

# Ohio Annual Citizen Review Panel Report

State Fiscal Year  
2021-2022



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## About This Report

Ohio Citizen Review Panels (CRPs) are tasked with submitting an annual report to the Ohio Department of Job and Family Services (ODJFS) with recommendations for the improvement of the child protective services (CPS) system in Ohio. The CRPs conduct an annual review and evaluation of an identified issue or concern raised about the CPS system and make actionable and measurable recommendations to the state on how to improve this issue. The CRP program is prescribed by federal statute detailed in the Child Abuse Prevention and Treatment Act (CAPTA). This report is the product of the Ohio CRPs' annual evaluation for the 2021-2022 work year. The report details each panel's topic, process for review, and development of the recommendations submitted to ODJFS on May 15, 2022.

## Citizen Review Panels

### Mandate/Function

The CRP program was established in federal statute by CAPTA in 1996, and states were required to have their CRPs up and running by 1999. Depending on the size of the state, some are required to have three panels, while other states are only required to have one. CAPTA details the following two main objectives for the CRP program: (1) evaluate the impact of current child services procedures and practices upon children and families in the community, and (2) provide for public outreach. The first objective drives the main work of the program. CRPs are required to evaluate the extent to which a state is adhering to its CAPTA state plan. This evaluation involves examining policies, practices, and procedures of state child welfare agencies. Based on these reviews, CRPs then make recommendations via an annual report to the state child welfare agency with the goal of improving the child protection system. Following the submission of these recommendations, the state has six months to respond in writing to the panels about how they will address the recommendations.

The CRPs have a responsibility to provide for public outreach and comment following the completion of their annual report. The legislation reads, "Each panel shall provide for public outreach and comment in order to assess the impact of current procedures and practices upon children and families in the community and in order to meet its obligations under subparagraph (A)." (Administration for Children and Families, 2013, p. 24).

### Overview of Ohio CRPs/Purpose

In January 2016, ODJFS entered a contract with The Ohio State University (OSU) to redesign the Ohio CRPs. Beginning in January 2016, OSU began a planning phase to prepare for three new panels. Each of the three new panels met for the first time in March 2017. Ohio added two additional panels in early 2019. This report is the product of the 2021-2022 year of work.

Each panel is named for its geographical position in Ohio, *the Northwest, Northeast, Central, Southwest, and Southeast* CRPs. All panels reviewed statewide data to make recommendations that are applicable statewide rather than narrowed to their respective geographic location. Panel members are volunteers and are not appointed or compensated for their work. They were strategically recruited to ensure the panels have representation across gender, race, age, and professional discipline.

## Ohio CRP Mission Statement

Citizen Review Panels provide perspectives from the stakeholder community on child welfare practices, policies to improve safety, permanency, and the immediate and long-term well-being of children.



## Panel Membership and Professional Affiliation

### Northwest Ohio CRP:

Diana Theiss, CRP Chair, Sylvania Therapy and Counseling  
Sarah Zimmerman, CRP Scribe, Sandusky County Board of Developmental Disabilities  
George Thompson, The University of Toledo  
Stacey Gibson, Director, Sandusky County Family and Children First Council  
Shannon Keefer, private practice clinician  
Amy Koziarski, private practice owner and clinician  
Rose Cousino, private practice clinician

### Northeast Ohio CRP:

Jim Molnar, CRP Chair, Child advocate  
Tammy Maney, Scribe, Early Childhood Principal at Stark Co. Board of Developmental Disabilities  
Beth Cardina, Program Coordinator at CASA/GAL Program of Summit County Juvenile Court  
Allyson Blake, Director CASA/GAL Program of Stark and Carroll Counties  
Anju Mader, Stark County Mental Health & Addiction Recovery  
Mary Ann Sheets, Stark County CASA Volunteer  
Megan Ott, Akron Children's Hospital  
Brittany Reed, Stark County Mental Health & Addiction Recovery  
Carlos Smith, Ohio State Highway Patrol

### Central Ohio CRP:

Sarah Cochey, CRP Chair, Youth Advocate Services  
Rachel Binting, School Social Worker  
Geraldine Pegues, Montgomery County Human Services Planning & Development Department  
Pam Scott, The Buckeye Ranch  
David A. Williams, New Salem Baptist Church  
Kathryn Wolf, The Center for Family Safety and Healing  
Chuck Davis, Franklin County Board of Developmental Disabilities  
Lorie McCaughan, Professor of Clinical Studies and Supervising/Senior Attorney, General Litigation Clinic and Family Advocacy Clinic, Capital University Law School  
Jo Simonsen, OhioKAN, Kinship & Adoption Navigator

### Southwest Ohio CRP:

Anthony Carter, CRP Chair, Police Officer, Retired  
Kimberly Budig, CRP Vice-Chair, Dayton Children's Hospital, Foster, Kinship & Complex Care Program Social Worker  
Helen Jones-Kelley, CEO, Montgomery County, ADAMHS  
Charlotte Caples, Advocacy Director, Special Programs, Guardian Ad Litem  
Mary Greiner, Medical Director, CHECK Foster Care Center, Cincinnati Children's Hospital Medical Center  
Sarah Beal, Cincinnati Children's Hospital Medical Center  
Mike Robinson, Retired Community Mental Health Manager/therapist

Amy Winkler, Ohio Medicaid  
Stephanie Moes, Legal Aid Society of Southwest Ohio, LLC  
Wendy McCracken, retired, child advocate

**Southeast Ohio CRP:**

Jenny Stotts, CRP Chair, Athens County CASA/GAL Program  
Terry Cluse-Tolar, Ohio University  
Bridget Moore, The Ohio State University  
Michele Papai, private practice mental health practitioner  
Brenda Wachenschwanz, Athens County Juvenile Court  
Micki Lamb, Integrated Services for Behavioral Health  
Lindsay Place, Athens Co. Public Libraries  
Kenneth E. Ryan, Ryan Law Office, Co., LPA  
Rose French, Hocking-Athens-Perry County Community Action

## Staff Support

OSU provides administrative support to the CRPs under contract with ODJFS, with team members representing The Ohio State University (OSU) College of Social Work, and the University of Michigan (UM) School of Social Work. Sarah Parmenter, the project manager for the CRPs, is a University Partnership Program (UPP) graduate and former Ohio CPS caseworker. She is currently a doctoral student at OSU. Dr. Susan Yoon is an Associate Professor at OSU College of Social Work. She is an expert in childhood trauma and resilience following child maltreatment. She has worked closely with Ohio PCSAs for the implementation of the Ohio START (Sobriety, Treatment, and Reducing Trauma) program. Dr. Katie Maguire-Jack transitioned from OSU to UM in the Fall of 2019, where she is now an Associate Professor of Social Work. She remains committed to Ohio CRP and continues to support the project. She has worked with child protective services in research and evaluation capacities at the state and county levels since 2006 in Ohio, Wisconsin, and Michigan. Lorenzo Benavides is a current Ph.D. student. He has experience as a medical social worker and past project improvement experience. Ozgur Bayar is a visiting scholar at OSU and is a Ph.D. candidate in the field of Psychological Counseling and Guidance. Her research focuses on resilience after childhood adversity.

The team members provide the following services to the CRP program:

- membership recruitment for all panels
- tracking/maintenance of panel membership
- training of new CRP members
- maintenance of online training site
- assisting with agenda creation for bi-monthly meetings
- partnering with new chairpersons to run the meetings
- facilitating communication between CRPs and ODJFS/PCSAs
- providing support to panels in obtaining data from ODJFS
- assisting panels in gathering data from other sources
- data analysis

## Acknowledgements

We would like to thank ODJFS for their assistance with data collection and insight into the panels' topics throughout the 2021–2022 CRP work year.

We would also like to thank the Ohio Youth Advisory Board (YAB) for their partnership and insights on multiple CRP topics. The panel is honored to partner with former foster youth and give a voice to their vision of Ohio's child welfare system. Also, thank you to Lisa Dickson for her organization of the Ohio YAB and allowing the CRPs to come together with these young adults for inspiring conversation.

## Acronyms

- BIP- Batterer Intervention Programs
- CAPTA- Child Abuse Prevention and Treatment Act
- CFSR- Child and Family Services Review
- CRC- Children's Residential Center
- CRP- Citizen Review Panel
- CPS- Child Protective Services
- CWS- Child Welfare System
- DV- Domestic Violence
- FFPSA- Family First Prevention Services Act
- ICCA- Individual Childcare Agreement
- IEP- Individualized Educational Plan
- IPV- Intimate Partner Violence
- LOS- Letter of Support
- OCWTP- Ohio Child Welfare Training Program
- ODJFS- Ohio Department of Job and Family Services
- ODVN- Ohio Domestic Violence Network
- OAC- Ohio Administrative Code
- ORC- Ohio Revised Code
- OSU- Ohio State University
- PCSA- Public Children Services Agency
- PCSAO- Public Children Services Association of Ohio
- SACWIS- Statewide Automated Child Welfare Information System
- START- Sobriety, Treatment, and Reducing Trauma
- S&T- Safe & Together
- YAB- Youth Advisory Board

# Strategic Plan Overview

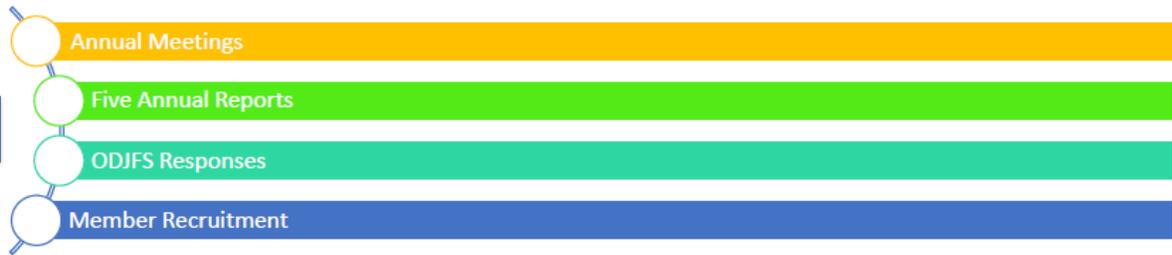


## STRATEGIC PLAN FOR THE OHIO CITIZEN REVIEW PANELS

**Mission:** Citizen Review Panels provide perspectives from the stakeholder community on child welfare practices and policies to improve safety, permanency, and the immediate and long-term wellbeing of children.

**GOAL ONE: THE FIVE STATEWIDE PANELS WILL WORK COLLABORATIVELY TO MAKE MEANINGFUL RECOMMENDATIONS TO ODJFS ON THE STATE OF CHILD WELFARE IN OHIO.**

### Action Items



Annual meeting of all CRP members will be held in May each year to select topic areas for each panel to ensure the panels are jointly meeting the duties of the CRPs to review child welfare across the State of Ohio.

To reflect on successes and challenges from the previous year.

To share lessons learned by the panels to cross-pollinate ideas and improve panel work.

To review each other's annual reports and responses from ODJFS.

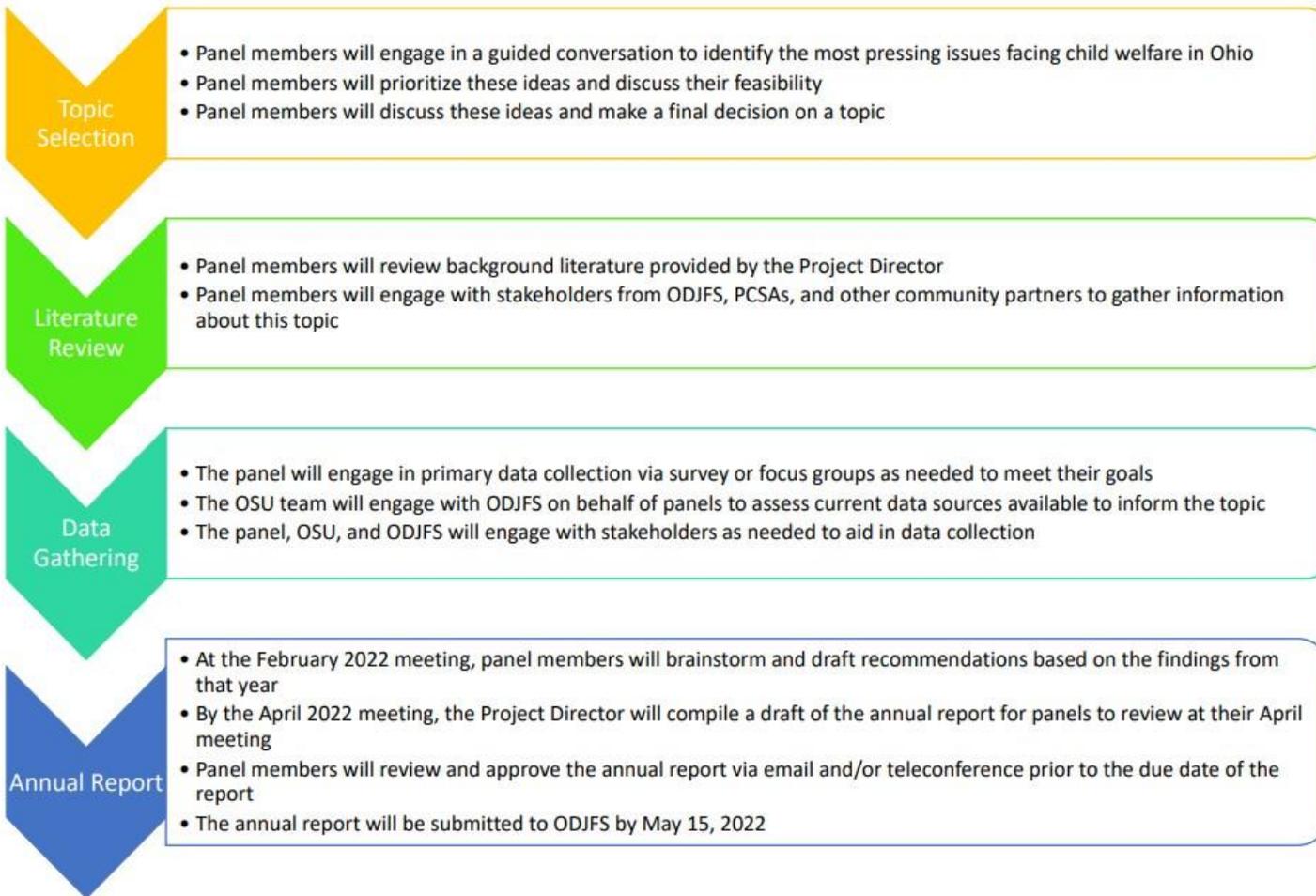
Each panel will submit an annual report to ODJFS summarizing its activities, analyses and recommendations.

ODJFS will provide a response to the report and recommendations of each panel.

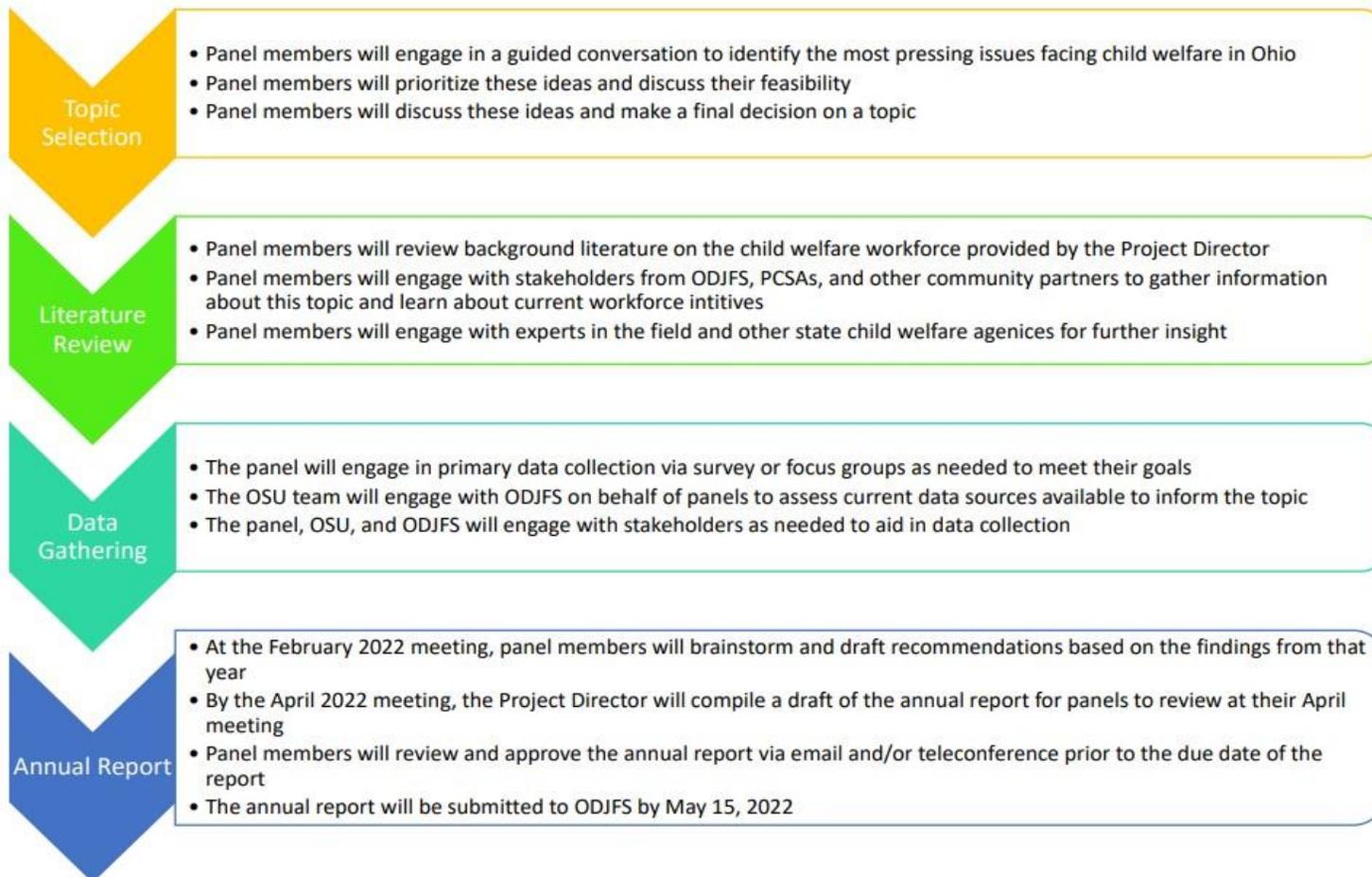
When membership drops below 10 on the panel, panel members will make suggestions for additional citizens to recruit for the panel.

Panel membership will ideally include representation from foster care, mental health, substance use, physical health, education, law enforcement, officers of the court, and the faith community.

