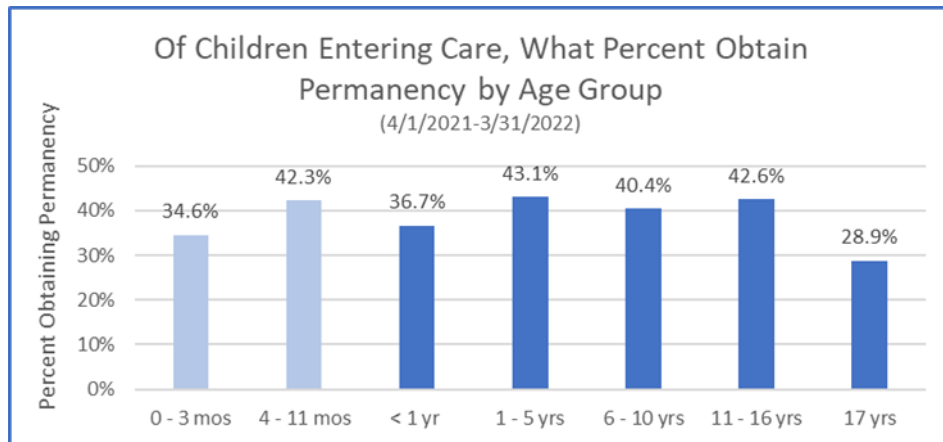
It should be noted that Ohio's Risk Standardized Performance has been statistically better than the National Performance for the Round 3 calculations and the Round 4 calculations.

Using Observed Performance

Examination of Ohio's Observed Performance over four observation periods revealed that in the last three observation periods there has been a decrease in the number of children/youth obtaining permanency within 12 months. However, due to a decrease in children entering foster care since 2020, there are over 2,078 fewer children in the population in the most recent period than there were two years ago.

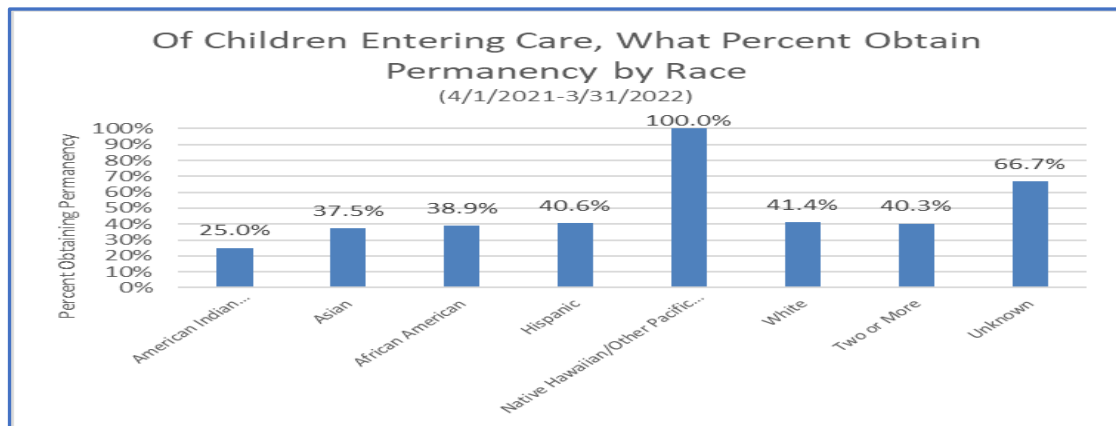
Federal Data Indicator: (P1) Permanency in 12 Months For Children Entering Care Observed Performance				
	4/1/2018 - 3/31/2019	4/1/2019 - 3/31/2020	4/1/2020 - 3/31/2021	4/1/2021 - 3/31/2022
Denominator	10,665	10,850	8,213	8,819
Numerator	4,983	4,708	3,597	3,586
Observed Performance	46.7%	43.4%	43.8%	40.7%

For the most recent Observation Period, only 36.7% of the children under 1 year of age obtained permanency within 1 year of entry. For children over 17 years, 28.9% obtain permanency before turning 18. Children between the ages of 1-5 years had the highest rates of achieving permanency in 12 months. (42.6%). The following graph includes all age groupings.



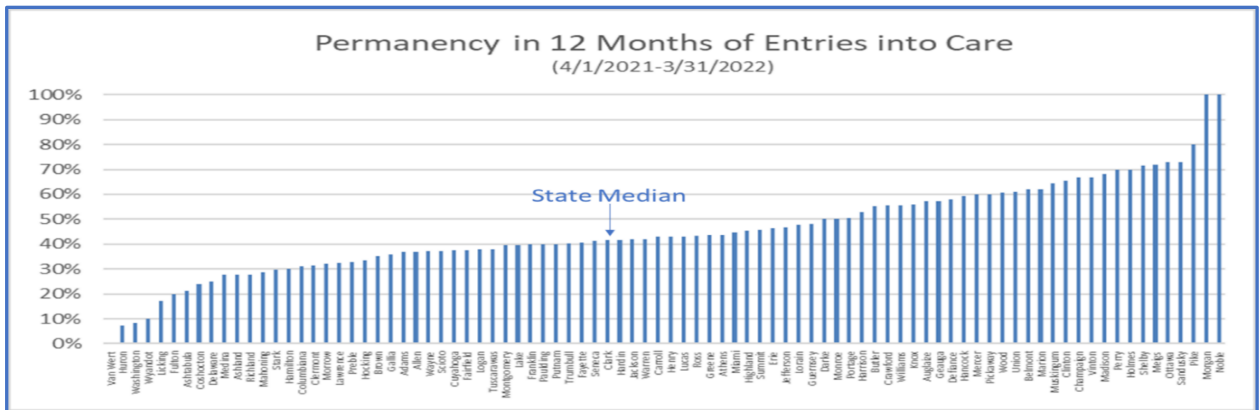
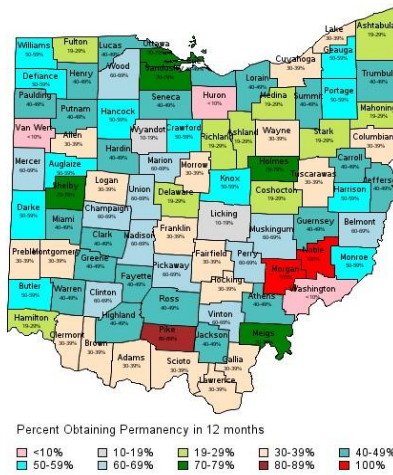
However, it should be noted that children who are part of a sibling group impacts achieving permanency and has to be examined as a grouping vs. solely by the age of the population under review at the county level of analysis.

When race/ethnicity patterns are examined in the last observation period it is noted that 38.9% of Black/African American children and 40.3% of children with two or more races obtained permanency in 12 months. More White children obtained permanency in 12 months (41.4%) while 40.6% of Hispanic children of any race obtained permanency in 12 months.



The following county level map of Ohio shows a wide range in the percent of children who entered their custody and then were able to obtain permanency in 12 months.

**Of Children Entering Foster Care,
What Percent Obtain Permanency in 12 Months?**



Conclusions

Through such programs as Kinnect to Family (formerly 30 Days to Family), Youth Centered Permanency Roundtables, and Wendy's Wonderful Kids there has been a gradual improvement in achieving permanency for all age groups. As a result, for the upcoming five year plan these strategies will continue to be used.

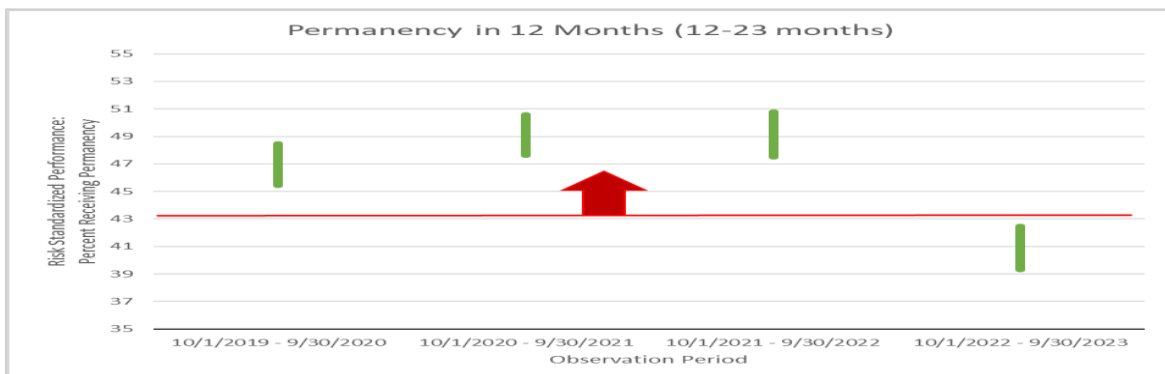
(P2) Permanency in 12 Months for Children in Foster Care 12 to 23 Months

Using Risk Standardized Performance

The 2020-2024 CFSP spanned the period of time that the CFSR Round 3 Data Profiles were in effect and then the CFSR Round 4 Data Profiles. The CFSR Round 4 Data Profiles ushered in the newly established Risk Standardized Performance for all seven CFSR Data Indicators. The Children's Bureau released the Child and Family Services Review (CFSR) Round 4 Statewide Data Indicators (SWDIs) National Performance values on June 8, 2022. The Risk Standardized Performance (RSP) for Permanency in 12 months (12-23 months) was set at 43.8% or higher. For the first time, Ohio's performance during the last Observation Period (October 1, 2022-September 30, 2023) was

statistically worse than the National Performance. The following table contains Ohio's Risk Standardized Performance for this data indicator.⁸

Federal Data Indicator: (P2) Permanency in 12 Months For Children In Care Between 12 and 23 Months Risk Standardized Performance				
National Performance 43.8% or more (Round 4)	10/1/2019- 9/30/2020	10/1/2020- 9/30/2021	10/1/2021- 9/30/2022	10/1/2022- 9/30/2023
RSP Value	47.0%	49.1%	49.2%	40.9%*
RSP Interval	45.4%- 48.5%	47.6%- 50.6%	47.5%- 50.8%	39.3%- 42.5%
*Fails National Standard, placing the State at risk of fiscal penalty.				



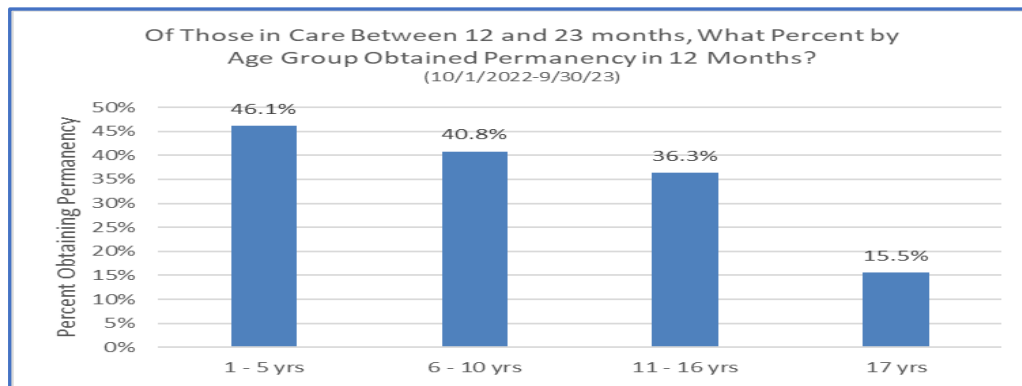
Using Observed Performance

Examination of Ohio's Observed Performance over four observation periods revealed that in the last three years there has been a decrease in the number of children who have been in care between 12 and 23 months who obtained permanency in 12 months. There has been fluctuations in the number of children in this population for the most recent observation periods when compared to the prior two observation periods.

⁸ Children's Bureau. *Ohio Child and Family Services Review (CFSR 4) Data Profile*. February 2023 and February 2024.

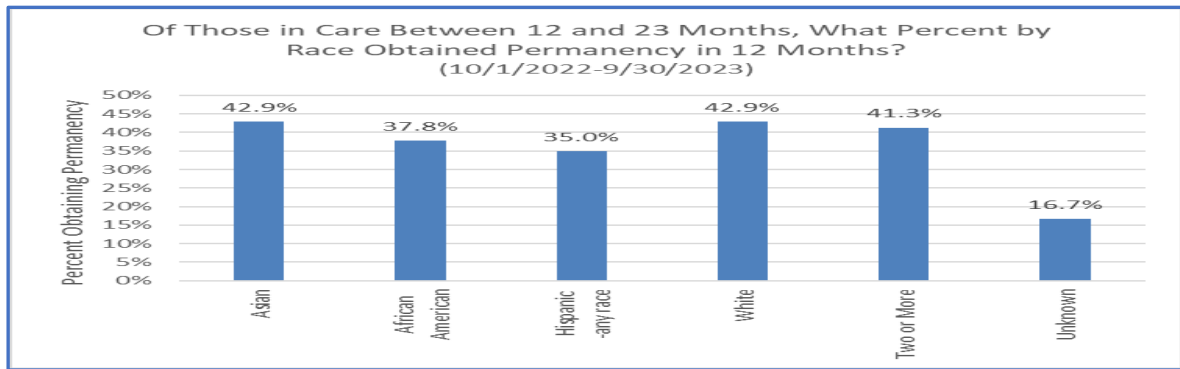
Federal Data Indicator: (P2) Permanency in 12 Months For Children In Care Between 12 and 23 Months Observed Performance				
	10/1/2019 9/30/2020	10/1/2020 9/30/2021	10/1/2021 9/30/2022	10/1/2022- 9/30/2023
Denominator	3,891	4,142	3,417	3,519
Numerator	1,820	2,040	1,686	1,431
Observed Performance	46.8%	49.3%	49.3%	40.7%

The following Table presents information on the age of children in care between 12-23 months who obtained permanency in 12 months.

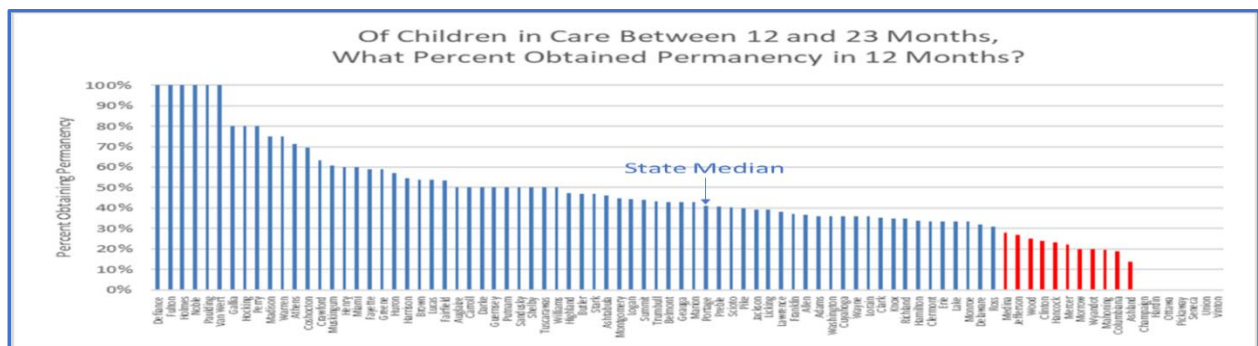
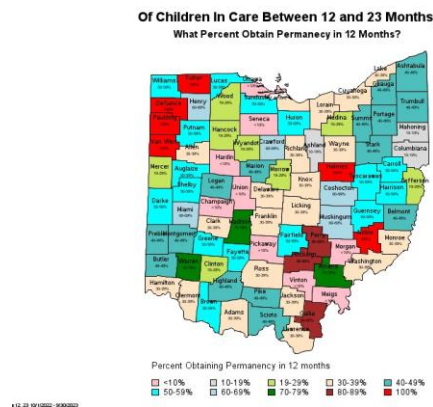


On face value, the older a child gets the less likely the child will achieve permanence. However, we would need to examine the presenting challenges of the child and family, the availability services to meet the needs of the child/youth and their family as well as the number of placement moves the child/youth has experienced.

When examining the race/ethnicity of children/youth in care between 12-23 months who obtained permanency in 12 months recent data indicates that White and Asian children/youth were more likely to achieve permanence than Black/African American children/youth, Hispanic children/youth, and children/youth of two or more identified races. The following Table presents these results for the last observation period.



The following county level map of Ohio shows a wide range in the percent of children who had been in agency custody between 12 and 23 months who were then able to obtain permanency in 12 months.



Permanency in 12 Months for Children in Care Between 12 and 23 months: Findings at a Glance

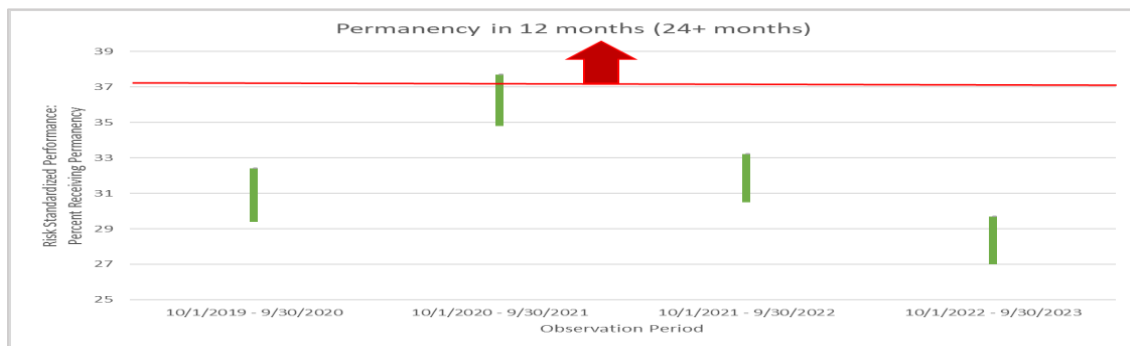
- While Ohio has a history of achieving the National Standard for this measure, the last observation period (10/1/2022-9/30/2023), Ohio did not achieve the National Standard.
- The older children become, the less likely they will obtain permanency in less than 12 months.
- There are no statistically significant differences on permanency specific to race.
- 11 counties have a permanency rate of less than 30%.

(P3) Permanency in 12 Months for Children in Foster Care 24+ Months

Using Standardized Performance

The 2020-2024 CFSP spanned the period of time that the CFSR Round 3 Data Profiles were in effect. The CFSR Round 4 Data Profiles ushered in the newly established Risk Standardized Performance for all seven CFSR Data Indicators. The Children's Bureau released the Child and Family Services Review (CFSR) Round 4 Statewide Data Indicators (SWDIs) national performance values on June 8, 2022. The Risk Standardized Performance (RSP) for Permanency in 12 months for Children in Foster Care 24+ months was set at 37.3% or higher. For CFSR Round 3, the National Performance was set at 31.8 % and above. While the CFSR Round 3 Data Profile was in effect Ohio's performance was continuously fluctuating. In the last observation period, there was a decrease in the percent of children in care 24+ months who achieved permanency in 12 months. Ohio's Performance using the National Performance Standards for Round 4 is statistically worse than the National Performance in three of the four observation periods.

Federal Data Indicator: Permanency in 12 Months for Children in Care 24+ Months Risk Standardized Performance				
National Performance 43.8% or more (Round 4)	10/1/2019- 9/30/2020	10/1/2020- 9/30/2021	10/1/2021- 9/30/2022	10/1/2022- 9/30/2023
RSP Value	30.8%*	36.2%	31.8%*	28.3%*
RSP Interval	29.4%- 32.4%	34.8%- 37.7%	30.5%- 33.2%	27.0%- 29.7%
*Fails National Standard, placing the State under risk of fiscal penalty.				

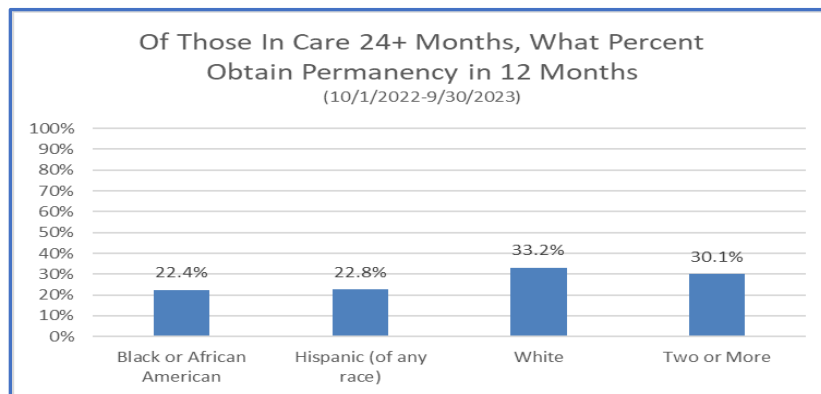
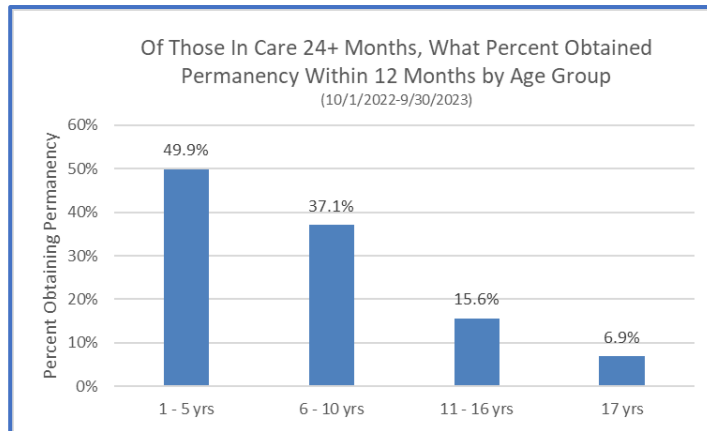


Using Observed Performance

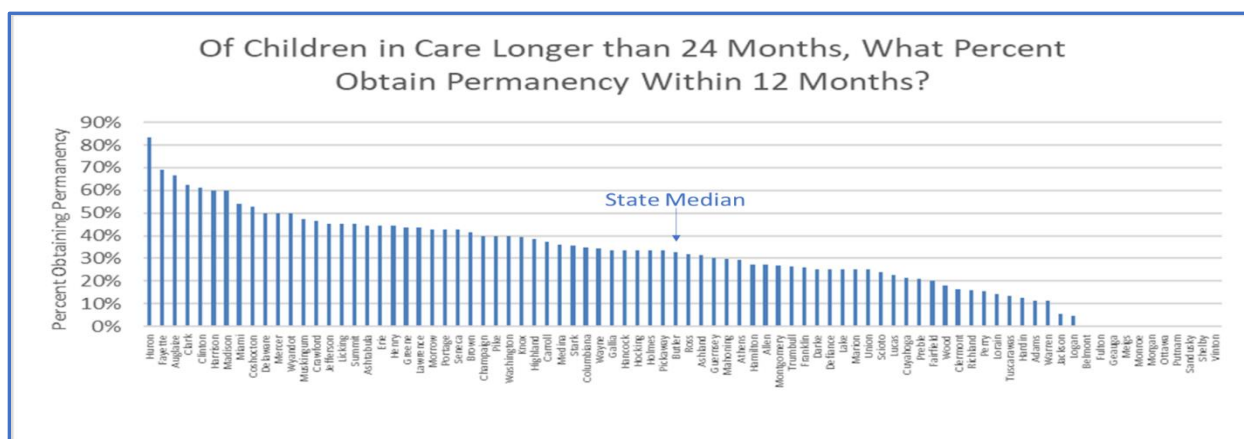
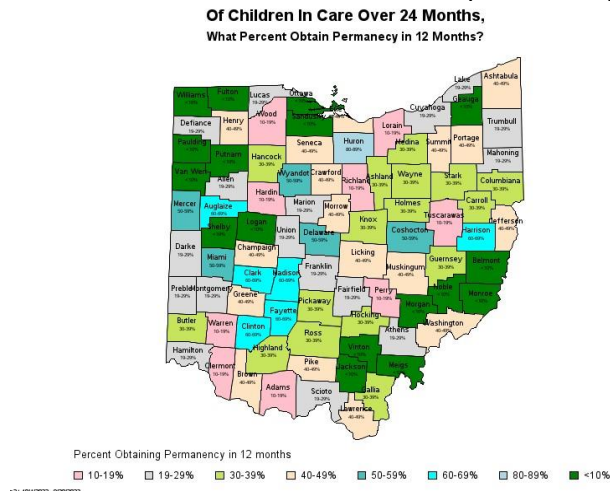
As evidenced below, when examining Ohio's Observed Performance over four observation periods there has been some fluctuations in performance. Further examination of the data is needed to determine why permanency has not been achieved for children falling into this category.

Federal Data Indicator: Permanency in 12 Months for Children in Care 24+ Months Observed Performance				
	10/1/2019- 9/30/2020	10/1/2020- 9/30/2021	10/1/2021- 9/30/2022	10/1/2022- 9/30/2023
Denominator	3,193	3,661	3,817	3,712
Numerator	991	1,373	1,244	1,061
Observed Performance	31.0%	37.5%	32.6%	28.6%

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 more difficult time obtaining permanency than other races. The following tables depict these results.



The following county level map of Ohio shows a wide range in the percent of children who were in care for 24 months or more and then were able to achieve permanency in 12 months.



Permanency in 12 Months for Children in Care for 24+ Months: Findings at a Glance

- For three of the last four observation periods, Ohio has not achieved the National Standard.
- The older children become, the less likely they will obtain permanency in less than 12 months.
- White children are more likely to obtain permanency in 12 months than African American children.
- 13 counties have a permanency rate of less than 20%.

Conclusions

On April 7, 2023, Governor Mike DeWine signed Executive Order 2023-09D to launch the Ohio Adoption Grant Program which provides three levels of one-time payments of \$10,000, \$15,000, or \$20,000 to parents adopting a child depending on the circumstances. Parents who have finalized an adoption since January 1, 2023, can apply for the grant at AdoptionGrant.Ohio.gov.

There are other programs which Ohio has which also address this measure. These include Ohio Kinship & Adoption Navigator (OhioKAN) program, Wendy's Wonderful Kids, and Youth Centered Permanency Roundtables.

Additionally, Ohio issued a request for proposals and selected a vendor for the Adoption and Resource Home Recruitment and Assessment Program to recruit adoption and resource homes, assist agencies in finding homes for children needing placement, and address resource needs by creating a regional pool of certified Tier I and Tier II assessors to assist with licensing homes. The selected vendor for the recruitment effort, Ohio Children's Alliance, has launched a data driven recruitment campaign, focusing on recruitment of homes that are able to meet the greatest need such as homes for older youth, minority children, and sibling groups.

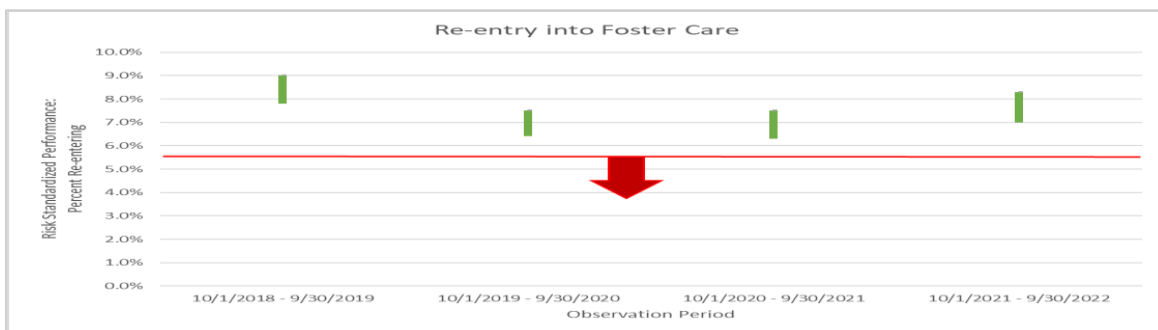
It is too early to see the significant impact from the Ohio Adoption Grant or the Adoption and Resource Home Recruitment and Assessment Program. DCY is hopeful that all of these programs will assist with meeting the needs of children in public children services agency custody.

(P4) Re-Entry to Foster Care

Using Risk Standard Performance

The 2020-2024 CFSP spanned the period of time that the CFSR Round 3 Data Profiles were in effect and then the CFSR Round 4 Data Profiles. The CFSR Round 4 Data Profiles ushered in the newly established Risk Standardized Performance for all seven CFSR Data Indicators. The Children's Bureau released the Child and Family Services Review (CFSR) Round 4 Statewide Data Indicators (SWDIs) National Performance values on June 8, 2022. The method for calculation this measure was modified in the CFSR 4 Data Profile. The Risk Standardized Performance (RSP) for Re-Entry to Foster Care was set at 5.6% or lower. The RSP for Round 3 was set at 8.1% or below. When examining Ohio's Risk-Standardized Performance over the past four observation periods there have been fluctuations in Ohio's Performance in achieving the National Performance Standard of 5.6% and below. This was also the case under the Round 3 National Performance Standards. Ohio's performance is statistically worse than the National Performance across all observation periods.

Federal Data Indicator: Re-Entry Into Foster Care Risk Standardized Performance				
National Performance 5.6% or lower Round 4)	10/1/2018-9/30/2019	10/1/2019-9/30/2020	10/1/2020-9/30/2021	10/1/2021-9/30/2022
RSP Value	8.4%*	6.9%*	6.9%*	7.6%*
RSP Interval	7.8%-9.0%	6.4%-7.5%	6.3%-7.5%	7.0%-8.3%
* Fails National Standard, placing the State under risk of fiscal penalty.				



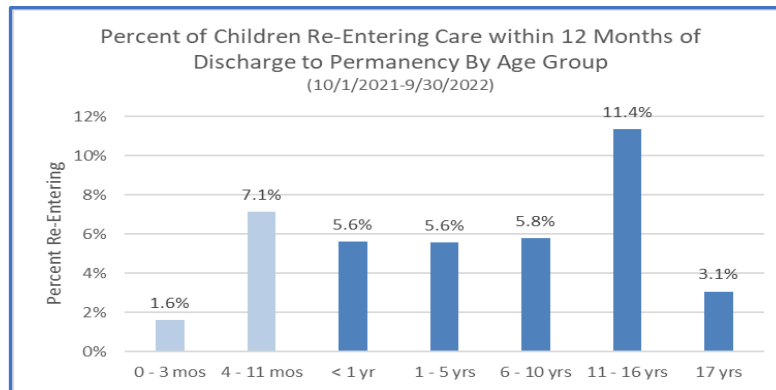
Using Observed Performance

As seen below, Ohio's Observed Performance revealed that in the last four observation periods there was a decline in the number of children who re-entered care from the previous two observation periods.