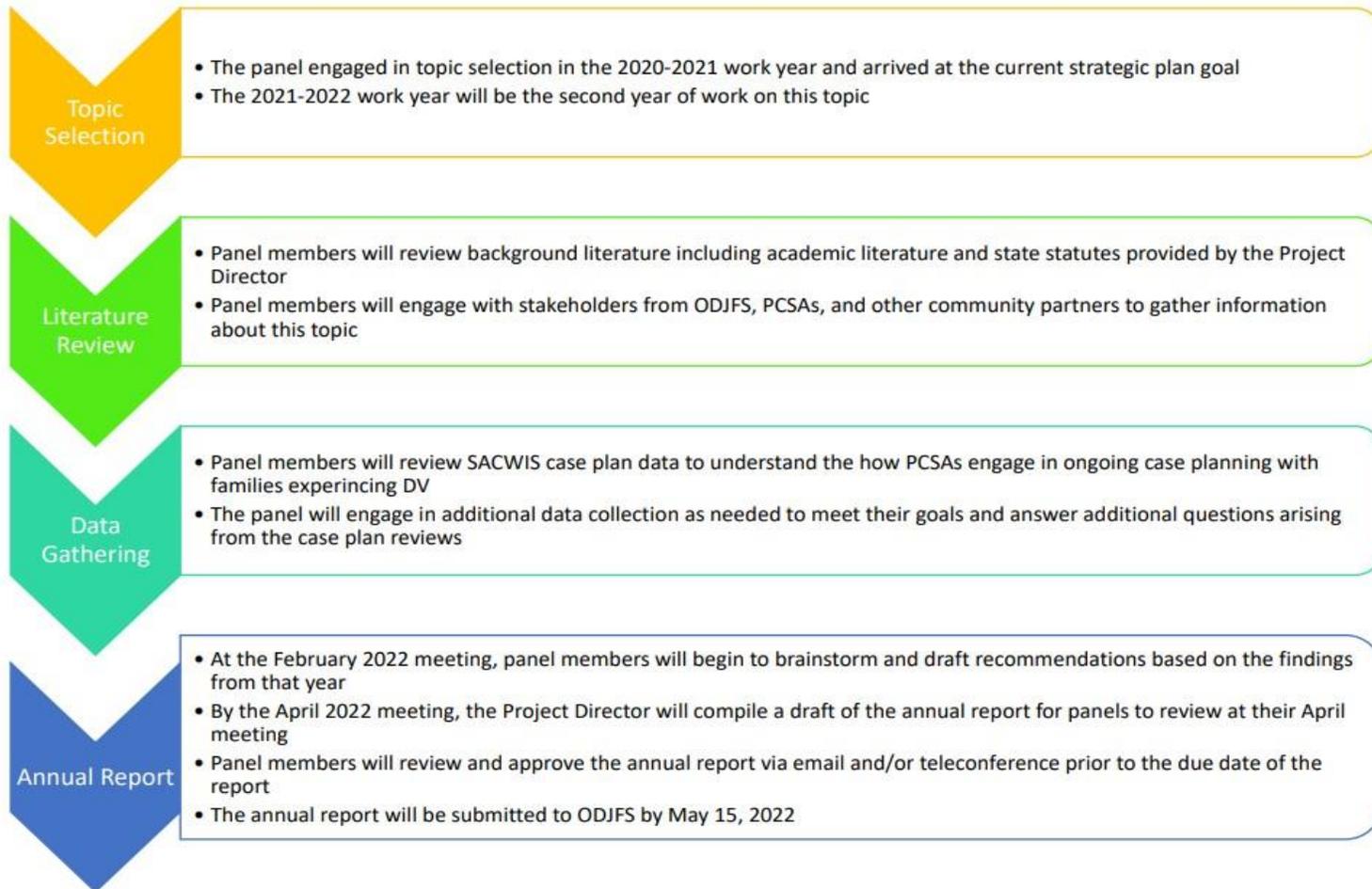
**Goal Two:** *The Northwest Ohio CRP will create actionable and measurable recommendations to improve Ohio's ability to respond to the unique needs of children and families of color involved with the child welfare system.*



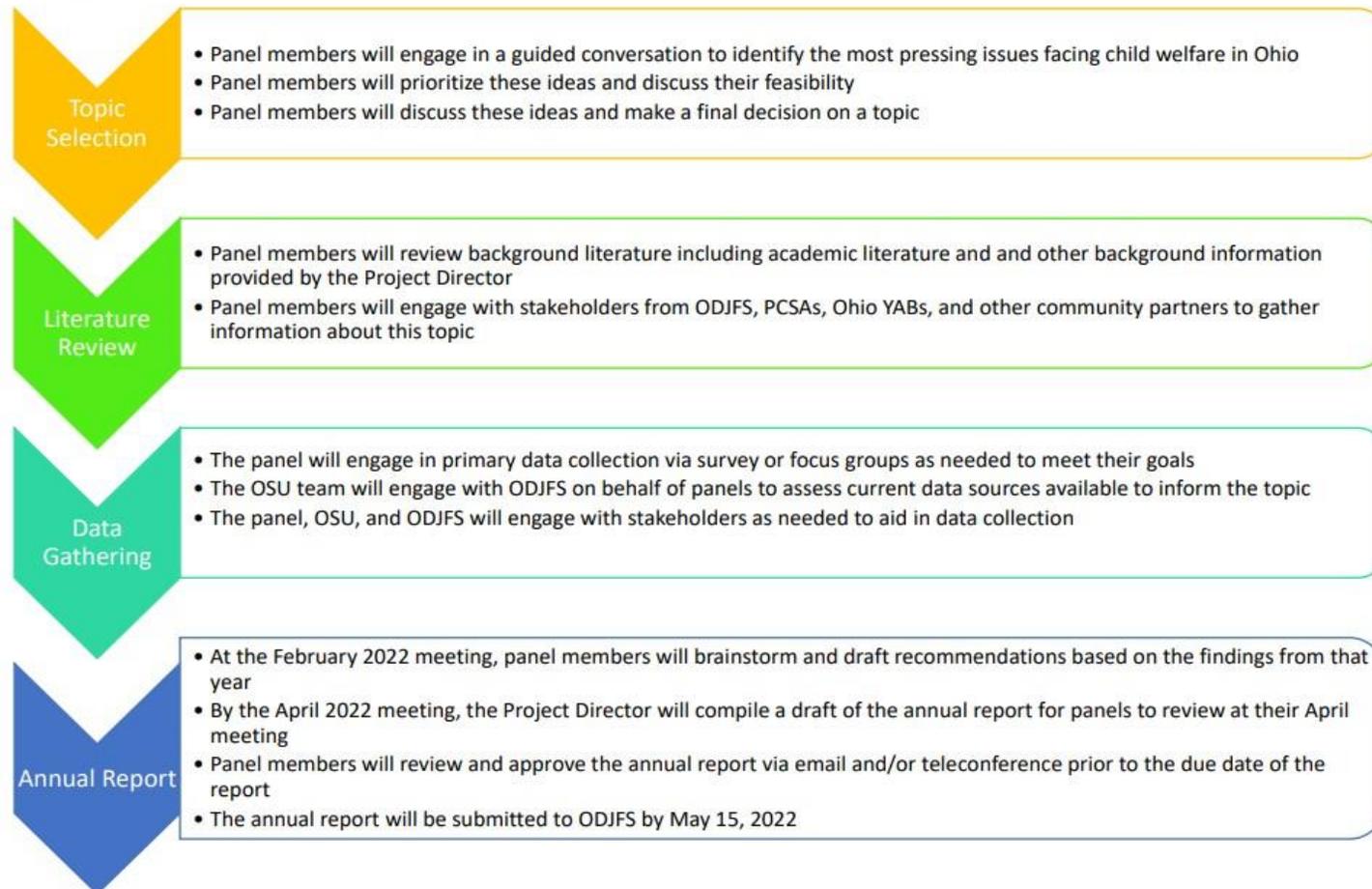
*Goal Three: The Northeast Ohio CRP will create actionable and measurable recommendations to improve Ohio's support for the child welfare workforce negatively affected by secondary trauma.*



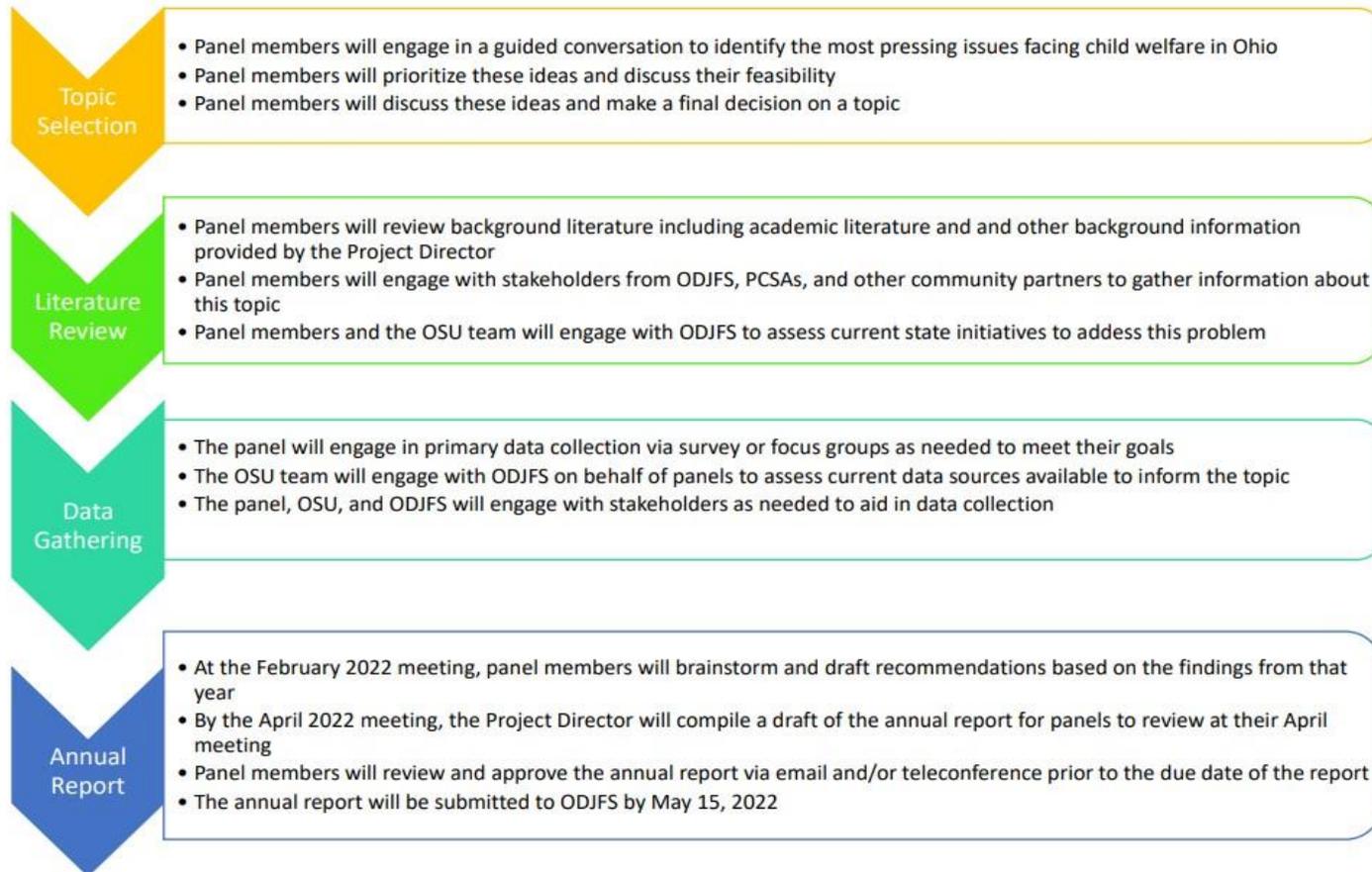
*Goal Four: The Central Ohio CRP will create actionable and measurable recommendations to improve Ohio's child welfare response to children and families exposed to domestic violence.*



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



*Goal Six: The Southeast Ohio CRP will create actionable and measurable recommendations to improve Ohio's capacity to provide family foster homes for adolescents.*



# Report 1: Northwest Ohio CRP Report

The Northwest Ohio CRP focused their work on understanding racial disproportionality and disparities in Ohio's child welfare system. The panel gathered information from several sources including academic literature, state reports on racism, and Ohio's report on racism. The panel laid the foundation for a bigger project in the coming work year. Ohio's report on racism in the child welfare system highlighted two important takeaways for the panel members, (1) youth feeling absent from choices in their placement process into foster care, and (2) the need to elevate black voices. As a result of the information gathered during this foundation work, the panel is developing a plan for data collection directly from youth and families of color about their experiences with Ohio's child welfare system. They want to know about those points in time when disproportionality is well documented. The panel hopes to provide authentic stories and solutions from the children and families in Ohio.

## Annual CRP activities

### *Schedules*

The Northwest Ohio CRP meets bi-monthly from August to May of each work year. The 2021–2022 work year began with the Ohio CRP Annual Strategic Planning Meeting on Thursday, May 27, 2021, which occurred virtually due to the COVID-19 pandemic. All Ohio CRP members were invited to attend this meeting. The Annual Strategic Planning Meeting allows the Northwest Ohio CRP, in conjunction with the other panels, to learn from the other panels' previous year of work and plan for the next year. The Northwest panel decided on a topic and created a data request for ODJFS at the annual meeting.

Regular meetings for the Northwest Ohio CRP began in September 2021. The panel meets bi-monthly on the third Thursday of the month from 12:00pm to 2:00pm at the Sandusky County Board of Developmental Disabilities (1001 Castalia St. Fremont, Ohio). Due to the continued risk of in-person gathering and COVID-19, all meetings during the work year were conducted via Zoom. The following is a list of all meeting dates for the panel from August 2021 to April 2022:

**Table 1. Northwest Ohio CRP Regular Meeting Schedule:**

Thursday, September 16, 2021
Thursday, October 14, 2021
Thursday, December 9, 2021
Thursday, February 10, 2022
Thursday, April 14, 2022

### *Changes to Panel Membership*

The Northwest Ohio CRP began the work year with seven members. The panel ended the year with the same seven members identified in the Panel Membership and Professional Affiliation section. The Northwest Ohio CRP identified recruitment as a top priority at the beginning of the work year, and they successfully added one new member who will attend the annual strategic planning meeting in May. Moving forward, the panel would like to add an additional two to four members to their roster to bring their member total to at least ten. The panel is confident they will

be able to meet this recruitment goal, with the continued flexibility of using technology, such as Zoom to attend meetings.

## Successes, Challenges & Achievements

The Northwest Ohio CRP experienced several successes, challenges, and achievements during this fiscal year. The panel reported robust and productive conversations during each CRP meeting as a major success of the work year. Despite historically lower membership numbers, the seven active panel members attended all meetings and are fully engaged in the work.

The panel experienced some challenges in narrowing their topic to a specific, manageable question and CRP project. Fortunately, the flexibility of the program allows panels additional time to make decisions about larger projects. The panel has decided on an important topic, and they have many unique and creative ideas for data collection. Addressing racial disproportionality and disparities from a citizen perspective is an exciting opportunity for this panel.

## Background

The Northwest Ohio CRP decided to focus their work on understanding racial disproportionality and disparities in Ohio's child welfare system. The panel took some time to arrive at this topic following a conversation about a broader look and definition of child well-being. Ohio's recent report on racism in the child welfare system along with the completion of the Southeast CRP project focused on youth voice strongly influenced the panel to consider how oppressive structures have an influence on child well-being. The Northwest CRP spent the 2021-2022 work year laying the groundwork for a bigger project in the coming year.

## Ohio Strengths

ODJFS has demonstrated their commitment to addressing racial disproportionality and disparities within Ohio's child welfare system through their most recent report on racism. This report shows the importance of community involvement in developing an anti-racist child welfare system. The report was a co-design approach meant to allow the research participants to co-create the research. This methodology puts the voices of youth and families of color at the center of understanding the problem. This report on racism appears to be just the first step in a bigger plan to create an anti-racist child welfare system in Ohio. Additionally, ODJFS has consistently shown its dedication to including the Ohio CRPs feedback in changing initiatives as well. The panel feels empowered to address this topic and give a voice to youth and families in Ohio through their work.

## Data

The Northwest Ohio CRP gathered information from several sources to gain a better understanding of child well-being and its relationship with racism, the documentation of racism occurring in the child welfare system and learning where racial disproportionality and disparities occur within the system. These activities included:

- Expansive academic literature review
- In-depth review of the report on racism in Ohio's child welfare system (ChiByDesign, 2020)
- Overview of the foster care bill of rights
- Overview of child and family services review (CFSR) well-being measures
- Document review of the exit interview

- Insight from Ohio YAB on the topic

## Results

The results of the learning activities are detailed here.

### 1. Literature review

#### **Racial Disproportionality and Disparity in Child Welfare System**

The Children’s Bureau (2021) has identified racial disproportionality and disparity as a well-acknowledged issue in the child welfare field. Many researchers have identified this problem as “persistent” because it has been visible for more than 50 years now (Dettlaff et al., 2021; Putnam-Hornstein et al., 2013). Racial disproportionality has been documented at both state-level and national data repeatedly and consistently (The Columbus Foundation, 2021; Miller, 2008). Racial disparities are also well-documented after the placement and exit phases of the child welfare system (CWS) (Putnam-Hornstein et al., 2013). Adoption and Foster Care Analysis and Reporting System 2019 data indicated that 56% of 423,997 children in foster care have racial and ethnic backgrounds other than White (AFCARS, 2020). Among the general population, children of color made up 49.8% of the population the same year (U.S. Census Bureau, 2020). A recent report demonstrated that racial overrepresentation was also detected in the Ohio Child Services system (The Columbus Foundation, 2021).

In this brief report following topics were presented to achieve a better understanding of racial inequality in the U.S. CWS: (1) the definition of disproportionality and disparity, (2) the body of knowledge regarding the extent and the effect of racial disproportionality, (3) the contributing factors to racial overrepresentation and underrepresentation, and (4) the program, policy, and practice suggestions for addressing these issues.

#### **Definitions**

*Racial disproportionality.* The Children’s Bureau (2021) defines disproportionality as “The overrepresentation or underrepresentation of a racial or ethnic group compared with its percentage in the total population.”

*Disparity.* Disparity refers to “unequal outcomes of racial and ethnic groups comparing to other racial and ethnic groups” (Cummings et al., 2021; The Columbus Foundation, 2021).

#### **The issue of racial disproportionality and disparity: What does the research show?**

Across the US, black children were found to be overrepresented in 44 states (Puzzanchera & Taylor, 2021). Black children were more than twice as likely to be referred to child protection with maltreatment concerns compared to White children (Drake et al., 2009; Putnam-Hornstein et al., 2013; Rauktis & McCrae, 2009; The U.S. Department of Health and Human Services, 2004).

At the state level, a recent report underscored the visibility of racial disproportionality in Ohio. According to the report, the Ohio foster care population consists of 51% White, 36% African American, and 8% of Mixed race while Ohio General Population consists of 75% White, 14%

African American, and 4% Multiracial (The Ohio Foundation, 2021). In 2008, American Indian, Black, and Latinx children were overrepresented compared to White children, while Asian/ Pacific Islander children were underrepresented in the CWS in the state of Washington (Miller, 2008). A more recent racial disparity indices report by the Washington State Department of Children, Youth, and Families showed that the American Indian/Alaska Native, Black, American Indian/Alaska Native multiracial, Black multiracial, and White groups were overrepresented at multiple stages of the CWS process. On the other hand, Asian/Pacific Islander, Hispanic, and multiracial, and “other” racial groups were found slightly underrepresented (Graham, 2020).

Racial disproportionalities and disparities occur for children of color in every decision-making step of the CWS. Black children are more likely than White children to be referred because of child maltreatment, be substantiated victims of child maltreatment, enter foster care more often, and stay in foster care for a longer period (Dettlaff, 2011; Lane et al., 2002; Putnam-Hornstein et al., 2013; Yi et al., 2020). Children of color are more likely to have more than two placements within 12 months compared to White children (Washington State Racial Disproportionality Advisory Committee, 2008). Children of color receive fewer services from the staff and lesser contact with their caseworkers once they are in the CWS (Harris, 2008). Exit patterns are also influenced by disproportionality. White children are more likely to exit more quickly by reunification or adoption whereas Black children are more likely to exit to kinship (Wulczyn et al., 2006). Figure 1 summarizes the racial disproportionality and disparity affecting children of color in the CWS process (Dettlaff, 2011; Graham, 2020; McDaniel et al., 2017; Miller, 2008; Wulczyn, 2003).