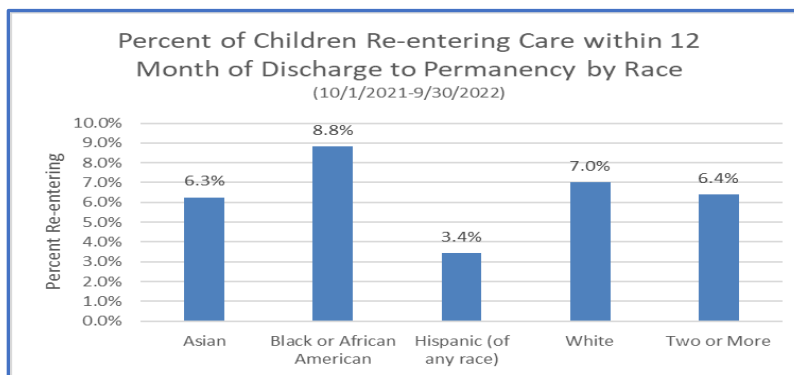
Federal Data Indicator: Re-Entry Into Foster Care Observed Performance				
	10/1/2018-9/30/2019	10/1/2019-9/30/2020	10/1/2020-9/30/2021	10/1/2021-9/30/2022
Denominator	8,227	7,715	7,475	6,540
Numerator	645	498	481	470
Observed Performance	7.8%	6.5%	6.4%	7.2%

Looking at the data for the period of FY22 the following question was posed: *After obtaining permanency within 12 months, how likely are children to re-enter care?* It was found that across all age groups, 92.7% of the children do not return to care within 12-months. The figure below shows data

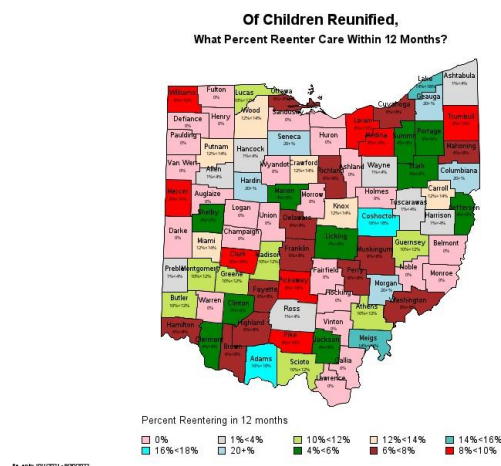
from the Federal Data Profile on the percentage of children re-entering foster care within 12-months of obtaining permanency by age grouping. The group with the highest re-entry rate, and consistent over several years, are those children between the ages of 11 and 16. Eleven percent (11.4%) of this age group have re-entered care, far surpassing other age groups.

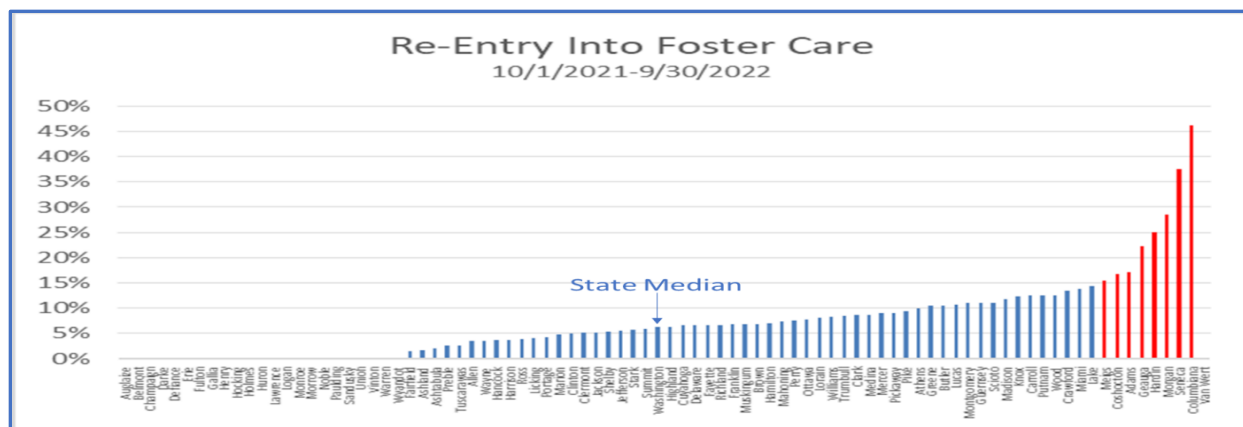


Of concern is that children identified as “African American” children re-enter care at a higher rate than White children.



The following county level map of Ohio shows a wide range in the percent of children who re-entering care within 12 months of discharge to permanency.





Re-entry into Foster Care: Findings at a Glance

- Ohio did not achieve the National Standard in the last four observation periods.
- Children between the ages of 11 and 16 are far more likely to re-enter care than other age groups.
- African American children are more likely to re-enter care than other races.
- The state median is 6.3%. Eight counties exceed 15%.

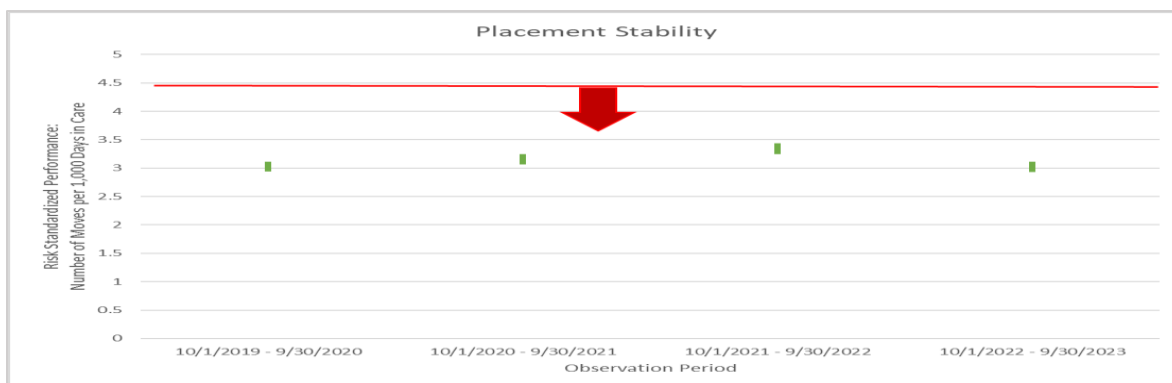
(P5) Placement Stability

Using Risk Standardized Performance

The 2020-2024 CFSP spanned the period of time that the CFSR Round 3 Data Profiles were in effect and then the CFSR Round 4 Data Profiles. The CFSR Round 4 Data Profiles ushered in the newly established Risk Standardized Performance for all seven CFSR Data Indicators. The Children's Bureau released the Child and Family Services Review (CFSR) Round 4 Statewide Data Indicators (SWDIs) national performance values on June 8, 2022. The Risk Standardized Performance (RSP) for Placement Stability was set at 4.48 moves per 1,000 days of foster care or lower. During the CFSR Round 3 the Risk Standardized Performance was set at 4.44 moves per 1,000 days of foster care or lower. As depicted below, over four observation periods Ohio's Risk Standardized Performance for placement stability continues to be statistically better than the National Performance established for Round 4 of 4.48 and below.⁹

⁹ Children's Bureau. *Ohio Child and Family Services Review (CFSR 4) Data Profile*. February 2023 and February 2024

Federal Data Indicator: Placement Stability Risk Standardized Performance				
National Performance 4.48% or less (Round 4)	10/1/2019- 9/30/2020	10/1/2020- 9/30/2021	10/1/2021- 9/30/2022	10/1/2022- 9/30/2023
RSP Value	3.05	3.15	3.35	3.02
RSP Interval	2.96-3.15	3.06-3.25	3.25-3.44	2.93-3.11

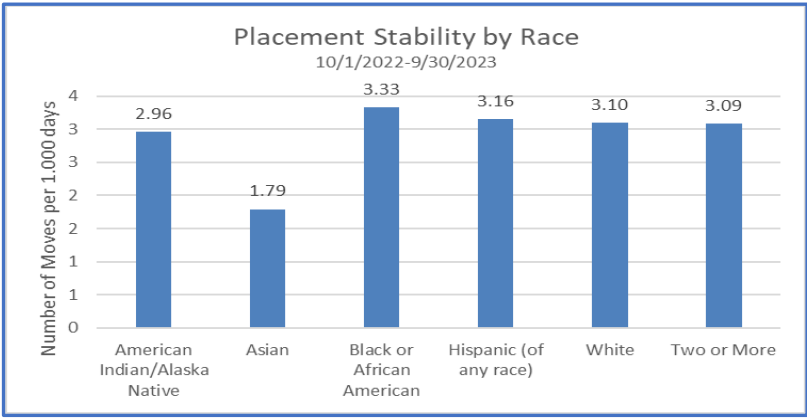
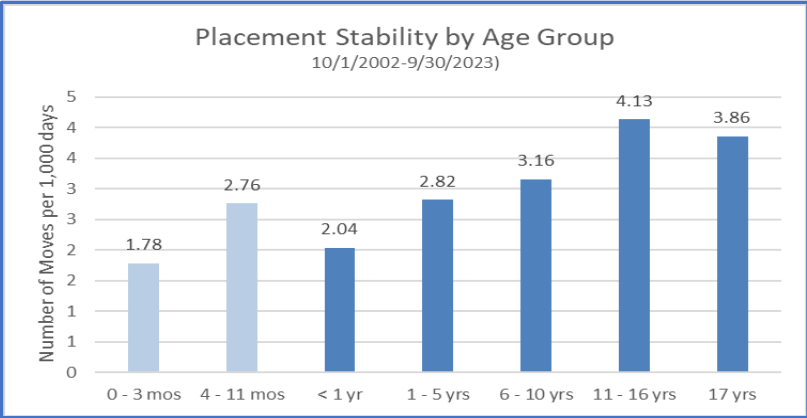


Using Observed Performance

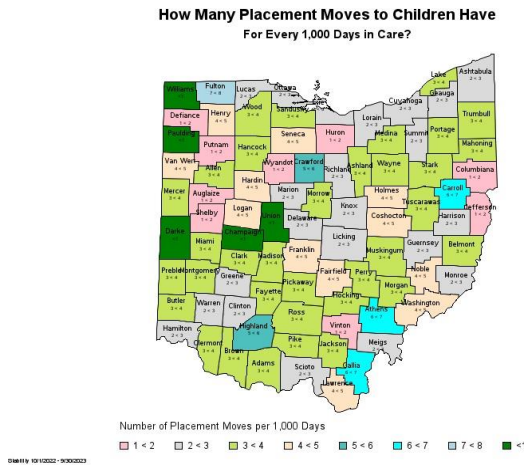
As evidenced below, Ohio's Observed Performance for Placement Stability over 4 observation periods revealed that Ohio is focusing on increasing placement stability in order to reduce the trauma children would experience in being placed in multiple settings during their stay in care.

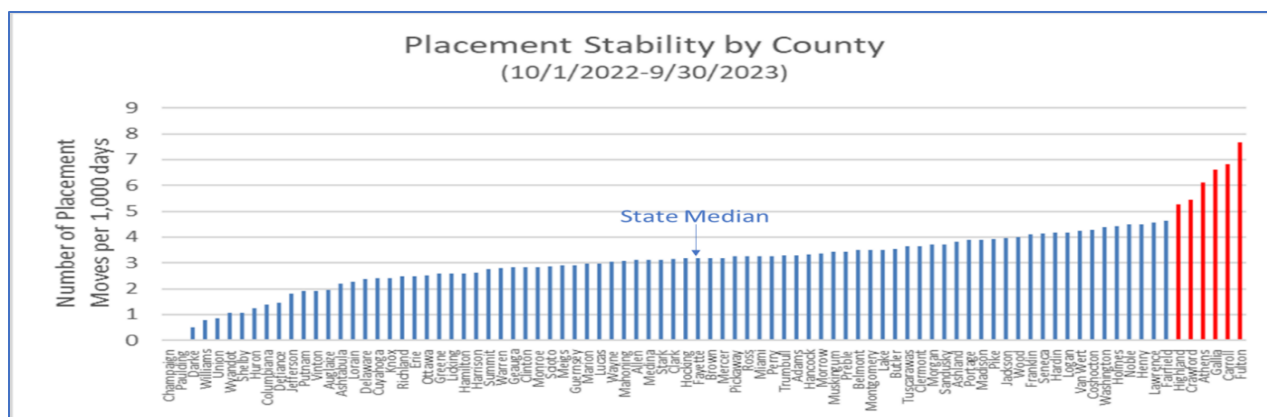
Federal Data Indicator: Placement Stability Observed Performance				
	10/1/2019 9/30/2020	10/1/2020 9/30/2021	10/1/2021- 9/30/2022	10/1/2022- 9/30/2023
Denominator	1,562,815	1,371,504	1,348,016	1,384,726
Numerator	4,932	4,484	4,723	4,378
Observed Performance	3.16	3.27	3.50	3.16

Further examination of the data revealed that the older the child is, the more moves he/she is likely to have. There is an appreciable difference between African American and White 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.



The following county level map of Ohio reflects the emphasis placed on placement stability for children/youth to reduce unnecessary trauma.





Placement Stability: Findings at a Glance

- Ohio has historically achieved the National Standard on this indicator.
- As children age, they tend to have more placement moves.
- The statewide median number of placement moves is 3.1 for every 1,000 days in care. Six counties exceed five moves.

Conclusions

It has been found that the following county practices have resulted in achieving permanency for children and youth:

Caseworker and Family

- Use of Family Team Meetings to develop family 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 Family 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

- 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***Item 4: Stability of foster care placement*****Examination of County CPOE Monitoring Results**

During CPOE Stage 12 Phase 1 and Phase 2 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 (Ohio SACWIS)
- Children in Placement Report (Ohio SACWIS)
- Placement Leave Report (Ohio 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)

Phase 2 Results

Thus far, 488 cases were applicable for review for Item 4. Results indicated that 450 cases (92.21%) were rated as a Strength and 378 cases (7.79%) were rated as an Area Needing Improvement. Agencies and courts continue to demonstrate significant improvement since CFSR Round 3, the CFSR Round 3 PIP and Phase 1 of CPOE.

Based upon discussions and analysis of the data PCSAs and IV-E Courts, in collaboration with DCY, 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

Item 5: Permanency goal for child

Examination of County CPOE Monitoring Results

During CPOE Stage 12 Phase 1 and Phase 2 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 (Ohio SACWIS)

Phase 2 Results

Thus far, 484 cases were applicable for review for *Item 5*. Results indicated that 422 (90.08%) were rated as a Strength and 48 cases (9.92%) were rated as an Area Needing Improvement. Results from Phase 1 and Phase 2 are currently lower than the performance achieved during the CFSR PIP which was 91.43%. However, it should be noted that only 70 cases were applicable for review during the CFSR PIP.

Based upon discussions and analysis of the data PCSAs and IV-E Courts, in collaboration with DCY, developed 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

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

Examination of County CPOE Monitoring Results

During initial CPOE Stage 12 Phase 1 and Phase 2 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 (Ohio SACWIS)
- Children in Placement Report (Ohio SACWIS)
- Children Needing Permanency Report (Ohio SACWIS)
- MEPA Child Report (Ohio 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))

Phase 2 Results

Thus far, 485 cases were identified as applicable for review. Results indicated that 417 cases (85.96%) were rated as a Strength and 68 cases (14.02%) were rated as an Area Needing Improvement.

Based upon discussions and analysis of the data PCSAs and IV-E Courts, in collaboration with DCY, developed 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

Conclusions

At this juncture, Ohio Substantially Achieved Permanency Outcome 1 is at 75.26%. Thus, Ohio is not in Substantial Conformity with Permanency Outcome 1. As a result, Goal 2 in the 2025-2029 CFSP contains Objectives and Strategies to increase the level of performance in achieving permanency for children.

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

As shown in the Table below, Permanency Outcome 2 has no Federal data indicators and 5 case review measures. The table below contains a description of the item measure and depicts the relationship between and among the data measures, data sources, and the analytic method used. Compliance with Permanency Outcome 2 is determined through a review of information contained in the case record.

Permanency Outcome 2	
Federal Data Indicator Domain	Case-Review Domain
None	<p>(Item 7) Placement with Siblings (CPOE) 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.</p> <p>(Item 8) Visiting with Parents and Siblings in Foster Care (CPOE) 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.</p>

Permanency Outcome 2	
Federal Data Indicator Domain	Case-Review Domain
	<p>(Item 9) Preserving Connections (CPOE) 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.</p> <p>(Item 10) Relative Placement (CPOE) Determine if concerted efforts were made to place the child with relatives when appropriate.</p> <p>(Item 11) Relationship of Child in Care With Parents (CPOE) 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.</p>

Permanency Item Measures

Item 7: Placement with Siblings

Examination of County CPOE Monitoring Results

During CPOE Stage 12 Phase 1 and Phase 2 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 (Ohio SACWIS)
- Siblings Placed Together (Foster Care; Key Practice Indicators) (ROM)

Phase 2 Results

Thus far, during Phase 2 216 cases were identified as applicable for review. Results indicated that 206 cases (95.37%) were rated as a Strength and 10 cases (4.63%) were rated as an Area Needing Improvement.

Based upon discussions and analysis of the data PCSAs and IV-E Courts, in collaboration with DCY, 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, counties/courts participating in Phase 1 and Phase 2 show a slightly lower degree of performance for this item than what was achieved during the CFSR Round 3 PIP review. It should be noted that there were significantly more cases being reviewed during CPOE Stage 12.

Item 8: Visiting with Parents and Siblings in Foster Care

Examination of County CPOE Monitoring Results

During initial CPOE Stage 12 Phase 1 and Phase 2 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.

Phase 2 Results

Thus far, during Phase 2 390 cases were identified as applicable for review. Results indicated that 357 cases (91.54%) were rated as a Strength and 33 cases (8.46%) were rated as an Area Needing Improvement.

Based upon discussions and analysis of the data PCSAs and IV-E Courts, in collaboration with DCY, 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.

Conclusions

Thus far, counties/courts participating in Phase 1 and Phase 2 achieved a significantly higher degree of performance for this item than what was achieved during the CFSR Round 3 PIP review. It should be noted that there were significantly more cases being reviewed during CPOE Stage 12.

Item 9: Preserving Connections

Examination of County CPOE Monitoring Results

During initial CPOE Stage 12 Phase 1 and Phase 2 reviews with PCSAs and IV-E Courts discussions occur around preserving connections for children/youth in foster care.

Phase 2 Results

Thus far, during Phase 2 473 cases were identified as applicable for review. Results indicated that 464 cases (98.1%) were rated as a Strength and 9 cases (1.9%) were rated as an Area Needing Improvement.

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

Conclusions

Thus far, counties/courts participating in Phase 1 and Phase 2 achieved a higher degree of performance for this item than what was achieved during the CFSR Round 3 PIP review. It should be noted that there were significantly more cases being reviewed during CPOE Stage 12.

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 Kinect to Family worker to search for family members.
- Engaged in case mining.

Item 10: Relative Placement

Examination of County CPOE Monitoring Results

During initial CPOE Stage 12 Phase 1 and Phase 2 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)

Phase 2 Results

Thus far, during Phase 2 374 cases were identified as applicable for review. Results indicated that 345 cases (92.25%) were rated as a Strength and 29 cases (7.75%) were rated as an Area Needing Improvement.

Based upon discussions PCSAs and IV-E Courts, in collaboration with DCY, 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

Conclusions

Thus far, counties/courts participating in Phase 1 and Phase 2 achieved a higher degree of performance for this item than what was achieved during the CFSR Round 3 PIP review. It should be noted that there were significantly more cases being reviewed during CPOE Stage 12.

Item 11: Relationship of Child in care with Parents

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.

Phase 2 Results

Thus far, during Phase 2 365 cases were identified as applicable for review. Results indicated that 345 cases (90.68%) were rated as a Strength and 34 cases (9.32%) were rated as an Area Needing Improvement. Agencies and courts continue to demonstrate significant improvement since CFSR Round 3, the CFSR Round 3 PIP and Phase 1 of CPOE.

Based upon discussions PCSAs and IV-E Courts, in collaboration with DCY, 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 11 as an Area Needing Improvement included strategies that focused on:

- Practice Enhancements
- Training
- Monitoring and Evaluation

Conclusions

At this juncture, Ohio Substantially Achieved Permanency Outcome 2 at 94.11%. Thus far, counties/courts participating in Phase 1 and Phase 2 achieved a higher degree of performance for this item than what was achieved during the CFSR Round 3 PIP review. It should be noted that there were significantly more cases being reviewed during CPOE Stage 12.

Current or Planned Activities Targeted to Improve Performance: Permanency

Ohio sees it as critical to use a multipronged approach to assure children have permanence and well-being. This approach has nine components. (1) Provide a stable and safe home environment through foster, relative, or short-term residential care. (2) Assure the child has positive, reliable emotional support to facilitate trust building. (3) Provide trauma focused mental health care promptly to facilitate robust coping strategies and resilience. (4) Provide prompt medical and dental care to address immediate health problems and subsequently receive routine checkups. (5) Involve teachers, school liaisons, and school counselors to monitor the child's progress and address academic and social issues early. (6) Buffer the child's positive support network by facilitating reciprocal belongingness and continuity with frequent and regular contacts with family, friends, and community resources --like support groups, school programs, and recreational activities. (7) Assure the child has a legal advocate who is looking out for their best interests. (8) Promote normalcy and social pleasure by engaging the child in normal childhood activities like sports, hobbies, and socializing with peers. (9) Prior placement discharge, assure the child and family are engaged in comprehensive aftercare supports and community integration. These supports include education, job training, social supports, and mental health care.

Well-Being Outcomes

There are no data indicators that are associated with these 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

There are no Data Indicators for Well-Being Outcome 1. There are 4 Well-Being item measures for Well-Being Outcome 1 and the criteria for evaluation of each item is presented in the Table below.

Well-Being Outcome 1	
Federal Data Indicator Domain	Case-Review Domain
None	<p>(Item 12) Needs and Services of Child, Parents, and Foster Parents (CPOE) 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.</p> <p>(Item 13) Child and Family Involvement in Case Planning (CPOE) Determine if concerted efforts were made to involve parents and children in the case planning process on an ongoing basis.</p> <p>(Item 14) Caseworker Visits With Child (CPOE) 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.</p> <p>(Item 15) Caseworker Visits With Parents (CPOE) 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.</p>

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

Examination of County CPOE Monitoring Results

During initial CPOE Stage 12 Phase 1 and Phase 2 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 (Ohio SACWIS)
- Identified Father Report (Ohio SACWIS)

Phase 2 Results

Thus far, during Phase 2, 833 cases were identified as applicable for review. Results indicated that 694 cases (83.31%) were rated as a Strength and 139 cases (16.69%) were rated as an Area Needing Improvement.

Based upon discussions PCSAs and IV-E Courts, in collaboration with DCY, 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. Agencies/courts that identified Item 12 as an Area Needing Improvement included strategies which focused on:

- Practice Enhancements
- Monitoring and Evaluation

Counties/courts participating in Phase 1 and Phase 2 achieved a higher degree of performance for this item than what was achieved during the CFSR Round 3 PIP review. It should be noted that there were significantly more cases being reviewed during CPOE Stage 12. Under Goal 2 of the 2025-2029 CFSP Strategies and Objectives have been developed to engage fathers in the lives of their children.

Item 13: Child and family involvement in case planning

During initial CPOE Stage 12 Phase 1 and Phase 2 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 (Ohio SACWIS)
- Identified Father Report (Ohio SACWIS)

Phase 2 Results

Thus far, during Phase 2 798 cases were identified as applicable for review. Results indicated that 730 cases (91.48%) were rated as a Strength and 68 cases (8.52%) were rated as an Area Needing Improvement.

Based upon discussions and analysis of the data PCSAs and IV-E Courts, in collaboration with DCY, 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

Thus far, counties/courts participating in Phase 1 and Phase 2 achieved a significantly higher degree of performance for this item than what was achieved during the CFSR Round 3 PIP review. It should be noted that there were significantly more cases being reviewed during CPOE Stage 12.

Item 14: Caseworker visits with child

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 (Ohio 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)

Phase 2 Results

Thus far, during Phase 2 836 cases were identified as applicable for review. Results indicated that 750 cases (89.71%) were rated as a Strength and 86 cases (10.29%) were rated as an Area Needing Improvement.

Based upon discussions and analysis of the data PCSAs and IV-E Courts, in collaboration with ODJFS/DCY, 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

Counties/courts participating in Phase 1 and Phase 2 achieved a significantly higher degree of performance for this item than what was achieved during the CFSR Round 3 PIP review. It should be noted that there were significantly more cases being reviewed during CPOE Stage 12.

One strategy that will continue to be used to support this upward momentum to encourage timely visitation for worker visits with children and parents is to provide Children Services Best Practice Incentive funding to PCSAs for making marked improvements in achieving compliance with timely visitation measures. The chart below provides a breakdown of the incentive amounts available and the measurement timeframe.

Children Services Best Practice Incentive Amounts and Timelines

Achieving 95% Compliance Evaluation Period: April 1, 2024- September 30, 2024	Distributed evenly among all counties achieving 95%
Timely Assessment/Investigations	\$1,025,000
Composite Visitation Score	\$1,025,000
Achieving 95% Compliance Evaluation Period: October 1, 2024- March 31, 2025	Distributed evenly among all counties achieving 95%
Timely Assessment/Investigations	\$1,025,000

Composite Visitation Score	\$1,025,000		
Most Improved Evaluation Period: October 2023-March 2025	Small	Medium	Large
Timely Assessment/Investigations			
1st	\$60,000	\$60,000	\$60,000
Composite Visitation Score			
1st	\$60,000	\$60,000	\$60,000
Bonus Incentive Evaluation Period: October 2023-March 2025	Distributed evenly among all counties achieving 95% in both measures throughout all three evaluation Periods		
Bonus Incentive Award	\$540,000		

Item 15: Caseworker visits with parents

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 (Ohio SACWIS)

Phase 2 Results

Thus far, during Phase 2 715 cases were identified as applicable for review. Results indicated that 595 cases (83.22%) were rated as a Strength and 120 cases (16.78%) were rated as an Area Needing Improvement.

Based upon discussions and analysis of the data PCSAs and IV-E Courts, in collaboration with DCY, 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

Counties/courts participating in Phase 1 and Phase 2 achieved a higher degree of performance for this item than what was achieved during the CFSR Round 3 PIP review. It should be noted that there were significantly more cases being reviewed during CPOE Stage 12.

Conclusions

At this juncture, the ratings for Well-Being Outcome 1 (Items 12 to Item 15) indicate that Ohio was in Substantial Compliance at the 81.01% Level therefore is Not in Substantial Conformity with Well-Being Outcome 1. Ohio needs to make significant improvements in all items under review to achieve the Substantial Conformity Rating of 90% or more.

The following primary causal themes that emerged from exploration of concerns related to Well-Being Outcome 1 were:

- **Lack of clarity regarding policies concerning the parties to be assessed, contacted, and engaged in case planning.** 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.
- **Challenges balancing high caseloads with other priorities (e.g., Ohio SACWIS data entry demands) that can result in emotional exhaustion and burnout.** 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.** 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.** 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.

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

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

Well-Being Outcome 2	
Federal Data Indicator Domain	Case Review Domain
None	(Item 16) Educational Needs of the Child (CPOE) 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.

Item 16: Educational needs of the child

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.

Phase 2 Results

Thus far 475 cases were applicable for review. Of these, 444 cases were rated as a Strength (93.47%) and 31 cases (6.53%) were rated as an Area Needing Improvement.

Based upon discussions and analysis of the data PCSAs and IV-E Courts, in collaboration with DCY, 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

Counties/courts participating in Phase 1 and Phase 2 achieved a higher degree of performance for this item than what was achieved during the CFSR Round 3 PIP review. It should be noted that there were significantly more cases being reviewed during CPOE Stage 12. However, this still falls below the expected rate of performance set by the federal government of a 95% strength rating to be found in Substantial Conformity.

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

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.

Well-Being Outcome 3	
Federal Data Indicator Domain	Case Review Domain
None	(Item 17) Physical Health of Child (CPOE) Assess whether the agency addressed the physical health needs of the child, including dental health needs. (Item 18) Mental/behavioral Health of the Child (CPOE) Assess whether the agency addressed the mental/behavioral health needs of the child.

Item 17: Physical health of child

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 (Ohio SACWIS)
- Medication Detail Report (Ohio SACWIS)

Phase 2 Results

Thus far 569 cases were applicable for review. Of these, 474 cases were rated as a Strength (83.3%) and 95 cases (16.7%) were rated as an Area Needing Improvement. Thus far, counties/courts participating in the CQI PPA case review achieved a higher degree of performance for this item than what was achieved during the CFSR Round 3 PIP review.

Based upon discussions and analysis of the data PCSAs and IV-E Courts, in collaboration with DCY, 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 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 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 (Ohio SACWIS)

- Medication Detail Report (Ohio SACWIS)

Phase 2 Results

Thus far 451 cases were applicable for review. Of these, 403 cases were rated as a Strength (89.36%) and 48 cases (10.64%) were rated as an Area Needing Improvement. Counties/courts participating in both Phase 1 and Phase 2 thus far achieved a higher degree of performance for this item than what was achieved during the CFSR Round 3 PIP review. It should be noted that there were significantly more cases being reviewed during CPOE Stage 12.

Based upon discussions and analysis of the data PCSAs and IV-E Courts, in collaboration with DCY, 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

At this juncture the ratings for Well-being Outcome 3 (Item 17 and Item 18) are as follows: 82.24% Substantially Achieved and Not in Substantial Conformity. Ohio needs to make significant improvements in both items under review.

Current or Planned Activities Targeted to Improve Well-Being

To enhance a child's well-being, caseworkers assess the severity of problems and allocate resources by using interdisciplinary assessments. These assessments rely on the expertise of the child, parents, resource parents, educators, and health providers. The foundation of these assessments largely occurs during caseworker visits with the child, parent, and the resource parent by identifying the respective needs of all parties. The caseworker visits, occurring across the life of the case, set the stage toward goal resolution. During these visits, the caseworker focuses on issues related to child and family safety, developmental needs, physical and emotional health, and family dynamics. By establishing a positive relationship with the child and family and conceptualizing their needs, the caseworker formulates plans for service. Common services include individual therapy, family therapy, parenting education, substance abuse treatment, and in-home supportive services. Assessments may drive caseworkers to recommend community resources for added support and guidance. These resources are often housing assistance, educational resources, employment services, childcare, and public assistance (e.g., Child Support, Family Assistance, Medicaid). To assess the child's educational needs, caseworkers discuss with the parent the child's educational background and learning experiences. Caseworkers review school records and standardized tests, Individualized Education Plans, consult with teachers and educational experts to gauge the child's learning abilities, interests, and understanding the child's strengths and weaknesses. When interdisciplinary assessments elucidate physical and mental health needs of the child and parents, evidence supported therapies are integrated into service plans.

B. Systemic Factors

1. Statewide Information System

Assessment of Performance

Ohio SACWIS, as part of Ohio's Comprehensive Child Welfare Information System (CCWIS), captures the legal status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care, as shown in Appendix A. There are times when a youth is at an agency office awaiting placement or in a short-term situation that Ohio SACWIS does not currently have a consistent mechanism to capture that scenario. The team is working on enhancements to the application that will allow the child's current location to be recorded, with the address of the child's location, so that the current location of all children is known and so that moves will be more accurately reported. This functionality will be deployed in the summer of 2024. There are also times when there is a delay in the data entry of placement information into Ohio SACWIS. It is hoped that the enhancement mentioned above will assist with more timely data entry.