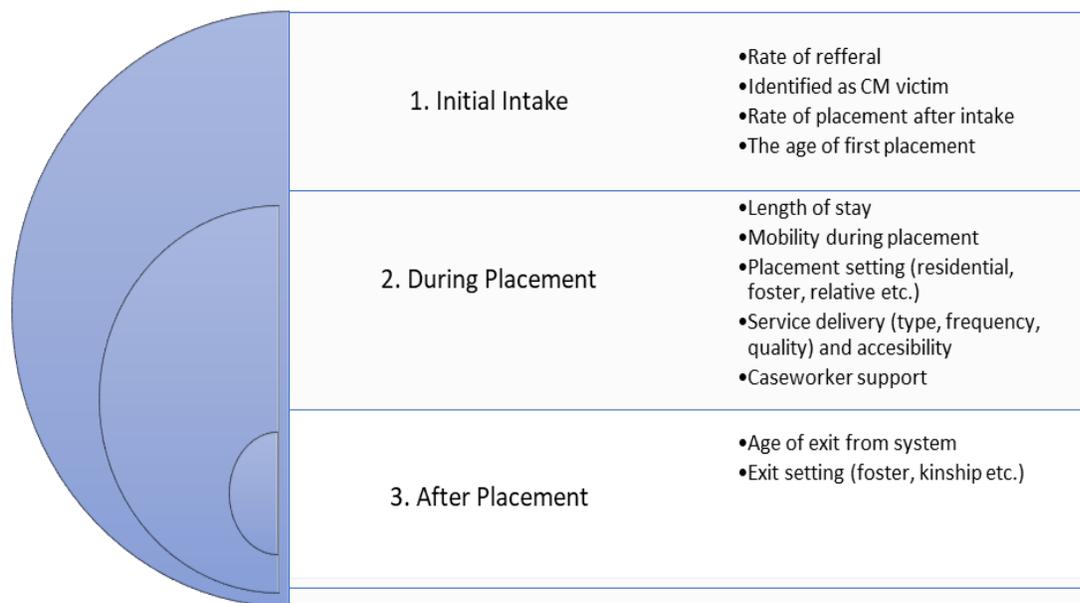


Figure 1. Racial disproportionality and disparity issues in the process of the CWS

### The contributing factors to racial overrepresentation and underrepresentation

Multi-level factors, including individual, structural, and institutional factors, may play a role in racial disproportionality and disparity in the CWS. Studies indicate that poverty is a significant risk factor for both the number of child maltreatment incidents and child maltreatment reporting (Berger,

2004; Putnam-Hornstein et al., 2013). Another study showed that poverty disparity and child maltreatment disparity were related, for Black and Hispanic children (Maguire-Jack et al., 2015). It should be noted that poverty and child maltreatment do not have a causal relation. Poverty may be a contributing factor to child maltreatment, especially to child neglect because child neglect is strongly associated with a lack of socioeconomic resources. In the U.S., neglect represents 60.8% of maltreatment determinations (Children's Bureau, 2018).

In the U.S., African Americans are nearly four times more likely to live in poverty compared to White Americans nationwide (Dettlaff et al., 2021). American Indian and Alaska Native children are three times more likely to live in poverty compared to White children (Annie E. Casey Foundation, 2020). According to the American Community Survey, the median income of Black households was significantly lower compared to that of White, non-Hispanic households in the 2015-2019 measurement in Ohio (Healthy Northeast Ohio, 2021). Some research has shown that Black children's rate of removal from their homes after CWS intake was significantly higher compared to White children even after accounting for potential risk factors, such as poverty (Rivaux et al., 2008). Given this, the poverty of families may not be seen as the only underlying reason for the overrepresentation of children of color in the CWS.

A robust body of research has discussed the impact of implicit bias and structural and institutional racism on the CWS decision-making process (Dettlaff, 2021; Dettlaff and Boyd, 2021; Maguire-Jack et al., 2020; Merritt, 2021). Some research suggests that the personal racial biases of child welfare workers have an influence on their decision-making in the CM response (Pryce et al., 2019). For example, Ards et al. (2012) stereotype assessment showed that caseworkers tend to decide whether the neglect situation exists based on their racialized beliefs. This study showed that caseworkers believed neglect was occurring and/ or reportable more likely in the same visualized vignettes if the children are Black as opposed to White. Another study found that the racial bias of caseworkers has a role in shaping the risk assessments and decisions about substantiation (Dettlaff et al., 2011). A recent study, on the other hand, showed that the overrepresentation of Black children cannot be completely reduced by eliminating racial bias (Baron et al., 2021). The result of this study pointed out that the removal probability based on race explained 4.5% of the overall disproportionality, highlighting the need for an examination of multiple factors and mechanisms to fully understand and address racial disproportionality and disparity in the CWS.

Dettlaff and Boyle (2021) argue the impact of structural and institutional racism on the CWS. Structural racism is a historically and culturally rooted ongoing mechanism that carries race-based inequalities to further generations. Recent studies have indicated the effects of structural racism on child welfare processes. For example, one study underlined the lived experiences of racism and race-based bias in Black and Latinx families involved with the CWS. The participants of the study reported that they have experienced mistreatment, fear, shaming, and judgment while engaging with the CWS (Merritt, 2021). The Columbus Foundation (2021) conducted interviews with the formerly CWS-involved (currently emancipated) youth, foster parents, and internal/ external program administrators. The themes that emerged from the interviews demonstrated a system-level, organization-level, and experience-level of racism towards Black people. Black individuals involved with the CWS expressed their experiences of race-based devaluation, negligence, and ignorance by the system at every step of their involvement.

## **The program, policy, and practice suggestions for addressing racial disproportionality and disparity**

Researchers have made several recommendations to federal, state, and local policymakers, field workers, and researchers to overcome the racial disproportionality and disparity in the CWS. Some of the recommendations are as follows (Merritt, 2021; Schechter et al., 1999; The Columbus Foundation, 2021; Thomas and Halbert, 2021):

- Measuring the racial disproportionality and disparity in the CWS,
- Uncovering and addressing the individual, structural and institutional racism, and racial bias in each step of child welfare services,
- Creating coordinated services to address the needs of CM suspected families,
- Reviewing the policy/ legislation regarding child welfare practices and then creating non-biased policies, and
- Creating culturally informed, anti-racist, diverse, and culturally competent caseworkers, and staff.

### *2. In-depth review of the ChiByDesign Ohio report on racism*

The panel spent a great deal of time reviewing the results of Ohio's report on racism. The report speaks to several avenues for intervention and improvement, but the panel felt the following two themes were most pertinent and well suited for a citizen panel to investigate further:

- "Black voices and experiences are not valued. Black interviewees told us that they were consistently ignored when expressing concerns about their care or their needs for assistance."
- "Young people feel they have no voice or choice in the process of foster care. Young people's voices do not figure into decisions that are made about their care. This is especially true for youth of color."

### *3. Overview of the foster care bill of rights*

To further justify the importance of this topic, the panel used the language from the newly edited and adopted foster care bill of rights. Ohio Administrative Rule 5101:2-5-35 details the rights of children placed in out-of-home care. The Ohio Foster Youth Bill of Rights guarantees a child will be free from discrimination based on race:

*(15) The right to protection against being discriminated against or harassed on the basis of race, sex, gender, gender identity, sexual orientation, disability, religion, color or national origin.*

### *4. Overview of CFSR well-being measures*

There are no dedicated CFSR measures that address racial disproportionality, racial disparities, or overt acts of racism towards youth and families involved with the CWS. The panel feels strongly and evidence from these activities support the idea that addressing disproportionality, disparities, and discrimination is a key element in supporting the well-being of children and families of color that touch the CWS.

## *5. Document review of the exit interview*

The panel considered if the exit interview might be a place for Ohio PCSAs to gather information about overt acts of racism towards youth in out-of-home care. While this process is not preventive in nature, the panel thought it might provide some information in SACWIS about youth experiences in placement. The panel reviewed the template for exit interviews to get an understanding of what kinds of information is gathered. While the panel agrees the template provides an opportunity to gather good information, there are several questions about functionality. There are no questions specifically probing the potential to have experienced discrimination or acts of racism. Additionally, the exit interview occurs at the end of a placement and would not be able to provide an intervention to such an event. Without an actual analysis of exit interviews, the panel cannot be certain how often this document captures experiences of racism.

## *6. Insight from Ohio YAB on the topic*

The panel members wanted to solicit the opinion of the Ohio YAB on this topic. The following points are a summary of the YAB's opinion. The YAB was unsure why a Chicago-based organization, ChiByDesign, that has no prior experience with foster care would be entrusted to lead the writing of Ohio report on racism. Their organization was founded in 2018. They are based in Chicago and have not worked with the child welfare system in their area.

The founder has three years of experience working with juvenile justice, but none of the youth he worked with were dually involved in the foster care system. To quote from an email from him: "As a young firm, we don't have much collective experience working with youth services departments but hope to in the future."

When YAB previously connected youth with ChiByDesign, they circled back with concerns that the organization did not understand foster care: "How can you re-design something if you don't understand it in the first place?" The goal to co-design an anti-racist system is a lofty one, and one that requires scientific rigor, and according to their 2020 report, ChiByDesign spoke with:

- 7 Emancipated Youth
- 6 Foster Parents
- 4 Internal/External Program Administrators
- No Biological Parents

Based on the experiences reported back from other youth who had connected with ChiByDesign, YAB did not make any recommendations.

## Next Steps:

The panel will participate in the annual strategic planning with all Ohio CRPs on May 16, 2022. Panel members used this time to solidify their plan for 2022-2023 data collection procedures. The next steps for the Northwest Ohio CRP are summarized here:

1. The panel will participate in strategic planning to define their topic, question, and data collection procedures.
2. The panel will seek feedback from the OSU team, ODJFS, and other relevant stakeholders regarding their plan for primary data collection from youth and families.
3. Following IRB approval, the panel will move forward with data collection procedures.
4. With assistance from the OSU team, the panel will analyze the data and decide on the best way to present the results.
5. The panel will make recommendations for improvement in the 2022-2023 work year.

## Report 2: Northeast Ohio CRP Report

The Northeast Ohio CRP focused their evaluation on the support for Ohio's child welfare workforce who are negatively affected by secondary traumatic stress (STS). The panel gathered information from several sources including academic literature, best practice guides, and PCSAO's workforce data and report. The panel also met with relevant stakeholders including ODJFS and PCSAO to better understand the scope of the topic and discuss potential strategies for change. As a result of the evaluation, the panel developed recommendations for improvement in Ohio's child welfare workforce well-being.

### Annual CRP activities

#### *Schedules*

The Northeast Ohio CRP meets bi-monthly from August to May of each work year. The 2021–2022 work year began with the Ohio CRP Annual Strategic Planning Meeting on Thursday, May 27, 2021 virtually due to the COVID-19 pandemic. All Ohio CRP members were invited to attend this meeting. The Annual Strategic Planning Meeting allows the Northeast Ohio CRP, in conjunction with the other panels, to learn from the other panels' previous year of work and plan for the next year. The Northeast panel decided on a topic and created a data request for ODJFS at the annual meeting.

Regular meetings for the Northeast Ohio CRP began in September 2021. The panel meets bi-monthly on the third Wednesday of the month from 2:00pm to 4:00pm at the Stark County Educational Service Center (6057 Strip Ave NW North Canton, OH 44720 Room 216). Due to the continued risk of in-person gathering and COVID-19, all meetings during the work year were conducted via Zoom. The following is a list of all meeting dates for the panel from September 2021 to April 2022:

**Table 2. Northeast Ohio CRP Regular Meeting Schedule:**

Wednesday, September 15, 2021
Wednesday, October 20, 2021
Wednesday, December 15, 2021
Wednesday, February 16, 2022
Wednesday, April 20, 2022

#### *Changes to Panel Membership*

The Northeast Ohio CRP began the work year with ten members. They maintained these members throughout the year. These ten members are identified in the Panel Membership and Professional Affiliation section. The panel elected a new chairperson, Jim Molnar at the beginning of the year, and he will continue to serve as the chair moving forward. The Northeast Ohio CRP is losing four members at the end of this work year. They have already recruited two new members who will join in 2022-2023. This panel is diligent about maintaining membership numbers, and they plan to continue their strong engagement with members to maintain their membership

structure. The panel plans to engage in additional member recruitment prior to the start of the 2022-2023 work year with plans to add at least two more members.

## Successes, Challenges & Achievements

Northeast Ohio CRP members identified several successes, challenges, and achievements during their work in 2021-2022. The Northeast Ohio CRP had excellent participation and attendance from members during the bi-monthly meetings. The panel identified themselves as a diverse and strong group. The newly elected chairperson is credited with leading great conversation. The panel enjoyed candid conversations that showcased each of their expertise and encouraged reaching consensus quickly. This panel's strong leadership is a major success. Panel members reported being appreciative of the opportunity to serve on the CRP.

The panel identified the upcoming loss of multiple core panel members as a challenge. Panel members understand the constantly changing work demands of fellow volunteers, but they are saddened by the loss. Despite this challenge, the panel is excited to begin a new year of work with a new topic and new members. The new members coming into the next year of work are eager and excited for this opportunity.

## Background

Northeast Ohio CRP focused their evaluation on the support for Ohio's child welfare workforce who are negatively affected by STS. The panel is aware that child welfare services are only as effective as the workforce delivering these services for children and families. Panel members hope this report can be an advocacy tool for child welfare caseworkers. It is important for the community and child welfare agencies to recognize the STS involved in child welfare work and place an emphasis on worker well-being.

## Ohio Strengths

The child welfare workforce turnover crisis is of immediate importance to ODJFS and PCSAs. A recent report funded by PCSAO details the workforce crisis and provides several suggestions for strategies to address the problem. These suggestions are aimed at counties as well as the state level. This report will be a major asset as PCSAs and ODJFS move forward and implement some of these strategies. Any intervention to address workforce turnover must be delivered at multiple levels of the system. It is apparent that ODJFS is ready and open to ideas to improve the well-being of their child welfare workforce.

## Data

The Northeast Ohio CRP used various data sources to gain perspective on how ODJFS and PCSAs support the child welfare workforce, particularly how they acknowledge and address experiences of STS. First, the panel conducted a literature review to better understand the scope of workforce turnover and the effects of STS on the child welfare workforce.

Following this initial conversation and review of literature, the panel decided to dig further into how the community views the work of child welfare. They hypothesized this might have an impact on turnover given that the often-traumatic nature of child welfare work is not widely recognized or acknowledged by the public. The OSU team assisted the panel in gathering additional literature about this arm of the topic. Additionally, the OSU team was able to have a conversation with PCSAO who had also considered if child welfare work might be viewed as first responder work.

The panel developed a few conclusions as well as a pros and cons list of this view on child welfare work.

Pay and benefits available to the workforce is another key factor to be considered with regards to STS and worker turnover. PCSAO provided the panel with recent starting wage data for child welfare caseworkers in Ohio. This data was collected in May 2021. The panel also looked at starting wages for other public services in Ohio. A summary of this information is provided in the next section.

Finally, the panel entertained a conversation about looking forward to how child welfare work might look different in the future. They solicited information about new models of work and how child welfare agencies can be trauma-informed regarding the STS experienced by their workers. This information also included current Ohio initiatives to address worker STS through the Coach Ohio intervention.

## Results

A summary of each data collection effort is summarized in this results section.

### *1. Literature review*

The child welfare workforce is experiencing a workforce crisis in terms of turnover and retention of workers. Nationally, estimates place the turnover rate between 20-40% (American Public Human Services Association, 2005; Casey Family Programs, 2017). High turnover can be costly for the children and families served by these agencies. Research suggests workforce turnover can lead to negative permanency outcomes for families, concerns about timeliness and quality of services, among other key child welfare functions (Casey Family Programs, 2017). High turnover rates can also have costly consequences for child welfare agencies in the recruitment, hiring, and training of new workers on a cyclic basis. This can also lead to a loss of productivity by current workers and a decrease in work morale of the remaining workers (Phillips, Bunger, & Parmenter, 2022; Westbrook, Ellett, & Deweaver, 2009).

A combination of personal and organizational factors has been linked to workforce turnover, including the workforce's exposure to secondary traumatic stress (Kim & Kao, 2014; Molnar et al. 2020). STS is defined as the emotional distress that results when an individual is exposed to the firsthand trauma experience of another (Molnar & Fraser, 2022). This could include hearing and writing about someone's trauma experiences, seeing the impact of that trauma, or testifying in court about those experiences (The National Child Traumatic Stress Network, 2016). STS exposure has been linked to lower job satisfaction and lower retention rates (Molnar et al. 2020). Child welfare staff are highly susceptible to secondary traumatic stress due to their engagement with vulnerable families, the unpredictable nature of the work, and the general safety concerns with being out of the office and in communities (The Resilience Alliance, 2011).

STS and its effect on staff can be complicated. A worker's experience of STS can be dependent on the nature of the exposure including the severity, dosage, and type. A worker may also have personal factors such as a trauma history or other PTSD risk factors that could influence the outcomes of exposure to STS. The supports available in the socioenvironmental context such as disproportionality, racism, or social supports can play a role in the experience of STS. There may also be protective factors such as resilience, practice strategies, or other workforce interventions

to combat negative consequences. Child welfare organizations may also play a role in mitigating the effects of STS including culture, climate, and how informed the organization is about their workers exposure (Molnar & Fraser, 2022).

Of particular concern for child welfare organizations, the co-existing conditions that often occur in these work environments such as burnout and moral distress among workers adds complexity (Molnar & Fraser, 2022). Child welfare agencies are often plagued with high caseloads and low extrinsic benefits which can complicate a worker's experience of STS. Looking ahead, organizations can be focused on how their agency can be informed about STS and vicarious trauma experienced by workers. Organizations can assume responsibility for addressing the effects through preventive and proactive policies, procedures, and programs (Chadwick Trauma-Informed Systems Dissemination and Implementation Project, 2016).

In Ohio, to address workforce turnover and STS, the quality improvement center on workforce development (QIC-WD), in collaboration with ODJFS, conducted surveys with 588 Ohio child welfare workers in early 2018 as part of a new workforce intervention. About 53% of respondents reported they had recently experienced elevated levels of STS symptoms. To better understand this, the survey also found that the organizational culture and climate across participating counties was above average in rigidity and resistance, and below average in engagement. Results suggested staff were resistant and unengaged, as most staff were experiencing the negative effects of high levels of STS. The QIC-WD zeroed in on issues related to supervision to address these issues. ODJFS, in collaboration with the QIC-WD, created Coach Ohio, a multi-level Supportive Supervision intervention. The research team identified the expected outcomes of this intervention. Short-term outcomes include enhanced emotional regulation, optimism, resilience, coping, perceived support, job satisfaction, organizational commitment, and intent to stay. Medium- and long-term outcomes include decreased turnover and enhanced child outcomes of safety, permanency, and well-being (QIC-WD, 2018).

## *2. Public Perception*

The panel hypothesized that the public often seeing the work of child welfare as negative and caseworkers often being unwilling to share their profession in public setting could have an impact on their experience of STS and their willingness to remain with the profession for a long period of time. Recent research suggests this may be true. The research indicates the importance of agencies acknowledging the strong influence public perception can have on the child welfare workforce (Lawrence et al., 2018).

Caseworkers were asked about how the public views their work, and results indicate four domains: blame, stigma, nature of the work, and respect. Child welfare workers reported high profile cases where tragedies occur leave them feeling unsure about their job security, and they consider leaving their positions. Additionally, workers reported feeling devalued by peers due to their work with stigmatized and involuntary clients. Individuals often enter the field looking for meaningful work, but the negative public perception of their work can leave them feeling like they want to leave. Finally, workers expressed a strong need for respect from the public along with respect from coworkers and supervisors as an important factor in wanting to stay employed in their agency (Lawrence et al., 2018).