The CCWIS team continues to work on system enhancements, as it has since implementation. In SFY2023 and 2024, enhancements were made to Ohio's CCWIS automated functions with the following initiatives:

- Creating an Ohio Adoption Grant Program Application Site and integrate with Ohio SACWIS.
- Implementing a Child and Adult Protective Services Learning Management Solution.
- Creating a portal for prospective Foster and Adoptive caregivers to apply to become certified online.
- Implementing changes throughout Ohio SACWIS to support AFCARS 2020.
- Creating a portal for mandated reporters to submit referrals of child maltreatment.
- Creating a Human Centered Design (HCD) Central Registry Notification informing substantiated alleged perpetrators of being on the registry, their rights, and due process.
- Improving the financial processes for the Bridges program.
- Creating an interface between Ohio SACWIS and the Child and Adolescent Needs and Strengths (CANS) IT System.
- Automating the 1099 issuance and creating the file to report payment issuance to the Internal Revenue Services (IRS).
- Completion of a children services systems stakeholder assessment.
- Design of the new Title IV-E and Medicaid interface.
- Upgrade the National Electronic Interstate Compact Enterprise (NEICE) interface.
- Implement Multi-Factor Authentication for Ohio SACWIS, Ohio Residential Treatment Information System (RTIS), and Results Oriented Management (ROM).
- Upgrade ROM for an improve user experience and move to the cloud.

DCY has consistently funded significant development to support new initiatives mentioned above.

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

- Webinars: The CCWIS team routinely provides webinar overviews on project priorities and system functionality.
- Surveys: The DCY leadership provided users the opportunity to give feedback on the usability of children services systems to help guide the future CCWIS roadmap.
- PCSAO Directors' Meetings: Agency directors provide feedback on the CCWIS automated functions and user needs.
- Partnership for Ohio Families Advisory Group: CCWIS updates and discussion occurs with this group whose membership is comprised of PCSAs, Private Agencies, Foster Care Advocates, a court liaison and young adults who have experienced foster care.
- Automated Systems Review Committee: A group created to provide feedback on needed enhancements to the CCWIS automated functions as well as to review proposed enhancements. The members also have an opportunity to weigh in on priorities and have participated in surveys to help provide necessary feedback. Membership consists of private and public agency users, a person with lived experience, and is tri-chaired by the main public and private agency associations, Public Children Services Association of Ohio, and Ohio Children's Alliance.

Future activities designed to improve the users' experience with Ohio's CCWIS include modernizing the intake and certification management functions. DCY will be exploring best options for modernizing the Ohio SACWIS technical foundations which will help improve the system and automate existing manual processes. As part of the transition from ODJFS to DCY, the financial interface between Ohio SACWIS and the state's financial system, OAKS, will be changed to directly interface and having payees register their information in OAKS to assist with preventing fraud as well as further automate the 1099 process.

Ohio SACWIS and Ohio Administrative Code (OAC) will be updated to ensure the Qualified Residential Treatment Program (QRTP) functionality aligns with the less restrictive federal requirements. By the end of SFY2025, a new interface will exist that improves the Title IV-E interface with Medicaid and Title IV-A. The new interface will allow Title IV-E agencies to obtain information on children who enter custody timelier, normalize the Medicaid eligibility process for adopted children, and automate the Medicaid eligibility process for young adults in the Bridges program.

Current or Planned Activities Targeted at Improving Performance:

The CCWIS data can be easily pulled for analysis and review. This will assist DCY in assessing progress toward achieving Goals 1, 2, and 3 of the 2025-2029 CFSP and in identifying areas where policy changes may be needed, further technical assistance will need to be provided, and enhancements to functionality for the children services applications may be needed.

2. Case Review System

Assessment of Performance

Case Plan

Ohio SACWIS can produce a report on-demand showing the percentage of case plans completed within the required timeframe. Agencies/IV-E courts obtain this information by running the *Initial Case Plan Timeliness Report*. Below are examples of how this report is used:

- Administrators compare data 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 Ohio 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.

Examination of CPOE Monitoring Results: Child and Family Involvement in Case Planning

In CPOE Stage 12, thus far, 91% of the cases reviewed were given a strength rating for Item 13 noting that children and family were involved in case planning. The following effective practices were identified:

- Caseworkers developed Case Plans with families during Family Team Meetings or Family Conferences.
- Case Plans were frequently amended to reflect changes as they occurred.
- Agencies invited parents with known addresses to Semiannual Administrative Reviews (SAR) by sending letters to them as well as providing verbal notifications during contacts with parents.
- Mothers, stepfathers, custodial fathers were invited to take part 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.
- Discuss case plan progress during monthly home visits.

Periodic Reviews

Ohio requires case reviews to occur no less than ninety days and at the six-month semiannual administrative review (SAR) or periodic court hearings. Ohio SACWIS generates reports and reminders.

Agencies/IV-E courts can assess their own performance on-demand by running the *Case Review/SAR Due Date Report* in Ohio SACWIS. Below are examples of how counties use this report:

- Administrators compare data 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.

Examination of CPOE Self-Assessment Tool: Case Reviews and SARs

Prior to the start of the CPOE Stage 12, Phase 2 case review PCSAs and Title IV-E courts were required to complete a *Self-Assessment Tool*. The tool requires PCSAs to respond to and rank the statement from Strongly Agree, Agree, Disagree and Strongly Disagree for the following: “**Case Reviews and SARs are routinely conducted in timely manner as required by rule and address safety.**” Of the 56 Self-Assessments received, 79% ranked this statement as Strongly Agree or Agree. Workforce issues and parent scheduling conflicts were noted as barriers to timely reviews.

Termination of Parental Rights

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. A question on the Agency Self-Assessment asks if the agency proceeds with TPR when children are in care for 12 out of the most recent 22 months. Of the 56 agencies completing the survey between January 2023- March 2024, 88% agreed or strongly agreed with the question.

Permanency Hearings

Information collected during interviews with stakeholders showed that permanency hearings were occurring timely in most cases. However, Ohio had challenges with the ability to monitor functioning of this item given the limitations with identifying permanency hearings within our data systems. Some agencies reported that Permanency Hearings were not held due to court delays. (e.g., GALs not seeing families, failure of legal counsel to file motions timely, multiple continuances due to attorneys or GAL's not showing up for hearings, parties not being present; needing to re-file cases). As already noted, monitoring this item continues to be an issue due to the inability to identify permanency hearing information within Ohio SACWIS and the court data system.

Notice of Hearings

According to the CPOE Stage 12, Phase 2 Agency Self-Assessment data for the period of January 2023- March 2024, 45% of the agencies stated that the PCSA and the court send notices to the families, 45% indicated the PCSA sent notices out, and the remaining 10% of the PCSAs stated that only the court sends out notifications. Stakeholders reported differences across the state regarding the caregiver notification process, right to attend hearings, and the right to be heard. A specific process to notify caretakers of the right to be heard did not exist and ongoing monitoring of this provision was not consistent.

Current or Planned Activities Targeted at Improving Performance:

Ohio continues to partner with the Supreme Court of Ohio Court Improvement Program to help increase and improve access to high quality legal representation for parents and children. Related strategies are addressed in Ohio's Plan for Enacting the State's Vision section of this Plan.

3. Quality Assurance System

Assessment of Performance

Current Children Services Quality Assurance System

The Child Protection Oversight and Evaluation (CPOE) quality assurance system provides a continuous cycle for assessment and improvement of children services 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 DCF and is currently conducted over 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. The CPOE process includes a: (1) Self- Assessment conducted by agencies and Title IV-E courts, (2) review of statewide and county specific data, and (3) case review. The examination of robust data from multiple lenses provides a solid foundation for each Continuous Quality Improvement cycle.

Self-Assessment

Ohio is currently conducting its 12th round of CPOE, which is divided into two distinct phases. Phase 1 of 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 is encouraged to provide accurate ratings and thoughtful responses to the questions, while commenting on best practices the agency/court has implemented or challenges the PCSA or Court is currently experiencing. The self-assessment allows for nuanced local contextual information to be captured and included in improvement planning. The completed Self-Assessment is utilized to generate discussion during both the Phase 1 and Phase 2 entrance conferences.

The Self-Assessment Tool is modeled after the *CFSR Statewide Self-Assessment Instrument*, and consists of the following three sections:

- Section 1: Agency specific data regarding agency structure, staffing, workload, and retention.
- Section 2: Assessment of the outcome areas of Safety, Permanency, and Well-Being.
- Section 3: Assessment of the systemic factors of:
 - Information Systems,
 - Quality Assurance Systems,
 - Staff Training.
 - Supervision and Staff Development
 - Service Array and Resource Development.
 - Agency Responsiveness to the Community.

At least 60 days prior to the negotiated entrance conference date, the assigned Technical Assistance Specialist (TAS) provide the PCSA or Court with the Self-Assessment Tool and instructions (including a list of relevant SACWIS and ROM reports). The PCSA or Court will return the completed Self-Assessment Tool no less than two weeks prior to the entrance conference date. The assigned TAS will send an email to the PCSA or Court 30 days prior to the entrance conference to remind the agency to submit the completed Self-Assessment Tool within the next two weeks. The PCSA or Court should be prepared to

discuss their self-assessment findings, along with corresponding data reports, provided by the TAS during the entrance conference.

Quality Data Collection

Data is integral in reporting statewide performance and evaluating changes within Ohio's children services system. Ohio continues to find new ways to incorporate data more effectively into the CPOE process. A systematic format is used to illustrate relevant data, including graphic displays of data and analysis. DCY 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 & Phase 2 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.

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)

Plans for Practice Advancement

Based upon the Self-Assessment discussions and analysis of the data a PPA is developed in collaboration with the agency/court. When 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 development of 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).
- Resources available through the DCY Technical Assistance Team.
- On-site and/or remote (virtual) technical assistance by the assigned TAS to focus on identified areas needing improvement.

During Phase 2 of CPOE 12 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 Technical Assistance Specialist (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 small sample of cases used for PPA case reviews (at the 9-month and 18-month PPA implementation points) is not representative of the agency's practice/improvements being made because of the PPA.

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.

Case Review Instrument

Ohio continues to utilize the Federal On-Site Review Instrument (OSRI) for CPOE and utilized it for the CFSR Round 3 state-led review. However, Ohio has transitioned to utilizing the CFSR Round 4 tool. Utilizing the Round 4 tool allows Ohio's CQI system to align with the most up to date federal perspective and allows Ohio to prepare for the upcoming CFSR Round 4 in October 2025. DCY continued the successful training plan initially applied to the CFSR Round 3 case reviews to the CFSR PIP reviews. DCY will continue using 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.

Administrative Structure to Oversee Effective CQI System Functioning

Ohio has an established statewide quality assurance system, which is supported by a robust administrative structure. As Ohio is a state supervised, county administered system each of the 88 counties is served by a local children services agency. The DCY conducts the CPOE process and provides staff to routinely conduct these reviews. Each county is assigned a lead TAS. There are five Technical Assistance Managers (TAM) who each supervise teams of five TASs. The CPOE process and requirements are outlined in the Ohio Administrative Code and Ohio involves stakeholders in updating rules as well as updating the framework utilized to conduct CPOE. The state TAM and TAS staff work diligently to engage county quality assurance staff, continuous quality improvement (CQI) staff, and administrative staff in the CPOE and CFSR process. Whenever possible, counties are encouraged to co-review cases and are engaged in data analysis discussions. Involvement of county professionals enhances the administrative structure and capacity not only for the case review but for ongoing application to other cases.

Methodology For Conducting Ongoing Case Reviews

DCY develops and maintains a framework for conducting the CPOE process, which includes robust case reviews. CPOE 12 Phase 2 begins with a random sample of cases based on county size. Counties develop a PPA following the initial case reviews, data, and self-assessment. Additional case reviews are utilized at the 12-month mark to review progress made through PPA efforts.

Cases are reviewed utilizing the CFSR Round 4 review tool. Results of case reviews are entered in the Federal Online Monitoring System (OMS) via a portal created specifically for Ohio's CQI system. The OMS allows for effective and efficient data analysis, which greatly enhances Ohio's CQI efforts.

Analysis and Dissemination of Quality Data on all Performance Measures

The initial review in CPOE 12 Phase 2 concludes with an exit conference. At the exit conference, the assigned TAS:

- Provides a report which addresses the findings of the review.
- Generates and distributes the State Rating Summary from the Federal Online Monitoring System (OMS).
- Generates and provides data reports which support or negate the item and outcome ratings.

The final report (in PDF format) is also provided to the PCSA or Court at least three working days prior to the scheduled exit conference. This provides the PCSA or Court with an opportunity to review the report and determine if there are inaccuracies, errors, technical issues, or report language for discussion during the exit conference.

An exit conference agenda is provided for all exit conferences. Adherence to the agenda items, not necessarily the outlined order, is required for all exit conferences. Having an agenda allows attendees to know what topics will be addressed during the exit conference.

Following the initial review and creation of the county's PPA, the TAS continues to provide county specific data to the county. Specifically, data is provided at the six and 12 month points to provide insights into current county performance as well as the effectiveness of the counties PPA activities.

Prior to CPOE 12 Phase 2, data reports were provided via raw data reports from SACWIS and ROM. In order to provide more effective data analysis and insights into county practice, the TAS team provides data in a new summarized format. The format provides graphs and data analysis from the technical assistance team. The concept allows data to be more easily consumed and utilized for everyone but particularly for those not accustomed to reviewing standard data reports.

Providing Feedback to Stakeholders and Decision Makers and Adjusting State Programs and Process

Feedback from Ohio stakeholders is a critical component of the Quality Assurance System. In fact, this component is currently reflected in rule. *OAC 5101:2-33-02 PSCA Requirements to Participate in Child Protection Oversight and Evaluation (N)* reads:

An examination of the CPOE process will occur prior to each CPOE cycle with consideration of recommendations from CPOE stakeholders.

In April of 2023, TAS staff held six statewide listening sessions to gather input from stakeholders. Ohio DCY staff meet routinely with the Public Children Services Association of Ohio staff to discuss enhancements and rule revisions to support the advancement of Ohio's Quality Assurance System.

CCWIS Coordination with CQI/QA

Data Quality Scorecards were developed to identify data anomalies in Ohio SACWIS as part of the CCWIS Data Quality Plan. The scorecards assist the CCWIS team in identifying conditions in the data that should not exist. The reporting team then coordinates with the Ohio SACWIS Application team to determine whether fixes or enhancements to the system need to occur to resolve the data quality issue. One recent example of how a CCWIS enhancement will support CQI/QA is related to placement discharges. It was determined that a change to Ohio's CCWIS was allowing for placement discharges be entered into the system without the discharge reason being entered. This data quality issue created problems in AFCARS and subsequently Ohio's CFSR data measures. An upcoming enhancement to Ohio SACWIS will prevent this issue from occurring.

Changes to the reporting structure with the transition to DCY will also assist with coordinating the CCWIS Data Quality Plan and Biennial Review strategies with ongoing CQI/QA activities. The bureau chief over reporting was previously a part of the CQI team and has worked closely with that bureau. This allows for members to easily communicate with each other to identify needs for the data quality plan and to improve

CQI/QA. Additionally, a member of the CQI bureau will be asked to join the Statewide Data Quality Team (SDQT) to provide input from that area. County staff members who work with data and on CQI activities are also part of the SDQT.

Advancing Ohio's Children Services Quality Assurance System

Child Fatality Reviews

DCY has joined the National Partnership for Child Safety. Data sharing agreements are currently in process to allow Ohio's review data to be incorporated into the partnership's larger data pool and to utilize the RedCAP system for data collection. Ohio is excited at the potential of this project and the opportunity to learn from a larger data set.

Goals for the Child Fatality Review process include:

- Collecting adequate data for systemic change recommendations.
- Evaluating the entire system in place around the family, caseworker, and agency involved in critical incidents.
- Identifying opportunities for improvement, implementing strategies for change, evaluating change over time and implementing learnings.
- Supporting a Culture of Safety for caseworkers, supervisors, and agencies.

DCY utilizes the Safe Systems Improvement Tool to study child fatalities and has established a protocol for which cases will be reviewed. The updated process was designed in 2023 and implemented in January 2024. Implementation is being supported by the experts at the National Partnership for Child Safety. Ohio plans to convene a committee comprised of representatives from county agencies that will assist with evaluation of aggregate data and formulate program and policy recommendations.

The system of reviews will be:

- Family Centered
 - Critical Incident Reviews start with a broad understanding of the family's needs as well as the incident itself. Unmet needs are captured as improvement opportunities.
- Workforce-Informed
 - The professionals doing the work are experts in their systems. Improvement opportunities are explored through direct conversation with the professionals connected to the case. Participation in reviews is voluntary. Candid, respectful, trauma-responsive, supportive dialogue honors the hard, complex, interdependent, and highly pressured work child welfare professionals engage in daily. Their problems are not theirs alone to fix. We recognize the need to build smarter systems of support.
- Systems-Focused
 - Systems are not static, immovable objects. They can be built up, taken down, and reimagined. Families and the workforce that serve them are at the heart of our system view. As we learn about systemic barriers and challenges in critical incident review, the

goal is to thread stories together over time and find high-impact ways to improve outcomes for families and the professionals who serve them.

Core Principles:

- The outcomes are rare, but the problems are not.
 - Tragic events are fortunately rare, but the challenges or obstacles families and caseworkers experience are commonplace. Those obstacles are our Improvement Opportunities.
- Our systems have intended and unintended impact.
 - We all share accountability for the help and hurt our systems create for citizens.
 - We celebrate successes and are candid to learn and grow from failures.
- Reviews inform learning and unlearning at all levels.
 - Candid and supportive engagements with professionals who served the family when a tragedy happened can have an immediate positive impact on casework practice. However, the highest purpose of these reviews is to challenge our systems and spur us to innovation.
- We focus on our system first, but all our public systems have ways to learn and improve.
 - We engage in reviews to challenge our perspectives and improve our work. However, we are limited in what we can do alone. It takes intentional, collaborative effort across our systems of care. Everyone has a role.
- Trauma lives in families, in direct care professional, and in all reviewers.
 - The greatest trauma from critical incident lies in the families who experience them. There is also significant trauma in doing direct care work and experiencing a critical incident among someone you served. There is also trauma in bearing witness to those tragedies on a regular basis. A trauma-informed approach is needed for all.

As Reviewers, we will practice:

- Empathy
 - We acknowledge we can never step into someone else's shoes. We avoid blame or pressure professional to take personal accountability.
- Humility
 - We recognize there are parts of the story we don't yet know. We approach each review with an open and curious mindset.
- Candor
 - We are clear and kind. We do not avoid hard questions or topics. We are respectful,
 -
 - predictable, and approachable, using supportive inquiry.

CPOE Rule and Framework

In anticipation of the CPOE 12 cycle concluding as well as the five-year rule review timeframe, Ohio is preparing to update the rule and framework for CPOE. This is a critical opportunity to enhance the program and apply CQI principles to the process. As a part of engaging in the CQI process, Ohio is examining data, stakeholder input, and child outcomes data to inform changes to the future of CPOE.

In April of 2023 the TAS facilitated six statewide listening sessions to gather input about the benefits and needed enhancements to the CPOE process. The team further engaged PCSAO in additional dialogue on how to make practical and helpful changes to the program. Internal input was also gathered. These efforts have resulted in a clear picture of the benefits of the current system and provided direction for how to make the system more helpful.

The CPOE rule is currently going through the revision process. It is anticipated that DCY will be creating an advisory team of county directors, or their designees, to inform the focus and ongoing implementation of the CPOE process. The advisory group will provide continuous feedback which, in turn, will allow for agile adjustments in CPOE process implementation. There is strong support for focused reviews in addition to a sample of holistic case reviews, and we anticipate examining more cases with a narrower focus on areas needing improvement. These areas will be identified by statewide data trends, the outcomes of CPOE 12, and information garnered from CFSR Round 4.

Child and Family Services Review Round 4

The CFSR has provided a model for Ohio's Quality Assurance and Continuous Quality Improvement efforts. Ohio is scheduled to begin case reviews for the CFSR Round 4 in October of 2025. Initial CFSR activities will conclude in March 2026 with any PIP activities beginning in approximately September of 2026. Ohio anticipates that the CFSR process will be beneficial to Ohio's system. External support from the Children's Bureau team, involvement from county level case reviewers, and participation from multiple Ohio counties are all benefits to the system overall. Furthermore, any required PIP activities are opportunities to implement and test improvement efforts that have the potential to benefit the statewide system.

Carrying out the CFSR reviews at the same time as Ohio's CPOE model presents a logistical challenge; however, the benefits of a state led CFSR review are worth the additional challenge. It is anticipated that insights and needs identified in the CFSR will be incorporated into the CPOE process as well as in the overall CFSP.

Use of Data and Proactive Monitoring

Ohio's Children Services system has robust data reporting resources. Ohio is fortunate to have many reports available to understand trends and, in many situations, reports that allow state and county staff to drill down to case level detail. Feedback from many stakeholders have helped to understand that while the reporting resources offer tremendous advantage, the different reports can quickly become overwhelming. While there are indicators for nearly any aspect of practice, monitoring all the data is impossible for the average children services supervisor or administrator.

Ohio's quality assurance includes a systematic methodology to routinely examine county specific data measures during CPOE reviews. Technical Assistance Specialists and their manager will continue to improve the process and format for analysis county specific data. Critical children services data

measures will be examined using a proactive monitoring approach, scanning for both problematic trends and areas of excellence.

Planned Activities Targeted at Improving Performance

Over the next five years Ohio's CPOE process will continue to generate useful Quality Assurance data. A current goal of the system is to improve how that data is practically utilized to inform many different aspects of the system. First and foremost, the data must be utilized to inform the outcomes of the CQI cycle. Quality assurance data will be compiled, analyzed, and reported out in a manner helpful to inform policy and practice. Trends in improvement data will be utilized to identify what areas counties need additional guidance and to identify gaps in services. Intentional use of the data will be critical to effectively moving the system forward. Comparing CPOE data with CFSR Round 4 data, other federal data reports, Ohio SACWIS and ROM data, and stakeholder input provide important opportunities to triangulate data and identify leverage points for future and ongoing improvement efforts.

4. Staff and Provider Training

Part I: Assessment of Current Functioning

In Ohio's last CFSR (Round 3), Ohio was in substantial conformity with the systemic factor of Staff and Provider Training. Two of the items in this systemic factor were rated as a Strength.

- Initial staff training (Item 26)
- Foster and Adoptive Parent Training (Item 28)

Ongoing staff training (Item 27) was rated as an Area Needing Improvement. Data provided at that time showed that ongoing training requirements were not being met. A little more than half of the caseworkers met the ongoing training requirement. Supervisors were doing slightly better at meeting ongoing training requirements. ODJFS worked with OCWTP to develop an aggregate reporting mechanism through E-Track, OCWTP's previous learning management system (LMS). That report is no longer applicable, as DCY launched a new LMS (CAPS LMS) at the end of 2022.

DCY supports training agency staff, foster caregivers, and adoptive parents through many programs, one of which is the Ohio Child Welfare Training Program (OCWTP). The OCWTP's mission is to promote the best child protection practices through skill development, strategic partnerships, and effective advocacy. OCWTP has trained Ohio's child protection professionals since 1987.

Initial Training Requirements for Caseworker and Supervisor Core

On January 15, 2024, Ohio adopted new training rules for new caseworkers and supervisors. These rules removed the mandate for a required number of hours of initial training but retained the mandate to complete the Core Series. This enables the OCWTP to revise Core as needed to meet the needs of new caseworkers and supervisors. The following chart outlines the training requirements for initial training and what the OCWTP offers to meet these requirements.

Population to be Trained	ORC Requirement	OCWTP Offerings
New Caseworkers	New caseworkers complete the Caseworker Core Series during the first year of continuous employment as a caseworker.	Caseworker Core
New University Partnership Program (UPP) Caseworkers	The PCSA director or designee may waive any caseworker core course requirements by completing and signing an OCWTP core waiver form.	Caseworker Core Ongoing
New Supervisors	New supervisors complete the Supervisor Core Series during their first year of continuous employment as a supervisor.	Supervisor Core

Addressing the Basic Skills and Knowledge Needs of Staff and Prospective Resource Families

The OCWTP is a Comprehensive Competency-Based In-service Training System (CCBIT). The OCWTP adopted a new competency model in 2022 for child protective services caseworkers, supervisors, assessors, and resource families. The new model consists of ten competencies universal to all populations, each of which contains 5-10 behavioral indicators specific to each training population. These behavioral indicators are observable and measurable practices that individuals employ when demonstrating a specific competency. They are used to help the individual and supervisor more accurately assess the individual's developmental needs within a competency. They are also used by the OCWTP to develop learning interventions and target the recruitment of trainers and coaches. OCWTP's new competency model aligns with competency models used throughout universities and other training programs.

View the full model of competencies and behavioral indicators here: <https://ohiocaps.org/wp-content/uploads/2023/07/OCWTP-Competencies-for-Web.pdf>.

Initial Training

Caseworker and Supervisor Core 2.0

In 2021, under the direction of DCY, Ohio's University Consortium for Child and Adult Services (OUCCAS) began a major overhaul of both Caseworker and Supervisor Core. Core 2.0 is adaptable, relevant, and provides a learner-centered approach, which are all crucial factors for effective training. The development process included input from evaluations, reviews, reports, curriculum, and discussions with other states, collaboration with county stakeholders and experts in the field, and a multiple staged review process grounded in a continuous quality improvement framework ensured a comprehensive approach to gathering insights and best practices, leading to a stronger and well-rounded training program. It addresses the feedback from learners by increasing relevance, suggesting that the content is more aligned with current needs and challenges faced in the field. Breaking the training into modules and offering self-directed courses (SDC) and instructor-led training (ILT) allows learners to choose how they engage with the material, catering to different learning preferences.

The combination of virtual and in-person courses reflects a modern approach to learning, using technology while allowing face-to-face interaction when needed or preferred. By focusing on increased application, skill-building, and transfer-of-learning opportunities, Core 2.0 prioritizes gaining knowledge and the ability to apply that knowledge effectively in real-life situations.

See what modules are included in each Core 2.0 series: [Core 2.0 Frequently Asked Questions](#).

Assessor Initial Training

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

OUCCAS completed revisions to the Assessor training series in April 2024. To prepare for the revisions, OUCCAS conducted an environmental scan that included a needs assessment and a scoping

review. Data were collected statewide from assessors, supervisors of assessors, trainers of assessors, DCY policy staff, technical assistance specialists, and licensing staff. Feedback from assessors and assessor supervisors showed that the assessor training series needs to provide specific, practical information with more focus on application. This feedback guided the revisions. Efforts were made to connect the content to current practice, emphasizing processes, forms, rules, and laws. There is a focus throughout on critical thinking, DEI (diversity, equity, and inclusion), maintaining connections, trauma, and youth voice.

The revised assessor series consists of one optional self-directed course, *Assessor Overview*, and 35 required courses for about 60 hours. Eighteen self-directed courses (SDC) range from 15 to 90 minutes, and 17 instructor-led training (ILT) courses range from 90 minutes to four hours. The courses are sequenced so that they build on each other, and information does not need to be repeated in multiple courses.

Preservice

The Ohio Revised Code mandates that prospective foster and adoptive families complete pre-certification training requirements. In FY2022-2023, Preservice was revised to comply with Ohio's adoption of the FFPSA Model Licensing Standards, the new Foster Youth Bill of Rights, and the Resource Family Bill of Rights. As in-person training resumed, the Regional Training Centers offered both virtual and in-person options for Preservice training.

In January 2023, Ohio House Bill 8 was fully implemented, reducing the required number of Preservice hours from 36 to 24. The OCWTP was prepared and launched a new, compliant Preservice that same month. This curriculum was developed with data from a scoping review, focus group feedback, and input from a curriculum advisory group. It was piloted through June 2023 and assessed using a CQI approach. Findings from the pilot are currently being incorporated into the Preservice curriculum.

The Preservice curriculum consists of 15 courses that fall within five themes:

- System and Agency:
- Trauma
- Connections and Permanency
- Nurturing and Protective Environment
- Health

Addressing the Ongoing Skills and Knowledge Needs of Staff and Resource Families

The OCWTP assesses the training needs of staff by analyzing individual training needs data and identifying systemic needs from:

- Key informant discussions with agency directors and supervisors
- Feedback from post-training-participant surveys
- CPOE exit interviews
- Emerging state and national trends

Ongoing Training Requirements

After completing the Core series in their first year, PCSA caseworkers must attend 36 hours of ongoing training each year and supervisors must complete 30 hours.

Assessors must take six hours of training on adoption or foster care-related issues within two years of the completion of initial assessor training and an additional six hours of ongoing adoption or foster care training within each subsequent two-year period from the completion date of the previous six hours of training. This is a rolling date.

Newly certified kin and non-kin foster caregivers must complete training in 11 topics within their first two years of certification. These required topics are collectively known as Resource Readiness. Thereafter, they must complete a specified number of training hours in identified areas of need every two years. Family foster homes must complete 30 hours, and specialized foster homes must complete 45 hours.

Standardized Ongoing Training

The following standardized series were designed for caseworkers and supervisors and are regularly scheduled through the eight Regional Training Series:

- CAPM (Ohio's Comprehensive Assessment Planning Model)
- Sexual Abuse Intervention Series
- SOAR (Human Trafficking)
- Safe & Together (Domestic Violence)
- Virtual Reality Scenarios (Safety Assessment, Safety Plan, and Racial Equity)
- Youth-Centered Permanency Round Tables

The following series were designed for resource families.

Resource Readiness

In January 2023, OCWTP implemented the Resource Readiness training series. OCWTP offers a menu of self-directed and instructor-led courses within each of the 11 topics mandated, allowing learners to select courses relevant to the needs of the children in their care.

Learner-Driven Pathways

A learning pathway is a framework that allows the learner to choose their learning goals, move towards learning objectives, track progress made, and be recognized along the way. Learners are empowered to choose learning based on identified needs and progressively build their knowledge and skills.

The first learner pathway, the *Life Skills Pathway*, was launched in June 2023. This pathway is geared towards resource families that are caring for older youth (14+). It was created in collaboration with ACTION Ohio and the Overcoming Hurdles in Ohio Youth Advisory Board (OHIO OYAB) to ensure youth voice in the planning and implementation. The youth selected the essential elements, vetted the courses, and designed the badges. Learners can earn badges in CAPS LMS for attending training and completing skill-building activities with the youth.

Two additional learner-driven pathways are planned for development. One on supporting specific populations in care and one on sexual abuse.

Trainer Developed Learning

The OCWTP has an extensive learning catalog of courses prioritized to meet the training needs of staff and resource families. Trainers who develop the content are vetted as subject matter experts. Training outlines and materials are reviewed by OCWTP staff and must be updated every five years.

The following are broad topics of instructor-developed training taken by staff in SFY23-24. Each topic might have several different courses.

Culture and Diversity	Discipline	Ethics
Mental Health	Safety	Self-Care
Trauma	Domestic Violence	Stress
Substance Use	Treatment Interventions	Maltreatment
Services	Supervision	Assessment
Conflict Management	Interviewing	Professional Development
Communication	Poverty	Environmental Factors
Legal Aspects	Resilience	Investigation
Engagement	Prevention	Family Search and Engagement
Law Enforcement		Hoarding

The following are broad topics of instructor-developed training opportunities taken by resource families in SFY23-24. Each topic might have several different courses.