The panel had numerous discussions about how respect for the child welfare workforce can be promoted by ODJFS or other child welfare stakeholder organizations. One strategy to enhance

positive public perception of child welfare work might be to identify the workforce as first responders. The STS experienced by the child welfare workforce mirrors that experienced by other first responders including dispatchers, law enforcement, fire services, and emergency medical services. Child welfare work can be considered first responder work in its child protection duties and carrying out government mandates (Payne, 2014). First responders are generally respected in the community for their service to their community, while child welfare caseworkers are not afforded the same status or respect. Some experts suggest a failure of the public and other child serving systems to see the child welfare workforce as professionals is detrimental to the field (Payne, 2014). Child welfare work is often viewed as a “stepping-stone” for new graduates to gain experience and then move on to lower stress, higher paying positions (Payne, 2014). Elevating these workers to a first responder status might help to enhance respect among the public of child welfare work.

No academic literature exists to investigate this idea, and there are no known strategies that detail how to move a position to be considered a first responder or who is empowered to make this change or designate a position as first responder work. There is little guidance from legislation as to what work qualifies as first responder work. The dictionary defines a first responder as “a person who is certified to provide medical care in emergencies before more highly trained medical personnel arrive on the scene” (Dictionary.com, 2022). This suggests the term first responder is more a socially constructed one rather than an employment term.

To learn more about the possibilities of child welfare workers being considered first responders, the OSU team was able to facilitate a conversation about this topic with PCSAO. PCSAO stated that they had put together a work committee to investigate the possibility of elevating the status of child welfare workers to first responder status in February 2020, just prior to the onset of COVID-19. Due to the pandemic, PCSAO reported the work of the committee did not feel finished, but they provided the panel with some of their thoughts on the subject. The first point to consider is that “first responder” is not an actual employment term, rather a socially constructed term. PCSAO noted it might be more realistic to identify child welfare workers as “essential employees.” PCSAO noted many PCSA directors continue to acknowledge that their workers were not prioritized for the COVID-19 vaccine despite their continued, mandated work in the community. Labeling the child welfare workforce as essential employees may have addressed that issue and should be considered moving forward.

The term “essential employee” became immensely important during the COVID-19 pandemic quarantine periods. Ohio utilized federal guidelines to designate essential employees through the stay-at-home orders implemented in 2020. Ohio cited federal guidance from The Department of Homeland Security in identifying critical infrastructure. This guidance mentions “law enforcement, public safety, and first responders,” but it does not explicitly refer to child protection or child welfare systems personnel (Cybersecurity and Infrastructure Security Agency, 2020). According to these stay-at-home orders, child welfare services were considered “essential government functions” (Ohio Department of Health, 2020). It is unclear if child welfare workers are currently considered essential employees based on these documents. Overall, it seems “essential employee” might be a better fit for child welfare work compared to “first responder.”

A final point of discussion with PCSAO related to the so-called child welfare’s “identity crisis” (Phillips, Bunger, & Parmenter, 2022). The nature of child protection and government duties

suggests child welfare work is indeed first responder work in terms of “protection.” Yet the crux of child welfare goals is to ensure the safety and well-being of each child served. Child welfare agencies work with the family to maintain the child in their home as the primary goal, then if removal occurs, family reunification becomes the goal. This approach lends the field more towards behavioral health and wellbeing. These two sometimes competing goals can cause confusion among the public as well as new hires. The public may not understand the goals of the child welfare system and only hear about high profile tragedies of abuse and neglect occurring in their community. The community rarely get the opportunity to hear about the hard work and long hours child welfare caseworkers experience in striving to ensure children and families are safe and thriving.

The panel reviewed a couple other opinion pieces that speak directly to public awareness campaigns and the elevating of child welfare work within communities. This type of intervention may address the confusion about child welfare work in the community and in turn reduce worker turnover. While no organizations reported on the effectiveness of their public campaigns with data, anecdotal evidence suggests some successes. Arizona Department of Child Safety (DCS) released a video to the public in 2018 explaining exactly what child welfare workers do and who their employees are. The agency even recruited former foster youth to participate in the project. The video gives the public as well as potential workers a good idea of what the job entails. It also assigns investigators the title "secret superhero," suggesting that the department is trying to build more respect for their work (Riley, 2020).

According to Gregory McKay, the former director of the Arizona DCS their agencies have seen decreased caseloads and lower turnover because of the public awareness campaign. He stated the agency is attracting more qualified people to their open positions, and they are staying. This increase in workers remaining in their positions results in the decrease in caseloads as the agency approaches worker capacity. Workers are often seen wearing department hats and shirts proclaiming their work on the agency and are no longer ashamed to tell their peers what they do for a living (Riley, 2020).

A similar campaign was launched in New York just prior to Arizona’s efforts. The panel was unable to locate any details about the campaign or connect with someone from New York to discuss further.

### 3. Pay and Benefits

Salary and benefits play a major role in the child welfare workforce turnover.

Child welfare work involves government mandates, community work, and potential experience of STS, like other public service positions. The panel gathered publicly available information about the starting salaries of public service positions in the community. Table 3 details the results of a search of the online employment search, Indeed in October 2021.

Table 3. Starting salaries from Indeed.com (October 2021)

Position	Starting Salary
Emergency Medical Technician	\$35,104
Public School Teacher	\$41,895
Law Enforcement	\$43,567
Fire Service	\$45,312
<b>Child Welfare Worker</b>	<b>\$45,792</b>
Dispatcher	\$45,942
Public Health Social Worker	\$52,991

Additionally, PCSAO provided the panel with a workforce salary data collected in May/June 2021. This collection was a multi-association survey that covered children services, income maintenance, child support and workforce/OhioMeansJobs. PCSAO noted the response rate was low. Table 4 provides the results of this data collection.

Table 4. Ohio child welfare caseworker and supervisor salary

Typical Average Salary	Typical Average Salary	Typical Median Salary	Lowest Salary
<b>Caseworker 1</b>	\$35,651	\$37,752	\$29,057
<b>Caseworker 2</b>	\$42,473	\$42,244	\$33,051
<b>Caseworker 3</b>	\$50,190	\$48,672	\$34,299
<b>Supervisor</b>	\$58,572	\$58,240	\$39,228

### 4. PCSAO Workforce Report

PCSAO in collaboration with a team of Ohio State researchers released a detailed workforce report in February 2022. The panel was able to review this report during their February 2022 meeting. PCSAO's report highlights the need for comprehensive and coordinated change at all levels of Ohio's complex child welfare system (Phillips, Bunger, & Parmenter, 2022). The panel echoes this sentiment and resonates with several of the recommendations put forth in the workforce report. The panel hopes their ideas can be supportive of PCSAO, ODJFS, and PCSAs' continued work to address workforce turnover among child welfare workers in Ohio.

## 5. *Potential Solutions*

Throughout their work, the panel considered potential solutions from all identified literature. The following items are places for improvement that may or may not have been considered by ODJFS or PCSAs.

- **Teaming:** Agencies should consider how casework could look different in the future. Like law enforcement agencies, teaming cases with multiple workers might lower stress and lower the workload load per case.
- **Overfill:** Child welfare agencies can often predict periods of time during the year when caseloads will be high or particularly difficult for workers. Agencies should have methods to address these high caseload times such as a crisis unit to take cases, teaming cases during this time, or allowing supervisor to take cases.
- **Pay:** Child welfare agencies should use other public service salaries as a means for advocacy. While starting salaries may look similar, child welfare agencies' ending salaries for veteran workers may look quite different.
- **Technology:** Beyond providing workers with a phone or a laptop for work, other public services have immediate access to case notes while out in the field. There should be technology solutions to support child welfare workers' effective performance while they are out in the community.
- **Relief for STS:** Child welfare agencies need to take a bigger role in recognizing and mitigating STS among their workforces. Steps might include consistent critical incident debriefing, preventative training on worker awareness of STS, sabbaticals for training and education, rotation to a non-case carrying unit, or a mentorship position of new workers. This might also include creating wellness programs and spaces to practice wellness activities like meditation or yoga.
- **Supervision:** Ohio is utilizing the Coach Ohio intervention to train supervisors in recognizing and responding to STS in their workers. This strategy might be used statewide in the supervisor training to move agencies towards being STS informed.
- **Training:** Child welfare caseworkers need adequate time to work towards a full caseload. Other public services require certification prior to employment making the onboarding process much easier. While this may not be feasible for the child welfare workforce, these timelines must be considered during the onboarding of new workers.
- **Public Awareness:** The state might consider how to increase public perception of child welfare workers with a focus on worker well-being.

## Conclusions

The Northeast Ohio CRP reached several conclusions following their year of work focused on the child welfare workforce STS. These conclusions are driven by the multiple data and information gathering activities. First, child welfare agencies in Ohio can take steps towards acknowledging that workers experience STS and this can have an impact on worker well-being and retention. The academic literature and the PCSAO workforce report support this conclusion that organizations must take a role in recognizing the issues of STS in the workplace to take steps to become a trauma-responsive system. A workplace asking their employees about their well-being can have a positive effect on retention and is a step towards becoming more trauma-responsive.

Second, this idea of becoming a trauma-responsive system also applies to supervisor-worker relationships. Workers should feel like their supervisor cares about their work and professional development, but they should also feel like their supervisor cares about them as a person and their overall well-being. Ohio has taken steps to focus on supervision through the Coach Ohio intervention, but this has not been adopted statewide. The panel recognizes the difficulty of middle-management, and there should be adequate training and support for supervisors to effectively care for child welfare caseworkers in Ohio.

Third, child welfare work is hard, and the workforce is experiencing STS on top of work overload and burnout. Data detailing the pay rates for child welfare workers and other public service positions suggest similar starting salary ranges. There was no data to suggest employees with tenure across these public services are also equitable. Anecdotal evidence suggests child welfare work does not keep pace with other public services as tenure increases. The panel believes workers should be compensated appropriately for their important work, coupled with the stressful and often dangerous circumstances of their job.

Finally, the child welfare workforce appears to lack respect from the public as well as other community partners. At the height of the pandemic child welfare work was not deemed essential, and child welfare workers were not prioritized for vaccines. “Heroes Work Here” signs were not posted in front of child welfare agencies when they continued working in the community and in clients’ homes without being deemed essential. This issue might be a function of the public being undereducated about the role of child welfare services. It could also be confusion about the role of child welfare among its community partners. Child welfare workers deserve respect for their important work with children and families.

## Recommendations:

1. ODJFS should launch a public awareness campaign about the important work of child welfare and the need for initiatives to address STS and promote the well-being of child welfare workers

Evidence suggests that public awareness campaigns can influence child welfare workforce turnover. Less evidence is available to consider such an effort's effect on worker well-being or the experience of STS. Anecdotal evidence suggests that when the public is supportive of child welfare, workers may feel more supported following exposure to a traumatic event. From a citizen perspective, the panel feels strongly about the need to include this recommendation in the report. In addition to launching a public awareness campaign, they recommend creating a plan to evaluate the effectiveness of a public awareness campaign as part of this effort.

2. ODJFS should create or utilize an existing work committee dedicated to investigating the feasibility of new workforce models

Throughout the panel's data collection, several ideas arose as potential solutions for addressing workforce turnover and STS experienced by the workforce. Interventions such as teaming cases, sabbaticals for training or education, and rotation to non-case carrying units may be strategies to mitigate STS and other negative workforce outcomes such as burnout and turnover. These interventions might include pilot testing and must be considered within the resources available by county. Community partners such as PCSAO have expressed an interest in exploring how we might do child welfare work differently. This group could be a starting point to discuss the future of child welfare workforce models.

3. ODJFS should create and provide PCSAs with tools to measure workforce well-being

The literature suggests when organizations ask their workforce how they are doing, it can positively influence how the worker feels about the agency. It is important for PCSAs to acknowledge STS among child welfare workers, measure workforce well-being, and employ strategies to address or mitigate the effects of STS on worker well-being. Having the tools to deploy these measures might be a barrier depending on PCSA resources. ODJFS may be able to assist by providing the measures and guidance on their importance to PCSAs.

4. ODJFS should develop or utilize existing critical incident debriefing protocols to be provided to all PCSAs.

A key step for child welfare organizations to become a trauma-responsive system to address the STS of their workforce, is to provide critical incident debriefing following a traumatic event at work. These events can include a child fatality, violence against a staff member, or acts of community violence. Some PCSAs may have critical incident debriefing protocols, but some may not recognize the need for this or have the tools to deliver these services for workers. ODJFS can consult the literature for models of critical incident debriefing such as Critical Incident Stress Debriefing (CISD) or the Restoring Resiliency Response (RRR) Model (The Chadwick Trauma-Informed Systems Dissemination and Implementation Project, 2016).

## Report 3: Central Ohio CRP Report

The Central Ohio CRP explored Ohio's child welfare response to children and families exposed to domestic violence (DV). Specifically, they set out to learn how PCSAs engage with families in ongoing cases who continue to experience domestic violence. The panel gathered academic literature, Ohio Revised Code (ORC) information, and engaged with DV experts to better understand the scope of the problem. Additionally, the panel spent time learning about the best casework practices for DV involved child welfare cases from a variety of resources. The panel conducted case reviews specifically looking at a random sample of 50 case plans to learn how PCSAs treat and manage DV cases. The panel conducted the reviews specifically looking for the best practice principles for families experiencing domestic violence. They also included a look at the availability of DV services for victims and batterers in each Ohio county for additional context. This report summarizes the panel's main findings from the case plan reviews and their recommendations for change.

### Annual CRP activities

#### *Meeting schedules*

The Central Ohio CRP meets bi-monthly from August to May of each work year. The 2021–2022 work year began with the Ohio CRP Annual Strategic Planning Meeting on Thursday, May 27, 2021 which occurred virtually due to the COVID-19 pandemic. All Ohio CRP members were invited to attend this meeting. The Annual Strategic Planning Meeting allows the Central Ohio CRP, in conjunction with the other panels, to learn from the other panels' previous year of work and plan for the next year. The Central panel decided on a topic and created a data request for ODJFS at the annual meeting.

Regular meetings for the Central Ohio CRP began in September 2021. The panel meets bi-monthly on the on the first Tuesday of the month from 11:30–1:30 pm at Youth Advocate Services in Columbus. Due to the continued risk of in-person gathering and COVID-19, all meetings during the work year were conducted via Zoom. The following is a list of all meeting dates for the panel from September 2021 to April 2022:

**Table 5. Central Ohio CRP Meeting Schedule:**

Tuesday, September 21, 2021
Tuesday, October 12, 2021
Tuesday, December 14, 2021
Tuesday, February 8, 2022
Tuesday, April 12, 2022

### *Changes to Panel Membership*

The Central Ohio CRP began the work year with nine members and maintained this membership throughout the work year. A core group of CRP members has consistently participated on this panel, and its members have committed themselves to the ongoing recruitment of new members. The panel will lose three members at the end of this work year, but a strong recruitment effort in March resulted in six new members joining for the next work year. The panel is excited to begin a new work year with a whole new set of members. The combination of veteran members and new members will generate new and exciting ideas. The panel will also need to elect a new chair for the 2022-2023 work year.

### Successes, Challenges & Achievements

The Central Ohio CRP identified the completion of their first two-year project as a major success. They used case plan reviews as the main method of data collection and analysis. This is the first time this methodology has been used in the CRP program. This is certainly an achievement for this panel and the CRP program at large. The completion of a two-year project requires dedicated members who are passionate about the topic at hand. These panel members are exemplary passionate volunteers.

Membership retention has been an ongoing challenge for this panel since its inception. Despite this challenge, the major recruitment effort this year has resulted in a bright future for this panel, with six new members joining for the next work year. Panel members are excited for new opportunities for evaluation with a group of new volunteers.

### Background

This report represents the final product of a two-year project about Ohio's child welfare response to families experiencing domestic violence.

The first year of the project in 2020-2021, the panel conducted a literature review on Ohio's child welfare response to families experiencing DV. This review focused on how DV is defined in Ohio, the screening guidelines for DV cases, the scope of the problem in Ohio, the impact on children and families, as Ohio initiatives to address the problem. ODVN defines DV in the following way:

*Domestic violence is “a pattern of abusive and coercive behaviors, including physical, sexual, and psychological attacks, as well as economic coercion, that adults or adolescents use against their intimate partners.”*

The best practices literature suggests a community response to DV through building and sustaining partnerships provides the most effective supports for these families. It is important for communities to develop a shared vision as well as accompanying policies and protocols to best serve children and families (Shorey, Tirone, & Stuart, 2014). Ohio's Community Response Protocol was initiated by The Ohio Intimate Partner Violence (IPV) Collaborative (Collaborative). This network of state partners aimed to reduce the number of foster care placements for children exposed to DV by developing shared language, policies, and practices in a network of community partners (The Ohio Intimate Partner Violence Collaborative, 2016).

In 2008, a sample of Ohio PCSAs began an 18-month pilot of a Differential Response (DR) child protection model. DR provides two pathways, Traditional Response (TR) and Alternative Response (AR) to serve a family when a report of abuse and/or neglect is screened in by the

PCSA. Through this pilot project, PCSAs identified many families receiving DR services via a screened in report of child abuse and/or neglect were families experiencing domestic violence. In response to this finding, Casey Family Programs provided additional support to expand the capacity of child welfare agencies' ability to respond to these cases. The Ohio Department of Job and Family Services (ODJFS) contracted with the National Center for Adoption Law & Policy (NCALP) to facilitate the Ohio IPV Collaborative (The Ohio Intimate Partner Violence Collaborative, 2016).

The Ohio IPV Collaborative led the charge to adopt a community response protocol based in David Mandel & Associates' *Safe and Together* (S&T) model. While the panel is interested in Ohio's use of S&T, they are also aware there are several other best practices and/or models that guide child welfare's response to families experiencing DV. S&T is one option for caseworkers and supervisors to fulfill their training requirements specifically for the topic of DV. The panel used the most referenced best practices and models to craft their methods for review.

The panels reviewed three commonly used and referenced models that are intended to serve families at the intersection of DV and child welfare. The S&T model provides a holistic framework for child welfare and DV agencies, communities, and court systems. Another response to violence was also based on the idea of the coexisting nature of CM and DV. The National Council of Juvenile and Family Court Judges, Family Violence Department (NCJFCJ) suggested a guideline for the policy and practice of DV and CM cases for the court system, policymaking and service providing. This book of principles is known as *The Greenbook* (NCJFCJ, 1999). Another guideline focusing on DV and child welfare is the *Adult & Child Survivor-Centered Approach* by the Quality Improvement Center on Domestic Violence and Child Welfare (The QIC-DVCW). This model is referred to as *The Approach* (QIC-DVCW, 2019). The *Greenbook*, S&T, and *The Approach* have a different number of and mostly overlapped principles and suggestions on the process of DV/CM response.

These principles are summarized in Table 6.

Table 6. Principles of the DV-CW response models

Principles	DV-CW Response Models		
	S&T	Greenbook	QIC-DVCW
Avoid victim-blaming	▪	▪	▪
Collaborative safety planning involving adult survivors/family	▪	▪	▪
Aiming for the stability, safety, and well-being of the child	▪	▪	▪
Keeping the child in the care of a non-offending parent	▪	▪	
Promoting the protective factors/strengths of DV survivors	▪	▪	▪
Holding the DV perpetrator accountable for their behavior	▪	▪	▪
Intervening/ engaging with DV perpetrator	▪	▪	▪
Promoting the healing and well-being of DV perpetrator			▪
Culturally competent and inclusive DV-CW services	▪	▪	▪
Equity and respect for all who are in the DV-CW system	▪	▪	▪
Being collaborative across varying agencies in the community	▪	▪	▪
Informing the court system/law enforcement about the model	▪	▪	▪

As seen in Table 6, all three models suggest that a child, adult survivor, and all victimized family members should be protected. All models have a consensus that the services must be tailored to the needs of each survivor/family. Thus, adult survivors must be included when identifying and addressing their families` unique risks and needs. Addressing the DV perpetrators` responsibility and intervention to DV perpetrators was mentioned in the models above. Additionally, The Approach model finds promoting the healing and well-being of DV perpetrators essential for the sake of the child and DV adult survivor (QIC-DVCW, 2019).

Also, culturally responsive DV/CM service competency was highly emphasized in the principles. According to the models, stereotyping both the perpetrator and adult survivor by race, religion, education, class, culture, etc. might result in poorer outcomes for child and adult survivors. All models also mention the detrimental effect of gender inequality on the adult survivor in DV/CM responses. In conclusion, all models suggest that people in DV/CM response should be culturally competent and should follow the principle of non-discrimination. Services should be accessible

for all people and everyone in the system should be treated with respect. Also, it was suggested that legal institutions improve their capacity by considering these models to ensure the safety of child and adult survivors.

Experts identify work required to increase Ohio's capacity to meet the needs of these families. The first is the need to build data capacity. Workers and supervisors have found unique ways to identify and gather information about DV on their cases, yet there is room for improvement in how information about DV is collected in SACWIS. Additionally, more cross-training is needed for all child and family serving systems to better understand each other's roles and responsibilities and continue to develop a shared vision for a community response to DV (The Ohio Intimate Partner Violence Collaborative, 2016).

## Ohio Strengths

The Central Ohio CRP identified several strengths surrounding the topic of Ohio's child welfare response to families experiencing domestic violence. The first major strength is Ohio's recognition of the concerning number of children experiencing DV through the implementation of Differential Response (DR) which provides two pathways, Traditional Response (TR) and Alternative Response (AR) to serve a family when a report of abuse and/or neglect is screened in by the PCSA. During the implementation of DR, Ohio recognized the concerning trend in the number of families experiencing DV, and took major steps in seeking support and making major practice changes to address this problem through the implementation of S&T. The state recognized the importance of a standard community response to DV led by the most current research on best practices. Additionally, there are a wealth of experts in child welfare and DV disciplines in Ohio who are passionate about improving the existing gaps in services for children and families. This passion is what inspired the panel to lend their expertise and citizen voice to this topic. The panel commends Ohio on their dedication to the implementation and sustained practice of a community response to DV.

## Data

The Central Ohio CRP conducted a review of 50 randomly selected case plans from Ohio PCSAs. ODJFS SACWIS experts provided the random sample based on the following requirements from CRP members:

- Case plans must include services that address domestic violence
- Case plans come from counties that vary by size and geographic location
- Case plans come from counties who have completed Safe and Together training and those who have not completed the training

These criteria were agreed upon with the SACWIS team as providing the best chance to select cases that will allow the panel to meet their strategic plan goals. Case plan data is stored on the OSU database with all the necessary data protections. The data sharing agreement has been signed by both OSU and ODJFS.

OSU team members were able to meet with the evaluators of the Ohio Safe & Together implementation. This final evaluation included desk reviews of cases to understand how caseworkers were assessing for domestic violence among new intakes. Both Dr. Kenneth Steinman, PhD, MPH, Galade Research & Project Management, LLC and Sheri Chaney Jones,

President & CEO Measurement Resources, Inc. provided the panel with advice and insights on developing a tool to guide the reviews and methodology and logistics of conducting such document reviews. The panel’s goal is like that of the Safe & Together final evaluation. They aim to identify if caseworkers are using best practice language and principles in their case planning, and they aim to better understand the services provided to families who are experiencing DV via the case plan.

The full review tool is included in Appendix A.

A summary of the results of the case plan reviews is in the results section.

Upon completion of the case reviews, the panel sought to better understand the services provided to families in Ohio experiencing DV. Using the ODVN program map last updated in December 2020, the ODVN program membership guide from 2021-2022, and a final overview of the services available directly from ODVN experts, the panel put together an excel sheet of available DV services in the counties represented in the CRP case plan sample (ODVN, 2020). This information was added to the case plan review data for additional analysis. Results are summarized in the next section.

## Results

### *Case Plan Reviews*

Panel member reviewed a total of 50 case plans using the case plan tool. Figure 2 shows the representation of the case plan sample.

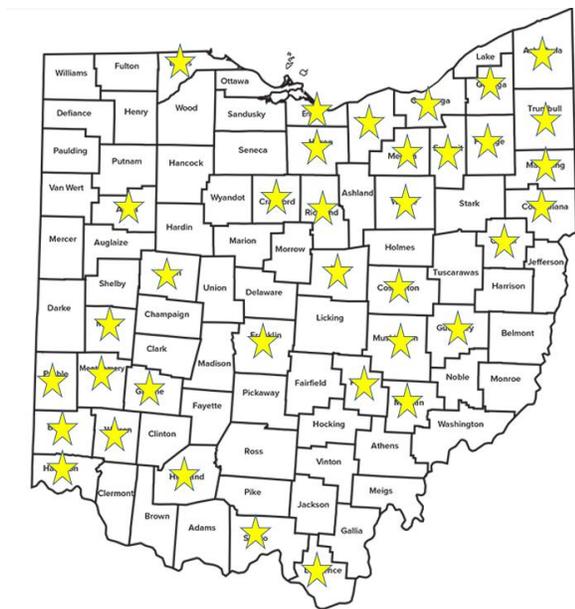
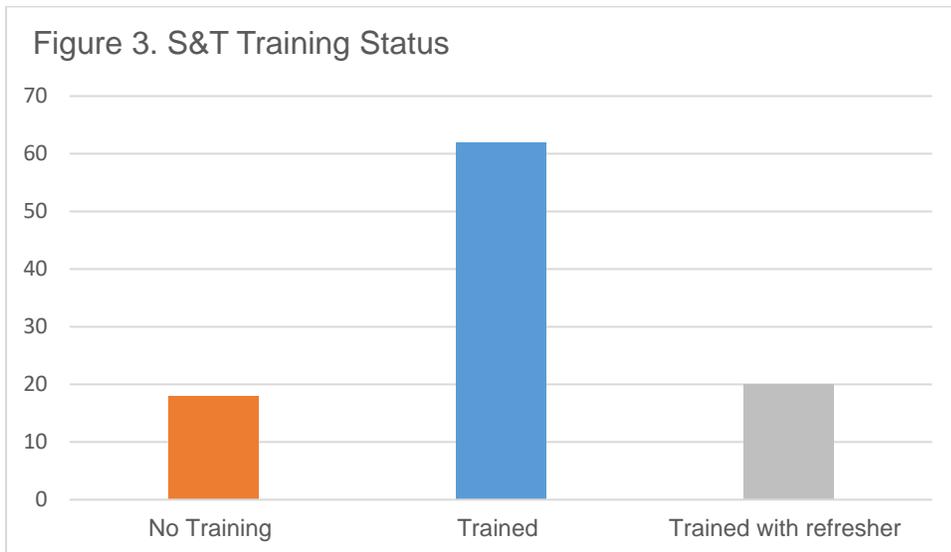


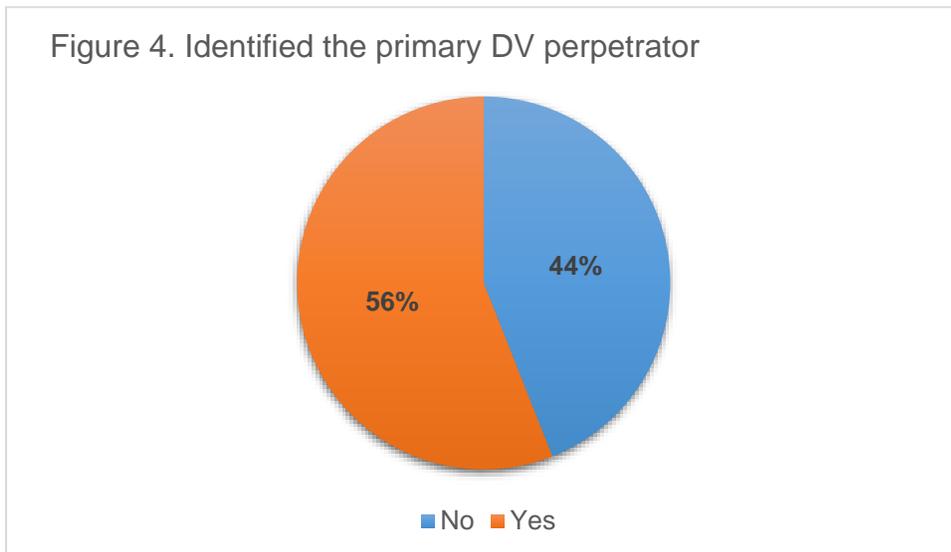
Figure 2. Counties included in the case plan sample.

The panel purposefully sought a mix of case plans from counties who have been trained in S&T, those not trained in S&T, and those trained in S&T with a booster/refresher training. Due to the panel being unable to access information about which caseworkers or supervisors specifically

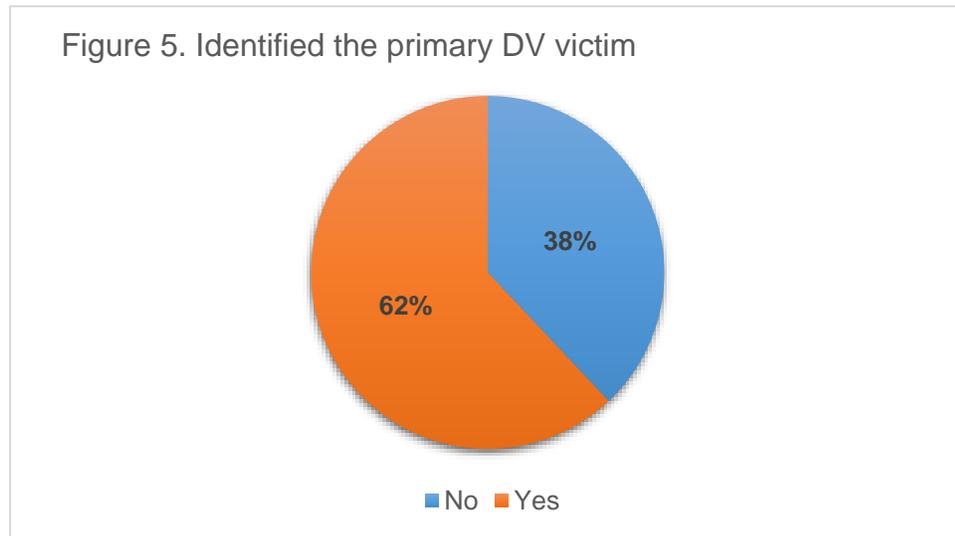
were trained, county training status is a proxy measure for training status. Figure 3 shows the break down in the number of case plans reviewed by training status.



One of the first items in the review tool asked if the case plan clearly identified the primary predator of violence. Only 56% of the sample clearly identified the perpetrator, as seen in Figure 4.



Similarly, only 62% of case plans clearly identified the primary victim of DV (Figure 5).



Central to case planning with families experiencing DV is documenting the violence incidents. Figure 6 displays nearly 70% of case plans did not clearly document the abuse or incidents triggering the case opening.

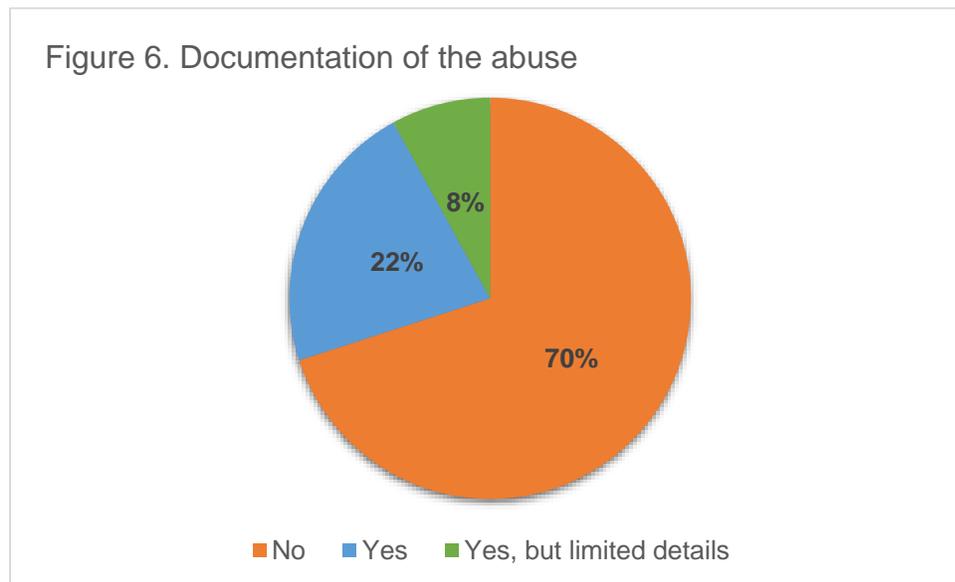
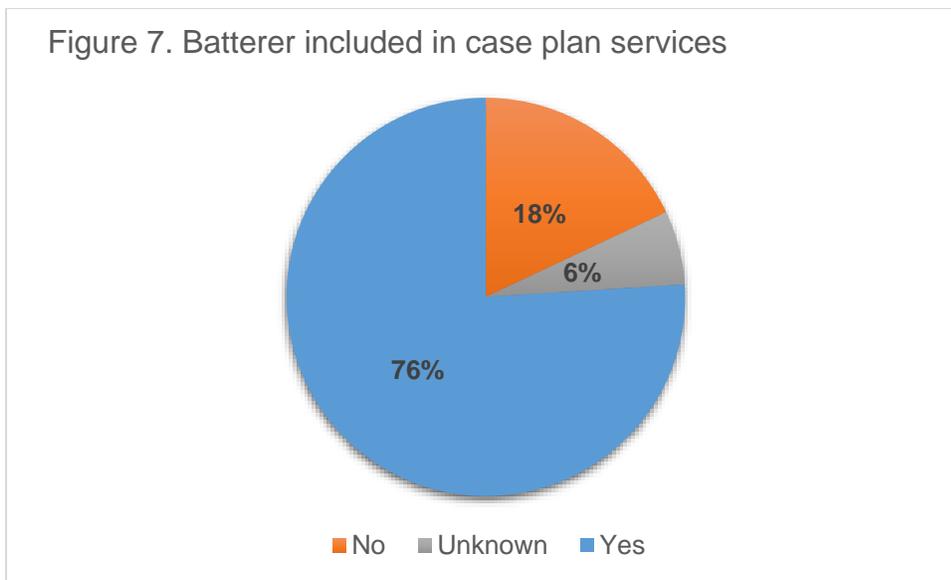


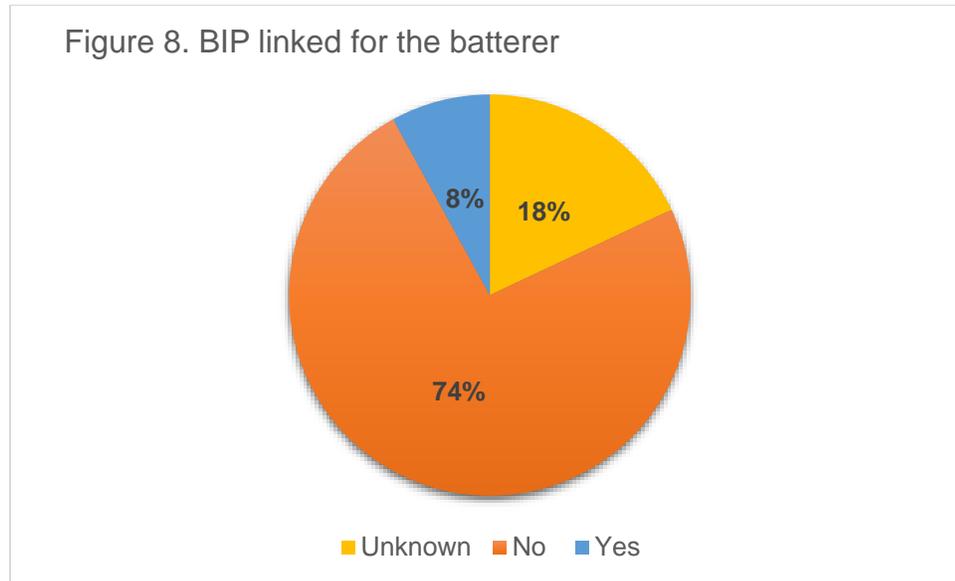
Table 7 shows the differences in the frequency of documentation of abuse by training status. There were very few differences in documentation based on training status.

Table 7. Abuse Documented by Training Status					
		Abuse documented			Total
		No	Yes	Yes, but limited details	
No Training	<i>Count</i>	9	0	0	9
	<b>Row %</b>	<b>100%</b>	<b>0%</b>	<b>0%</b>	<b>100%</b>
Trained	<i>Count</i>	19	9	3	31
	<b>Row %</b>	<b>61%</b>	<b>29%</b>	<b>10%</b>	<b>100%</b>
Trained with refresher	<i>Count</i>	7	2	1	10
	<b>Row %</b>	<b>70%</b>	<b>20%</b>	<b>10%</b>	<b>100%</b>
Total:	<i>Column Total Count</i>	35	11	4	50
	<b>Column Total %</b>	<b>70%</b>	<b>22%</b>	<b>8%</b>	<b>100%</b>

It is also important for case planning to engage the batterer or aggressor in services and be held accountable for their behavior. Upwards of 76% of case plans engaged the batterer in case plan services as seen in Figure 7. Unknown cases in Figure 7 are considered those where the identity of the batterer could not be identified.



Batterer intervention programs (BIP) are one of the evidence-based services child welfare agencies use in case planning. Only 8% of case plans reviewed linked to a BIP (Figure 8). Unknown cases here are those where the batterer identify was unknown, but the case plan did not mention a BIP.

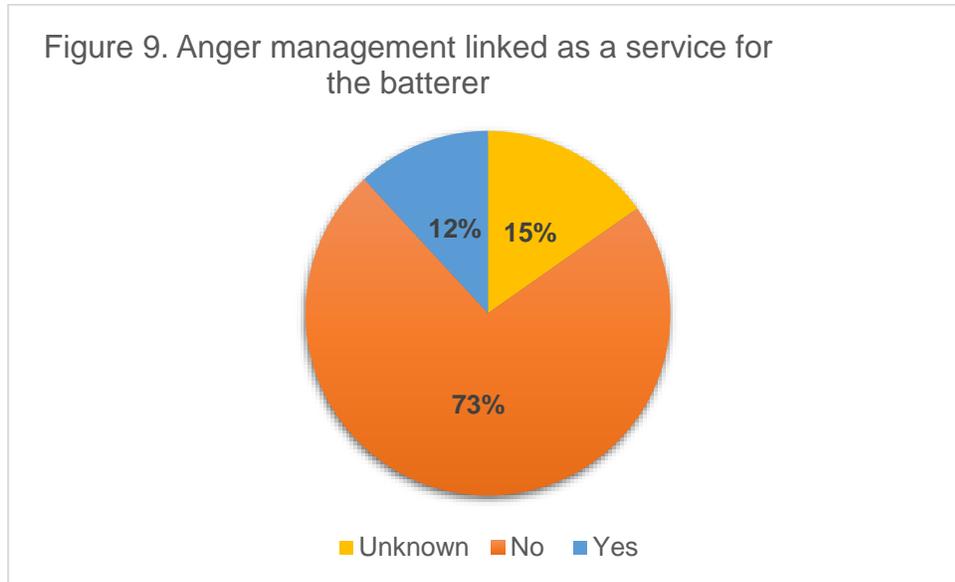


Based on data collected from ODVN, the panel was able to estimate the number of counties included in the review which had BIP interventions in their community. 68% of counties included in the sample do not have known BIP interventions. This could influence the frequency with which it is included as a case plan service.

Table 8 displays a crosstabulation of case plans who linked BIP intervention with those counties with known BIP programs. As seen in Table 8, 62% of case plans did not link BIP services in counties that do offer BIP intervention. Not surprisingly, 79% of case plans where BIP was not linked were in counties that do not have known BIP intervention.