- Child Development
- Behavioral Health
- Physical Health
- Well-Being
- Crisis Intervention
- Foster Care Placement

Learners also have access to training from partners such as:

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

Delivery

Trainer development is a key component of the OCWTP. OUCCAS, the Statewide Training Coordinator

maintains a unit devoted to trainer recruitment, screening, and development. In addition, the OCWTP Steering Committee has a standing Training Delivery Work Team charged with problem-solving issues related to trainers, producers, and coaches and examining training and evaluation data to support the operationalization of deliverables and improve training system outcomes.

Trainers of standardized courses go through a rigorous approval process. The expertise of prospective trainers is first assessed to determine if they meet the minimum qualifications to facilitate a particular course. This is done by the prospective trainer completing and submitting a Verification of Trainer Qualification (VTQ) form, which asks about their experience and knowledge related to the course they wish to train. An OUCCAS content specialist reviews the VTQ, determining whether the applicant is suited to proceed in the approval process, which may include a necessary follow-up discussion. If it's determined that the prospective trainer meets the minimum qualifications, they are invited to a Training on Content (TOC). During the TOC, OUCCAS staff review the curriculum, training strategies, and other workshop details and further assess the prospective trainer's expertise. Then, following the TOC, OUCCAS may ask the prospective trainer to:

- Observe the workshop being facilitated by an experienced trainer.
- Co-train with another trainer.
- Train solo with an observation by OUCCAS staff (OUCCAS staff use a course-specific form to conduct trainer observations).
- Train solo.

Compliance

Previous methods of tracking and recording caseworker and supervisor training compliance first involved hand tabulations and then moved to an advanced specialized report drawn from a previous learning management system (LMS). This report indicated Ohio was in compliance with meeting new staff training mandates. However, little more than half of the caseworkers met the ongoing training requirement. Supervisors were doing slightly better at meeting ongoing training requirements. Current data on compliance is presented below.

Caseworker and Supervisor

Effective April 1, 2016, PCSAs must maintain staff education and in-service training records through DCY's Learning Management System (LMS). With the previous LMS, OCWTP pulled compliance through custom reports. In November 2022, DCY launched a new LMS called CAPS LMS. Aggregate reports on staff compliance rates across the state cannot be run from CAPS LMS at this point since hire dates were staggered, and the LMS does not currently have the necessary data field to capture this data. DCY continues to refine the details to accurately track compliance with the new curricula within the new LMS.

Assessor

Compliance is monitored by DCY through the Assessor Registry within Ohio SACWIS. Assessors submit and maintain copies of the JFS 01680 as they complete their required training.

Preservice

Compliance is tracked by the recommending agency, which must verify that training requirements are met before submitting the recommendation for certification or approving the family for adoption. Agency tracking compliance is monitored by DCY licensing specialists.

Resource Families

Agency staff monitor the training compliance of their foster caregivers and document completion as part of the recommendation for recertification. DCY licensing staff monitor agency compliance.

Part 2: Assessment of Progress to Sustain Substantial Conformity Collaboration

The Statewide Training Coordinator (OUCCAS) has enacted processes to ensure that training is relevant and reflects current practice. When mandated curricula are being revised, there are regular meetings with DCY training and policy staff, presentations to and feedback from Regional Training Center staff, and a curriculum advisory committee with representatives from various perspectives.

The OCWTP has invested in the Children's Bureau initiatives to facilitate meaningful and authentic engagement of those with lived experience and advancing equity.

Engagement of Those with Lived Experience

- All course development/revision advisory groups for resource family learning have members with lived experience, either those who have provided care or have been in care, or both.
- Members of Ohio's Youth Advisory Board assisted in the development of the learner-driven Life Skills Pathway. They selected the topics, designed the patches earned, and assessed and approved each course.
- The course *Partnering with the Primary Family* allows time for a guest speaker with lived experience either as a primary or foster parent.
- To increase awareness of the Foster Youth Bill of Rights, a [six-minute video](#) was produced "starring" foster youth alumni speaking on rights that were important to them while in care.
- Two currently certified foster caregivers are voting members of the OCWTP Steering Committee.
- As mentioned above, a menu of brief alumni-led videos is being produced on topics identified by the Ohio Youth Advisory Board.
- Video and audio from those with lived experience are used whenever possible to enhance course material. For example, in *Supporting Pregnant and Parenting Youth*, an assessor course, we feature a video produced by a young adult who was parenting while in care.

Advancing Equity

- All mandated initial training now ensures racial, equality, and inclusion (REI) issues are integrated with content wherever appropriate. In addition, each series includes a dedicated diversity, equity, and inclusion module.
- A team of REI consultants reviews all revised and newly developed modules to ensure standardized content appropriately addresses racial equity concerns as they are updated and revised. To date, they have examined 92 learning objects.

- We continue to partner with the Ohio Coalition for the Education of Children with Disabilities to offer educational advocacy courses for caregivers, including *It's My Turn*, a self-determination curriculum for students with disabilities.
- All new trainers and coaches must attend trainers' Diversity, Equity, and Inclusivity training.

Continuous Quality Improvement

To ensure that OCWTP is responsive to stakeholder needs and improving outcomes, OUCCAS integrates a continuous quality improvement (CQI) process to inform and evaluate their actions. OUCCAS, the Statewide Training Coordinator, staffs a CQI team that includes an independent evaluation researcher. CQI projects are decided upon in collaboration with DCY and OUCCAS. The CQI team gathers and analyses data from key stakeholders and develops reports that include recommendations. Reports to date include:

- Annual Evaluations of Ohio's Child Welfare University Partnership Program
- Preservice Training Evaluation
- Stakeholder Perspectives on the Revised Safety Assessment and Ohio's Comprehensive Assessment Practice Model
- Perspectives of OCWTP's Trainers, Coaches, and Producers
- Stakeholder Perspectives on Caseworker Core Training
- Child Welfare Supervisor Perspectives On OCWTP and Their Supervisory Role

Evaluation

Every trainee who completes an ILT is asked to complete a session evaluation. The evaluation is identical for all instructor-led sessions. Trainees are asked to check one or more of the following reasons why they registered for the session:

- To make me better at my job.
- I enjoyed previous training with the instructor.
- I needed training hours.
- I was interested in the topic.
- I was told to take this training.
- The instructor recommended it to me.
- The training recommended to me.
- It satisfied a requirement.

Trainees are also asked to rate 21 aspects of the training on a 5-point rating scale (1=strongly disagree to 5=strongly agree). Analysis revealed that these 21 items could be reduced to four-factor scores by averaging the constituent items. The four factors are:

- Instructor (e.g., "The instructor was knowledgeable")
- Content (e.g., "The content was relevant to my role")
- Logistics (e.g., "The learning was available at a convenient time")
- Diversity (e.g., "Training addressed diversity issues")

Trainees have the opportunity to explain what they thought was the best thing about the training and what most needed improvement. Partners, including trainers, RTC staff, and OUCCAS content developers, routinely review this qualitative data.

Part 3: Planned Activities Targeted at Improving Performance and Strengthening Outcomes

Introduction

In alignment with the Children's Bureau's priority of supporting a diverse and healthy workforce, our vision for the 2025-2029 CFSP is to cultivate a child protection workforce that is knowledgeable, skilled, and resilient. The OCWTP aims to implement learning activities and supports that are innovative, inclusive, and responsive to the evolving needs of the workforce and the families served. This vision is guided by a commitment to continuous improvement, equity in child protection practices, and the prevention of child and family crises through proactive support and comprehensive strategies.

Moving Beyond Core: Caseworker and Supervisor Core 2.0 Phase 2

Following the successful launch of Caseworker and Supervisor Core 2.0, Phase 2 aims to significantly deepen the expertise of caseworkers and supervisors through various learning strategies and tools. This phase is designed to enhance the application of learned knowledge and skills and ensure these become ingrained as intuitive practices among child protection staff statewide.

Strategies to deepen staff's application of core skills are outlined below.

Advanced Concept Application and Practical Training

- **Immersive Learning Experiences:** Expand the use of virtual reality (VR) and other immersive experiences that closely mimic real-life challenges. These activities will provide staff with interactive and engaging activities that enhance decision-making capabilities and practical application of theoretical knowledge.
- **Scenario-Based Learning Activities:** Develop complex scenario-based activities that challenge caseworkers and supervisors to apply their skills in controlled, dynamic environments that reflect the nuances and unpredictability of real-world situations.
- **Micro-Learnings for Specific Skills:** Create concise, focused products and performance supports that address specific knowledge and skill gaps.

Enhanced Coaching and Support Systems

- **Use of Statewide Coaching Program:** Strengthen the existing coaching program to ensure all staff can access a coach if needed. This will involve recruiting more coaches, creating a process for ongoing evaluation of coaches' knowledge and skills, marketing the coaching program, and enhancing the infrastructure to support the volume of coaching requests.
- **Enhance In-The-Field Application of Skills:** Explore creating a program that enables and enhances training staff, supervisors, and/or administrators' abilities to provide on-the-ground, practical coaching to caseworkers and supervisors. This program will support the transfer of learning by providing real-time, situational guidance and feedback, helping to embed best

practices more deeply within the workforce.

- Transfer of Learning (TOL) Tools: Curate and develop a suite of TOL tools that can facilitate the application of classroom knowledge to the field. These tools will include videos, checklists, prompt cards, and expert discussions that provide quick refreshers or guidance at the point of need.

Furthering the Children's Bureau's Goals

The OCWTP is aligned with the Children's Bureau's priority goals of preventing children from entering foster care, supporting kinship caregivers, ensuring youth leave care with strengthened relationships, holistic supports, and opportunities, and investing in the child protection workforce.

Below are planned activities that support each goal.

Prevent Children from Coming into Foster Care

- Continue to offer training on collaborative practices involving multidisciplinary teams, including families, education, health, and justice sectors, to ensure a unified approach to the work.
- Ensure there are available courses that address the root causes of child maltreatment, such as trauma, substance abuse, domestic violence, and mental health issues.
- Update courses related to the assessment of risk.
- Develop a curated and easily accessed resource library for adoptive families. Increasing access to resources for Ohio's adoptive families will help them resolve issues before they lead to adoption disruption or dissolution.

Support Kinship Caregivers

- Offer courses and resources that cover legal, financial, and social support aspects for kinship caregivers, including navigating the child protection system and accessing community resources. Offer role-playing and scenario-based exercises that effectively teach caseworkers to facilitate discussions on permanency planning and family reunification strategies.
- Expand an existing Kinship Fiscal Resources course. In recent years, Ohio has implemented a number of fiscal supports for kinship caregivers, each with its own set of guidelines and possible amounts. This can be confusing for kinship workers and families. Families will be better supported fiscally when they can be guided by knowledgeable workers.
- Adapt Kinship training videos by Dr. Joseph Crumbley into interactive, self-directed learnings. Child protection continues to recognize the benefits of kinship placements, so we are increasing training opportunities that address the unique dynamics of kinship care.

Ensure Youth Leave Care with Strengthened Relationships, Holistic Support, and Opportunities

- Train caseworkers on transitional planning and support and how to develop individualized independent living plans.
- Revise the preservice training series based on feedback received through the CQI process. The lecture content will be more concise, allowing more time for processing activities and discussion. Courses include *Maintaining the Child's Relationships*, *Partnering with the Primary Family*, *Adolescent Development*, and *Permanency*. Learners are introduced to the State's C.A.R.E. Guide, a "how to" for relationship building with primary family, and the emerging

research on the benefit of providing positive childhood experiences.

- Engage the Ohio Youth Advisory Board and ActionOhio to develop a series of brief videos on topics important to children and youth in care. Young adult alumni of the foster care program will be the “actors.” Videos will be embedded in courses and used as a transfer-of-learning or supplemental learning tool.
- Continue adding courses to the Life Skills pathway, a learner-driven pathway for foster caregivers. Caregivers can select from a menu of courses on various life skills topics. Once they complete the course, they can complete a transfer-of-learning /teaching activity with the youth in their care. They can earn badges in the CAPS LMS for the courses and activities.

Invest in the Child Protection Workforce

- Consider expanding the University Partnership Program from the current 12 universities to the remaining 17 CSWE-accredited universities in Ohio to increase the number of students in the program and expand the program's reach throughout the state.
- Develop brief, targeted microlearnings on identified skills that were introduced during caseworker core. Microlearning will be developed separately for Assessors and Independent Living (IL) Workers. The microlearnings will be directly accessible to the assessors and IL workers, or they can be used as tools by coaches or supervisors.
- Continue to maintain the accuracy and relevance of the Assessor training series. As Ohio becomes more adoption-friendly and as technology improves, courses must be quickly updated and re-launched to ensure assessors stay informed and provide best practices.
- Provide additional opportunities for “deep dives” into relevant topics for resource families through learner-driven pathways. Two more pathways will be developed in FY 2025. One on sexual abuse and one on providing care to specific populations.
- Support retention of information learned in the Preservice training series by providing an opt-in campaign of brief, weekly self-directed activities sent to learners’ emails for a brief period of time.
- Utilize research-supported national training like the National Training and Development Curriculum to expand the menu of offerings for Ohio kin and non-kin foster caregivers.
- Continue to expand the menu of offerings within the mandated training topics for newly certified caregivers. It is our goal to have a minimum of five courses, at least one being self-directed, per each of the topics. This allows foster caregivers to select the most relevant to them while still meeting their training requirements.

Current or Planned Activities Targeted at Improving Performance

The strategic training initiatives planned for the 2025-2029 CFSP period reflect a deep commitment to enhancing the workforce's capabilities. By focusing on advanced, responsive, and inclusive training models, we are setting a foundation for a systemic transformation that will yield better outcomes for children and families, supported by a workforce that is empowered, knowledgeable, and aligned with the best practices in child protection. This commitment is in harmony with the federal objectives and tailored to meet the specific needs and challenges of our state’s child protection system.

Child Care Institutions/Group Home Staff Training

Overview

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 always be maintained current unless the employee meets one of the following exceptions:
 - Extended leave.
 - Separation of employment for less than one year.
 - Extended illness.
 - Critical emergencies.
 - Cancellation of training classes.

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

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

FCASPL 382 (Requirements Impacted by Ending State of Emergency and Updated COVID-19 Guidance) was then issued on January 21, 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.

Since January 1, 2022, agencies have been assessed according to OAC and no longer to FCASPL 382 language.

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:

- Familiarization of the employee with emergency and safety procedures of the residential facility.
- Principles and practices of childcare.
- Administrative structure, procedures, and overall program goals of the residential facility.
- Trauma informed approach implemented by the agency if the individual does not have a current “Level 2 Trauma Informed” or “Level 3 Trauma Competent” certificate.
- Appropriate techniques of behavior management.
- Techniques and methodologies of crisis management including acceptable physical restraint or acceptable alternatives to restraint if restraint is prohibited.
- Familiarization of the employee with the discipline policy strictions outlined in OAC, the discipline and behavior intervention policy required by OAC, and any additional requirements the agency may have.
- Procedures for reporting suspected child abuse or neglect.
- Emergency medical plan of the residential facility.
- Universal precautions.
- Chapter 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.

FCASPL 394 (*Rule and Practice Relaxations for Public and Private Certified and Approved Agencies*) was then issued on August 22, 2022, which permitted agencies:

- To temporarily reduce the required number of residential staff training hours before being left alone with children. ODJFS/DCY reduced the number of hours from 40 (20 orientation and 20 additional hours) to 20 hours of orientation training (plus CPR and First Aid) before being left alone with children.

The new employee would need to complete the additional 20 hours of training within their first year of employment. FCASPL 394 relaxations are in effect from September 1, 2022, through August 31, 2023, unless otherwise determined by ODJFS/DCY.

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. If the facility revises any policy pertaining to children or childcare staff, the childcare staff shall receive training on the policy within third days of the revision.

Compliance

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

5. Service Array

Assessment of Performance

As highlighted in Ohio's 2020-2024 *Child and Family Service Plan*, service needs across the state continue to change and new service needs emerge. However, service gaps identified included: parenting education, substance abuse diagnostics and treatment and services, behavioral health assessment and treatment, prevention services, services to kinship providers, college supports for foster youth beyond the Education and Training Voucher program, and the availability of wraparound services. While service array is likely to require additional focus in the future, Ohio has had many successes in this area in partnership with local public and private agencies, and state agencies such as the Ohio departments of Medicaid and Mental Health and Addiction Services. Listed below are highlights of Ohio's successes.

Prevention Services

Ohio engaged in a stakeholder-driven planning process for Ohio's Prevention Services array. This included the Leadership Advisory Council and multiple workgroups. The Prevention Services Planning workgroup completed data analysis, selected services, and began initial planning for the title IV-E Prevention Services Plan submission. The Prevention Services Implementation workgroup prepared Ohio to launch Family First Prevention Services on April 1, 2021. Stakeholder engagement has continued to drive Family First Prevention Services ongoing planning and implementation.

The Prevention Services Planning workgroup selected Multi-Systemic Therapy, Functional Family Therapy, Ohio Sobriety, Treatment and Reducing Trauma (START), Healthy Families America, and Parents as Teachers as the evidence-based practice services Ohio included in the *title IV-E Prevention Services Plan*. Ohio's Plan was submitted in November 2020 and approved in December 2021. Ohio has submitted an amendment to add Motivational Interviewing and Triple P Online.

Qualified Residential Treatment Program (Q RTP)

Ohio fully implemented the Qualified Residential Treatment Program (Q RTP) requirements on October 1, 2021. In preparation for implementation, Ohio created a Q RTP Planning subcommittee and a Q RTP Implementation subcommittee to determine how Ohio would roll out the Q RTP requirements by the deadline. These groups, with executive leadership from sister state agencies, determined the level of care assessment used, the timeline for implementing Q RTP in Ohio, the qualified individual waiver, and continually provided feedback on the planning process. The Ohio Department of Job and Family Services and the Ohio Department of Children and Youth provided training to both public children services agencies and private residential agencies on the requirements for title IV-E reimbursement and Q RTP compliance. Ohio continues to implement Q RTP and make improvements to agency policies and system functionality as feedback is received from stakeholders.

Substance Use Disorder Services

Ohio has dedicated extensive services and supports to address gaps in services and the increasing challenges of the substance use disorder crisis. This includes, but is not limited to:

Sobriety, Treatment and Reducing Trauma (START)

The Ohio Sobriety, Treatment and Reducing Trauma (START) program is a children-services-led initiative that has been shown, when implemented with fidelity, to improve outcomes for both parents and children affected by child maltreatment and parental substance use disorders. Since the model was brought to Ohio in 2017 by the Attorney General's Office, Ohio START has been implemented and administered by the Public Children Services Association of Ohio (PCSAO). PCSAO is a membership-driven association of Ohio's county Public Children Services Agencies that advocates for sound public policy, promotes program excellence, and builds public value for safe children, stable families, and supportive communities.

In May 2022, the National START model was rated by the federal Title IV-E Prevention Services Clearinghouse as a supported evidence-based service. This makes the service eligible for draw down of Title IV-E funding at the current federal financial participation (FFP) rate of 50% for administration and 50% for service provision.

Ohio START currently operates in 53 Ohio counties with three additional counties working on pre-implementation. In May 2024, marked the addition of a seventh cohort and the following counties joined Ohio START: Adams, Madison, Montgomery, and Pike counties. This is an expansion of over 20 counties since 2020. To date, four Ohio counties have achieved model certification from Children and Family Futures (CFF), as well as the State of Ohio.

Substance Abuse Grants

Governor DeWine announced in April 2024 the availability of \$4 million in substance abuse grants over the next two years as part of the Ohio Deflection and Pre-Arrest Diversion Grant Program, administered by the Office of Criminal Justice Services (OCJS). The grants will allow local communities challenged by high overdose rates to develop, expand, or enhance substance use deflection and pre-arrest diversion programs, to identify, treat, and support those impacted by the use and misuse of opioids, stimulants, and other substances.

Eligible applicants can use grant funds to support law enforcement and other first responder deflection and pre-arrest diversion programs in varying ways, including but not limited to:

- Funding deflection and pre-arrest diversion program staff.
- Embedding licensed social workers and certified peer supporters into deflection and pre-arrest diversion programs.
- Legal review of policies and procedures.
- Purchasing naloxone and fentanyl test strips for first responders' use and distribution.
- supporting the use of data for real-time and comprehensive planning and response to overdoses and emerging drug trends.
- Supporting drug take-back programs as part of an array of outreach services.
- Supporting specialized services for underserved and/or high-risk populations.
- Transportation programs and other basic needs or services that serve grant objectives.
- Providing recovery support services, including peer recovery.

Kinship Services

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

Kinship Support Program (KSP)

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

Kinship Guardianship Assistance Program (KGAP)

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

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

Ohio Kinship and Adoption Navigator Program (OhioKAN)

The DCY continues to partner with Kinnect as the vendor for the Ohio Kinship and Adoption Navigator Program (OhioKAN). The OhioKAN program was developed and implemented through input from stakeholder groups, consisting of kinship and adoptive families, professionals working with kinship and adoptive families, and others related to this work. OhioKAN continues to utilize Regional Advisory Councils (RACs) and the Statewide Advisory Council (SAC). These councils are charged with supporting implementation and evaluation, developing awareness, and building capacity for kinship and adoptive families in the community. Each council consists of a variety of stakeholders, which may include public children services agencies, Area Agencies on Aging, schools, and others. These councils are required to seek members with lived experience related to kinship or adoption.

OhioKAN partnered with DCY to implement the statewide Post Adoption Special Services Subsidy (PASSS). PASSS provides adoptive families with funding to cover needs related to mental health,

developmental, or physical concerns. PASSS previously was administered through the counties, but the Children Services Transformation Advisory Council recommended moving PASSS to the state to provide consistent and equitable administration of the program. The program is now a partnership between OhioKAN and DCY, in which OhioKAN provides families with support and guidance to complete an application. DCY staff review applications for approval and initiate the subsidy payments. To implement and enhance the program, a variety of stakeholders provided input. Those stakeholders included a focus group with adoptive parents, conversations with public children services agencies, and a workgroup with DCY and OhioKAN staff. In the first year, applications received from families increased from 58 to 69 out of Ohio's 88 counties.

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

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. As of March 2024, twenty-seven percent of the OhioKAN staff have lived experience. Thirty three percent of YNN staff and an average of thirty five percent of each Regional Council have lived experience related to the program.

Parent Education

To address the needs of families related to parent education and support outside of the children services system, Ohio utilizes its Ohio Children's Trust Fund (OCTF) - housed within the DCY - as the mechanism to fund and support evidence-based and evidence informed primary and secondary child abuse and neglect prevention programs. For nearly a decade, OCTF has administered a majority of these programs through its eight regional prevention councils. Each regional prevention council is comprised of county prevention specialists, and directed by a regional prevention coordinator, who make decisions regarding which parent education and support program should be implemented within the region's respective counties. Membership on the regional prevention councils includes county prevention specialists with expertise in child welfare, addiction, mental health, developmental disabilities, education, juvenile justice, medicine, and child abuse and child neglect prevention. Parents and faith-based organizations are also encouraged to serve as regional council members. At present, three regional prevention councils have parent representatives engaged in the work of their councils. This approach in a community-led model ensures that stakeholders throughout Ohio are included in the development and implementation of prevention programs.

In recognition of the expenses associated with delivering evidence-based child abuse and neglect prevention programming, OCTF provides extensive training and technical assistance, which includes sponsoring child abuse and child neglect prevention program trainings in various evidence-based models. Since 2020, OCTF has built capacity for over 270 providers who were trained in child abuse and

neglect prevention programs. These trainings provided professionals the opportunity to share with one another the challenges and successes they experienced in planning and implementing their programming, building rich collaborative provider networks statewide. OCTF provided multiple state and county agencies with the opportunity to send their practitioners to trainings to help ensure the maximum number of professionals could be trained to provide services and build provider capacity throughout Ohio. Several training opportunities offered are listed below:

- Parent Café Train-the-Trainer Training and Technical Assistance (18 total participants)
- Parent Café Coordinator Trainings (93 total participants)
- Triple P (Positive Parenting Program) (163 total participants)

In addition to robust training opportunities to expand service capacity, OCTF and DCY, also recognized that some families would prefer to access parent education and support programs in a confidential and private manner, thus preferring an online program. Since May 2022, Ohio has been supporting the Triple P Online program, which allows any Ohio parent or caregiver free access to the Triple P program. This evidence-based program is available to any interested family for 12 months and helps parents navigate both the everyday challenges of parenting, as well as supporting parents who may have children displaying some disruptive behaviors. Families with young children up to teenagers are able to participate in this program, reaching nearly 21,000 parents and caregivers since the program launched.

Behavioral Health

Next Generation of Medicaid Managed Care

The Ohio Department of Medicaid (ODM) launched its Next Generation of Managed Care in 2022. The Next Generation of Managed Care features seven general managed care plans and one specialized managed care plan, the OhioRISE Plan, for children and youth with complex behavioral health needs. All Next Generation Managed Care Entities are required to work collectively to improve population health aims, create more opportunities for value-based purchasing, and offer additional person-centered supports to Ohio Medicaid's covered children and families. The specialized OhioRISE Plan offers intensive behavioral health services and flexible supports, including care coordination that incorporates High-Fidelity Wraparound principles and practices, to address unique challenges faced by children with multi-system needs. As of March 21, 2024, over 31,000 children and youth were enrolled in OhioRISE.

Psychiatric Residential Treatment Facility (PRTF)

Ohio launched its first in-state Psychiatric Residential Treatment Facility (PRTF) in November 2023. PRTFs offer an inpatient level, intensive multi-disciplinary residential treatment provided in a non-acute setting for youth with complex needs. A PRTF delivers individualized services to youth to stabilize behaviors in as short as possible timeframe and helps youth and their family or other caregivers develop the knowledge and skills needed to safely manage their needs in the community. Ohio's addition of this level of treatment to its continuum of care affords youth the ability to receive this level of treatment closer to their home and family. Ten million dollars in capital funds and \$8 million in American Rescue Plan Act (ARPA) start-up funds have been set aside for providers to launch additional PRTF services and enhance the PRTF workforce. Two PRTFs are currently serving children in Ohio (Belmont Pines and The

Buckeye Ranch) and several other facilities are working toward providing PRTF services in the next three years.

Multi-System Youth Initiative

The Multi-System Youth (MSY) Custody Relinquishment Prevention Program was established in 2019. This program is designed to reduce the number of children entering public children services agency custody solely to access treatment for behavioral health and developmental needs. The MSY Program is staffed by representatives from children services, mental health and addiction services, juvenile justice, developmental disabilities, education, and Medicaid, and is administered through the Department of Medicaid. A multi-agency team meets weekly to review cases, provide technical assistance to local partners, and grant funding for individualized services and supports.

As of April 30, 2024, the MSY Program authorized over \$90 million to provide needed services and supports to 1,597 children from all of Ohio's 88 counties. In addition, the team has provided technical assistance to help local teams navigate care for 152 children with complex needs.

Behavioral Health Juvenile Justice (BHJJ)

The Behavioral Health Juvenile Justice (BHJJ) initiative is a cohort of evidence-based programs designed to identify and divert justice-involved youth with mental health and substance abuse disorders into community-based treatment. BHJJ is to support local communities to transform the local systems' ability to identify, assess, evaluate, and treat multi-need, multi-system youth and their families and to develop services determined by research to be most effective in addressing the assessed needs of multi-system youth and families.

Funding for BHJJ is provided by the Ohio Departments of Youth Services and Mental Health and Addiction Services with administrative oversight provided by the Department of Youth Services. The initiative currently supports 10 local programs serving 15 counties. Local project partners, at a minimum, include the Mental Health and Drug Alcohol Board, juvenile court and a behavioral health provider. Since 2006, the initiative has served over 5,000 youth.

Mobile Response and Stabilization Services (MRSS)

Mobile Response and Stabilization Services (MRSS) is a rapid mobile response and stabilization service for young people who are experiencing significant behavioral or emotional distress and their families. MRSS has expanded from a 13-county pilot to now 38 counties and has served 9,888 MRSS youth/families from February of 2019 to January of 2023. A request for information (RFI) was issued to determine provider needs for expanding to additional counties and with the goal of state wide service. On April 10, 2024, Governor DeWine announced in Ohio's State of the State address the plan to take MRSS service expansion to all 88 counties.

988

The 988 National Suicide and Mental Health Crisis Lifeline launched in Ohio on July 16, 2022, with support from the Ohio Department of Mental Health and Addiction Services and RecoveryOhio. Ohioans can call, text, or chat 988 for support. Ohio convened a board and diverse stakeholder planning group consisting of Ohioans with lived experience, veterans, multi-cultural, and other special population groups to prepare for this transition. This is part of Ohio's larger commitment to providing qualified,

person-centered crisis supports in communities. To this end, Ohio also increased the number of approved call centers from 12 to 19.

In 2023, 988 included:

- 9,115 - average number of monthly 988 calls from Ohio area codes, including veteran and Spanish-speaking calls routed to specialized national call centers.
- 1% - average percentage of calls rolled over to a national back-up call center.
- 25 - seconds average speed to answer rate in Ohio, compared to 34 seconds nationally.
- 2,610 - average number of texts received per month from Ohio area codes.
- 1,680 - average number of chats received per month from Ohio area codes.
- 13,405 - average number of 988 contacts per month.
- 162,800 - total 988 contacts (calls, chats, and texts) in 2023.

Education

Ohio College Opportunity Grant

The Ohio Department of Higher Education administers the Ohio College Opportunity Grant (OCOG) program, which provides grant money to Ohio residents who demonstrate the highest levels of financial need (as determined by the results of the Free Application For Federal Student Aid (FAFSA)) who are enrolled at Ohio public colleges or universities, Ohio private, non-profit colleges or universities, and Ohio private, for-profit institutions.

Ohio residents in an associate degree, first bachelor's degree, or nurse diploma program at an eligible Ohio or Pennsylvania institution with an EFC (Expected Family Contribution) of \$3,750 or less *and* a maximum household income of \$96,000 are eligible.

Ohio statute maintains that for otherwise OCOG eligible students, eligible foster youth can have their living expenses added to their tuition/general fees to determine their OCOG eligibility. Qualified foster youth should receive a letter from the Ohio Education and Training Voucher (ETV) Program that lists their ETV award. The living expenses to consider are the full amount contained in each student's institutional cost of attendance. If housing costs and living expenses are not included on the student's billing statement, documentation of how the student's charges were calculated or how the average cost was arrived at must be kept.

Ohio Reach

Ohio Reach is a network of professionals, advocates, and students across the State of Ohio determined to support former foster youth on their higher education journey. Resources are provided to institutions of higher education, child welfare agencies, and foster care alumni enrolled in higher education to support their academic success.

The Ohio Reach scholarship is a \$1,000 renewable award given each semester. Students who receive the scholarship may renew it for up to two semesters per year, for up to four years. Awards can be used to cover tuition and fees, room and board, or books and supplies. In the event these things are covered, students may use funds for other costs associated with schooling. Award winners will be given information on tax responsibilities at time of award.

Eligibility

- Applicant must have been in the custody of a public children service agency for at least one day after the age of 13. The applicant can have exited the system via reunification, adoption, kinship care, or emancipation.
- Applicant must be enrolled either part-time or full-time pursuing a certificate, Associates degree, or Bachelor's degree at an accredited higher education institution in the state of Ohio.
- High school students must have accepted an offer from a post-secondary institution in the state of Ohio.