		Is a batterer intervention program linked for the batterer?			Total	
		Unknown	No	Yes		
Does county have BIP?	Yes	Count	4	8	1	13
		Row %	31%	62%	8%	100%
	No	Count	4	27	3	34
		Row %	12%	79%	9%	100%
	Unknown	Count	1	2	0	3
		Row %	33%	67%	0%	100%
Total		Total Column Count	9	37	4	50
		Column Total %	18%	74%	8%	100%

Often anger management services are linked as a service for the batterers, but this is not recommended practice based on many models of DV practice. Anger management was linked as a service for batterers in 15% of case plans reviewed as seen in Figure 9.



Throughout the case plans, “DV Assessment” and “DV Classes” were required of victims and batterers. Based on what the panel was able to gather, there is not a clear understanding of the meaning of these services. There is confusion about what these services look like in practice, and DV professionals are unsure of how to meet this demand.

Figure 10 and Figure 11 show the frequency that reviewed case plans requested these services.

Figure 10. DV assessment request for the batterer

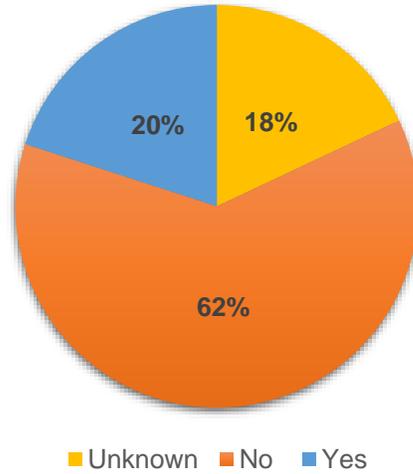
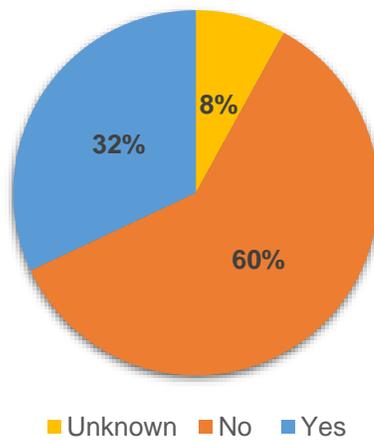
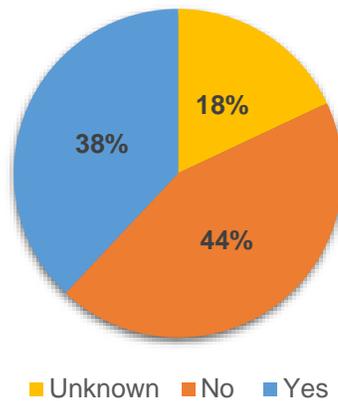


Figure 11. DV Assessment or DV classes request for the victim



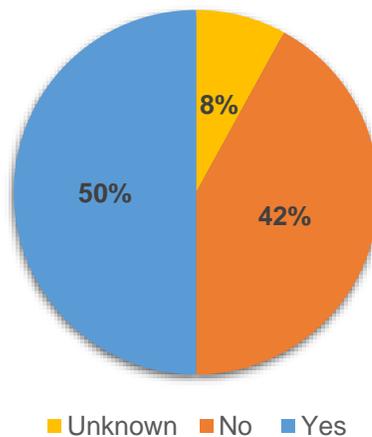
Another guiding principle of S&T and other models of DV practice require that the batterer be held accountable for their violent behavior. Case plans offer a place to specify how a behavior change will be measured, and this is often where caseworkers will specify the batterer will not engage in any violent behaviors. As shown in Figure 12, only 38% of case plans in the sample used this language for batterers behavior.

Figure 12. Case plan specifying the batterer will engage in no further physical violence towards any household members



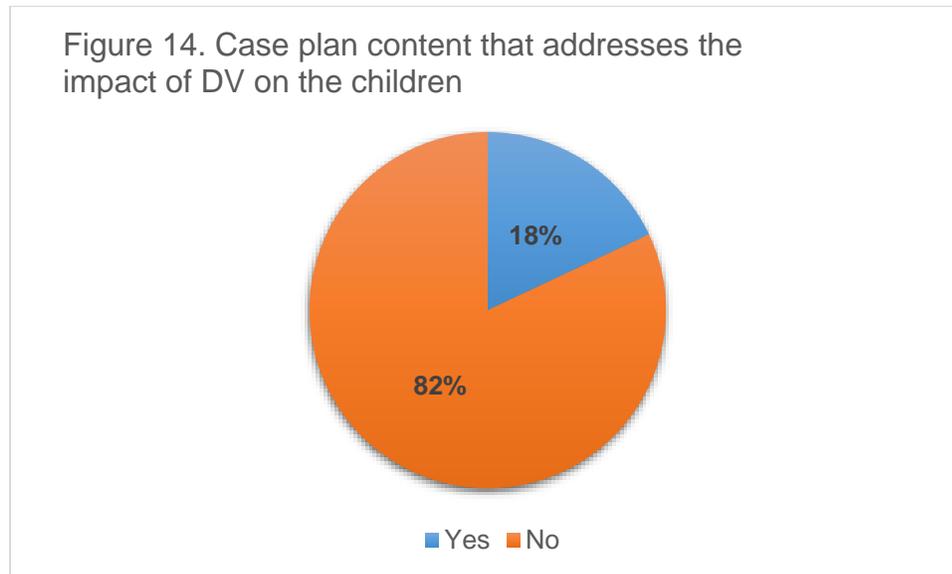
Similarly, case plans should be void of any language that places the responsibility for a violence free home on the victim. This might include “victim will remove the children when batterer is violent.” As Figure 13 displays, 50% of case plans in the sample had language that placed the responsibility for a violence free environment on the victim.

Figure 13. Case plan place responsibility for violence-free home on the victim



Only 30% of counties offered culturally specific services, while 60% of counties did not. For the remaining 10% of counties, we were unable to determine if they had culturally specific services. A great majority of counties (76%) have a shelter available to children and families in their home county. These shelters can serve as a resource for child welfare professionals who have questions about the services available in their community.

All best practices working with families experiencing DV aim to put the safety, stability, and well-being of the children as one of the most important priorities. Only 18% of case plans reviewed made note of the impact of DV on the children and assigned necessary services (Figure 14).



## Conclusions

The Central Ohio CRP reached several conclusions following their two years of work focused on Ohio's child welfare response to families experiencing DV. First, based on the case review there was little documentation of DV, the incident that triggered a case opening, or any specifics about the reason of concern for DV within families. Being able to document the problem and clearly spell out the patterns of coercive control are fundamental to S&T and other models of best practice.

Similarly, it was difficult to identify the victim and perpetrator based on the case plan documentation. Case plan reviewers had to guess the identity of the aggressor based on related case plan information. Due to unclear identification and documentation of the victim and perpetrator, it was difficult for reviewers to determine if the linked case plan services were appropriate for case plan participants. There were many case plans in which the same services such as a "DV assessment" were required of both case plan participants. Case plans often justified this by describing violence perpetrated by both case plan participants. This led the panel to question whether caseworkers have a strong understanding of resistive and reactionary violence. This is an important concept to understand when working with families experiencing DV, and this knowledge must be used to accurately case plan with families.

Third, there was generally a lot of inconsistency in case plan documentation across PCSAs. While this is not specific to the topic of DV, it is an important piece related to best practices in case planning with families. The panel thought this could be a function of the well documented child welfare workforce crisis. The frequent turnover of workers makes it difficult to build case planning and documentation skills. Information is not consistently found in the same place which could make any large-scale evaluation difficult. The panel thought changes to SACWIS might address some issues with where information is documented. Panel members also considered the delicate balance of check boxes and narrative sections for context.

Fourth, the data suggest little difference in adherence to DV best practices based on training status of counties. This could be a function of the low sample size, the child welfare workforce crisis, or the timing of the counties original S&T training. The panel was intentional in the sample representing a variety of S&T training status, but this is simply a proxy measure for if the actual caseworker writing the case plan received S&T training. It would be more beneficial to compare case plans written by caseworkers we know were trained in S&T, but this level of information was not available for the project.

Fifth, the linkage with evidence based DV services for victims and batterers is lacking. Very few case plans considered BIPs as a service option for batterers. There were even fewer services for victims offered in case plans. Based on information from ODVN and other DV experts, we know services for victims and batterers do not cover the entire state. Even those counties with known services were not linked in case plans. There may be confusion among child welfare professionals about the DV services available in their community.

Finally, most case plans were void of any conversation about the children involved in families experiencing DV. Case plans do not document the impact of DV on children nor do they link services to address the potential trauma or needs of the children in the family. While services may have been linked for children, there was little detail about the service needs of the children. S&T along with other DV practice models are centered on child safety and addressing child needs.

## Recommendations

1. ODJFS should convene a workgroup or utilize an existing group to address potential SACWIS changes in which there are instances of DV.

Throughout the panel's work, there were notable concerns about case plan documentation. The responsibility for documentation falls solely on caseworkers. The panel along with child welfare experts know the challenges that come with the demands of documentation. The panel recommends the following SACWIS changes to assist caseworkers with documentation quality and demand:

- a. Enhance documentation of the problem/incidents of DV.

Case plans severely lacked documentation of the incident which sparked a case opening. Providing a place within the case plan specifically for the documentation of the DV incident/allegations can help alleviate this problem.

- b. Edit the case plan structure or provide additional training on best practices in case planning.

The case plans reviewed lacked consistency in documentation of the problem, services, and expected behavior change with DV cases. Many case plans put all case participants in one concern box and listed all services for these participants together in the services section. This made reviewing the material difficult. Case participants should each receive their own section for concerns related to that person, the linked services, and the measurement of behavior change. This should include each child on the case plan.

- c. Add language to case plan to remind workers to document about the impact of DV on the children and how services can address their needs.

Many of the case plan lacked any information about the effect of DV on the children. Most county DV agencies provide children and youth services in some capacity. Case plans should address services for children which might include mental health services, educational programming, medical needs, among others.

2. ODJFS should conduct a community refresher training for the importance of CW and community collaboration to address DV among child welfare cases.

The original S&T implementation and roll out included a community training component. It is important for all partnering agencies to be using the same language and working towards the same goal. The data gathered suggests this is not consistently happening. There is no consensus about the available services and the best services for families involved with the child welfare system with co-occurring DV issues.

3. ODJFS should create and provide guidance or a resource document to PCSAs about the best practices for families experiencing DV and available services and resources in the community.

Several of the case plans included for review assigned case participants to get a “DV assessment” or take “DV classes” as required services. In consultation with ODVN and other DV experts in the community, there is confusion about what these services are and what child welfare professionals expect. ODJFS should investigate this further and provide guidance to PCSAs as well as local DV agencies about what DV-related services child welfare is seeking for victims and batterers and what is available in the community.

4. ODJFS should work with Ohio Child Welfare Training Program (OCWTP) partners to develop training specifically on case planning with families experiencing DV.

The original S&T implementation was focused on the intake level but was later offered to all caseworkers and supervisors. There has been no evaluation of S&T at the case planning and ongoing phase of child welfare services in Ohio. Caseworkers taking S&T, or another evidence based DV training would benefit from a training specific to best practices in case planning with child welfare-involved families experiencing DV.

# Report 4: Southwest Ohio CRP Report

The Southwest Ohio CRP concentrated on Ohio’s ability to provide uninterrupted, stable, and high-quality education for children placed in residential facilities. The panel began by conducting a literature review detailing the problem and understanding the often high educational needs of youth placed in out-of-home care. With limited information available about the educational services provided to youth in residential facilities, the panel planned a survey to gather information directly from these facilities. The survey focuses on how youth placed in these facilities go to school, the characteristics of school programs, and how youth transition into and out of residential education programs from their home education programs. The survey will be deployed in Summer 2022, and the panel will report on the findings with recommendations for improvement in the 2022-2023 Annual CRP Report.

## Annual CRP Activities

### *Meeting schedules*

The Southwest Ohio CRP meets bi-monthly from August to May of each work year. The 2021-2022 work year began with the Ohio CRP Annual Strategic Planning Meeting on Thursday, May 27, 2021, which occurred virtually due to the COVID-19 pandemic. All Ohio CRP members were invited to attend this meeting. The Annual Strategic Planning Meeting allows the Southwest Ohio CRP, in conjunction with the other panels, to learn from the other panels’ previous year of work and plan for the next year. The Southwest panel decided on a topic, created a data request for ODJFS, and developed an additional plan for data collection at the annual meeting.

Regular meetings for the Southwest Ohio CRP began in September 2021. The panel meets bi-monthly on the fourth Thursday of the month from 12:00–2:00 pm at the Sharonville Branch of the Cincinnati Public Library 10980 Thornview Drive, Cincinnati, OH. Due to the continued risk of in-person gathering and COVID-19, all meetings during the work year were conducted via Zoom. The following is a list of all meeting dates for the panel from September 2021 to April 2022:

Thursday, September 23, 2021
Thursday, October 28, 2021
Thursday, December 16, 2021
Thursday, February 24, 2022
Thursday, April 28, 2022

### *Changes to Panel Membership*

The Southwest Ohio CRP began the work year with ten members and ended the year with the same ten members who are listed in the Panel Membership and Professional Affiliation section. The Southwest Ohio CRP is diligent about maintaining membership numbers. Three original members will leave the panel at the end of the work year, but the panel will welcome two new members as well. They will maintain their current leadership, and they hope to add two or three more members before the next work year.

### **Successes, Challenges & Achievements**

For the second time, the Southwest CRP is planning a two-year project. The success of these prior projects has laid the groundwork for best practices moving forward. The panel regularly demonstrates their commitment to the CRPs and their evaluation projects, and they are confident the results of this bigger project will also be a major success. Membership retention is a major success for this panel. Sustained membership and consistent, strong leadership have allowed this panel to take on bigger and more rigorous evaluation projects. They have created a reputation for themselves for taking on well-being topics specifically surrounding educational services and mental health services for children who touch the child welfare system. This is an excellent achievement for this panel.

Additionally, the panel considered the ways in which their efforts may be more beneficial to ODJFS in the long term. The panel looks forward to receiving more detailed feedback and engagement with the annual report from ODJFS moving forward. Panel members spoke about their dedication to this process and to the program and would like to see more active use and movement from ODJFS regarding the panel's recommendations. They hope through the current IRB approved project, their results and recommendations can make an impact.

### **Background**

The Southwest Ohio CRP is concentrated on Ohio's ability to provide uninterrupted, stable, and high-quality education for children placed in residential facilities. This topic was inspired by panel members' work with children in their communities. They identified several times where education services have been a concern for children in out-of-home care, and they wished to learn more about the topic. The panel began by conducting a literature review detailing the problem and understanding the often high educational needs of youth placed in out-of-home care. While this information was helpful in learning more about the needs of these young people, there was little to no information about the details of the educational services provided in residential care facilities. Panel members decided to collect their own information to carry out the goals as outlined in their strategic plan. This report details the steps the panel has taken and will take to pursue the topic.

### **Ohio Strengths**

Through Family First Prevention Services Act (FFPSA) and Every Child Succeeds Act (ESSA), ODJFS will address the use of congregate care in Ohio and give special attention to the educational needs of youth involved with child welfare. PCSAO released some guidance about ESSA for counties and community partners signifying the importance of considering this important topic.

## Data

The Southwest Panel used the first fiscal year of their two-year project for planning and research. Their efforts included an extensive literature review as part of problem defining, survey development with input from ODJFS, data from ODJFS, and submitting the project to the OSU IRB process. The panel was also able to work with ODJFS to obtain a distribution list for the survey prior to the end of the work year. The results section summarizes these efforts.

## Results

### *1. Literature review*

More than 50,000 youth in the United States are currently placed in a residential care setting (Thompson et al., 2017). Children living in residential care settings have been removed from their primary caregivers, and many have undergone several previous out-of-home placements. Young adults placed in out-of-home care often have a disrupted past with incidence of abuse, neglect, and exposure to violence (Hussey & Guo, 2002). These youth often have a co-occurring diagnosis, including substance use, behavioral and emotional disturbances. Although these problems are diverse, externalizing symptoms are most common (Scholte & Van der Ploeg, 2002).

Many adolescents in residential care can be a risk to themselves and others and require specialized attention and services (Ryan et al., 2008). The needs of these children are often more than what a traditional public-school setting can offer (Griller Clark & Mathur, 2015). For instance, youth exposed to complex or multiple traumas often require intensive therapy that neighborhood schools cannot provide (Griller Clark & Mathur, 2015). Most young people who transition to residential facilities also have an existing individualized education plan (IEP), which often indicates a need for more complex educational services (Ochoa et al., 2021).

Placement out of the home has often been associated with poorer educational outcomes (Goodkind et al., 2013). The quality of services between facilities differs and affect children's outcomes (Goodkind et al., 2013). Children in these settings may be exposed to numerous risks, teachers may not be equally trained across placements, and educational services may differ (Sawyer et al., 2007; Vig et al., 2005).

Despite the vast literature on residential facilities, there has been a dearth of research into how children in residential care settings experience their education while at these placements (Flowers et al., 2011). The panel's focus for this year is intended to increase our understanding of how children placed in residential facilities acquire their education and transition out of these programs once they discharge from the facility. This research thus has important implications in uncovering the gaps in knowledge that exist within residential placements, which contribute to the adverse outcomes mentioned above.

### *2. Data from ODJFS*

The panel submitted a data request to ODJFS in September 2021. The panel was interested in how long youth generally stay in Children's Residential Centers (CRCs) in Ohio. The OSU team conferenced with the ODJFS SACWIS team to create a plan to show this data to panel members. Tables 10 and 11 provide a look at the length of stay for youth in CRCs in Ohio. Table 10 shows the wide range of time youth spend in CRCs, anywhere from 2-2,390 days. This is likely

dependent on child’s needs and difference in programming at CRCs. Generally, youth spend about 210 days in each unique placement in a CRC.

Table 10. Descriptive Statistics for Average Length of Stay in CRCs

Mean Length Of Stay (Days)	<b>210</b>
Median Length Of Stay (Days)	<b>169</b>
Min Length Of Stay (Days)	<b>2</b>
Max Length Of Stay (Days)	<b>2,390</b>

*Notes: Below numbers are calculated based on Placements that were in effect from 2017 to data extraction date (1/9/2022) for kids aged 5+ in CRCs located in Ohio including current placements. The Length of Stay for current placements is calculated using data extraction date (1/9/2022) as the end date.*

Panel members hypothesized there would be a huge range in length of stay, so they requested this data broken up into the length of stay categories summarized in Table 11. Most of the youth experiencing a placement in CRCs generally stay there from 91-365 days. This further enhances the importance of addressing educational needs as most youth spend more than three months in these facilities.

Table 11. Average Length of Stay for Youth in Ohio CRCs

<b>Length of Stay</b>	<b>Number of Placements</b>	<b>Proportion of Placements (compared to Total Placements)</b>	<b>Distinct Number of Children</b>	<b>Proportion of Distinct Children (compared to Total Distinct Children)</b>
Less Than or Equal to 30 Days	1,358	10.95%	1,213	14.84%
31 to 90 Days	2,102	16.95%	1,809	22.13%
91 - 180 Days	3,134	25.27%	2,736	33.48%
181 - 365 Days	4,051	32.66%	3,560	43.56%
365 - 730 Days	1,516	12.22%	1,433	17.53%
More than 730 Days	242	1.95%	235	2.88%
<b>Total</b>	<b>12,403</b>	<b>100%</b>	<b>8,173</b>	

*Notes: Numbers are calculated based on Placements that were in effect from 2017 to data extraction date (1/9/2022) for kids aged 5+ in CRCs located in Ohio including current placements. The Length of Stay for current placements is calculated using data extraction date (1/9/2022) as the end date.*

### 3. Survey development

The purpose of this project is to better understand the educational experiences of youth placed in Children’s Residential Center (CRCs) in Ohio. By conducting this survey, the panels hope to gain an understanding of how youth placed in CRCs go to school, what those programs look like, and how youth transition in and out of the educational programs.

Due an overall lack of academic information on this topic as well as limited options to gather data from SACWIS, the panel decided to move forward with creating and distributing their own survey to address the following objectives for the 2022-2023 work year:

- a. Understand how youth placed in a CRC in Ohio go to school,

- b. Catalog the characteristics of school programs in Ohio CRCs, and
- c. Learn how youth transition into and out of CRCs education programs from their home education programs

The final project consists of an online survey to gather information about the stated objectives. The online survey will be sent to all CRCs in Ohio. The survey consists of items with quantitative responses and items with open-ended qualitative data to provide additional context. The questions will ask respondents about their knowledge and experiences meeting their clients' educational needs. Residential centers are located throughout Ohio, in numerous counties and regions. Respondents' facility location and job title will be collected. Personal identifiers, such as name, will not be requested. Participants will be made aware that this information will be kept confidential. Survey respondents will be agency-level administrators or practitioners, whoever the CRC identifies as the most appropriate person to answer survey questions.

The survey was designed by the Southwest Ohio CRP members in collaboration with the OSU team. ODJFS also provided pertinent feedback prior to approval. The OSU team will oversee administration of the Qualtrics survey and review of the data. The OSU team will also collaborate with panel members to analyze and interpret the data. Panel members will then be responsible for identifying further questions and the need for additional information or data collection.

#### *4. IRB process*

The OSU team submitted the survey project to the Ohio State Institutional Review Board (IRB) in order to take the proper steps to protect the welfare of individuals as participants in research. This submission will allow the OSU team to publish the survey findings to be shared with a wider audience. There is a gap in the academic literature regarding the educational experiences of youth in out-of-home care, and this project can go a long way in addressing this gap for others who may be struggling to identify the problem and potential solutions.

#### *5. Distribution list*

The survey will be distributed to all Ohio CRCs. ODJFS provided the OSU team with their letter of support and a list of Ohio CRCs along with a contact person for each facility. The research team will send a recruitment email to Ohio CRCs to recruit study participants and encourage their participation in the survey.

The sample will be composed of agency-level administrative personnel or direct-support professionals that have knowledge about the day-to-day operations of their respective residential facilities. A link to an online survey will be emailed to each facility's contact representative. Potential respondents will be identified by the facility to receive information about participating in the survey. Data will be gathered from Qualtrics and analyzed by the OSU team members. Participants' demographic information will be masked, and their responses marked confidential.

There are no direct benefits to anyone participating for the purpose of the study. CRC representatives who are participants will not receive direct compensation. Instead, we will offer to donate a \$50 Amazon gift card to each participating CRC to be used however they see fit.

## Next Steps:

The panel will participate in the annual strategic planning with all Ohio CRPs on May 16, 2022. Panel members will use this time to solidify their plan for 2022-2023 data collection procedures. The next steps for the Southwest Ohio CRP are summarized here:

1. The referenced survey will be distributed to all Ohio CRCs in Summer 2022.
2. The panel will review the results of the survey at the first meeting of the next work year in August 2022.
3. Following this survey data analysis, the panel may solicit additional information to better understand the survey results. This may include reaching out to ODJFS, PCSAs, or local school districts/ODE for comment or more information.
4. The panel will submit recommendations for improvement on this topic in the 2022-2023 Annual CRP Report.

## Report 5: Southeast Ohio CRP Report

The Southeast Ohio CRP conducted a project over the past year focused on how Ohio can improve their capacity for family foster homes for adolescents. While this topic provides several avenues for consideration, the panel focused on how language and the way caseworkers document youth needs can play a role in placement success. The panel gathered information from several sources including academic literature, a SACWIS demonstration to understand the placement process, and a document review of the Individual Child Care Agreement (ICCA) with Ohio Youth Advisory Board members. As a result of the evaluation, the panel developed recommendations for improvement. Additionally, the panel generated more questions throughout their work for the next year of work and will continue with this topic moving forward.

### Annual CRP Activities

#### *Meeting schedules*

The Southeast Ohio CRP meets bi-monthly from August to May of each work year. The 2021–2022 work year began with the Ohio CRP Annual Strategic Planning Meeting on Thursday, May 27, 2021, virtually due to the COVID-19 pandemic. All Ohio CRP members were invited to attend this meeting. The Annual Strategic Planning Meeting allows the Southeast Ohio CRP, in conjunction with the other panels, to learn from the other panels' previous year of work and plan for the next year. The Southeast panel decided on a topic, created a data request for ODJFS, and developed an additional plan for data collection at the annual meeting.

Regular meetings for the Southeast Ohio CRP began in September 2021. The panel meets bi-monthly on the on the first Tuesday of the month from 12:30–2:30 pm at The Athens Public Library, 30 Home St, Athens, OH 45701. Due to the continued risk of in-person gathering and COVID-19, all meetings during the work year were conducted via Zoom. The following is a list of all meeting dates for the panel from September 2021 to April 2022:

**Table 12. Southeast Ohio CRP Regular Meeting Schedule:**

Tuesday, September 14, 2021
Tuesday, November 2, 2021
Tuesday, December 7, 2021
Friday, January 28, 2022 (SACWIS Demo)
Tuesday, February 1, 2022
Sunday, March 6, 2022 (ICCA meeting with Ohio YAB)
Tuesday, April 12, 2022

### *Changes to panel membership*

The Southeast Ohio CRP began the work year with eight members and maintained all members throughout the year. The panel will lose the panel chair at the end of 2021-2022 work year. Since March, one new member joined for the 2022-2023 year, and the panel hopes to recruit at least three more. The Southwest Ohio CRP identified recruiting and retaining CRP members and electing a new, strong leader as a top priority moving forward.

### Success, challenges, and achievements

Panel members identified their strong relationship with Ohio YAB as the biggest achievement this past year. Being able to meet with and work with young people who have experienced Ohio's child welfare system has been invaluable to the CRP work. The Southeast Panel has become the panel known for their advocacy of young people and pushing for youth voice in Ohio change initiatives. The panel credits their strong leadership for many of these successes.

Based on the panel's topic, data gathering was a challenge for this panel. Due to the nuanced nature of how language may affect the placement process, it was difficult to decide how and where to gather information. Despite this challenge, the panel was pleased with its evaluation activities and reported they learned quite a bit throughout this year.

### Background

The Southeast Ohio CRP conducted a project over the past year focused on how Ohio can improve their capacity for family foster homes for adolescents. While this topic provides several avenues for consideration, the panel focused on how language and the way caseworkers document youth needs can play a role in placement success. Panel members reported on their personal and work experiences regarding placement challenges. Additionally, the Ohio YAB identified this topic as a pressing child welfare issue. These experiences were major drivers for the panel to take on this topic.

### Ohio Strengths

While the topic may not be the subject of many ODJFS initiatives, the panel feels like their ideas were well-received by ODJFS. The department was willing to help meet panel members requests for learning activities. Additionally, ODJFS invited CRP members and Ohio YAB to collaborate on potential ICCA changes. The panel identified this openness to collaboration as a major strength for the department.

### Data

The Southeast Ohio CRP used various data sources to gain an understanding of the placement process and the documents used to facilitate an out-of-home placement. First, the panel conducted a brief literature review to learn about any academic literature alluding to the effects of language and placement documentation on placement success. Surprisingly there is very limited evidence of this in the research, but anecdotal evidence from citizens and a few young people in Ohio suggest this topic is real and worthy of analysis.

The panel leaned heavily on ODJFS to learn how the placement process looks and works in SACWIS. The ODJFS SACWIS team conducted a demonstration of several placement processes including the following:

- JFS 01673A (Child characteristics for foster care and/or adoption) and linked approved home study
- Person profiles and characteristics listed in SACWIS
- Provider functionality
- How to record when a provider declines placement
  - Including the placement process,
  - Discussion of agencies business process when making/selecting a provider/ placement; and
  - Rule requirements
- Individual Child Care Agreement (ICCA)

The results and panel main takeaways from this demonstration are summarized in the Results section.

Following the demonstration, the panel decided to take a closer look at the ICCA. In collaboration with Ohio Youth Advisory Board (YAB) members, the panel conducted a document review of the ICCA. Panel members alongside YAB members during a virtual meeting reviewed the purpose of the ICCA and walked through each individual section. YAB members provided insight from their own experiences with the ICCA, the information gathering process for the document, and their general thoughts on improvements. The panel made several conclusions from this activity which are also summarized in the results.

## Results

### 1. *Literature review*

Over 672,000 children and families are involved with the U.S. child welfare system annually, and an average of 424,000 children are placed in U.S. foster care on a typical day (Adoption and Foster Care Analysis and Reporting System, 2020). For children placed out of the home, the consequences of multiple foster care placements have been well documented throughout the research (Dregan et. al., 2004; Konijn et al., 2019). Consequently, the likelihood of reunification reduces as children move through more placements (Sattler et. al., 2018). Numerous placements can also result in unstable connections, impairing children's ability to form proper attachments to significant people (Bernedo et. al., 2016). This lack of attachment to others can have detrimental effects in later life and lead to some children developing personality disorders or other mental health conditions when they enter adulthood. Moreover, foster youths describe a loss of control over their lives with each transfer (Unrau, Seita, & Putney, 2008).

In contrast to children who experience placement instability, research has shown that youth placed in stable environments with strong relationships with their caregivers are less likely to engage in delinquent behavior, less likely to display disruptive behavior, less prone to illness, and more likely to succeed in school (Harden, 2004; Rubin et. al., 2007; Ryan & Testa, 2005; Zima et al., 2000). Thus, foster or kinship placement disruptions are a significant concern. Although there are several reasons a child may experience placement instability, behavior problems, and emotional disturbances are some of the most cited reasons some youth encounter this mobility problem (Leathers et al., 2019; Vreeland et al., 2020).

A child's behavior and history are often rated and documented by a foster parent or other caregivers. It has been suggested that context factors (such as an upcoming placement decision)

can skew a caregivers' behavior reports (Garland et al., 1996). A foster parent's length of time with a child and the intensity of their relationship with that child may influence how they interpret the child's troubling behavior (Strijker et. al., 2011). Despite the ambiguity surrounding the trustworthiness of checklist reports from foster parents, kinship caregivers, and residential care professionals, there is a significant dependence on them when searching for an alternative location (Tarren-Sweeney et. al., 2004). There is also disparate literature on how a child's documented history and externalizing problems affect their placement quality and instability (Konijn et al., 2019). As placement instability and quality of placement has been shown to have adverse effects on children's outcomes, it is critical that research investigates the reliability and accuracy of these reports. Moreover, it is also essential to consider how these reports influence a child's placement.

## *2. SACWIS Demonstration*

The following is a summary of the panel's main learning points and takeaways from the SACWIS placement demonstration.

First, the panel learned about the provider match function in SACWIS. This function can show the number of vacancies or beds available in licensed potential homes. The provider match function is most likely how agencies find potential foster families for youth. Agencies can search just their own licensed homes, or the availability of homes in neighboring counties or contracted homes. These options can be seen in a map view. This might be beneficial if an agency is interested in searching for available homes within a particular school district. This function is also used to identify potential adoptive families.

Second, there is a place to enter "placement not accepted" and a "rejection reason" on provider tab. The panel members are interested in the reasons why potential providers reject a placement, and this level of information in SACWIS would be immensely helpful in answering this question. Unfortunately, this is an optional tab and is not often filled out by caseworkers.

Third, the SACWIS system is built on person profiles. Each individual has a profile in SACWIS detailing their demographics, behavioral health history, educational services, medical needs, and other relevant information to child and family services. ODJFS forms such as the Med/Ed forms or the ICCA pull information from the person profiles to aid in documentation. Many of the sections of the person profiles are not required to be completed by caseworkers. The SACWIS team reported there are built in reminders in SACWIS to encourage or remind workers to complete entries for non-required fields. Characteristics identified in person profiles such as a mental health diagnosis or medical condition remain as active if they are not end dated. This results in characteristics showing up in ODJFS forms that may be outdated and no longer relevant.

Finally, the panel reviewed the ICCA document and the process of completing this form in SACWIS. ODJFS considers the ICCA to be a living document that is continually edited and updated. To update an ICCA, the caseworker must copy the document and create a new one with edits that requires another round of signatures. When a new placement is required, no historical information auto populates from past ICCAs. The only information that will auto populate is from the person profiles. Outdated person profiles can make ICCA documents look outdated as well. It is difficult to model the business practice of placements in SACWIS. The forms and functions reviewed during the demonstration are not always completed in the same order in practice depending on the situation.

### 3. ICCA Review with Ohio YAB

The following is a summary of the panel's main learning points and takeaways from the ICCA review with Ohio YAB. Panel members organized their thoughts into concerns and potential solutions. The first concern was a question about the goal and intent of the ICCA. Based on publicly available information, it appears the ICCA is a means to communicate a child's needs to a new caregiver. It appears liability-driven, based on things that the agency must disclose to caregivers rather than a focus on how this new caregiver might best serve a child's needs.

Second, the panel did not perceive the ICCA to be strengths based. Instead of identifying youth "needs" the document refers to youth "issues." The term "behaviors" is used throughout the narrative as coded language that the panel felt implies negativity. Additionally, caseworkers are not working in a qualified position to diagnose mental illness, yet the characteristics allow them to check a DSM diagnosis without verified documentation. This lack of context can give misleading information or a distorted view to the foster parent about this young person. Also, the document only seeks youth input for "Summary of Child's Strengths & Skills." There may be number of other places to solicit youth input as developmentally appropriate.

Third, although the ICCA form is intended to serve as a living document, it does *not* appear to be a living document from youth and citizen perspective. A living document must be continually edited and updated, but to update an ICCA, caseworkers must make a copy, fully edit the version, save it, and then obtain new signatures for all participants. The group perceived that it is unlikely that caseworkers will keep the ICCA form a living document by completing an amendment, considering the cumbersome nature of creating another document that must be completed, saved, and re-signed by all parties.

Fourth, there is potential for outdated information to show up in the ICCA based on outdated person profiles in SACWIS. For example, a foster youth may have had incontinence issues at bedtime when they were seven years old, yet it was still on their ICCA form when they were thirteen despite not having any problems for years. This is a function of outdated person profiles pulling information into the ICCA. There is no set time or recommended time for when this information gets updated. This may also mean that level of care assessments may not be accurate. This can have a detrimental effect on the effectiveness of tiered foster care. Outdated or wrong information could impact the ability to find the right fit for a child or teen's therapeutic needs.

Fifth, the ICCA may not be serving everyone's needs. Specifically, this document could better serve foster parents needs in terms of knowing how to address youth behaviors/triggers. In fact, it may discourage foster parents from taking in young people, especially teens. Foster parents may be unsure of what is true or current information based on the overall negative view of youth. Ohio YAB members reported frequent quotes from foster parents of teens include, "If I believed everything I read in the form, I would have never taken you in" or "you are not the monster the paperwork made you out to be." There are limited places for caseworkers to provide context regarding an identified need. The group had a conversation about being torn between the need for drop downs to ease paperwork responsibilities versus the need for narrative responses to provide context.

Finally, there are some things missing from the ICCA that may be beneficial. There is often no conversation with youth about the collecting of information for the ICCA. The following items are missing from the ICCA and/or could be helpful places for youth to provide feedback:

- The youth voice isn't included when it comes to: "what helps you cope with this trigger?"
- It doesn't include which strategies have worked versus which didn't to help a child or teen heal from trauma.
- There is no room for documentation of growth, change, and coping when it comes to many of the sections.
- There is no information about how to address behaviors listed in the child characteristics checklist.
- There is no place to consider how former placements have helped make a young person feel physically and emotionally safe.
- Also, a copy of the ICCA is not provided to youth.

When Ohio YAB members reported asking for a copy, they say it was difficult to obtain and felt secretive.

The panel organized their thoughts around potential solutions or additions to the ICCA to address the concerns. First, ODJFS may take steps to truly allow the ICCA to be a living document. In an emergency, when the process is rushed, it is not the best time to fill out the ICCA because the wording might reflect foster caregiver fatigue, anxiety, or caseworker fatigue. While the timeline for completion may not be subject to change, there could be an agreed time to return to the document and make the necessary changes. For the ICCA to be a living document, it should be updated and revised at regularly scheduled intervals, just like the concurrent planning form. It might be reviewed and updated on a regular basis (e.g., during 90-day reviews, every 6 months, and during semi-annual reviews). This might also be a solution for the person profiles.

Second, it is critical to add places to the ICCA for youth input. There should be a place for youth input beyond "what are your strengths, hobbies or extracurricular activities?" There could be specific questions for the caseworker to ask youth, such as, "what helps you when....," or, "what coping skills have you developed?" There may also be a place for youth to answer, "what would you like your next foster placement to know?" Youth can tell caseworkers what makes them feel physically and emotionally safe (e.g., a container of food by the bed as a reassurance food will be provided). Including the youth voice has great value and how PCSAs involve youth in the process can better inform agencies about their needs. Adding youth input and additional context can help the young people and the placement caregiver better understand each other and achieve more positive outcomes.

Finally, the ICCA should be updated to better reflect and support youth rights as outlined in the Foster Youth Bill of Rights. ODJFS might consider adding these rights to the signing section of the document, so all parties are responsible for upholding them. Youth should be informed and empowered to know this form exists. Youth input should be invited because it will make a difference when it comes to where they are placed while in foster care. ODJFS might consider adding a place for youth to sign the document, and then provide them a copy of the form as developmentally appropriate.

## Conclusions

The Southeast Ohio CRP reached several conclusions following their year of work focused on the placement process. These conclusions are driven by the multiple data and information gathering activities with ODJFS and Ohio YAB. First, the panel was hopeful to learn about how out-of-home caregiver skills might be matched with youth needs throughout the placement process. The panel learned there is no systematic way to gather this information currently. This knowledge may live with child welfare professionals in each county or placement agency, but a systematic and consistent way of gathering and documenting this information may be beneficial to Ohio's child welfare system. This functionality can be used to drive recruitment and training needs. Provider match functions currently seem to focus only on bed availability.

Second, personal profiles in the SACWIS system are not updated regularly, often resulting in outdated personal information about young people in need of out-of-home care placement. These profiles are utilized in several SACWIS forms, including the ICCA. Unfortunately, the information in these profiles is not required to be updated and they are not required to be fully completed for each individual. This can create outdated information showing up in SACWIS forms that use person profiles. Data entry for these person profiles are the sole responsibility of child welfare caseworkers who already feel the pressure of work overload and the demands of documentation.

Third, there may be ways for the ICCA document to better serve the needs of caregivers and youth. The requirements for the information included in the ICCA are coded in state law, but ODJFS has the power to consider changes to this document. The ICCA appears a liability driven document for caregivers, but it provides little guidance for caregivers to meet the needs of youth in substitute care. The panel sees potential for the ICCA to be more of a "caregiver support guide" that provides suggestions for addressing youth needs. Also, the ICCA is void of youth voice. There is one section at the beginning of the document where input from youth is welcome, but beyond that one section youth are not often included in this placement process.

Finally, the panel believes the power of documentation and how we write about youth is a valid concern and a place for improvement. The ICCA provides several places where caseworkers can check box an observed behavior without collateral information or context. Additionally, there are places to check a diagnosable mental illness without proper documentation and confirmation from a licensed professional. Checking these behaviors and conditions can have a significant impact on a potential caregiver's willingness to accept a young person into their home. Caseworkers may have the best intention in wanting to provide a full picture of a young person's history and behavioral health needs, and they may not realize checking these boxes can be life changing for young people.

## Recommendations:

1. Youth should be provided a copy of the ICCA at the time of placement as developmentally appropriate.

Youth have a right to see the information written about them in the ICCA, but there might be times that seeing everything about their history could be triggering. The document should be provided with appropriate support services in place to help any youth that may have negative consequences from reading the information.

2. ODJFS should require updates to person profiles in SACWIS at semi-annual and annual reviews.

The person profiles in SACWIS are not required to be updated. Outdated and potentially harmful information being included in documentation, such as the ICCA, often serves as a key barrier to placement success for youths.