The School-based Center of Excellence (SBCOE) for Prevention and Early Intervention

Miami University, in partnership with the Ohio Departments of Mental Health and Addiction Services and Education, have transformed the Center for School-Based Mental Health Program into the School-based Center of Excellence for Prevention and Early Intervention (SBCOE). The SBCOE will act as a hub to house a host of current and ongoing school-based mental health initiatives, statewide projects, and multi-year projects.

The SBCOE will oversee several plans and projects including:

- The Ohio School Wellness Initiative which recently completed a 21-month plan to establish best practice standards for student assistance programs and staff wellness frameworks.
- Supporting a workforce development program to address the shortage of K-12 mental health providers by providing training and support for aspiring and existing professionals.
- Facilitating key collaborative partnerships among educational institutions, professional organizations, and businesses that have a vested interest in the well-being of families, children, students, and schools across communities.
- Identifying additional areas that need further positive behavioral interventions and supports including new anti-bullying lessons and campaigns, and more.
- Establishing more services for students who may need extra support, as well as for those with previously diagnosed mental health or substance use issues who may need intensive individualized services.
- Conducting ongoing research and evaluation to identify the supports students receive, the range services being offered, and the effectiveness of related outcomes.

Early Childhood Education

The DCY partnered with the Ohio Departments of Education and Workforce, Health, Mental Health and Addiction Services, Medicaid, and Developmental Disabilities to secure a \$48 million grant over the next three years for early childhood care and education.

The grant will:

- Increase access and family engagement in early childhood care and education.
- Expand childcare for those with special needs, English language learners, and those experiencing homelessness.
- Create long-term and sustainable local, state, and federal funding for early childhood education programs.

- Expand marketing and outreach to increase family awareness of their potential eligibility and access to childcare options.
- Prepare early childhood care and education professionals with culturally appropriate trauma training, credentialing, and parent supports.
- Make sure family members and other caretakers are key partners in grant activities, policy development, and new initiatives.

Early Childhood Expansion FY25 Full Day Pilot

The Early Childhood Education Grant Full Day Pilot Project is intended to provide the opportunity for expansion of services for children and families. Grantees selected to participate in the pilot will be able to receive an increase in funding closely aligned to the cost associated with providing a full day of high quality, comprehensive care, and education to children.

Early Intervention Exiter Pilot Program serves families with children exiting Early Intervention at the age of three (3) with no Preschool Special Education eligibility established. The pilot intends to provide families with another option for high-quality early childhood education that will support their path to kindergarten success. Four counties are currently participating (Belmont, Cuyahoga, Lorain, and Noble). FY25 ECE Grantees increased 31% from 17 to 54. Site locations increased 58% from 81 to 139.

Child Care Choice Voucher Program

In Ohio the average cost of childcare for a family with two children is just over \$22,600. A family with two children working full-time is spending \$10.87 of every hour worked on childcare. The cost of childcare makes working families face the difficult decision of whether they should go to work or stay home with their children. 13% of Ohio children under the age of 6 live in families where someone quit, changed, or refused a job because of problems with childcare. Effective April 29, 2024, working families between 146-200% of Federal Poverty Level may be eligible for the Child Care Choice Voucher Program to assist with the childcare costs. An estimated 8,000 families will benefit from this expanded support voucher program that helps cover tuition. Payments are determined by the child's age and childcare type. Family co-payments are recommended to be 9%. Families are eligible for 12 months once approved.

Ongoing Efforts to Assess the Service Array in Ohio

While Ohio maintained a commitment to expand and improve service availability across counties, there is also a commitment to engage in ongoing efforts to assess the service array in Ohio's state supervised, county-administered system. The CPOE Stage 12, Phase 2 case record reviews commenced in January 2023 and will conclude in September 2024. Prior to the on-site case record review public children services agencies complete a *PCSA Self-Assessment*. One of the areas that agencies are asked to address is the Child and Family Service Plan Systemic Factor: *Service Array and Resource Development* where they are asked to respond to the following statements and rank their response on a scale from Strongly Agree, Agree, Disagree and Strongly Disagree. As of April 1, 2024, 57% of the public children services agencies completed a Self-Assessment prior to the start of their CPOE Stage 12, Phase 2 case record review. Findings thus far are presented in the Table below.

Service Array and Resource Development	Strongly Agree	Agree	Disagree	Strongly Disagree
Supportive services to prevent placement, promote reunification, and teach life skills are accessible by either the agency or within the community.	6	34	9	1
Supportive services in the community are usually effective in meeting client needs and promoting achievement of case plan goals.	3	28	17	2
Providers are responsive to the needs of the family and provide regular reports to PCSA staff.	5	30	13	2
Individualized services are provided to families and children.	7	32	11	0

PCSAs were also requested to describe any services gaps or barriers to services. For both urban and rural counties it was noted that affordable housing and transportation to services was a major problem. For rural counties, transportation is critical since there are limited mental health or substance abuse providers in their communities. When mental health or substance abuse services may be available in the community there are long waiting lists due, in part, to staff turnover. Domestic Violence services as well as in-home services such as intensive home-based treatment (IHBT) were not available.

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

- IHBT (24)
- MRSS (16)
- Respite (14)
- Mental health services and providers (13)
- MST (11)
- Parenting (8)
- Substance abuse services (5)
- PRTF (5)
- Placements for youth (5)
- Services for children who have developmental delays (4)
- Transportation (3)
- More therapists to complete psychological assessments (3)
- Juvenile Justice diversion programs (2)
- Evidence- based programs (1)
- Independent Living Services (1)
- Homemaker services (1)
- Play therapy (1)
- Housing services (1)
- OBGYN services (1)
- Mentoring programs (1)
- Recreational and prosocial services (1)

Family-Centered Services and Supports (FCSS)

The Ohio Family and Children First (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 families and their children, ages 0-21 with multi-system needs. This initiative is jointly funded by the Departments of Job and Family Services, Mental Health and Addiction Services, Youth Services, and Developmental Disabilities. These dollars are appropriated to local Family and Children First Councils (FCFCs) to provide non-clinical, family-centered services and supports. Utilization of these funds requires that specific needs be identified on an individualized service coordination plan which must be jointly developed with the family.

The total number of children served during State Fiscal Year 2023 (July 1, 2022, through June 30, 2023) was 2,554. The 14 through 18-year-old age group is the largest age group of youth being served through FCFC Service Coordination (40%) with FCSS funds. The age range of 10 through 13 was the second highest (29%) and the age range of 4 through 9 was the third highest (24%). Three percent (3%) 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 have consistently been Mental Health, Job and Family Services, and Developmental Disability.

The total number of various types of services/supports provided with FCSS funds during this time period was 23,367. Service coordination accounted for 52% of all types of services provided and was the most frequently reported individual type of service/support for which FCSS funds were used. 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. A key component of the FCSS funding program is to maintain children in their homes and communities whenever feasible. Data showed that of the 511 children whose case closed during SFY23, 89% of children served were able to be maintained in their community living with either a parent(s), relative(s), legal guardian or independent living arrangement after they turned 18.

Children Services Placement Workgroup – Data Review

The DCY is dedicated to working towards an array of solutions to existing placement concerns for public children services agencies. The department established and leads the Children Services Placement Workgroup whose goal is to create solutions to this need, one of which includes a comprehensive data review of children and youth currently placed in congregate care settings for 2-5 years. This data review is not only designed to better understand the magnitude of the need for this level of care, but also, to identify the characteristics of children and youth needing placement. This data review will include collaborating with public children services agencies (and other strategic local and state partners in an attempt to begin to transition youth from congregate care to lower levels of care (whenever safe and appropriate). The hope is that with the goal of congregate care utilization occurring at the right time and at the right dose for children and youth, congregate care beds will become available for those children and youth that need treatment stays. It is important to note that this is only one effort to assist with the placement concerns and will need to be done in conjunction with a full array of additional solutions.

Planned Activities Targeted at Improving Performance

By focusing on the following activities, children services agencies can improve their performance and achieve better outcomes for children, youth and families they serve.

Data-Driven Decision Making:

- Regularly collect and analyze data on cases to identify areas for improvement. This data can include things like time to permanency, safety outcomes, and reunification rates.
- Assure staff clearly understand performance benchmarks and measures and how their activities impact them.

Strengthening Practice and Services:

- Train staff on trauma-informed care practices to better understand and support children, youth, and families impacted by trauma.
- Implement new and bolster existing programs/interventions that have a proven track record of success in improving child welfare outcomes.
- Ensure services are culturally sensitive and responsive to the unique needs of diverse families.

Collaboration and Systems Improvement:

- Promote collaboration on the local level between child welfare agencies, schools, mental health providers, and other community organizations in order to provide a more comprehensive and coordinated system of care for children, youth, and families.
- Promote casework strategies that actively involve families in decision-making and service planning throughout the children services process.
- Regularly assess and improve children services practices through a process like Plan-Do-Study-Act cycles.
- Provide ongoing training and support to staff to enhance their knowledge and skills.
- Continuously explore and implement innovative service delivery models that are more efficient and effective in achieving positive outcomes.
- Support policies that promote child safety, well-being, and family stability.

6. Agency Responsiveness to the Community

Assessment of Performance

Since DCY was established on July 4, 2023, the directors or their designees from legacy agencies – that is, the agencies with child-serving programs that will transition to the new department – worked to develop a detailed plan to implement the transfer of duties, functions, programs, and staff.

An overarching objective of DCY is *“To ensure children and their families will be at the center of every decision made by the agency. DCY is committed to continual community engagement and through this commitment, launched a series of family listening sessions with parents and families throughout the state.”* Family listening sessions were designed in 2023 and continue into 2024 to provide the state with ongoing opportunities to connect with and hear from families with lived experience navigating Ohio’s social services systems. These lived experiences will inform the future of the agency’s work, including future engagement, programming, and policy impacting Ohio’s children and youth.

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

- Launch a marketing campaign to increase awareness of DCY programs statewide.
- Hire five Parent and Youth Ambassadors (PYA) to start in the summer of 2024 that have lived experience with state programs to provide one on one assistance to parents or youth.
- Develop a DCY website with pages for youth, for parents, and for families.
- Have a Live DCY Family and Customer Support Center launched with a separate PYA Line being planned for the future.
- Plan Parent Cafes in communities.
- Have families serve as liaisons to the state to help drive policy.
- Provide more help to children with special needs.
- Launch the Family Connects program to increase access to Home Visiting services.
- Expand the Family Support Network.
- Increase access to Early Childhood Education (ECE) and Publicly Funded Childcare (PFCC).
- Expand childcare for children with special needs through the Ohio Promote Resources, Opportunities, and Meaningful Inclusion through Support and Education (PROMISE).

As described throughout this Plan, DCY continues to support and cultivate strong collaboration with several statewide associations that represent the voice of public and private agencies, youth and young adults, and families. DCY has established partnerships with the Public Children Services Association of Ohio, the Ohio Job and Family Services Directors’ Association, and the Ohio Children’s Alliance all of whom continue to be active partners and have shared innovations that have had significant positive impact on our constituency. DCY regularly attends association meetings, providing periodic updates to these organizations on CFSP implementation activities as well as the CFSR. In addition, the Ohio Children’s Alliance, Public Children Services Association of Ohio, Ohio Job and Family Services Directors’ Association, Ohio’s County Commissioner Association, Ohio’s Youth Advisory Board, and the

Ohio Family Care Association participate on several different stakeholder leadership bodies alongside DCY.

Current or Planned Activities Targeted at Improving Performance

In a State-Supervised, County-Administered System a strength has been to listen, respond and act based upon information gleaned from diverse sources in an effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, and outcomes at both the state and local program levels.

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

Assessment of Current Performance

Standards Applied Equally

All licensing standards continue to be applied equally. DCY Bureau of Foster Care Licensing (BFCL) takes several approaches to ensuring licensing standards are applied equally and consistently. The bureau has a bi-weekly standing appointment with policy writing partners in which Q&A is discussed and a decision is rendered. Once done, the Q&A is recorded on a tracking spreadsheet for all licensing specialists to use in their monitoring. The same Q&A is also shared and discussed during monthly bureau team meetings. In addition, licensing specialists coordinate and participate in team inspections, promoting consistency across colleagues. Finally, licensing managers accompany their team in the field to ensure licensing standards are applied equally, consistently, and according to regulatory requirements.

To allow providers to voice concerns of any inequality in applying licensing standards, providers may contact the licensing manager, licensing bureau chief, or the agency help desk to register their concerns.

Requirements for Criminal Background Checks

Federal requirements under 45 CFR § 1356.30(f) require DCY 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.

Section 2151.86 of the Ohio Revised Code 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 KOFA 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 DCY Foster Care Licensing Staff. Licensing Specialists continue to monitor these quarterly submissions which include new hires since the previous quarterly submission.

In the period since the implementation of electronic submission of all criminal checks for public and private agency childcare staff and foster and/or adoptive parents and applicants, 82,716 criminal checks have been submitted through May 1, 2024. The number of criminal checks processed during this time was 72,440 and 92% were found compliant. Of those, 10,229 were submitted between May 1, 2023 and May 1, 2024, and 9,734 criminal checks processed were compliant. Criminal records checks identified as non-compliant were cited and the agencies affiliated with the individuals with the non-compliant criminal checks were either issued Technical Assistance or required to complete a Corrective Action Plan.

The 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.

Diligent Recruitment of Foster and Adoptive Homes (See also the 2025-2029 Foster Care and Adoptive Parent Diligent Recruitment Plan)

Multiple strategies have been used to recruit and retain foster and adoptive homes. These are described below:

Foster Care and Adoption Website

Ohio has continued to regularly augment its longstanding Foster Care and Adoption website site, <https://fosterandadopt.jfs.ohio.gov>. Recent additions include a series of news articles related to foster care, adoption, and kinship care. Many of these articles share personal stories from adoptive and foster families in Ohio to encourage potential families to take that first step to become caregivers. The website is currently under review to enhance the user experience with a goal of increasing recruitment efforts. The statewide adoption photo-listing, accessible at <https://fosterandadopt.jfs.ohio.gov/adoption/adoption-photolist>, is a component of the Foster Care and Adoption Website. Sixty-one counties have requested access to the Adoption Photo-listing website. Along with the Foster Care and Adoption Website, several platforms are used to provide fast, helpful information about foster care, adoption, and kinship care. These platforms include billboards, Facebook pages, Facebook ads, and Google ads.

Kinship Support Program

Ohio has expanded its support to kinship caregivers with several programs designed to maintain stability for children placed with and in the custody of kin. The governor signed into law Amended SB 310 which established the Kinship Support Program (KSP). The program is a financial program administered by DCY and funded through state general revenue funds. The child must be in agency custody and placed in a kinship placement to receive funds. These payments to the kinship caregiver continue for six months.

Kinship Guardianship Assistance Program

On January 1, 2023, Ohio established the Kinship Guardianship Assistance Program (KGAP). KGAP assists kinship caregivers financially to promote placement stability upon receiving legal custody of the child. This assistance lasts as long as custody remains with the kinship caregiver.

Kinship Licensing Incentive Program

To increase the number of kinship families becoming licensed foster homes, Ohio initiated the Kinship Licensing Incentive Program (KLIP). The KLIP program supplies funding to PCSAs to offset the costs of licensing kinship caregivers and allows for the waiver of preservice and ongoing training for the certification of kinship caregivers. This program has allowed nearly 200 kinship families to become certified foster parents.

Recruitment and Retention of Foster Caregivers

Amended Substitute House Bill 100 included an allocation of \$5 million in each SFY22 and SFY23 to support statewide efforts for Recruitment and Retention of Foster Caregivers. Innovative ways these funds are being used across counties is described in the *Foster and Adoptive Parent Diligent Recruitment Plan*. Activities completed through this grant resulted in 116 new foster homes, 236 homestudies that were pending, and an estimated 302 home retained.

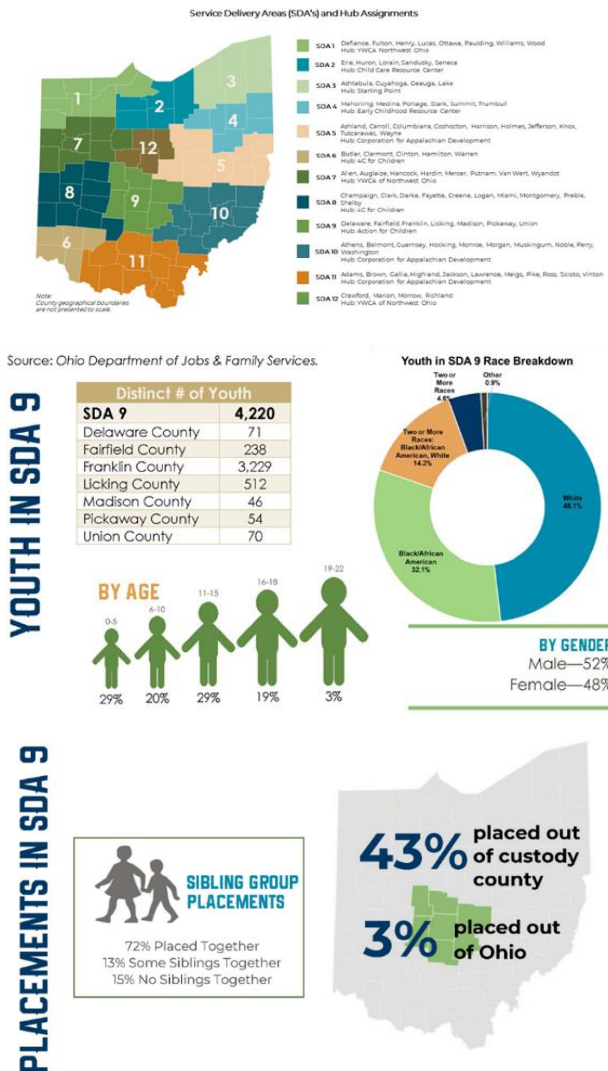
Resource and Adoptive-Parent Marketing and Recruitment Campaign

The need to increase the foster and adoptive home capacity in Ohio including homes that accept youth with higher levels of need led to the creation of the Adoption and Resource Home Recruitment Program also known as the It Takes Heart Campaign (ITH). ITH is a statewide data driven marketing campaign which includes both digital and print ads. This program additionally provides educational opportunities for both private and public child placing agencies to assist them in leveraging the statewide campaign in the local recruitment of families.

ITH began the work to recruit adoptive, resource families by creating focus groups of foster care alumni, foster parents, and foster care and adoption agency representatives to shed light on their unique perspectives and needs. In 2022, DCY and the contracted vendor for ITH developed and disseminated a statewide foster parent survey of all current and former foster parents in the past five (5) years. 2,310 people responded to provide their experiences getting started in foster parenting, challenges, training, and needed supports. The information from the survey was produced into the *Foster Care In Focus Report: Insights from Former and Current Ohio Caregivers*. This feedback is being used to guide campaign strategy for It Takes Heart.

ITH incorporates the expertise of Claritas, a data driven marketing company. Claritas has integrated Ohio's data with their data of 10,000 highly predictive demographic and behavioral indicators, and multi-cultural data. These analyses assist DCY to reach targeted markets based on lifestyle, media exposure, product usage, and purchasing behaviors. In addition, these data enhance what is known about current foster and adoptive parents, and provides guidance on how to reach new families, and how to reach families willing to provide care for youth with more intensive needs.

During this campaign, focus groups and marketing tests were conducted to accumulate proven strategies for recruiting resource families within small clusters of counties. These county clusters, termed Service Delivery Areas (SDAs) share common geographic and demographic characteristics. Recruitment Strategy Packets developed and updated annually containing specifics on the demographics of children in custody. Each packet contains data on the number of children in placement by age, race, gender, percent of sibling group placements, percent of children placed out-of-county, and percent placed out-of-state. This information is then overlayed with the number of current foster homes in each county. Extracts of the report, which reflect regional needs, are shown below.



The Statewide marketing campaign also includes a Learning Series in the form of free, virtual one-hour learning sessions which take place quarterly. During each session, a deep dive is taken into a specific topic, with tailored content for each agency. To date, 195 unique staff from Ohio public and private agencies have attended these sessions. Sessions have included information on ways to maximize the utilization of social media and paid advertisements.

Additional work is underway to improve the recruitment and support of treatment level foster families in Ohio who are certified by PCSAs. A treatment foster home pilot modeled off work currently being completed by PCSAs in Northwest Ohio has been designed. This pilot will focus on the recruitment and support of new treatment level foster homes by partnerships of PCSAs created in different regions of the state.

May National Foster Month and November National Adoption Month

Ohio has declared May National Foster Month and November National Adoption Month. During these months, attention is drawn to the need for foster parent and adoptive parents by providing information throughout the month to the community. Throughout Ohio, communities celebrate fostering and

adopting in their own unique ways, which include celebration picnics, award luncheons, tickets to amusement parks and movie theatres.

State Use of Cross Jurisdictional Resources for Permanent Placements:

To address the findings outlined in the Round 3 CFSR Report, ODJFS/DCY has engaged in the following activities:

- On October 11, 2023, a training for Ohio's Medicaid OhioRise staff was held. This training presented a general overview of ICPC, a review of the pertinent articles/regulations, and the general ICPC process so that OhioRise staff can more effectively assist families facilitate direct out of state residential placements. Attendees were able to ask questions and discuss scenarios.
- On January 25, 2024, the first of 4 quarterly trainings scheduled for 2024 for all Ohio counties was held via Microsoft Teams. This training presented a general overview of ICPC, a review of the articles/regulations, and the general ICPC process. The presentation also included information on entering ICPC information in Ohio SACWIS, including the date field for recording compliance with the Safe and Timely Act. Information regarding NEICE processes was also shared. Attendees were able to ask questions and discuss scenarios.

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

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

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

Homestudies from another State

During SFY 2023, there were 748 requests for home studies received from another state to facilitate a permanent placement. Of those, 238 (31.82%) home studies were completed within 60 days or less. Additionally, 153 of the 748 records were terminated prior to 60 days, without completion of the home study, indicating that the sending state may have withdrawn the request. Of the 748 requests for home studies received from another state to facilitate a permanent placement, a total of 201 children were placed. Of the 201 children placed, 78 (38.81%) home studies were completed within 60 days or less.

When compared to the prior reporting period there was an increase in the number of home studies completed within 60 days or less.

Current or Planned Activities Targeted at Improving Performance

Listed below are some of the key activities underpinning the five-year plan:

- Expand implementation of the child-focused Wendy's Wonderful Kids (WWK) model in Ohio to ensure all children in the target population have access to a WWK recruiter. Target outcomes are:
 - At least 1,360 children awaiting adoption will have been enrolled in Ohio's WWK program by the end of SFY 2024 and receive case-mining, case management, and child-focused recruitment services.
 - Of the children enrolled, at least one-half will be matched, placed for adoption and/or finalized by the end of SFY 2024. In FY20, FY21, FY22 and FY24 to date, 689 children have been matched, are in pre-adoptive placements, or have finalized adoptions.
- Work with the identified vendor to expand implementation of Permanency Roundtables as a strategy to strengthen permanency planning on behalf of long-staying youth in care.
- Youth Centered Permanency Roundtables (YCPRT) is currently implemented in ten PCSAs. Kinnect, as the YCPRT vendor for Ohio, provides coaching, technical assistance, and support to the implementing counties to serve as many eligible youth as possible. Expansion efforts are underway to support application of the program in the midst of Ohio's PCSAs workforce challenges. Wood, Williams, Hardin and Lorain counties implemented YCPRT with a Kinnect based statewide facilitator approach in SFY 24. Kinnect will continue to offer up to five PCSAs the opportunity to utilize the Kinnect statewide YCPRT facilitator to support their YCPRT practice. In the statewide facilitator approach, Kinnect will provide the PCSA with the YCPRT Values & Meeting Overview Training and facilitate the YCPRT meetings for the selected counties and their youth who are 12 years or older and have been in PCSA custody for 12 months or longer.
- Maintain the foster care and adoption website with current articles, events, news, and resource providers.
- Integrate work on diligent recruitment efforts within Ohio's broader child welfare CQI plan, including ongoing data analysis; engagement of stakeholders in data interpretation and identification of solutions; and dissemination of information to support practice improvement.
- Provide technical assistance on diligent recruitment during on-site visits.
- In partnership with the Ohio Child Welfare Training Program, increase training and awareness of the availability of non-safety waivers for relative caregivers who apply to be certified foster parents.

III. Plan for Enacting the Ohio's Vision

Goal 1: Reduce the need for foster care for children at risk of removal. Prevention of foster care when safe and appropriate.

Impact:

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

Safety Outcome 2: Children are safely maintained in their own homes whenever possible and appropriate.

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

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

Rationale:

Removal of a child from the home due to child abuse or neglect can have profound lifetime consequences for the child and family. Not only has the child suffered from maltreatment, but the entire family is traumatized by the removal, and the child's long-term outcomes are not always improved by removal. In fact, the removal itself may be considered an Adverse Childhood Experience (ACE) contributing to poor health outcomes later in life (Capacity Building Center for States, 2021). Families may be able to remain intact and avoid maltreatment with resources to meet their basic, legal, and mental health needs. Utilizing evidence-based and evidence-informed programs and practices, more families will be able to stay together safely which will reduce the number of children in foster care. To achieve this goal, resources must be readily available, known to the public, and easily accessible. Ohio must focus on primary prevention to avoid maltreatment, secondary prevention to help families who come to the attention of children services and provide universal access to services that will strengthen Ohio's families.¹⁰

Measures of Progress: Ohio will see a decrease in the number of youth entering foster care. At the beginning of Federal Fiscal Year (FFY) 2024, 14,961 youth were in foster care, and 766 youth had entered foster care.

Ohio will have an increase in the number of families utilizing prevention programs supported by the Ohio Children's Trust Fund and in families utilizing Triple P online. Ohio will see an increased capacity of prevention programs to accept families.

¹⁰ Capacity Building Center for States. (2021). *Visioning for prevention: The evidence for strengthening families*. Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.)

Ohio will have an increased capacity to serve families at risk of removal through Ohio START and Multi-Disciplinary Legal Representation Teams (MDT).

Ohio will have an increase of services available in the community to support children and families in their home. Community services that will be monitored for increased capacity include respite services, Multisystemic Therapy, Functional Family Therapy, Mobile Response and Stabilization Services (MRSS), and Early Intervention and Home Visiting services.

Objective 1: Expand the use of evidence based or informed services for children at risk of removal, and their families.

Strategy 1: In collaboration with the Ohio Children’s Trust Fund and Public Children Service Agencies, expand the Triple P online pilot for families with a child at risk of removal to receive training and economic supports.

Benchmark 1: Support continued implementation of pilot project and evaluation.

Timeframe: Years 1-2

Benchmark 2: Identify additional PCSAs to pilot the Triple P online program, dependent on funding.

Timeframe: Years 3-4

Benchmark 3: Develop a sustainability plan for PCSAs to maintain economic supports programs for families.

Timeframe: Years 4-5

Benchmark 4: Develop marketing and educational materials to encourage the expansion of the Triple P online training.

Timeframe: Years 3-5

Strategy 2: Expansion of Ohio START to families involved with children services, with co-occurring substance abuse disorders.

Benchmark 1: Expand the Ohio START program into 12 additional counties.

Timeframe: Years 1-3

Benchmark 2: Support expanded programming/capacity of Ohio START in counties currently implementing the model. Further expansion and implementation supports are contingent on the availability of funding.

Timeframe: Years 2-3

Benchmark 3: Partner with PCSAO to provide implementation supports to new and expanding counties to overcome barriers in hiring and training family peer mentors, addressing caseworker turnover, and marketing the program.

Timeframe: Years 2-5

Strategy 3: In collaboration with the Supreme Court of Ohio (SCO), expand access to Multi-Disciplinary Legal Representation Teams (MDT) with Pre-Petition/Preventive advocacy.

Benchmark 1: Continue to provide support to current MDT programs with pre-petition/preventive advocacy – Cuyahoga, Clark, Stark, Erie, and Wayne counties.

Timeframe: Years 1-2

Benchmark 2: Increase knowledge and awareness of MDT through PCSA collaboration, training, conferences, and dissemination of information.

Timeframe: Years 1-5

Benchmark 3: Identify sustainable funding opportunities for MDT programs with pre-petition/preventive advocacy.

Timeframe: Years 2-5

Benchmark 4: Expand MDT programs with pre-petition/preventive advocacy.

Timeframe: Years 3-5

Objective 2: Expand access to primary prevention services to strengthen families and prevent abuse and neglect.

Strategy 1: Increase availability, accessibility, and awareness of family support programs, with a focus on programs utilizing parent mentors/peers for support.

Benchmark 1: Conduct, or utilize an existing, environmental scan to identify current and needed family support programs across the state.

Timeframe: Years 1-2

Benchmark 2: Develop a plan to build capacity of existing programs and/or implement new family support program(s), including individuals with lived experience in creating the implementation plan. : Implement or expand programs based on available funding.

Timeframe: Year 2

Benchmark 3: Assess impact of new and expanded programs.

Timeframe: Year 5

Benchmark 4: Develop a sustainability plan to maintain the programs determined to be effective.

Timeframe: Year 5

Strategy 2: Identify supports needed to ensure economic and concrete supports are available to families at risk.

Benchmark 1: Conduct, or utilize an existing, environmental scan to identify current programs providing economic and concrete supports to families at risk.

Timeframe: Years 1-2

Benchmark 2: Develop a workgroup, that includes people with lived experience in primary prevention programming or child welfare, to analyze environmental scan and develop program and policy recommendations.

Timeframe: Year 2

Benchmark 3: Workgroup will identify data sources to identify the utilization and impact of economic and concrete supports on families.

Timeframe: Year 2

Benchmark 4: Workgroup will provide recommendations to DCY leadership to develop an implementation plan.

Timeframe: Years 3-5

Strategy 3: Develop a universal tool and campaign to connect parents seeking resources and information around parenting.

Benchmark 1: Design and implement, in collaboration with DCY stakeholders, a web-based, interactive tool that allows people to identify relevant resources based on their needs and physical location.

Timeframe: Year 1-2

Benchmark 2: Identify an individual who is responsible for addressing requests for edits and additions to the site and routinely updates site listings to ensure accuracy. All updates must be made using a standardized form and process.

Timeframe: Year 2.

Benchmark 3: Develop an app for parents with useful resources like articles/blogs. App should have a connection with the resource tool so parents can search in the app.

Timeframe: Year 3

Benchmark 4: Develop campaign to market web-based tool and app.

Timeframe: Years 2-5

Benchmark 5: Analyze website and app usage to determine effectiveness.

Timeframe: Years 3-5

Objective 3: Increase availability of in-home and community-based services and supports for children and families.

Strategy 1: Increase the availability of informal respite/brief breaks in parenting or caregiving responsibilities.

Benchmark 1: Identify current respite models that can expand current capacity or be replicated across the state.

Timeframe: Year 1

Benchmark 2: Develop a plan to expand capacity and implement new programs or informal respite, accounting for potential barriers to implementation (i.e., cost, workforce, and children with significant medical or mental health needs).

Timeframe: Years 2-3

Benchmark 3: Implement respite expansion plan, including marketing to appropriate audiences and developing sustainability plan.

Timeframe: Years 3-5

Benchmark 4: Assess usage of new and expanded programs.

Timeframe: Year 5

Benchmark 5: Implementation plan is contingent on the availability of funding.

Timeframe: Years 3-5

Strategy 2: Increase access to community-based and crisis response services that are trauma informed.

Benchmark 1: In collaboration with the Child and Adolescent Behavioral Health Center of Excellence, identify areas in the state with service deserts for services on Ohio's Prevention Services Plan.

Timeframe: Year 1

Benchmark 2: Expand Multisystemic Therapy and Functional Family Therapy to expand availability in service deserts and expand service capacity in existing programs.

Timeframe: Years 1-3

Benchmark 3: In collaboration with the Child and Adolescent Behavioral Health Center of Excellence, the Ohio Departments of Mental Health and Addiction Services Medicaid, provide training, consultation, technical assistance to Mobile Response and Stabilization Services (MRSS) providers to build capacity.

Timeframe: Years 2-3

Strategy 3: Increase access and participation in Early Intervention and Home Visiting services for young children.

Benchmark 1: Launch Family Connects, a pilot program in 11 Ohio counties that will provide an evidence-based, universal nurse newborn home visiting program, to offer support and answer questions families may have.

Timeframe: Years 1-3

Benchmark 2: Increase the capacity of MIECHV programs and providers to implement effective evidence-based home visiting services.

Timeframe: Year 2-5

Benchmark 3: Improve MIECHV programs benchmark performance by utilizing continuous quality improvement tools.

Timeframe: Years 2-5

Benchmark 4: Increase the number of referrals to HMG – Early Intervention that result in service linkage for children in foster care and kinship care.

Timeframe: Years 2-5

Objective 4: Increase awareness of trauma and resiliency and their impact on youth at risk of placement.

Strategy 1: Increase the availability of trauma-informed and resiliency-based trainings across the spectrum of DCY program and partners.

Benchmark 1: Identify current learning opportunities for PCSAs and other DCY partners (i.e., legal, foster, kinship and adoption programs, youth and young adult programs) working with at-risk youth and families.

Timeframe: Year 1

Benchmark 2: Identify gaps in training and learning activities. Obtain or develop learning opportunities such as curriculums, presentations, and brochures to address the gaps.

Timeframe: Year 1

Benchmark 3: Incorporate training and learning activities within CAPS LMS, OCWTP, and other training platforms.

Timeframe: Years 2-5

Benchmark 4: Provide ongoing marketing of trainings.

Timeframe: Years 3-5

Benchmark 5: Assess utilization and satisfaction with training. Adjust training offerings based upon user feedback.

Timeframe: Years 3-5

Goal 2: Ensure every child and teen is placed in a family-like setting and maintains connections they identify as important in their life.

Impact:

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

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

Rationale:

Ideally, children should remain in their home with their family of origin if there are no safety concerns and family members are willing to participate in services. However, that goal is sometimes not possible. Research shows children placed with kinship caregivers have greater stability, achieve permanency in fewer days, and are less likely to experience subsequent abuse or neglect. Children placed with kinship caregivers also experience less trauma and maintain meaningful connections with family members and kin. Kinship caregivers are a vital resource that historically have not received the same supports as other caregivers.

Many kinship caregivers are asked to take on the full-time care of children and youth with little notice and minimal information. They often receive no training, little or no financial support, and insufficient information regarding the youth they are being asked to care for. On September 28, 2023, the federal government issued a final rule that allows states to create a separate standard of foster care certification for kinship foster homes.

When efforts have been exhausted and failed to find an appropriate kinship caregiver for a child, the next best placement is in the safe, stable family-like setting of non-kin foster home. Some of Ohio's foster care requirements exceed the federal government standards thus creating barriers to licensure. The lack of non-kin and kin foster homes in Ohio has led to some children and youth being placed in group/congregate care settings due to these barriers.

Measures of Progress: Achieve a minimum of 35% (*number is negotiable*) of children and teenagers placed in family-like settings, maintaining at least one significant connection they identify as important within six months of placement. Regular monitoring and reporting mechanisms will be established to track progress toward this benchmark, with continuous improvement efforts focused on addressing barriers and optimizing support strategies.

Objective 1: Increase use of kinship care.

Strategy 1: Expand Kinnect to Family (KTF) through branch implementation.

Benchmark 1: Facilitate KTF expansion.

Timeframe: Years 1-5

Strategy 2: Support workforce through increased and accessible kinship specific training and services.

Benchmark 1: Offer additional training and services for professionals to support KinFirst priorities, culture, and connections for children and families.

Timeframe: Years 1-5

Strategy 3: Provide OCWTP Trainings/Coaching.

Benchmark 1: Increase the availability of coaches and their content knowledge through expansion of curriculum and content.

Timeframe: Years 1-5

Objective 2: Create new or enhance existing best practices and tools to facilitate connections with fathers.

Strategy 1: Evaluate the Fatherhood Commission pilot between Cuyahoga County & Passages (Engaging Practices to Inspire Change- (EPIC)).

Benchmark 1: Conduct a comprehensive study of Ohio's pilot EPIC results.

Timeframe: Years 1-2

Benchmark 2: Measure the impact of services with captured outcomes.

Timeframe: Years 3-4

Strategy 2: Engaging Fathers in Children Services Best Practice Guide/Toolkit.

Benchmark 1: Establish a workgroup of internal/external stakeholders to review and update the *Best Practice Guide for Engaging Fathers*.

Timeframe: Year 1

Benchmark 2: Update the Tool Kit with new data and research, revise best practices as needed and publish.

Timeframe: Year 1

Benchmark 3: Include updated, finalized, and approved toolkit as an Appendix to placement rules within children services.

Timeframe: Years 2-5

Strategy 3: Provide Ohio Child Welfare Training Program (OCWTP) training workshops involving fathers (CAPS LMS courses).

Benchmark 1: OCWTP will conduct an assessment of the learning needs of the various populations served by OCWTP (caseworkers, supervisors, resource families) related to father and paternal engagement.

Timeframe: Years 1-5

Benchmark 2: Identify courses or learning activities that will meet those learning needs.

Timeframe: Years 1-5

Benchmark 3: Establish a statewide goal of offering those learning activities and work with OCWTP to prioritize their delivery.

Timeframe: Years 1-5

Benchmark 4: The statewide OCWTP Training Coordinator will ensure the OCWTP has coaches that can meet the statewide coaching needs/skills related to working with fathers and paternal relatives.

Timeframe: Years 1-5

Strategy 4: Participate in the Reentry project working with fathers/mothers in prison and provide trainings/toolkit.

Benchmark 1: The Ohio Commission on Fatherhood and the DCY Professional Development Team will provide training/resources and collect data on mothers/fathers who attended training and/or received resource information.

Timeframe: Years 1-5

Objective 3: Explore process for licensing relatives as foster family homes.

Strategy 1: Revise Ohio's foster care licensing standards to relieve licensure barriers for relative caregivers and all foster care applicants.

Benchmark 1: Review federal foster care licensing model standards and research best practices related to foster care licensing.

Timeframe: Year 1

Benchmark 2: Ensure alignment of Ohio's licensing standards with most federal foster care licensing standards including federally required background checks and prohibited offenses.

Timeframe: Years 1-2

Benchmark 3: Increase agency training on the availability of non-safety waivers for relatives applying for licensure by offering at least one on-line or virtual training statewide each quarter.

Timeframe: Years 1-2

Strategy 2: Create a separate foster care licensing process for kin.

Benchmark 1: Partner with stakeholders to discuss establishing a separate foster care licensing process for kin.

Timeframe: Year 1

Benchmark 2: Model state policy within parameters of PI-23-10, the ACF rule for licensing standards for kinship foster homes and the nationally developed kin specific model standards.

Timeframe: Years 1-2

Strategy 3: Educate and train PCSAs, CASAs, and GALs on the long-term benefits and process of licensing kin.

Benchmark 1: Develop training for PCSAs and other stakeholders (courts, CASAs, GALs) on the short and long-term benefits of licensing kin.

Timeframe: Year 2

Benchmark 2: Conduct at least quarterly training and information sessions for PCSAs and other stakeholders.

Timeframe: Years 3-5

Objective 4: Expand kinship supports/wraparound services.

Strategy 1: Improve access to services through a public facing resource hub designed to meet the needs of kinship caregivers, adoptive parents, and young people involved in child welfare.

Benchmark 1: Public facing resource hub to be deployed on the OhioKAN and YNN websites.

Timeframe: Years 1-5

Benchmark 2: Allow people to search by topic or keyword using location search. Users can create a resource list in a pdf document and email or text it to themselves.

Timeframe: Years 1-5

Benchmark 3: Develop a marketing campaign to announce deployments and maintain steady traffic to the Resource Hub webpage.

Timeframe: Years 1-5

Benchmark 5: Analyze traffic to the Resource Hub's webpage to determine impact.

Timeframe: Years 1-5

Strategy 2: Kinship Respite Services through Kinnect to Family

Benchmark 1: KTF Roadmap to Family (Family Support Plan) enhancements with a targeted focus on exploring respite options.

Timeframe: Year 1-5

Objective 5: Expand Foster care recruitment and supports for higher needs children.

Strategy 1: Maximize the utilization of Independent Living (IL) funding for youth in foster care ages 14 and older, or for emancipated young adults up to age 21.

Benchmark 1: Promote and track the voluntary use of Ohio's Independent Living Reporting Tool (OILRT)

Timeframe: Years 1-5

Benchmark 2: Examine the data collected in the OILRT and compare data with the current reporting process for IL funds to determine if there is value in updating the reporting process.

Timeframe: Years 1-5

Strategy 2: Provide specific training to/recruit caregivers who will take all children with emotional/behavioral issues.

Benchmark 1: Identify curriculum(s) and expand treatment foster care trainings as applicable.

Timeframe: Years 1-5

Benchmark 2: OCWTP caregiver coaching for higher needs children.
Timeframe: Year 2-

Strategy 3: Encourage foster parent mentoring.

Benchmark 1: Complete rule in process to expand training hours available for mentors/mentees.
Timeframe: Year 1

Benchmark 2: Implement mentor/mentee trainings with new curriculum.
Timeframe: Years 2-5

Goal 3: Reduce the recurrence of maltreatment and maltreatment in foster care by using best-practices (strong practices) and social work techniques.

Impact:

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

Safety Outcome 2: Children are safely maintained in their own homes whenever possible and appropriate.

Rationale:

The majority of youth in the foster care system have been removed from their homes as means of protection against maltreatment. Studies have shown that foster youth may continue to experience maltreatment after they have entered the child welfare system. Research suggests that maltreatment in care may be the result of interactions between the characteristics of the foster child or youth the foster home, and agency practice. An increasing number of children and youth in foster care are presenting with complex and multiple needs placing them at greater risk for maltreatment and recurrent maltreatment. Foster care providers are often unprepared to respond to the complex needs of children and youth in foster care. One of the primary responsibilities of a children services system is to keep children safe and for those children that have experienced maltreatment, the interventions should prevent future harm and reduce the need for future interventions of the children services system. One way to reduce the recurrence of maltreatment, is for the children services system to understand the recurrence patterns and trends over time on a local as well as a statewide scale.

Measures of Progress: Ohio will see a decrease in the number of maltreatment incidences reported for youth in foster care and a decrease in the number of recurrent maltreatment incidences reported for youth in foster care.

Objective 1: Continue to evaluate and reduce recurrence of maltreatment rates in the state.

Strategy 1: Look at gaps in services within identified communities.

Benchmark 1: Identify the worst, best, and most improved counties (based on size) for recurrence of maltreatment and create a multi-stakeholder collaborative review group to analyze substantiated reports and data including expungement work. The review group will identify best practices used in the counties with lower rates of substantiated maltreatment and identify strategies for replication and training.

Timeframe: Years 1-5

Benchmark 2: Explore parenting programs offered through the state of Ohio as resources for reunification and/or prevention.

Timeframe: Years 1-5

Benchmark 3: Compare data on maltreatment recurrence utilizing Ohio SACWIS and Critical Incident Reports by foster placement agency/setting and individual youth and individual youth assessments to determine correlation between youth need and service plan. Focus will be on analysis of indicated and substantiated reports and data.

Timeframe: Years 1-5

Strategy 2: Evaluate PCSA workforce program successes and improve retention.

Benchmark 1: Analyze data from the Ohio Child Care Resource and Referral Association on new and renewed trauma-informed care certificates and data from OCWTP on training sessions offered and number of participants attending

Timeframe: Years 1-5

Benchmark 2: Explore PCSA current staff recruitment and retention successes as well as any incentives and strategies utilized to retain staff.

Timeframe: Years 1-5

Benchmark 3: Review Child Protection Oversight and Evaluation self-assessment data.

Timeframe: Years 1-5

Benchmark 4: Determine the feasibility of expanding the University Partnership Program to additional universities and colleges.

Timeframe: Years 1-5

.

Objective 2: Reduce maltreatment in residential programs.

Strategy 1: Identify residential staff training gaps and opportunities to improve program culture.

Benchmark 1: Develop and offer an optional online and/or in-person residential training program for residential staff focusing on youth development, trauma in youth, behavior management and/or specific training to minimize child and youth maltreatment.

Timeframe: Years 1-5

Benchmark 2: DCY/OMHAS/DODD staff will collaborate to identify congregate care programs with low maltreatment rates, low incidents of seclusion and restraint, informed approaches to work with youth and conduct open sharing strategies with providers.

Timeframe: Years 1-2

Strategy 2: Increase youth-centered programming in residential settings.

Benchmark 1: Pilot three trauma-informed and trauma-responsive youth engagement and leadership skill development programs for youth, staff, and foster caregivers. Youth engagement happens when young people participate in meaningful opportunities and roles that allow them to build on their strengths, take on responsibilities, and contribute to decisions that affect themselves and others. Engaging youth will minimize incidences of maltreatment. The engagement and leadership skills are being offered in addition to regular programming and is not intended to replace therapeutic or treatment interventions. Goals for the pilots, include but are not limited to, increased youth connectedness to adults, increased program participation by youth, increased positive perceptions by youth of adult support, increased acceptability by youth of seeking help, decreased instances of youth maltreatment, and decreased instances of absent without leave (AWOL).

Timeframe: Years 1-3

Staff Training, Technical Assistance, and Evaluation

Staff development, technical assistance, and evaluation activities in support of the goals and objectives of this plan are identified and embedded throughout the plan. The 2025-2029 Training Plan course offerings meet the staff development needs and support the goals and objectives of this plan.

Staff Training

The strategic training planned for the 2025-2029 CFSP period, as outlined in the *2025-2029 Training Plan Course Catalog*, support the goals of the CFSP and reflect a deep commitment to enhancing the workforce's capabilities. By focusing on advanced, responsive, and inclusive training models, we are setting a foundation for a systemic transformation that will yield better outcomes for children and families, supported by a workforce that is empowered, knowledgeable, and aligned with the best practices in child protection. This commitment is in harmony with the federal objectives and tailored to meet the specific needs and challenges of our state's child protection system.

Below are a some select course categories which intersect with one or more Goals as well as other CFSP activities planned.

Prevention

- Continue to offer training on collaborative practices involving multidisciplinary teams, including families, education, health, and justice sectors, to ensure a unified approach to the work.
- Ensure there are available courses that address the root causes of child maltreatment, such as trauma, substance abuse, domestic violence, and mental health issues.
- Update courses related to the assessment of risk.

Support Kinship Caregivers

- Offer courses and resources that cover legal, financial, and social support aspects for kinship caregivers, including navigating the child protection system and accessing community resources. Offer role-playing and scenario-based exercises that effectively teach caseworkers to facilitate discussions on permanency planning and family reunification strategies.
- Expand an existing Kinship Fiscal Resources course.
- Adapt Kinship training videos by Dr. Joseph Crumbley into interactive, self-directed learnings. Child protection continues to recognize the benefits of kinship placements, so we are increasing training opportunities that address the unique dynamics of kinship care.

Ensure Youth Leave Care with Strengthened Relationships, Holistic Support, and Opportunities

- Train caseworkers on transitional planning and support and how to develop individualized independent living plans.
- Revise the preservice training series based on feedback received through the CQI process. The lecture content will be more concise, allowing more time for processing activities and discussion. Courses include *Maintaining the Child's Relationships*, *Partnering with the Primary*

Family, Adolescent Development, and Permanency. Learners are introduced to the State's C.A.R.E. Guide, a "how to" for relationship building with primary family, and the emerging research on the benefit of providing positive childhood experiences.

- Engage the Ohio Youth Advisory Board and ActionOhio to develop a series of brief videos on topics important to children and youth in care. Young adult alumni of the foster care program will be the "actors." Videos will be embedded in courses and used as a transfer-of-learning or supplemental learning tool.
- Continue adding courses to the Life Skills pathway, a learner-driven pathway for foster caregivers. Caregivers can select from a menu of courses on various life skills topics. Once they complete the course, they can complete a transfer-of-learning /teaching activity with the youth in their care. They can earn badges in the CAPS LMS for the courses and activities.

Invest in the Child Protection Workforce

- Develop brief, targeted microlearnings on identified skills that were introduced during caseworker core. Microlearning will be developed separately for Assessors and Independent Living (IL) Workers. The microlearnings will be directly accessible to the assessors and IL workers, or they can be used as tools by coaches or supervisors.
- Continue to maintain the accuracy and relevance of the Assessor training series. As Ohio becomes more adoption-friendly and as technology improves, courses must be quickly updated and re-launched to ensure assessors stay informed and provide best practices.
- Provide additional opportunities for "deep dives" into relevant topics for resource families through learner-driven pathways. Two more pathways will be developed in FY 2025. One on sexual abuse and one on providing care to specific populations.
- Support retention of information learned in the Preservice training series by providing an opt-in campaign of brief, weekly self-directed activities sent to learners' emails for a brief period of time.
- Utilize research-supported national training like the National Training and Development Curriculum to expand the menu of offerings for Ohio kin and non-kin foster caregivers.
- Continue to expand the menu of offerings within the mandated training topics for newly certified caregivers. It is our goal to have a minimum of five courses, at least one being self-directed, per each of the topics. This allows foster caregivers to select the most relevant to them while still meeting their training requirements.
- Incorporation of the use of Virtual Reality headsets in the training process.

The Child and Adult Protective Services Learning Management System (CAPS LMS) is the primary training system used by the targeted populations of the OCWTP which include caseworkers, supervisors, certified foster parents, and assessors. Private agency staff also have access to CAPS LMS and can take self-directed content for professional development. Training delivered by the training and development team are eligible for training hours. These training hours assist with the thirty hours of ongoing training/coaching requirement for Caseworkers and Supervisors. The team is going through the process to make CEUs available to the learners that benefit from this type of training credit. The team has honed its efforts with a heavy focus on supervisory skill building in an effort to increase caseworker workforce retention.

The training team collaborates with the Regional Training Centers (RTCs), Technical Assistance Specialists (TASs), and DCY Policy to gauge interest and provide regional discussion around training topics; this allows for interaction around the training content and concepts. The training team also implements the DCY PCSA Staff Training Liaison Round Table Meetings held quarterly with representatives for each county and a representative from the RTC. These meetings have allowed counties to share resources for onboarding new employees as well as staff retention efforts. By the end of the SFY, the training team will have access to software to build interactive content, ensuring the transfer of learning and professional skill development.

Technical Assistance Activities

To support achievement of the Goals and Objectives of the 2025-2029 CFSP the Training and Development team within DCY will continue to:

- Work collaboratively across the office to develop and deliver policy and practice training and technical assistance for child protective services staff.
- Partner with the policy areas, Ohio Statewide Automated Child Welfare System (Ohio SACWIS), technical assistance specialists (TAS), the state training coordinator (Ohio's University Consortium for Child and Adult Services (OUCCAS) for the Ohio Child Welfare Training Program (OCWTP), and regional training centers (RTCs) to provide a comprehensive support system to internal and external stakeholders.
- Engage in a review process for all content developed to ensure accuracy and presentation and maximize learning transfer.
- Work with external stakeholders and PCSAs to ensure training needs are being met across the state for caseworkers, supervisors and other PCSA staff.

The Training and Development Team delivers focused support, guidance, and skill development to assist counties with identified professional development skill building. This continued effort occurs by partnering with counties to assess needs using data reports and coordinated meetings. The team also works to coordinate training, support the application of policy to practice, evaluate outcomes, and contribute to policy development. Rules and regulations are routinely reviewed and updated, and the training team interprets, trains, and assists agencies with practical implementation. This level of support continues to assist counties to become more consistent and improve outcomes for children and families.

Additionally, The Comprehensive Child Welfare Information System (CCWIS) team continues its commitment to technical assistance and training to users of our systems at all levels, through utilization of a variety of delivery methods, and frequently in collaboration with staff from other areas such as Policy, Licensing Specialists, the Training Unit, and Technical Assistance Specialists. Ohio's CCWIS user community is made up of PCSAs, Title IV-E Courts, Private Agencies, and contracted program staff.

Ongoing technical assistance is provided to PCSAs and courts by Technical Assistance Specialists and Technical Assistance Managers to assist in improving service outcomes and, in turn, achieving the CFSP goals.

Technical Assistance and Capacity Building Needs

None needed at this time.

Evaluation

Ohio has a strong tradition of participation in research and evaluation activities, which will continue through this 2024- 2029 CFSP cycle. Several evaluation projects are planned or continuing, which are directly connected to the interventions included in Ohio's five-year strategic plan and are included in the Goals, Objectives, Strategies, and Benchmarks.

Implementation and Program Supports

Ohio has a comprehensive approach to implementation and program supports. This approach includes robust training, coaching, performance assessment, and data systems to support decision-making, all aimed at equipping child protective services staff with the necessary skills and knowledge. The interventions within the CFSP are carefully selected with this critical framework in mind, and the required implementation supports are seamlessly integrated throughout the plan. Other supports include the use of virtual reality technology which allows learners to be implementing additional technology such as self-directed learning.

IV. Services

Child and Family Services Continuum

Ohio's publicly-funded child welfare services continuum includes robust programming to support the following essential functions: Child Abuse and Neglect Prevention, Child Maltreatment Assessment and Intervention, Child Treatment Services, Family Preservation Services and Family Support Services, Services to Support Reunification, Adoption, and Kinship Care, Services to Support Independent Living and Other Permanent Living Arrangements, and Preparation and Support of Youth Transitioning from Care. Throughout the transition to DCY, Ohio will work toward expanding and strengthening the range of existing services and developing and implementing services to improve child outcomes through coordination of services across systems and within systems. Focusing on prevention and quality of services to keep families intact as well as achieving timely permanency will provide direction.

Child Abuse and Neglect Prevention

The Ohio Children's Trust Fund (OCTF) is on the forefront of prevention activities throughout the state. Housed within the newly created DCY, and governed by a 15-member board, OCTF is dedicated exclusively to funding primary and secondary child abuse and neglect prevention programs and services. OCTF establishes guidelines for prevention program development, provides access to up-to-date prevention curricula, and produces educational and public awareness materials. As the administrator of Ohio's federal Community-Based Child Abuse and Neglect Prevention (CBCAP) grant, OCTF supports statewide projects designed to strengthen families and prevent child abuse and neglect and funds primary and secondary prevention strategies that are conducted at the local level. With this support, community-based providers and county agencies implement a variety of evidence-based and evidence-informed child abuse and neglect prevention programs in their communities, reaching families before they come into contact with a public children services agency.

Child Maltreatment Assessment & Intervention

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

Child Treatment Services

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

- The parent, guardian, custodian agrees to voluntary (no court orders) supportive services.
- The PCSA files a complaint alleging the child is abused, neglected, or dependent.

- The PCSA has court ordered temporary custody of permanent custody of the child. The court orders the PCSA to provide protective supervision for a child living in their own home. The court orders the PCSA to place the child, sixteen or older, in a planned permanent living arrangement.

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

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

Family Preservation Services and Family Support Services

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

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

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

Services to Support Reunification, Adoption, and Kinship Care

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

The department entered into a contract with Kinnect to Family (KTF) to assist agencies in search and engagement activities. Research has shown that individuals with a family receive an emotional edge which may result in greater life successes. Due to this fact, KTF's focus on reconnecting children with

family members and other lost loved ones is of vital importance in children services. KTF has helped to strengthen Ohio's family-finding process, not only with the program, but by providing numerous guidance documents and resources as well as providing statewide Search, Engage, Explore & Kinnect (SEEK) trainings.

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

Ohio supports PCSAs in licensing kinship providers as child specific foster parents by offering the Kinship Licensing Incentive Program (KLIP) which provides financial assistance to offset the cost of licensing, and/or foster care stipends. Ohio also provides financial support to PCSAs by providing the federal match for Title IV-E KGAP and KGAP Connections to Twenty-One (KGAP C21 – the extended KGAP program for young adults aged 18 to 21). Through provision of monthly financial support, Medicaid, and linkage to community-based resources, KGAP C21 assists Ohio's kinship young adults while pursuing advanced education and employment.

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

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

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

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

Services to Support Independent Living and Other Permanent Living Arrangements

Ohio's Permanency Roundtable Advisory Group has defined permanency as "having a relationship with at least one adult that is characterized by these five points: parenting, life-long intent, belonging, status, and unconditional commitment." The "Gold Standard" is achieving legal permanency for each child or youth in one of the following ways: reunification, adoption, legal custody, or guardianship. When children are not able to be safely reunified with their parents, services are provided to promote and

support adoption, legal custody, guardianship, or other permanent planned living arrangements for children. PCSAs recruit prospective adoptive parents, conduct home studies to assess the capacity of prospective caregivers, hold matching conferences for children awaiting permanent homes, and provide post-adoption services and supports. To specifically address the needs of children who have been awaiting permanency for an extensive period, Ohio has partnered with the Dave Thomas Foundation for Adoption to implement the Wendy's Wonderful Kids (WWK) model of child-focused recruitment. Through this statewide effort, WWK recruiters work to match and place children ages 9-17 who have been awaiting permanency for more than two years. In addition, Ohio also promotes relative options as a means of achieving permanency for children in care. Ohio's statewide Kinship Permanency Incentive Program (KPIP) provides financial support to kinship caregivers who make the commitment to obtain legal custody or guardianship of the children in their care.

Preparation and Support of Youth Transitioning from Care

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

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

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

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

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

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

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

Service Coordination

Ohio Family and Children First

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

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

- At least three (3) individuals who are not employed by an agency represented on the council and whose families are or have received services from an agency represented on the council.
- The director of the board of alcohol, drug addiction and mental health services.
- The health commissioner, or commissioner's designee, or the board of health of each city and general health district in the county.
- The director of the county department of job and family services.
- The executive director of the public children services agency.
- The superintendent of the county board of developmental disabilities, or the superintendent's designee.
- The superintendent of the city, exempted village, or the local school district with the largest number of pupils residing in the county.
- A school superintendent representing all other school districts with territory in the county.
- A representative of the municipal corporation with the largest population in the county.
- The president of the board of county commissioners or an individual designated by the board.
- A representative of the department of youth services or an individual designated by the department.
- A representative of the county's Head Start agencies.
- A representative of the county's Early Intervention Collaborative.
- A representative of a local nonprofit entity that funds, advocates, or provides services to children and families.

- The county's juvenile court judge senior or another judge of the juvenile court designated by the administrative judge, or where there is no administrative judge, by the judge senior in service shall serve as judicial advisor to the county family and children first council.
- Any other local public or private agency or group identified by the board of commissioners that funds, advocates, or provides services to children and families.

Ohio Revised Code (ORC) Section 121.37(C) requires each county develop a county service coordination mechanism through the FCFC. This mechanism serves as the guiding document for coordination of services in the county. Through this process, the FCFCs are mandated to share accountability, engage, and empower families, build community capacity, and coordinate systems and services.

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

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

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

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

Title IV-E Prevention Services Plan

Ohio's Title IV-E Prevention Services Plan was approved in December 2021 and includes Multisystemic Therapy (MST), Functional Family Therapy (FFT), Ohio START (Sobriety, Treatment and Reducing Trauma), Healthy Families America (HFA), and Parents as Teachers (PAT). PCSAs refer families to

applicable services and complete a prevention services eligibility determination in the Ohio Statewide Child Welfare Information System (Ohio SACWIS). Currently, Ohio's definition of candidate for prevention services includes children with an open case with a PCSA who are not in agency custody as well as pregnant and parenting youth in foster care.

Family First Prevention Services are coordinated between the PCSA and the service provider; however, with the exception of Ohio START, all of the services on Ohio's Title IV-E Prevention Services Plan are available to families not involved with the PCSA. MST and FFT are Medicaid eligible services under the OhioRISE (Resilience through Integrated Systems and Excellence) plan and HFA and PAT are offered through Ohio's Help Me Grow program available to all families who qualify.

Coordination Process

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

Coordination with Federally Funded Programs

Ohio Benefits

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

Health Care Services

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

OhioRISE (Resilience through Integrated Systems and Excellence)

The Ohio Department of Medicaid (ODM), through a contract with Aetna Better Health of Ohio, launched the OhioRISE managed care plan in July 2022, which specifically focuses on child and youth behavioral

health. Aetna contracted with Care Management Entities (CMEs) across the state to provide care coordination, linkage to services, flexible funds, and other services and supports to maintain youth with complex behavioral health needs in their homes. They also work with youth in PCSA custody to provide services and supports.

Ohio Family and Children First

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

Child Care, Head Start, MIECHV, SAMHSA Funded Programs

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

Children's Justice Act and Court Improvement Project

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

Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, subpart 1)

Title IV-B, subpart I funds support development and expansion of a coordinated child and family services program that utilizes community-based agencies and ensures all children are raised in safe, loving families. Programs and services are designed to:

- Protect and promote the welfare of all children.
- Prevent the neglect, abuse, or exploitation of children.

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

ODJFS issues the federal Title IV-B, subpart 1 allocation on behalf of DCY to public children services agencies (PCSA) for expenditures incurred in the delivery of children services to ensure that all children are raised in safe, loving families. ODJFS issues Title IV-B funding in two separate allocations on behalf of DCY one for direct services and one for administrative costs.

The methodology used to distribute available funds to counties statewide is as follows:

- 40% is distributed equally among all PCSAs.
- 60% is distributed based upon each county's population of children less than one hundred percent 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 in FFY 2025: 193,131
Families to be served in FFY 2025: 83,299

Services for Children Adopted from Other Countries

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

Ohio has a website called *It Takes 100% Heart to Foster and Adopt in Ohio* which contains resources for adoptive families including a listing of service providers in their communities. In addition to this resource, the Ohio Kinship and Adoption Navigator (OhioKAN) program assists kinship and post

adoptive families navigate the resources available to them in their communities. There are ten regions within Ohio each with navigators available to assist families, as well as coaches and coordinators.