3. ODJFS should require PCSAs to prioritize a review of the ICCA at semiannual reviews and require an updated ICCA be completed within one month of the review.

ICCAs are often completed in emergency placement situations, but due to other casework demands it may not get updated. In the event of the need for another placement change, the ICCA should reflect the most current information about a young person. Like the person profiles, ICCAs are not part of semiannual and annual reviews. Adding the ICCA to these reviewing periods along with a requirement they updated following the meeting, documentation can remain current and a true living document.

4. ODJFS should engage with partners such as Ohio YAB and Partner for Ohio's Families for changes to the ICCA that have been detailed and discussed in this report and address the overall need for the ICCA to better serve children and families as well as substitute caregivers

This recommendation stems from the ICCA review and the numerous suggestions for change coming from panel members and foster alum with Ohio YAB. Many ideas for change were suggested but it might be more beneficial for ODJFS along with Ohio YAB, Partners for Ohio's Families (PFOF), and others to address potential changes together.

## Moving Forward

All five Ohio CRPs met virtually via Zoom conference for their annual strategic planning session on Monday, May 16, 2022. During this meeting, members chose topics for the new work year and created a strategic plan to reach their goals for 2022–2023. They will brainstorm the types of data they will need for their evaluation. The data request will be submitted to ODJFS by September 30, 2022, to allow the state time to gather the information. The annual meeting also serves as a wrap up of the 2021–2022 work year. The Northwest, Southwest, and Southeast Ohio CRPs will continue their evaluation topic from 2021-2022 as summarized in this annual report. The other two panels will have the opportunity to choose new topics for the 2022-2023 work year. The annual meeting provides the panels with the opportunity to discuss the successes and challenges from this year's evaluation with panel members from other parts of the state.

## References

- Adoption and Foster Care Analysis and Reporting System. (2020). *The AFCARS Report: Preliminary F.Y. 2019 Estimates*.  
<https://www.acf.hhs.gov/sites/default/files/documents/cb/afcarsreport27.pdf>.
- Alliance for Racial Equity in Child Welfare. (2009). *Policy actions to reduce racial disproportionality and disparities in child welfare: A scan of eleven States*. Washington, DC: The Center for the Study of Social Policy.
- Annie E. Casey Foundation. (2020). Children in poverty by race and ethnicity in the United States. <https://datacenter.kidscount.org/data/tables/44-children-in-poverty-by-race-and-ethnicity>
- Baron, E. J., Goldstein, E. G., & Ryan, J. (2021). The push for racial equity in child welfare: Can blind removals reduce disproportionality? Available at SSRN 3947210.
- Berger, L. M. (2004). Income, family structure, and child maltreatment risk. *Children and Youth Services Review*, 26, 725-748.
- Bernedo, I. M., García-Martín, M. A., Salas, M. D., & Fuentes, M. J. (2016). Placement stability in non-kinship foster care: Variables associated with placement disruption. *European Journal of Social Work*, 19(6), 917-930.
- Chadwick Trauma-Informed Systems Dissemination and Implementation Project. (2016). Secondary traumatic stress in child welfare practice: Trauma-informed guidelines for organizations. San Diego, CA: Chadwick Center for Children and Families.
- ChiByDesign. (2020). *How Racism in the Ohio Child Services System Impacts the Lives of Individuals Involved*. Columbus, Ohio: Ohio Department of Job and Family Services & The Columbus Foundation. Retrieved from: <https://jfs.ohio.gov/ocf/Pub-ODJFSRacismOCSFinalReport.stm>
- Children's Bureau (2018). The AFCARS Report Preliminary FY<sup>1</sup> 2018 Estimates as of August 22, 2019 - No. 26. Department of Health and Human Services, Administration for Children and Families.  
<https://www.acf.hhs.gov/sites/default/files/documents/cb/afcarsreport26.pdf>
- Children's Bureau (2021). Child Welfare Practice to Address Racial Disproportionality and Disparity, Bulletins for Professionals.  
[https://www.childwelfare.gov/pubPDFs/racial\\_disproportionality.pdf](https://www.childwelfare.gov/pubPDFs/racial_disproportionality.pdf)
- Coll, K. M., Stewart, R. A., Hauser, N., LeBeau, R., Jensen, L., Zamora, P., & Scholl, S. (2021). What Psychosocial Factors are Associated with Positive Educational Outcomes? *Residential Treatment for Children & Youth*, 38(2), 166-177.
- Cummings, K., Graham, J. C., Veele, S., & Ybarra, V. (2021). Using Data in DCYF to Advance Racial Equity. Washington State Department of Children, Youth, and Families – Office of Innovation, Alignment, and Accountability.  
[www.dcyf.wa.gov/sites/default/files/pdf/reports/OIAAEquityData2021.pdf](http://www.dcyf.wa.gov/sites/default/files/pdf/reports/OIAAEquityData2021.pdf)

- Cybersecurity and Infrastructure Security Agency. (2020, March 19). *Guidance on the Essential Critical Infrastructure Workforce: Ensuring Community and National Resilience in COVID-19 Response*. The Department of Homeland Security.  
<https://www.cisa.gov/identifying-critical-infrastructure-during-covid-19>
- Day, A. G., Baroni, B., Somers, C., Shier, J., Zammit, M., Crosby, S., ... & Hong, J. S. (2017). Trauma and triggers: Students' perspectives on enhancing the classroom experiences at an alternative residential treatment-based school. *Children & Schools, 39*(4), 227-237.
- Detlaff, A. J., & Boyd, R. (2021). Racial disproportionality and disparities in the child welfare system: Why do they exist, and what can be done to address them? *The Annals of the American Academy of Political and Social Science, 692*, 253-274.  
<https://journals.sagepub.com/doi/full/10.1177/0002716220980329>
- Detlaff, A. J., Boyd, R., Merritt, D., Plummer, J. A., & Simon, J. D. (2021). Racial bias, poverty, and the notion of evidence. *Child Welfare, 99*(3), 62-89.
- Detlaff, A.J., Rivaux, S.L., Baumann, D.J., Fluke, J.D., Rycraft, J.R., & James, J. (2011). Disentangling substantiation: The influence of race, income, and risk on the substantiation decision in child welfare. *Children and Youth Services Review, 33*(9), 1630-1637.
- Dictionary.com LLC. (2022). First Responder. In <https://www.dictionary.com/browse/first-responder>.
- Drake, B., Lee, S. M., & Jonson-Reid, D. (2009). Race and child maltreatment reporting: Are blacks overrepresented? *Children and Youth Services Review, 31*, 309–316.
- Dregan, A., & Gulliford, M. C. (2012). Foster care, residential care and public care placement patterns are associated with adult life trajectories: population-based cohort study. *Social psychiatry and psychiatric epidemiology, 47*(9), 1517-1526.
- Fields, E., Farmer, E. M., Apperson, J., Mustillo, S., & Simmers, D. (2006). Treatment and posttreatment effects of residential treatment using a re-education model. *Behavioral Disorders, 31*(3), 312-322.
- Flower, A., McDaniel, S. C., & Jolivet, K. (2011). A literature review of research quality and effective practices in alternative education settings. *Education and treatment of children, 48*9-510.
- Gairal-Casadó, R., Garcia-Yeste, C., Munté Pascual, A., & Padrós Cuxart, M. (2021). Study to Change Destiny. Elements That Promote Successful Trajectories in Young People who Have Been in Residential Care. *The British Journal of Social Work*.
- Garland, A. F., Landsverk, J. L., Hough, R. L., & Ellis-MacLeod, E. (1996). Type of maltreatment as a predictor of mental health service use for children in foster care. *Child abuse & neglect, 20*(8), 675-688.
- Garwood, J. D., & Moore, T. (2021). School connectedness insights for teachers educating youth with a severe emotional disturbance in residential treatment. *Residential Treatment for Children & Youth, 38*(2), 153-165.

- Goodkind, S., Shook, J. J., Kim, K. H., Pohlig, R. T., & Herring, D. J. (2013). From child welfare to juvenile justice: Race, gender, and system experiences. *Youth violence and juvenile justice, 11*(3), 249-272.
- Graham, J. C. (2020). *2019 Washington State Child Welfare Racial Disparity Indices Report*. Washington State Department of Children, Youth, and Families – Office of Innovation, Alignment, and Accountability.  
<https://www.dcyf.wa.gov/sites/default/files/pdf/reportsCWRacialDisparityIndices2019.pdf>
- Griller Clark, H., & Mathur, S. R. (2015). Merging two worlds: A tier two model to promote transition of youth from residential settings to the community. *Residential Treatment for Children & Youth, 32*(4), 280-298.
- Harden, B. J. (2004). Safety and stability for foster children: A developmental perspective. *The future of children, 31*-47.
- Harris, M. S. (2014). *Racial disproportionality in child welfare*. Columbia University Press.
- Healthy Northeast Ohio (2021). Median household income.  
<https://www.healthyneo.org/indicators/index/view?indicatorId=315&localeId=38>
- Houtrow, A. J., Larson, K., Olson, L. M., Newacheck, P. W., & Halfon, N. (2014). Changing trends of childhood disability, 2001–2011. *Pediatrics, 134*(3), 530-538.
- Huggins-Hoyt, K. Y., Briggs, H. E., Mowbray, O., & Allen, J. L. (2019). Privatization, racial disproportionality, and disparity in child welfare: Outcomes for foster children of color. *Children and Youth Services Review, 99*, 125-131.
- Hughes, J. N., Wu, J. Y., Kwok, O. M., Villarreal, V., & Johnson, A. Y. (2012). Indirect effects of child reports of teacher–student relationship on achievement. *Journal of educational psychology, 104*(2), 350.
- Hussey, D. L., & Guo, S. (2002). Profile characteristics and behavioral change trajectories of young residential children. *Journal of child and Family Studies, 11*(4), 401-410.
- Konijn, C., Admiraal, S., Baart, J., van Rooij, F., Stams, G. J., Colonesi, C., ... & Assink, M. (2019). Foster care placement instability: A meta-analytic review. *Children and Youth Services Review, 96*, 483-499.
- Lane, W., Rubin, D., & Christian, C. (2002). Racial differences in the evaluation of pediatric fractures for physical abuse. *Journal of the American Medical Association, 288*(13), 1603-1609.
- Lawrence, C. K., Zeitlin, W., Auerbach, C., Chakravarty, S., & Rienks, S. (2018). Measuring the impact of public perceptions on child welfare workers. *Journal of Public Child Welfare*.
- Leathers, S. J., Spielfogel, J. E., Geiger, J., Barnett, J., & Voort, B. L. V. (2019). Placement disruption in foster care: Children’s behavior, foster parent support, and parenting experiences. *Child Abuse & Neglect, 91*, 147-159.
- Maguire-Jack, K., Lanier, P., Johnson-Motoyama, M., Welch, H., & Dineen, M. (2015). Geographic variation in racial disparities in child maltreatment: The influence of county

- poverty and population density. *Child Abuse & Neglect*, 47, 1-13.  
<https://doi.org/10.1016/j.chiabu.2015.05.020>
- Maguire-Jack, K., Font, S. A., & Dillard, R. (2020). Child protective services decision-making: The role of children's race and county factors. *American Journal of Orthopsychiatry*, 90(1), 48–62. <https://doi.org/10.1037/ort0000388>
- Merritt, D. H. (2021). Lived experiences of racism among child welfare-involved parents. *Race and Social Problems*, 13(1), 63-72.
- Miller, M. (2008). *Racial Disproportionality in Washington State's Child Welfare System*. Olympia: Washington State Institute for Public Policy, Document No. 08-06-3901.
- Ohio Domestic Violence Network (ODVN). (2020). Programs & Shelters.  
<https://www.thehotline.org/get-help/domestic-violence-local-resources/>
- Ohio Department of Health. (2020). *Director's Stay at Home Orders*.  
<https://coronavirus.ohio.gov/resources/public-health-orders/public-health-orders>
- Ochoa, T. A., Datchi, C. C., Weller, N. M., Northcutt Bohmert, M., & Grubbs, D. (2021). Education and Transition for Students With Disabilities in American Juvenile Correctional Facilities. *Intervention in School and Clinic*, 56(5), 293-300.
- Payne, J. (2014). *Paper Two: Caseworkers Are First Responders. They Deserve the Same Professionalization as Other Essential Personnel*. Boston, Massachusetts: Public Consulting Group, Inc.
- Phillips, R., Bunger, A., & Parmenter, S. (2022). *Building a 21st Century Children Services Workforce: Final Research Report*. Columbus, Ohio: The Ohio State University & the Public Children Services Association of Ohio (PCSAO). Retrieved from:  
<https://www.pcsao.org/pdf/workforce/ResearchReportWorkforceFeb2022.pdf>
- Pryce, J., Lee, W., Crowe, E., Park, D., McCarthy, M., & Owens, G. (2019). A case study in public child welfare: County-level practices that address racial disparity in foster care placement. *Journal of Public Child Welfare*, 13(1), 35–59. <https://doi.org/10.1080/15548732.2018.1467354>.
- Putnam-Hornstein, E., Needell, B., King, B., & Johnson-Motoyama, M. (2013). Racial and ethnic disparities: A population-based examination of risk factors for involvement with child protective services. *Child Abuse & Neglect*, 37(1), 33-46.
- Puzzanchera, C., & Taylor, M. (2021). *Disproportionality rates for children of color in foster care dashboard*. National Council of Juvenile and Family Court Judges. [http://ncjj.org/AFCARS/Disproportionality\\_Dashboard.aspx](http://ncjj.org/AFCARS/Disproportionality_Dashboard.aspx)
- Rauktis, M. E., & McCrae, J. M. (2009). *The role of race in child welfare system involvement in Allegheny County*. University of Pittsburgh School of Social Work.
- Riley, N.S. (2020). *How to Cultivate Child Welfare Workers*. National Affairs.

- Rivaux, S., James, J., Wittenstrom, D. B., Sheets, J., Henry, J., & Jeffries, V. (2008). The intersection of race, poverty, and risk: Understanding the decision to provide services to clients and to remove children. *Child Welfare, 87*(2), 151-168.
- Rubin, D. M., O'Reilly, A. L., Luan, X., & Localio, A. R. (2007). The impact of placement stability on behavioral well-being for children in foster care. *Pediatrics, 119*(2), 336-344.
- Ryan, J. P., & Testa, M. F. (2005). Child maltreatment and juvenile delinquency: Investigating the role of placement and placement instability. *Children and youth services review, 27*(3), 227-249.
- Sattler, K. M., Font, S. A., & Gershoff, E. T. (2018). Age-specific risk factors associated with placement instability among foster children. *Child abuse & neglect, 84*, 157-169.
- Sawyer, M. G., Carbone, J. A., Searle, A. K., & Robinson, P. (2007). The mental health and wellbeing of children and adolescents in home-based foster care. *Medical journal of Australia, 186*(4), 181-184.
- Schechter, S., Edleson, J. L., & Edwards, L. P. (1999). *Effective intervention in domestic violence & child maltreatment cases: Guidelines for policy and practice*. National Council of Juvenile and Family Court Judges.
- Scholte, E. M., Van Berckelaer-Onnes, I. A., & Van der Ploeg, J. D. (2002). Factorial validity, reliability of assessments and prevalence of ADHD behavioural symptoms in day and residential treatment centres for children with behavioural problems. *International journal of methods in psychiatric research, 11*(1), 33-44.
- Somers, C. L., Day, A. G., Sepsey, A. M., Allegoet, D., Baroni, B. A., & Hong, J. S. (2021). Understanding the Residential Treatment Center School Academic Environment: Perspectives of Students and Teachers. *Residential Treatment for Children & Youth, 38*(2), 118-136.
- Strijker, J., van Oijen, S., & Knot-Dickscheit, J. (2011). Assessment of problem behaviour by foster parents and their foster children. *Child & Family Social Work, 16*(1), 93-100.
- Tarren-Sweeney, M. J., Hazell, P. L., & Carr, V. J. (2004). Are foster parents reliable informants of children's behaviour problems?. *Child: Care, Health and Development, 30*(2), 167-175.
- Thomas, K., & Halbert, C. (2021). Transforming child welfare: Prioritizing prevention, racial equity, and advancing child and family well-being. *National Council on Family Relations, 6*(1), 1-6.
- Thompson, R. W., Duppong Hurley, K., Trout, A. L., Huefner, J. C., & Daly, D. L. (2017). Closing the research to practice gap in therapeutic residential care: Service provider–University partnerships focused on evidence-based practice. *Journal of Emotional and Behavioral Disorders, 25*(1), 46-56.
- Unrau, Y. A., Seita, J. R., & Putney, K. S. (2008). Former foster youth remember multiple placement moves: A journey of loss and hope. *Children and Youth Services Review, 30*(11), 1256-1266.

- U.S. Census Bureau, (2020). Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2019,' 2019 Population Estimates.  
<https://www.census.gov/newsroom/press-kits/2020/population-estimates-detailed.html>.
- Vig, S., Chinitz, S., & Shulman, L. (2005). Young children in foster care: Multiple vulnerabilities and complex service needs. *Infants & Young Children, 18*(2), 147-160.
- Vreeland, A., Ebert, J. S., Kuhn, T. M., Gracey, K. A., Shaffer, A. M., Watson, K. H., ... & Compas, B. E. (2020). Predictors of placement disruptions in foster care. *Child abuse & neglect, 99*, 104283.
- Washington State Racial Disproportionality Advisory Committee. (2008). *Racial disproportionality in Washington State*. Olympia, Washington State Racial Disproportionality Advisory Committee.
- Wulczyn, F. (2003). Closing the gap: Are changing exit patterns reducing the time African American children spend in foster care relative to Caucasian children? *Children and Youth Services Review, 25*, 431-462.
- Wulczyn, F., Lery, B., & Haight, J. (2006). *Entry and exit disparities in the Tennessee foster care system*. Chapin Hall Center for Children at the University of Chicago.
- Yi, Y., Edwards, F. R., & Wildeman, C. (2020). Cumulative prevalence of confirmed maltreatment and foster care placements for US children by race/ethnicity, 2011-2016. *American Journal of Public Health, 110*, 704–709.  
<https://www.doi.org/10.2105/AJPH.2019.305554>
- Zima, B. T., Bussing, R., Freeman, S., Yang, X., Belin, T. R., & Forness, S. R. (2000). Behavior problems, academic skill delays and school failure among school-aged children in foster care: Their relationship to placement characteristics. *Journal of child and family studies, 9*(1), 87-103.

# Appendices

## *Appendix A: Central Ohio Case Plan Review Tool*

- County
- Case # or unique identifier
- County Size
- Training level
- Have they identified the primary perpetrator? Y/N
- Have they identified the primary victim of Domestic Violence? Y/N
- Abuse documented? Y/N
- Coercive control documented? Y/N
- Does the batterer live in the home? Y/N
- Is batterer included in case planning? (Are they on it, did they sign it) Y/N
- Is a batterer intervention program linked for the batterer? Y/N
- Is there a service linked for the batterer that includes probation, court directives, or supervision? Y/N
- Is anger management linked as a service for the batterer? Y/N
- Has a "DV Assessment" been requested of the batterer? Y/N
- Has a "DV Assessment" been requested of the batterer? Y/N
- Has a "DV Assessment" or "DV classes" been requested of the victim? Y/N (note any additional context in next column)
- Are referrals to DV programs for voluntary services (such as safety planning, legal advocacy, financial literacy, and individual and/or group support) linked for the victim? Y/N
- Is obtaining a civil protection order linked as a service for the victim? Y/N
- Does the case plan specify the batterer will engage in no further physical violence towards any household members? Y/N
- Does the case plan place responsibility for violence-free home on the victim (ex. victim will remove the children if batterer becomes violent, etc.? Y/N
- Is there any case plan content that addresses the impact of DV on the children? Y/N