Services for Children Under the Age of Five

Addressing the Developmental Needs of Vulnerable Children

Over the next five years DCY will focus on the following Outcome Areas to achieve their respective short-term goals:

Outcome Areas	Short Term Goals
Infant Wellness: Reduce infant mortality.	<ul style="list-style-type: none"> • Increase the number of families served by Home Visiting by 10% (1,165 more children).
Early Child Development: Increase access to and usage of early intervention and medical supports.	<ul style="list-style-type: none"> • 10% increase in serving mothers and infants (additional 1,400 mothers and babies) through neighborhood navigation, Baby and Me Tobacco Free and Safe Sleep.
Maternal Health: Decrease maternal mortality and improve prenatal health	<ul style="list-style-type: none"> • 53% of infants and toddlers receiving Early Intervention (EI) services will increase social/emotional development. • 55% of infants and toddlers receiving EI services will exit EI within age expectation by 25% (85 to 109 consultations).
Safe & Healthy Homes: Support safe, Stable homes for children to grow up in.	<ul style="list-style-type: none"> • Increase the number of licensed foster parents by 5% (with focus on high acuity children (approximately 350 children).
Screening & Referral: Increase ASQ screening and referral to appropriate services.	<ul style="list-style-type: none"> • Increase access to nontraditional care and care for children with special needs by 10% (2,000 children).

Reduce the length of time young children under the age of five are in foster care

Programs which continue to be available over the next five years which are designed to assist PCSAs in reducing the length of time children under the age of 5 are in foster care without a permanent family include KINNECT to Family and Wendy's Wonderful Kids.

Efforts to Track and Prevent Child Maltreatment Deaths

There are multiple entities in Ohio that are involved in tracking and engaged in the prevention of child deaths. These include the Ohio Department of Children and Youth, Ohio Department of Health, county Child Fatality Review Boards, and Fetal Infant Mortality Review (FIMR) Teams. Work of these groups and their findings are presented below.

ODJFS/DCY Child Fatality Tracking and Reviews

DCY tracks 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/CCWIS to the Technical Assistance Manager when a child fatality or near fatality is entered in Ohio SACWIS/CCWIS. They, in turn, forward the email to the assigned Technical Assistance Specialist (TAS) for the county PCSA. The following table contains information on the number of child fatalities reported to NCANDS by the identified federal fiscal year:

Year	Number of Fatalities
2017	73
2018	106
2019	78
2020	103
2021	102
2022	115
2023	141

ODJFS/DCY has a complex history responding to critical incidents (primarily Child Fatalities) in Ohio. Through time, ODJFS/DCY has gone through periods of reviewing each incident, not reviewing the incident at all, and conducting reviews of all Child Fatalities and Near Fatalities with complete Child Fatality Administrative Reviews based on the Child Fatality Review committee recommendations. The Child Fatality Administrative Reviews have been incident driven and while the reviews have been comprehensive, they have been inadequate in accomplishing important goals:

- Collecting adequate data for systemic change recommendations.
- Evaluating the entire system in place around the family, caseworker, and agency involved in the critical incident.
- Identifying opportunities for improvement, implementing strategies for change, evaluating change over time and implementing learnings.
- Supporting a Culture of Safety for caseworkers, supervisors and agencies.

DCY has implemented the Systems-Focused Critical Incident Review (SCIR) process developed by the University of Kentucky Center for Innovation in Population Health and partners in the National Partnership for Child Safety that is supported by Casey Family Programs and provides beneficial access to data-sharing, coaching, crisis management/communication, and training.

All cases with a child fatality (CF)/near fatality (NF) intake receive a Critical Incident Review, as follows:

- The CF/NF Summary, full Safe Systems Improvement Tool (SSIT) and SSIT Data Form is completed on all CF, if the case was open or had been open in the prior six months and the CF report disposition is substantiated or indicated.
- The CF/NF Summary and SSIT Family Domain is completed on all other CF/NF, excluding screened out CF/NF and Family in Need of Services (FINS) Non-Child Abuse/Neglect (CA/N) CF/NF.
- The CF/NF Summary is completed on all screened out CF/NF and FINS Non-CA/N CF/NF.

DCY is convening a Child Fatality Review Committee which will have a four-fold purpose:

- Review aggregate child fatality data generated from the Safe Systems Improvement Tool (SSIT) and the SSIT Data Forms.
- Identify systemic issues.
- Make recommendations for systemic improvement(s).
- Provide feedback on the Child Fatality Review Process.

Minimally, the committee will meet twice a year; however, the committee's structure, including meeting cadence and membership may evolve through implementation. The Child Fatality Review Committee members will be selected from those PCSAs expressing interest, with consideration given to including five to eight PCSAs, representing various county sizes and locations.

Ohio Child Fatality Review Boards

The Ohio General Assembly passed Substitute House Bill Number 448 (HB 448) in July 2000, mandating Child Fatality Review (CFR) Boards in each of Ohio's counties (or regions) to review the deaths of children under eighteen years of age. The ultimate purpose of the local review boards, as described in the law, is to reduce the incidence of preventable child deaths. To accomplish this, it is expected that local review boards will:

- Promote cooperation, collaboration and communication between all groups that serve families and children.
- Maintain a database of all child deaths to develop an understanding of the causes and incidence of those deaths.
- Recommend and develop plans for implementing local service and program changes; and advise the department of health of aggregate data, trends and patterns found in child deaths.

The ORC requires the PCSA director, county coroner, chief of police or sheriff, public health official, executive director of the board of alcohol, drug addiction and mental health services, and a pediatrician or family practice physician or any designee to meet at least once a year to review all deaths of child

residents in a particular county. Each local CFR board provides data to the Ohio Department of Health (ODH) by recording information on a case report tool before entering it into a national web-based data system. The report tool and data system were developed by the National Center for Fatality Review and Prevention (NCFRP) with a cooperative agreement from the federal Maternal and Child Health Bureau. The tool captures information about the factors related to the death and the often-complex conversations that happen during the review process in a format that can be analyzed on the local, state, or national level. The review process allows committees to use a public health approach to assess whether prevention of the death was possible and determine areas of improvement for services and programs available to the family.

[CFR Boards Findings for the five-year period from 2017 through 2021](#)

The year 2020 marked the beginning of the COVID-19 pandemic, which continued through 2021 and beyond. The effects of the pandemic have been immeasurable. According to the Child Fatality Report published by the Ohio Department of Health, “Information sharing was problematic for many local CFR boards as they struggled for ways to obtain quality relevant information from outside agencies, hospitals, etc. The pandemic also placed new demands on local health department staff, demands many of them were not equipped to handle. Not all deaths for the state of Ohio were reviewed; therefore, the statistics are reported as proportion of the total reviews. COVID-19 cases have also been under-reported, due to testing shortages, people not getting tested, and at-home test results not being reported.¹¹” As a result of these challenges, approximately 93% of counties submitted Annual Reports during either 2020 or 2021.

For the five-year period from 2017 through 2021, local CFR boards reviewed 5,900 child deaths, which represented 81% of the child deaths reported by the Ohio Department of Health Bureau of Vital Statistics. Deaths that were not reviewed include cases still under investigation or involved in prosecution, and out-of-state deaths reported too late for a thorough review. Late-year deaths for which death certificates were not yet available to local review boards were also not reviewed. In addition, some cases were not reviewed due to the impacts of COVID-19. Local CFR boards found that 30% (1,768) of the 5,900 deaths reviewed from 2017 through 2021 were preventable.

The proportional distribution of reviews across many factors, including manner of death, age, race, and sex, has changed very little over this 5-year period.

- Sixty-four percent (3,760) of the reviews were for children less than 1 year of age.
- Black children are overrepresented in child death reviews (37%) compared with their representation in the general Ohio child population (13%).
- Males are also overrepresented in child death reviews, comprising 58% of reviews.
- From 2017 through 2021, there were 8,981 deaths, with an unadjusted death rate of 58.7 per 100,000 infants.
- The manner of death was undetermined for 45% of the sleep-related infant deaths that were reviewed. Accidents were the leading manner of death that was able to be determined (43%).

¹¹ 2022 Child Fatality Review (CFR) Annual Report. [2022 Child Fatality Review \(CFR\) Annual Report | Ohio Department of Health](#)

- A large percentage of data on factors surrounding infant sleep-related deaths is missing from reviews. More work needs to be done to better understand the circumstances surrounding infant sleep-related deaths in Ohio. Despite this room for improvement, local CFR boards were still able to find that 47% of infants were found to not be asleep on their backs.
- Forty-nine percent of infant sleep death reviews found that infants were sleeping in an adult's bed.

For the five-year period from 2017 through 2021, local CFR boards reviewed 166 deaths from child abuse and neglect. These represent 3% of the 5,900 deaths reviewed.

- Fifty-three percent of the reviews indicated that abuse caused or contributed to the death, while 47% indicated that neglect caused or contributed to the death.
- Sixty-eight percent of child abuse and neglect death reviews occurred among children younger than 5 years of age.

Fetal Infant Mortality Review (FIMR) Program

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 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 higher than the national average. In addition, the racial disparity continues to be substantial, with black infants dying at almost three times the rate of white infants. For these reasons, the Ohio Department of Health (ODH) has identified decreasing infant mortality as a top priority in its State Health Improvement Plan. ODH initiated an additional review program in 2014 to fully understand the issues of fetal and infant mortality (Ohio (OH) - State of Babies Yearbook 2022).

The Fetal Infant Mortality Review (FIMR) is a multi-disciplinary, multi-agency, community-based program that identifies local infant mortality issues through the review of fetal and infant deaths and develops recommendations and initiatives to reduce infant deaths. FIMR is a community-owned and action-oriented process to improve service systems and resources for women, infants, and families. Maternal interviews are completed as a key part of the FIMR processes and give insight into the mother's experience before and during pregnancy, and the time of the infant's death. Interviews convey the mother's story of her encounters with local service systems and provide understanding and information about health equity and disparities among populations in the community.

Ohio currently has ten FIMR teams in the following locations across the state:

- Butler County
- Columbus City
- Cuyahoga County
- Dayton-Montgomery County
- Hamilton County
- Lorain County
- Lucas County
- Mahoning County
- Stark County
- Summit County

The FIMR Process includes the following:

- Identification of cases based on the infant mortality issues of the community.
- Collection of appropriate records from medical, social service and other providers.
- Maternal interview.
- Abstraction of available records to produce a de-identified case summary.
- Presentation of de-identified case summary to review team.
- Development of data-driven recommendations.
- Implementation of recommendations to prevent future deaths.

FIMR includes two components a case review team (CRT) and a community action team (CAT).

- **Case Review Team (CRT)** reviews case summaries and develops recommendations. The Team must include members who have:
 - 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.

Collaboration

Data Sharing

DCY and ODH have executed an updated data sharing agreement so that data from ODH's Violent Death Reporting System (VDRS) can be shared and matched to Ohio SACWIS records. This allows DCY to share information with ODH on whether decedents in the VDRS have a history of involvement with children services in Ohio. DCY and ODH have also began discussions on how the agencies can partner further to explore reasons for child fatalities and prevention strategies. Further expansion of the DCY/ODH data sharing agreement is planned for the future.

DCY joined the National Partnership for Child Safety (NPCS) in February of 2023, a quality improvement collaborative comprised of county, state and tribal child and family serving agencies whose mission is to improve child safety and prevent child maltreatment and fatalities by strengthening families and promoting innovations in child protection. Over 30 jurisdictions are part of the partnership. DCY is currently working to establish a data sharing agreement with the Michigan Public Health Institute, the entity that stores data for the NPCS. This will allow DCY's fatality data to be combined with data from the other participating jurisdictions to identify nationwide child fatality related trends. Technical assistance specialists began training on the Safe Systems Improvement Tool (SSIT) in April of 2023. Once training is complete, DCY will transition from using the Child and Family Services Review (CFSR) review tool to using the SSIT tool for reviewing child fatalities. This tool is designed for critical incident review and will provide aggregate data on specifics related to the fatality, as well as information on systemic factors that may have contributed to the fatality, such as workload. Representatives from ODH will also participate in some NPCS workgroups, allowing additional opportunities for partnership and collaboration.

DCY continues to periodically review aggregate fatality data to identify trends and areas where intervention is needed. The review of these data led DCY to the decision to join the NPCS as it was clear that additional work was needed to work to prevent fatalities.

Preventing Child Fatalities

Safe Sleep

Due to an unsafe sleep environment, a baby in Ohio dies every two to three days, on average. During 2017-2021, 666 sleep related were reviewed. According to the 2022 Ohio Child Fatality Review Report, 77% of these sleep-related deaths were found to be preventable. The provision of safe sleep materials, combined with education, ensures infants have a safe sleep environment and families are educated about safe sleep practices.

In an effort to decrease infant mortality and ensure infants have a safe sleep environment, DCY provides funding to thirty (30) organizations, serving 71 counties, to promote safe sleep practices and distribute safe sleep materials to eligible families within their county. Eligibility requirements include:

- Mothers who are at least 32 weeks pregnant or have an infant less than one year in age.
- Low-income, as defined as less than 200% of the Federal Poverty Level.
- Parents who live in separate homes.
- Other caregivers, including non-custodial grandparents.
- Twins and multiple birth babies.

Cribettes and safe sleep materials are provided by Cribs for Kids® through a contract with DCY. Cribs for Kids® is a non-profit organization that has developed a model to educate parents about putting their babies to sleep safely, along with providing them with a safe sleep area. It is expected that parents receive education along with a product to enable them to put their baby to sleep safely, will more fully implement the safe sleep recommendations. Safe sleep materials provided include portable cribs (cribette), fitted sheet, sleep sack, Sleep Baby Safe and Snug Board Book, and educational materials.

Beginning May 2022, ODJFS/DCY and ODH collaborated to further promote safe sleep education to all DCY certified resource caregivers. According to data from ODH, each week in Ohio, three babies perish in unsafe sleep environments. Each month, DCY sends safe sleep education materials to all newly certified resource caregivers for all public and private agencies in Ohio.

In March 2023, ODH made a *Safe Sleep Educational Kit* available to both public and private resource caregivers after becoming initially certified. The *Safe Sleep Educational Kit* offers tools and resources to complement their knowledge gained in pre-service training. These specially designed kits offer the following contents and are available in both English and Spanish versions.

- Sleep Sac
- Sleep Baby Safe and Snug (By Dr. John Hutton – depending on availability)
- Pacifier
- Magnet
- Crib Message Sheet
- Cribette Sheet (only fits Pack-n-Play)

Urgent Maternal Warning Signs

In partnership with the Alliance for Innovation on Maternal Health (AIM), the American College of Obstetricians and Gynecologists (ACOG) created a safety bundle which identifies urgent maternal warning signs (UMWS) that are an indication for individuals to seek immediate medical treatment to prevent maternal deaths and optimize postpartum care. The safety bundle is intended to educate and empower individuals during the period between birth through the comprehensive postpartum visit to advocate more effectively for themselves. Alliance for Innovation on Maternal Health defines mild or moderate UMWS as changes in vision; fever; trouble breathing; chest pain or fast beating heart; severe belly pain that does not go away; severe nausea and throwing up (unlike morning sickness); baby's movements stopping or slowing during pregnancy; vaginal bleeding or fluid leaking during or after pregnancy; leg swelling, redness, or pain; extreme swelling of the hands or face; and overwhelming

tiredness. Per AIM, severe UMWS require immediate treatment and include a headache that does not go away or gets worse over time, dizziness or fainting, or thoughts of self-harm or harm to the baby.

Although these UMWS have clinical origins, extending the reach of these warning signs beyond clinical settings is essential to maximizing the number of women who receive the education. In our state, maternal mortality rates are highest for individuals with a delivery covered by Medicaid. The maternal mortality outcomes for Black individuals are more than twice the rate for white women, regardless of insurance type. Thus, knowing that most of the maternal deaths occur in the postpartum period and the demographics of who is more likely to experience a maternal death, the state decided to develop and implement UMWS education in public health settings where prenatal and postpartum women are seen. This initial implementation of UMWS education occurred in select Women, Infants, and Children (WIC) clinics, providing education during pregnancy and up to 12 weeks postpartum. UMWS training and resources were provided to public health workers of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), a program focused on maternal and child health. WIC staff complete visits with individuals during prenatal and postnatal certification and follow-up appointments, increasing the number of individuals receiving timely prenatal care. The WIC program provides a unique opportunity to reinforce and expand access to education about the UMWS as well as guidance about when to seek medical attention, including for mental health needs that may lead to child maltreatment.

Summary

The 2025-2029 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.

MaryLee Allen Promoting Safe and Stable Families (PSSF) (title IV-B, subpart 2)

Family Preservation

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

Programs and services provided include:

- Placement prevention services (e.g., intensive family preservation programs designed to help children at risk of foster care placement remain safely with their families).
- Programs designed to improve parenting (e.g., increase knowledge of child development and appropriate discipline techniques, enhance personal coping mechanisms, develop budgeting skills, and increase knowledge of health and nutrition).

- Infant Safe Haven programs.
- Alternative Response services to prevent removal of children into foster care.
- Respite care of children to provide temporary relief for parents and other caregivers (including foster parents).
- Aftercare services following family reunification to promote stability.

These dollars are also used to support counties' efforts to preserve families in crisis. ODJFS issues the emergency services assistance allocation (ESAA) on behalf of DCY as two separate allocations to reimburse PCSAs for direct and administrative costs associated with providing emergency support to children and families. ODJFS communicates the grant availability and liquidation period for these allocations on behalf of DCY through the county finance information system (CFIS). Funds must be expended by the grant availability period and reported no later than the end of the liquidation period. Expenditures more than the allocation amount are the responsibility of the county agency. The methodology used to distribute available funds is as follows:

- ODJFS allocates forty per cent of the statewide allocation equally among all PCSAs on behalf of DCY.
- ODJFS allocates sixty per cent of the statewide allocation on behalf of DCY. This is based on each county's population of children less than one hundred per cent of the federal poverty level as compared statewide in the same category, utilizing the most recent available calendar year data from the U.S. bureau of census figures.

ODJFS reimburses the PCSAs for allowable direct and administrative ESAA preservation expenditures on behalf of DCY with seventy-five per cent Title IV-B, subpart 2 funds. The PCSA shall use eligible state funding or provide local funds at a twenty-five per cent match rate for the nonfederal share.

Family Preservation: Children to be served in FFY 2025: 64,625
Families to be served in FFY 2025: 26,388

Family Support

The Family First Prevention Services Act (FFPSA), enacted on February 9, 2018, modified the definitions of "Family Support Services" when applied to utilization of Title IV-B, subpart 2 funds. "Family support services" for the purposes of utilizing Title IV-B, "subpart 2" means community based services to promote the safety and well-being of children and families, which are designed to increase the strength and stability of families (including adoptive, foster, and kinship families), to support and retain foster families so they can provide quality family based settings for children in foster care, to increase parents' confidence and competence in their parenting abilities, to afford children a safe, stable and supportive family environment, to strengthen parental relationships and promote healthy marriages, and otherwise to enhance child development, including through mentoring."

The Ohio Family and Children First (OFCF) Cabinet's Family-Centered Services and Supports (FCSS) program reflects the state's cross-system commitment to implementing a coordinated continuum of services and supports for families and their children, ages 0-21 with multi-system needs. This initiative is jointly funded by the ODJFS/DCY with Title IV-B dollars and state funds from the Ohio Departments of Mental Health and Addiction Services, Youth Services, and Developmental Disabilities. These dollars

are appropriated to local Family and Children First Councils (FCFCs) to provide non-clinical, family-centered services and supports. Utilization of these funds requires that specific needs be identified on an individualized service coordination plan which must be jointly developed with the family. To read more about the purpose and criteria established for use of these funds, visit [Family Centered Services and Supports \(FCSS\) Funding | Ohio Family & Children First](#).

Service/Support Needs by Category Identified at Intake

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

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

Services Provided

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

- Service Coordination: 12,210
- Social/Recreational: 2,410
- Respite Care: 2,132
- Mentoring: 1,509
- Parent Advocacy: 1,277
- Transportation: 935
- Non-clinical in-home supports: 916
- Structured Activities: 748
- Safety/Adaptive: 629
- Other: 518
- Parent Education: 68
- Parent Support: 15

A key component of the FCSS funding program is keeping children in their home and community whenever feasible. Data showed that of the 511 children whose case closed during SFY23, 89% of

children served were able to maintain in their community living with either a parent(s), relative(s), legal guardian, or independent living arrangement after they turned 18.

Family Support: Children to be served in FFY 2025: 22,384
Families to be served in FFY 2025: 14,341

Family Reunification

“Family Reunification Services” for the purposes of utilizing Title IV-B, "subpart 2" means the services and activities listed in this definition that are provided to a child who is removed from his home and placed in a foster home or a residential facility or a child who has been returned home and to the parent, guardian or custodian of such a child, in order to facilitate the reunification of the child safely and appropriately within a timely fashion, but only during the fifteen month period that begins on the date the child returns home.

Family Reunification Services include:

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

Prior to the enactment of FFPSA, time-limited family reunification services were provided to a child and his or her caregivers to facilitate a safe and timely return home following placement in a substitute care setting. Use of these funds was restricted to the 15-month period that begins on the date that the child is considered to have exited foster care. Time-Limited Family Reunification Services include:

- Individual, group, and family counseling.
- Inpatient, residential, or outpatient substance abuse treatment services.
- Assistance to address domestic violence.
- Services designed to provide temporary childcare and therapeutic services for families, including crisis nurseries.
- Programs designed to provide follow up care to families to whom a child has been returned after a foster care placement.
- Transportation to or from any of the services and activities described above.

ODJFS issues the Emergency Services Assistance Allocations (ESAA) on behalf of DCY for Family Reunification funded under federal Title IV-B, subpart 2 to PCSAs for the purpose of reunification of the family unit in crisis. The ESAA for Family Reunification allocation reimburses PCSAs for the direct and administrative costs of providing emergency support services for children and/or families to facilitate safe and timely family reunification. ODJFS communicates the grant availability and liquidation period for these allocations through the CFIS on behalf of DCY. Funds must be expended within the grant

availability period and reported no later than the end of the liquidation period. Expenditures more than the allocation amount are the responsibility of the county agency.

The methodology used to distribute available funds is as follows:

- 40% of statewide funding is distributed equally among all PCSAs.
- 60% of statewide funding is distributed to PCSAs based on each county's population of children less than one hundred per cent of the federal poverty level as compared statewide in the same category, utilizing the most recent available calendar year data from the U.S. bureau of census figures.

Expenditures are reimbursed with 75% federal Title IV-B, subpart 2 funds. ODJFS allocates State General Revenue Funds at a 25% match rate on behalf of DCY for the nonfederal share.

Children to be served in FFY 2025: 11,852

Families to be served in FFY 2025: 7,311

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 percent of the federal poverty guideline, the PCSA may lower the co-pay percentage of the total cost or waive it. If the service amount is higher than the approved amount, the adoptive parent is responsible for the co-pay percentage amount and the overage cost of the service. The determination of the Federal Poverty Guidelines for family size is based upon information published in the Federal Register, Vol. 87, No. 12, January 21, 2022, pp. 3315 - 3316.

Agencies can process applications, claim reimbursement electronically, as well as produce detailed reports on funds (e.g., services requested and utilized, amounts approved or denied, and the demographics of the families that use PASSS). As of April 29, 2024, 848 applications for PASSS have been received for SFY 2024. Over \$6,404,419 million has been approved to cover special services for adopted children. ODJFS/DCY has reimbursed just over \$ 3,850,791 million of the funds requested.

Children to be served in FFY 2025: 750
Families to be served in FFY 2025: 600

The CFS-101 Part I calculates the percentage of FY 2024 title IV-B, subpart 2 funds the state will plan to spend on actual service delivery with a rationale for the decision (section 432(a)(4) of the Act). If applicable, the state must provide an especially strong rationale if the percentage provided for any one of the four service categories is below 20 percent.

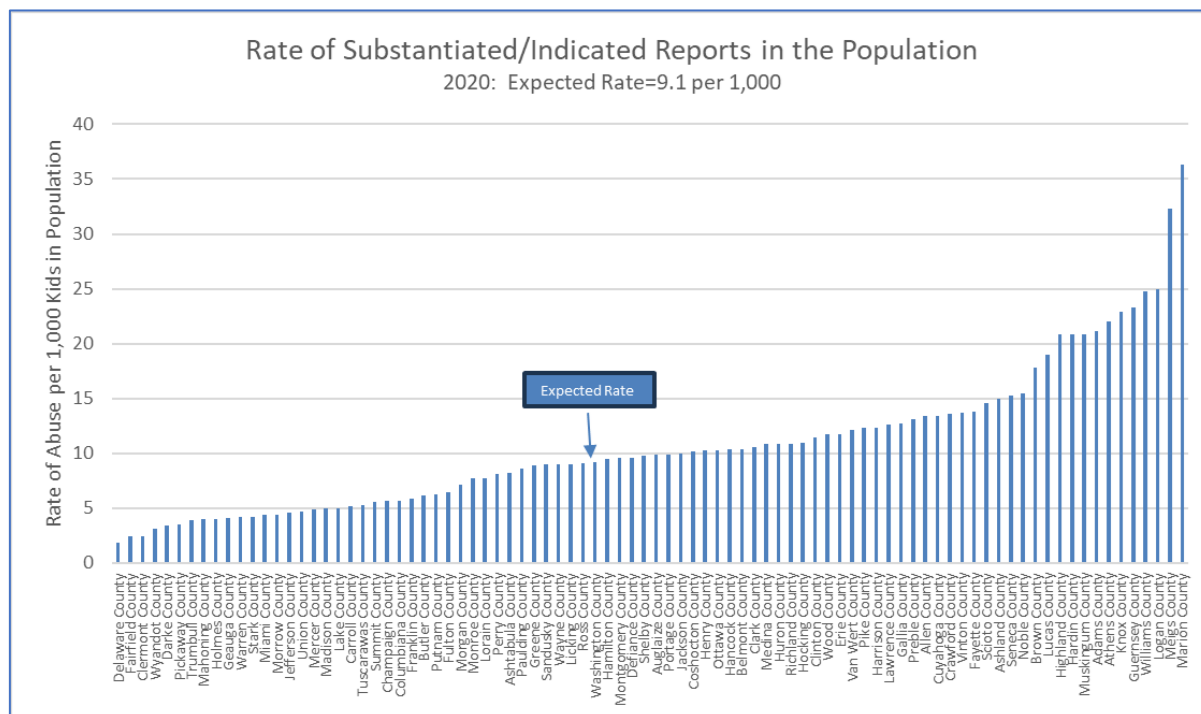
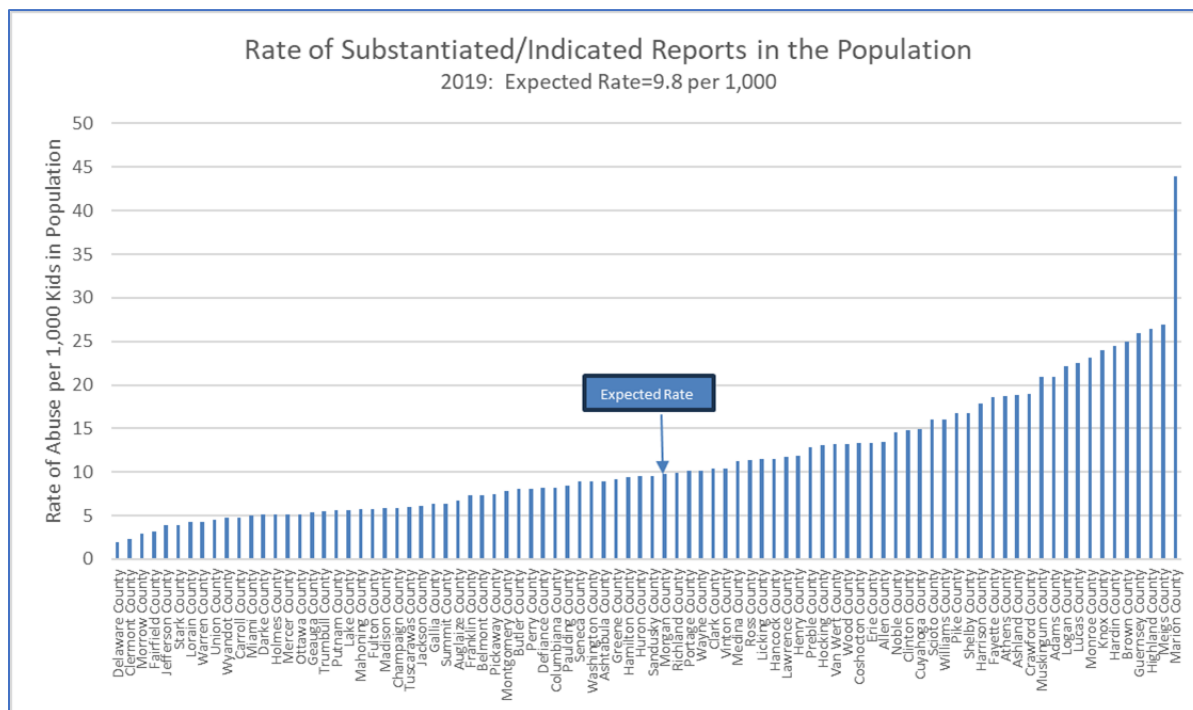
We expect to spend more than the 20% in each of the four categories.

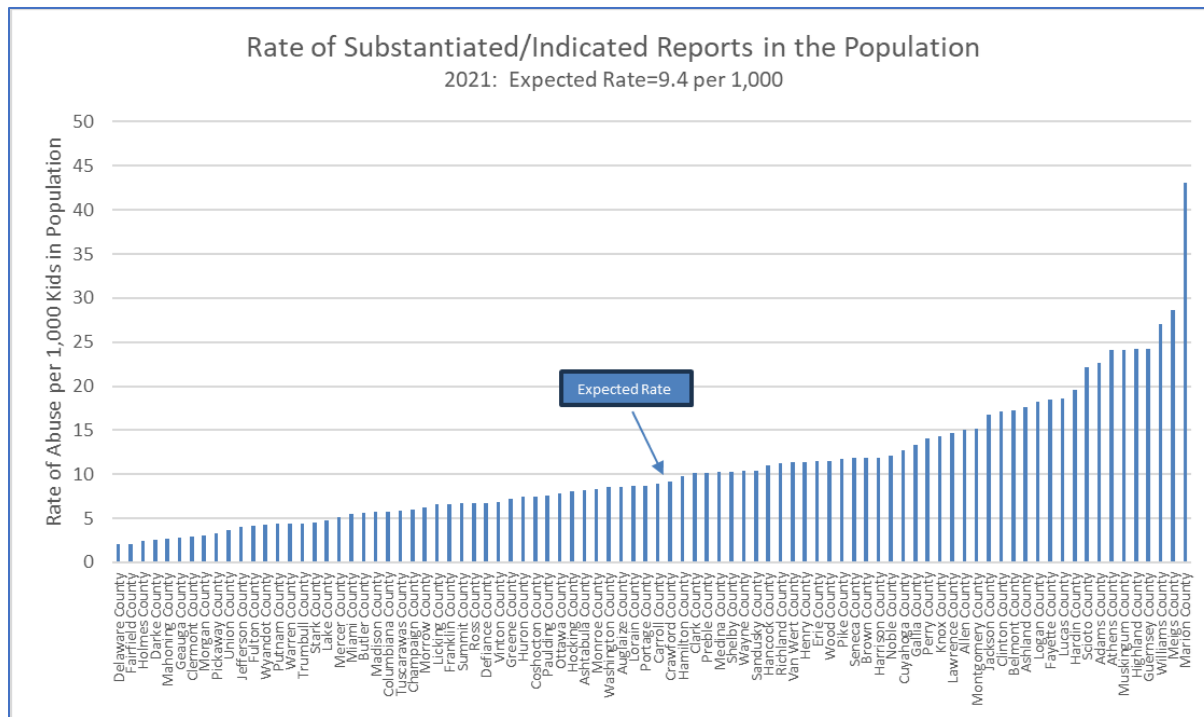
Population of Greatest Risk

Several strategic methods were used to determine the Population at Greatest Risk. The first method amplifies the Children's Bureaus Data Profiles. These profiles were augmented by applying the number of children in the population in each county and establishing the rate of children having a substantiated or indicated report for 2019, 2020, and 2021. The expected rate of substantiated/indicated reports is approximately 9 reports per 1,000 children statewide in each of the three years.

When these yearly rates are applied to each county, we find some counties have a substantially larger rate and few counties have lower rates. This finding, similar across the three years, reveals two patterns

about one-quarter of the counties have a rate higher than 15 per 1,000 children and about 15% of the counties have a rate lower than 5 per 1000 children. These distributions for each year are shown below.

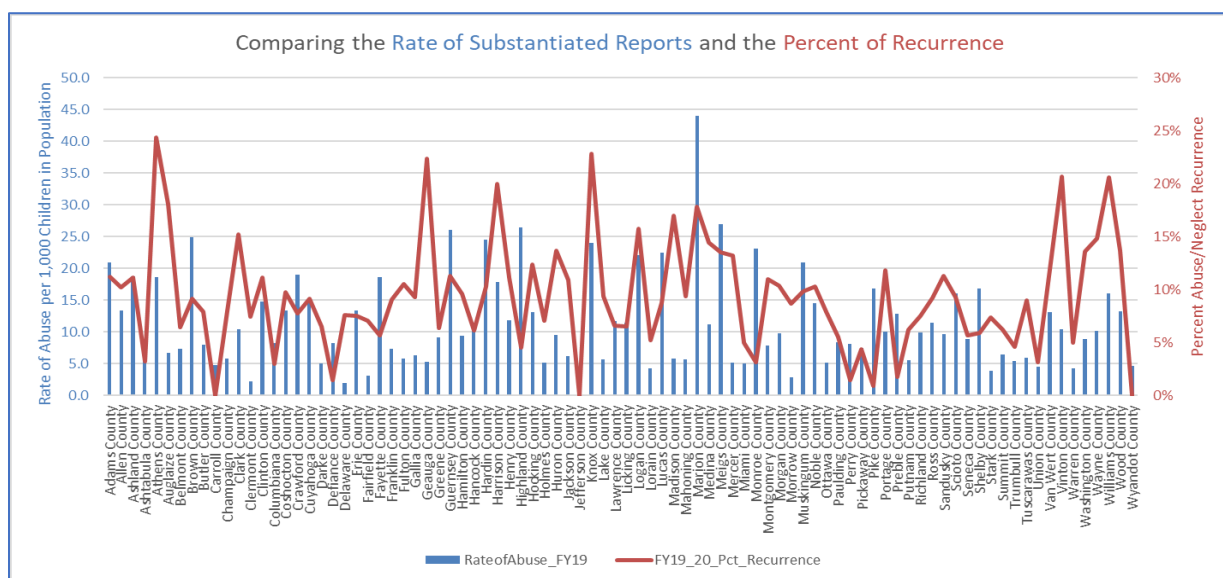




As we move forward with prevention services, counties with extreme rates can be targeted with intensive prevention services.

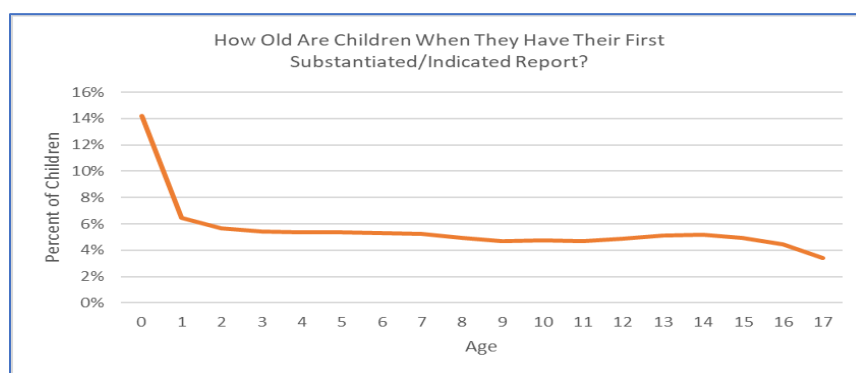
The second method used to identify the children at greatest risk focused on understanding the relationship between substantiated/indicated population rates and the percent of abuse/neglect recurrence per county.

One might assume counties with high substantiation/indication rates in the population would have higher rates of recurrence than those counties with lower substantiation/indication rates. As shown in the figure below representing one year's finding, and are similar to other years, this is not the case.



The data do not reveal a discernable statewide pattern to explain the findings. Thus, each county seems to have a unique influence on statewide aggregated data. How can a county with a high substantiated rate for the population have low re-abuse rates? How can counties with low substantiation rates in the population have high rates of re-abuse? While there is a high correlation between the Substantiated/Indication rates across years ($r=.89$), the correlation between these rates and recurrence is low ($r=.30$). These findings suggest DCY staff discuss with county staff, the rate of Substantiated/Indicated rates in their county and rate of re-abuse and then identify and plan for supportive services to reduce risk and enhance safety.

The third method to determine the Children at Greatest Risk expands on information on the age of victims provided in the Data Profile. While the Data Profile reports on age groups, the following graph shows the percent of children in single ages pooled across the state for several years (2019-mid 2024). 14% of those under 1, and 52% are under the age of 8.



Interestingly, there are no appreciable differences when the same data are examined yearly (below).

Percent of Substantiated/Indicated Reports by Single Age by Year						
Age	Year					
	2019	2020	2021	2022	2023	2024 (thru April)
0	13.4	15.0	13.7	14.1	14.1	13.7
1	6.4	6.3	6.4	6.4	6.5	6.9
2	6.0	5.9	5.3	5.1	5.6	5.1
3	5.5	5.3	5.3	5.2	5.3	5.2
4	5.5	5.4	5.5	5.1	5.1	5.1
5	5.3	5.6	5.3	5.2	5.4	4.4
6	5.4	5.5	5.2	4.9	5.1	4.9
7	5.4	5.0	5.1	5.3	4.8	5.3
8	5.0	4.7	4.8	4.8	4.9	4.7
9	4.7	4.5	4.8	4.6	4.7	4.5
10	4.8	4.6	4.5	4.6	4.8	5.1
11	4.9	4.3	4.3	4.8	4.7	4.7
12	4.8	4.6	5.0	5.0	4.7	5.0
13	4.9	5.1	5.4	5.3	4.9	4.8
14	4.5	5.1	5.6	5.5	5.1	5.9
15	4.7	4.6	4.9	5.3	5.0	4.7
16	4.3	4.2	4.3	4.3	4.8	4.7
17	3.3	3.2	3.5	3.5	3.4	4.0
18	1.3	1.2	1.2	1.1	1.3	1.4

Who are the Alleged Perpetrators?

The alleged perpetrators, accounting for 90% of the Substantiated/Indicated Reports, include:

- Bio-mother
- Bio-father
- Non-relative
- Stepfather
- Grandmother
- Non-related Adult
- Uncle
- Aunt

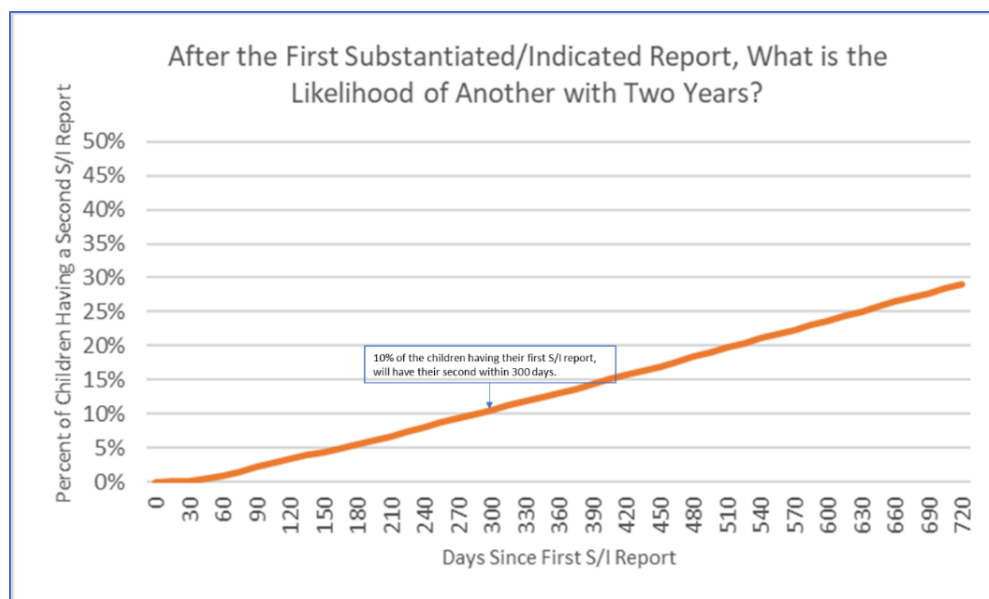
What Type of Abuse do Children Experience?

The percent of the type of substantiated/indicated report has shown little fluctuation over the last five years. Of those reports have a substantiated/indicated finding,

- Neglect occurred in 44% of the reports.
- Physical abuse occurred in 44% of the reports;
- Neglect and Physical abuse occurred in 21% of the reports.
- Sexual abuse occurs in 16% of the reports.

How Likely Will a Subsequent Substantiated/Indicated Report Occur?

While there is limited opportunity to prevent the first substantiated/indicated report, there is opportunity to prevent subsequent events. To understand this opportunity, we sought to determine the percent of children being re-abused over time. Using data from 2019 to the present, the percent of children being re-abused since their first substantiated/indicated experience is shown below. While it is rare for a child to be re-abused within the first 60 days following the first substantiated/indicated report, there is constant risk of a children being re-abused after 60 days. As a rule of thumb, for every five months past the first event, the risk of re-abuse increases by 5%.



Summary and Plan

- The rate of children having a substantiated or indicated report is stable across years. Approximately 9 children out of every 1,000 children in the state have a substantiated or indicated report.
- Some counties have rates higher than expected. DCY staff can discuss this finding with counties, discover driving forces, and hold creative discussions on methods to further reduce these rates. The Children's Trust Fund can be consulted on effective services (e.g., Triple P and Triple P Online) and approaches. Similarly, the county's protocols can be reviewed and perhaps enhanced in referring to services for addiction, mental health, developmental disabilities, education, juvenile justice, medicine. Counties can also provide Solution Base Casework's Tip Sheets to assist parent in coping with common issues (e.g., aggressive children, divorce, temper problems, drinking, parenting teenagers, parenting young children, toilet training).
- Young children, those under 8, are more likely to have a substantiated/indicated report than older age groups. Connecting services and using techniques to encourage parent involvement.
- Since caregivers are more likely to be alleged perpetrators, service and supports must be targeted for them to improve their coping resources.
- The risk of children having a second substantiated/indicated report is fairly constant at about 5% every 150 days. This requires staff to be continuously alert to assure risk is low.

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 on behalf of DCY – one for direct services and one for administrative costs.

ODJFS communicates grant availability and liquidation periods for these allocations through the county finance information system (CFIS) on behalf of DCY. Funds must be expended by the grant availability period and reported no later than the end of the liquidation period. Expenditures exceeding the allocation amount are the responsibility of the PCSA.

The following methodology is used to distribute available funds PCSAs receive their portion of the total allocation based on the number of unduplicated children in substitute care by county divided by the total number of unduplicated children in substitute care in Ohio, based on the previous calendar year.

The caseworker visits allocation reimburses the PCSA for the direct cost of caseworker visits to children who are in the PCSA's custody. PCSAs report direct service expenditures on the JFS 02820 *Children Services Quarterly Financial Statement* and/or the JFS 02827 *Public Assistance (PA) Quarterly Financial Statement*.

The caseworker visits administrative allocation reimburses PCSAs for the administrative costs related to caseworker visits to children who are in the agency's custody. PCSAs may claim reimbursement of administrative costs for caseworker visits through the social services random moment sample (SSRMS)

reconciliation/certification of funds process. Additionally, PCSAs may also request to transfer the caseworker visits administration allocation to the caseworker visits direct services allocation. A request to transfer funds is to be made by submitting a JFS 02725 Family Service Agencies and WIA Local Area Budget Transfer Request prior to the end of the period of availability.

Expenditures are reimbursed with 75% federal Title IV-B Subpart 2 funds. The PCSA must use eligible state funding or provide local funds at a 25% match rate for the non-federal share.

State's standards for the content and frequency of caseworker visits for children who are in foster care under the responsibility of the state

For a child placed in a relative or non-relative home or a foster home

- One face-to-face visit with the child and substitute caregiver within the substitute care setting during the first week of placement, not including the first day of placement.
- One face-to-face visit with the child and the substitute caregiver within the substitute care setting during the first four weeks of placement, not including the visit during the first week of placement.
- Monthly face-to-face visits with the child and substitute caregiver within the substitute care setting.

For a child for whom a special, exceptional, or intensive needs difficulty of care payment and placed in a treatment or medically fragile foster home

- One face-to-face visit with the child and substitute caregiver within the substitute care setting during the first week of placement, not including the first day of placement.
- One face-to-face visit with the substitute caregiver and child should occur twice monthly, but not within the same week.
- At least one of the monthly visits is to occur within the treatment or medically fragile foster home.

For a child placed in a residential facility or substance use disorder (SUD) residential facility

- One contact with the residential facility or SUD residential facility and the child as developmentally appropriate within ten days of placement, not including the first day of placement.
- Monthly face-to-face visits with the child, within the residential facility or SUD residential facility.

For a child who is sixteen years of age or older and placed in an independent living arrangement in which he or she has responsibility for his or her individual living environment

- One face-to-face visit with the child within the living environment within the first week of placement, not including the first day of placement.
- Monthly face-to-face visits with the child, within the living environment.

Contacts and visits for children in the custody of a PCSA or PCPA are to be documented in the child's case record and address the following:

- The child's safety and well-being within the substitute care setting. In assessing the child's safety and well-being, the caseworker is to consider the following through observation and information obtained during the contact or visit:
- The child's current behavior, emotional functioning and current social functioning within the substitute care setting, and any other settings/activities in which he or she is involved. The caseworker will also document evidence that the caregiver is following the reasonable and prudent parent standard in allowing the child regular opportunities to participate in age or developmentally appropriate activities.
- The child's current vulnerability.
- The protective capacities of the child's caregiver(s).
- Any new information regarding the child, the substitute care setting, and impact on the substitute caregiver's willingness or ability to care for the child.
- Any supportive services needed for the child or caregiver to assure the child's safety and well-being.
- The child's progress toward any goals in the case plan as applicable from information obtained from the child and caregiver.
- Permanency planning in accordance with the child's case plan.

John H. Chafee Foster Care Program for Successful Transition to Adulthood (section 477 of the Act)

Agency Administering Chafee (section 477(b)(2) of the Act)

DCY is the agency responsible for supervising the Chafee Foster Care Program for Successful Transitions to Adulthood in Ohio. The department provides funding to PCSAs for eligible youth in their custody. Chafee funds are administered through the local PCSAs with oversight performed through onsite reviews conducted by state staff during the Child Protection Oversight and Evaluation (CPOE) process. Ohio's 88 county PCSAs provide independent living services to youth in foster care age fourteen and older to help them develop the skills to successfully transition to adulthood and become self-sufficient. PCSAs are also responsible for providing services to young adults that have emancipated from foster care until the age of twenty-one when requested. These services for emancipated young adults can also include financial assistance for room and board if needed.

Description of Program Design and Delivery

Chafee allocations are passed through to Ohio counties and as a state-supervised, county administered child welfare system, Ohio passes 100% of the allocations to its 88 counties. Youth who are in the custody of a public or private child-serving agency, and who are fourteen years old or older are required to receive Chafee services. Ohio's 88 PCSAs are also required to provide Chafee services to young adults that have emancipated from foster care until the age of 21 if requested.

To strengthen and achieve the purposes of the Chafee Program over the next five years Ohio will:

- Continue to educate service providers on Independent Living Services for youth in foster care age 14 and older to assist in their successful transition to adulthood.
- Promote opportunities for youth and young adults with foster care experience to safely engage in meaningful relationships with appropriate adults, kin, and family.

- Promote the benefits of normalcy, age or developmentally appropriate activities, positive youth development and experiential learning for youth development and experiential learning for youth in foster care age 14 and older and how independent living funds can support these activities and experiences.
- Provide training and technical assistance to county PCSAs on their responsibility to provide independent living services, final transition planning and post-emancipation services to eligible youth and young adults, and how to utilize other state programs and community resources and independent living funding to assist the young adult's own efforts to achieve self-sufficiency.
- Partner with grantees on key programs to maximize services and supports, including financial supports to eligible youth and young adults. Programs include but not limited to:
 - Ohio ETV
 - Bridges
 - Youth Navigator Network
- Support permanency efforts by promoting Kinship Services and Adoption Assistance Connections for youth that exist foster care for permanency after the age of 16 years of age.

The above activities support the Vision of DCY:

“Each Ohioan is able to live up to their full potential and have the opportunity to live their version of the American dream.”

Involvement of youth/young adults in the development of the Chafee Plan

Ohio values the voice of the youth and young adults served by the child welfare system. To demonstrate our commitment to the inclusion of youth with lived experience in planning and implementation efforts, DCY leadership has established a regular cadence of meetings with youth and young adults to incorporate their feedback in policy decisions and program design.

DCY supports the Ohio Youth Advisory Board, a statewide organization of young people ages 14-24 who have experienced foster care. Our DCY team attends OYAB quarterly meetings to receive feedback and recommendations that have been incorporated into the development of Ohio's Chafee program. In addition to the statewide youth advisory board, DCY also supports nine (9) local youth advisory boards.

Incorporating principles of Positive Youth Development (PYD) in Ohio's Chafee Program.

DCY continues to introduce resources to County PCSAs and PCPA's that reinforce the importance of age-appropriate activities and normalcy such as the Ohio Personal Responsibility Education Program (PREP) and Making Proud Choices Program. Additionally, DCY promotes positive youth experiences at youth focused and led events hosted by the Ohio Youth Advisory Board, County Youth Advisory Boards and regional or statewide events. Through regular stakeholder meetings both regional and statewide, DCY will continue to provide ongoing training and technical assistance on how PCSAs can use Chafee funding to support foster youth in normalcy activities.

Sharing Results of National Youth in Transition Database (NYTD)

DCY engages stakeholders in the analysis of NYTD data through several venues including:

- Ohio Youth Advisory Board Meetings.
- Ohio Independent Living Association Meetings.
- Ohio Reach Board Meetings.
- Title IVE Court Roundtables.
- Regular scheduled meetings with grantees, such as, but not limited to, Foster Success Education Services, Youth Navigator Network, and the Ohio Children's Alliance.
- Regional & Statewide Transitional Age Youth & Independent Living Meetings.
- DCY led NYTD webinars.

DCY will utilize our regional stakeholder meetings, NYTD webinars, and quarterly youth advisory meetings to share the results from Ohio's NYTD Data and identify and plan for opportunities to improve service delivery.

Strengthening the Collection of Data through NYTD Over the Next Five Years.

Ohio will use regional stakeholder meetings, webinars, and email communications to share NYTD Survey results and Ohio SACWIS Data on service provision and outcomes for independent living and transition age youth, gather feedback to assist in the interpretation of the data, highlight best practices and identify challenges and barriers to service provision. Additionally, Ohio plans to increase communication with PCSAs regarding their NYTD Survey requirements to improve Ohio's completion rates.

Serving Youth Across the State

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

PCSAs statewide must make available the following independent living services to youth and young adults up to age twenty-one:

- Academic support.
- Post-secondary educational support.
- Career preparation.
- Employment programs or vocational training.
- Budget and financial management.
- Housing, education, and home management.
- Health education and risk prevention.
- Mentoring.
- Supervised independent living.

- Room and board financial assistance (young adults ages 18-21).
- Education financial assistance.
- Other financial assistance, including payments made or provided by the county agency to help the youth live independently.

Individuals returning to a PCSA for post-emancipation services can be verified via Ohio SACWIS with a letter of wardship provided upon request. ODJFS/DCY developed Ohio's Independent Living Skills Toolkit that is structured to mirror the above listed services that are identified in OAC rule 5101:2-42-19 *Requirements for the Provision of Independent Living Services to Youth in Custody* and OAC rule 5101:242-19.2 *Requirements for the Provision of Independent Living Services to Young Adults Who Have Emancipated*. The toolkit can be used as a guide for service providers to not only meet the OAC requirements but to ensure that best practices are considered when providing independent living services. The toolkit also highlights how to use IL funding to effectively support the identified independent living services.

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

Serving Youth of Various Ages and Stages of Achieving Independence (section 477(b)(2)(C) of the Act)

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

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

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

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

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

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

Collaboration with Other Private and Public Agencies (section 477(b)(2)(D) of the Act)

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

Medicaid

DCY will continue to support the DCY Medicaid Team that provides on demand technical assistance to local agencies, troubleshoots issues with the MITS/CCWIS exchange of data, and manages targeted services for older youth in substitute care and emancipated young adults through collaboration with Bridges.

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

Additionally, Ohio will make sure our state contacts are accurate on the Child Welfare Information Gateway so we can build relationships with other states and be receptive to calls to assist Ohio's young adults that may have moved out of state.

Housing

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

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

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

Determining Eligibility for Benefits and Services (section 477(b)(2) of the Act)

As noted previously, all PCSAs statewide are responsible for the provision of case management and independent living services for older youth in care. These supportive services are required to be made available to youth in need of these services without regard to income, race, color, national origin, religion, social status, handicap, or sex. To support the equitable provision of services to youth, ODJFS/DCY passes the state's Chafee allocation through to the PCSAs statewide per the following allocation methodology.

The Chafee allocation issued under the "Catalog of Federal Domestic Assistance" (CFDA) number 93.674, is reimbursable to public children services agencies (PCSA) for the delivery of independent living services to eligible youth as described in rules 5101:2-42-19 and 5101-42-19.2 of the Administrative Code. The allocation consists of eighty per cent federal and twenty per cent state funds.

Cooperation in National Evaluations (section 477(b)(2)(F) of the Act)

DCY will cooperate in any national evaluations of the effects of the programs in achieving the purposes of Chafee.

Education and Training Vouchers (ETV) Program (section 477(i) of the Act)

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

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

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, DCY, in agreement with FSES, monitors the use of ETV funds to ensure:

- 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.
- No student receives more than five thousand dollars (\$5,000.00) in ETV funds.
- ETV funds are not used to supplant any other existing federal funding designated for the same purpose.

Monthly reports will be reviewed per the timeline outlined in the agreement. Monthly reports at a minimum include:

- Student's disbursements.
- Administrative cost reimbursement through invoice requests.
- Marketing activities.
- Student status reports, including grades, support services offered.

Also, prior to awarding ETV funding, FSES confirms the student's enrollment status (part-time or full-time), the amount of aid they receive from all other sources and college's published cost of attendance (COA) to confirm that the ETV award and other dollars do not exceed the COA. Through a two step-process, student's financial aid award package and their budget for the semester are reviewed to calculate the amount of federal funding they are receiving and if they are receiving a federal benefit service. This review is done prior to ETV funding being allocated each semester.

Coordinated with other appropriate education and training programs (section 477(i)(6) of the Act).

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

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

Training

DCY currently contracts for a vendor to implement the Ohio Child Welfare Training Program (OCWTP) and to provide the custodial agencies with opportunities to train staff and foster parents working with

youth and young adults aged fourteen and older. DCY will continue to collaborate with OCWTP and The Ohio Youth Advisory Board to expand the development and use of specialized trainings for workers and caregivers on topics such as, Normalcy, Permanency and Positive Youth Development. Examples of current curricula include Positive Youth Development, Maintaining Permanent Connections and Transition Planning.

Consultation with Tribes (section 477(b)(3)(G) of the Act)

While there are no federally recognized tribes within the state of Ohio, Chafee/ETV services are provided to all eligible youth statewide as required by OAC. Independent living services are required for all youth in care, beginning no later than age fourteen. Although fewer than 1% of Ohio's ETV applicants identified as Native American, this is too commensurate with Ohio's statewide population demographics. Refer to the section on Consultation and Collaboration with Tribal Representatives for additional information.

V. CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES

Ohio does not have any federally recognized Indian tribes. DCY maintains compliance with the Indian Child Welfare Act (ICWA). During Child Protection Oversight and Evaluation (CPOE) case reviews the Child and Family Services On-site Review Instrument is used to monitor agency compliance with ICWA (Item 9: Preserving Connections).

Ohio SACWIS functionality allows PCSA staff to enter ICWA-related information in the person record and generate the Tribal Inquiry and Notification Letter. Ohio SACWIS also has a Federally Recognized Tribes Report. Information on tribal affiliation is recorded on the ICWA Detail Screen from the Person Demographics tab. At any time more information becomes available, the screen can be edited to add 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.

The following Ohio Administrative Code (OAC) Rules were updated during the previous year:

- OAC 5101:2-53-04 entitled *Indian Child Welfare Act (ICWA) Notice Requirements* and OAC 5101:2-53-06 entitled *Emergency Removal and Involuntary Custody of Indian Children* were revised to update the mailing address for the Midwest Regional Office of the Bureau of Indian Affairs.

DCY will seek to continue to improve ICWA compliance through:

- Continued policy guidance, updated as needed;
- Revision of Administrative Code rules, as needed;
- Provision of ongoing and case-specific technical assistance.
- Provision of education and training on ICWA through the Ohio Child Welfare Training Program (OCWTP). OCWTP provides PCSA staff with access to the National Indian Child Welfare Association's (NICWA) online training course on ICWA. OCWTP also includes ICWA education in Caseworker Core 2.0 training as well as Assessor training series courses *Family and Child Assessment and Diversity Competency in Permanency Planning*.

In addition, DCY will share promising practices and educational resources gathered through its participation in the State Indian Child Welfare Managers Workgroup, which meets virtually on a monthly basis.

VI. Targeted Plans

Refer to the following Appendices:

Appendix C	Ohio Foster and Adoptive Parent Diligent Recruitment Plan
Appendix D	Ohio Health Care Oversight and Coordination Plan
Appendix D1	Psychotropic Medication Toolkit for Public Children Services Agencies
Appendix E	Ohio Disaster Plan
Appendix F	Ohio Training Plan

Section E. Financial Information

1. Payment Limitations

A. Title IV-B, Subpart 1

• States may not spend more title IV-B, subpart 1 funds for child care, foster care maintenance and adoption assistance payments in any fiscal year than the state expended for those purposes in FY 2005 (section 424(c) of the Act). The CFSP submission must include information on the amount of FY 2005 title IV-B, subpart 1 funds that the state expended for child care, foster care maintenance, and adoption assistance payments for comparison purposes. States are also advised to retain this information in their files for comparison with expenditure amounts in future fiscal years.

FY 2005

Child Care = \$0

Foster Care Maintenance = \$0

Adoption Assistance = \$0

• The amount of state expenditures of non-federal funds for foster care maintenance payments that may be used as match for any fiscal year for the title IV-B, subpart 1 program may not exceed the amount of such non-federal expenditures applied as state match for title IV-B, subpart 1 for the FY 2005 grant (section 424(d) of the Act). The CFSP submission must include information on the amount of non-federal funds that were expended by the state for foster care maintenance payments and used as part of the title IV-B, subpart 1 state match for FY 2005. States are also advised to retain this information in their files for comparison with expenditure amounts in future fiscal years.

State or local funds used as match for foster care maintenance are not used to match Title IV-B Subpart 1 expenditures. Other allocated state or local funds are used for matching purposes.

• States may spend no more than ten percent of title IV-B, subpart 1 federal funds for administrative costs (section 424(e) of the Act). States must provide the estimated expenditures for administrative costs, if any, on the CFS-101, Parts I and II and actual expenditures for the most recently completed grant year on the CFS-101, Part III.

Ten percent of the Title IV-B Subpart I funds are allocated to county agencies in a separate allocation. This separate allocation allows for distinct expenditure tracking and better accountability regarding the use of funds for program activities and for administrative activities.

B. Title IV-B, Subpart 2

• States are required to spend a significant portion of their title IV-B, subpart 2 PSSF grant for each of the four service categories of PSSF: family preservation, family support, family reunification, and adoption promotion and support services.

For each service category with a percentage of funds that does not approximate 20 percent of the grant total, the state must provide in the narrative portion of the CFSP a rationale for the disproportion. The amount allocated to each of the service categories should only include funds for service delivery. States should report separately the amount to be allocated to planning and service coordination.

States must provide the estimated expenditures for the described services on the CFS-101, Parts I and II.

Each of the four service categories of PSSF: family preservation, community-based family support, time-limited family reunification, and adoption promotion and support had a minimum of twenty percent of the total funds allocated to provide services as outlined within the category. The amount allocated to each service category is outlined in CFS-101, Part 2.

States must limit administrative costs to no more than 10 percent of the total expenditures (federal funds and required state match combined) as noted in section 434(d) of the Act. This limitation applies to both the PSSF program and the Monthly Caseworker Visit grant. States must provide the estimated expenditures for administrative costs, if any, on the CFS-101, Parts I and II and actual expenditures for the most recent completed grant year on the CFS-101, Part III.

Ten percent of the Title IV-B Subpart II and Monthly Caseworker Visit funds are allocated to county agencies in a separate allocation. These separate allocations allow for distinct expenditure tracking and better accountability of the use of funds for program activities as well as administrative activities.

States must provide the FY 2021 state and local share expenditure amounts for the purposes of title IV-B, subpart 2 for comparison with the state's 1992 base year amount, as required to meet the non-supplantation requirements in section 432(a)(7)(A) of the Act.

The state's accounting and reporting procedures and processes do not support the classification of child welfare costs financed exclusively with county funds into categories that align themselves with Subpart 2 programs. Accordingly, the state cannot provide a complete comparison of state and local share spending for Subpart 2 programs when comparing fiscal year 2015 costs to the fiscal 1992 base year. The state's accounting and reporting procedures and processes, do however, allow the state to trace some costs financed with state level funds to Subpart 2 programs. In fiscal year 1992, Ohio appropriated \$3,700,000 in state funds for post adoption services, plus an additional \$757,952 for adoption placement supports. In fiscal year 2023, \$43,113,475 in state funds was appropriated to support pre and post adoption supports for adoptive families. These supports include state funds for Non-Recurring Adoption Assistance, Post Adoption Special Services Subsidy and the State Adoption Maintenance Subsidy.

In fiscal year 1992, Ohio also appropriated \$32,868,599 in state funds as a general subsidy for county level child welfare costs. These funds are distributed to counties in the form of a general unrestricted block grant that may be used for any child welfare service. Such services may have (at each county's discretion) included Subpart 2 type services. In fiscal year 2023, Ohio appropriated \$120,040,010 for this purpose. Though the limitations of our accounting structure impede our ability to fully respond to this plan point, Ohio does assure that Subpart 2 funds provided to the state have not been used to

supplant federal or non-federal funds for existing services and activities which promote the purposes of Subpart 2.