Ohio

Child and Family Services Review

Statewide Assessment

August 1, 2025

Minor formatting adjustments may have been made to this document for 508 compliance. Content is unaffected.

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Statewide Assessment

Section I: General Information

State Child Welfare Agency

Ohio Department of Children and Youth

State Child Welfare Contact Person(s) for the Statewide Assessment

Name: Joan Van Hull

Title: CFSR Coordinator

Address: 246 N. High Street Columbus, Ohio 43215

Phone: (614) 752-0657

E-mail: Joan.VanHull@childrenandyouth.ohio.gov

List of Statewide Assessment Participants

Provide the names and affiliations of the individuals who participated in the statewide assessment process and identify their roles in the process. Identify individuals with lived experience by including an asterisk (*) after their name.

Name	Affiliation	Role in Statewide Assessment Process
Iroabuchi Arum	DCY	Automated Systems Review Committee member
Ryshel Bowling	Beech Acres	Automated Systems Review Committee member
Scott Britton	Public Children Services Association of Ohio	Automated Systems Review Committee member
Sally Buccieri	DCY	Contributor
Aimee Burke	DCY	Review of content Staff
Veronica Burroughs	DCY	Kinnect and Motivational Interviewing training descriptions and evaluation
Gina Callender	Ohio's University Consortium for Child and Adult Services	Narrative for Items 26, 27, 28
Christina Carter	Ohio's University Consortium for Child and Adult Services	Narrative for Items 26, 27, 28
Hope Carter	SAFY	Automated Systems Review Committee member
Vince Ciola	DCY	Co-lead for item 26
Courtney Clark	Belmont County Job & Family Services	Automated Systems Review Committee member
Nichole Clarke	Clark County Juvenile Court Magistrate	Systemic Factor feedback
Rob Claypool	Lucas County Children Services	Automated Systems Review Committee member
Jeff Clendenin	Franklin County Children Services	Automated Systems Review Committee member
Wanda Ellis	DCY	Automated Systems Review Committee member
Lisa Dickson, * Ohio's Youth Ambassadors*	Ohio Youth Advisory Board	Stakeholder / 2025 – 2029 Child and Family Services Plan
Ami Faig	Butler County JFS	Stakeholder
Sally Fitch	Ohio's University Consortium for Child and Adult Services	Narrative for Items 26, 27, 28
Amy Frame	Perry County Job & Family Services	Automated Systems Review Committee member
Dana Glassburn	Gallia County JFS	Stakeholder

Name	Affiliation	Role in Statewide Assessment Process
Kelley Gruber	Ohio's University Consortium for Child and Adult Services	Narrative for Items 26, 27, 28
Julie Harris	Madison County Job & Family Services	Automated Systems Review Committee member
Stacey Hatte	DCY	Review of content Staff & Caregiver
Linda Helm	Ohio's University Consortium for Child and Adult Services	UPP narrative
Kellana Hendrick	Ohio's University Consortium for Child and Adult Services	UPP Evaluation and Staff TOL Evaluation Pilot
Wendy Hite	DCY	Narrative for Items 26, 27, 28
Stacey Faust-Holloway	Ohio's University Consortium for Child and Adult Services	Caregiver Training Evaluation Pilot
Talia Holmes	DCY	Automated Systems Review Committee member
Steve Howe	Ohio's University Consortium for Child and Adult Services	Analytics and Data
Kristina Hudson	Bair Foundation	Automated Systems Review Committee member
Angie Hughes	DCY	Systemic Factor Lead
Joseph Jasper	Cuyahoga County Juvenile Court Magistrate	Systemic Factor feedback
Gaja Karyala	Hamilton County JFS	Stakeholder
Kim Kehl	DCY	Trauma Content
Ashley Keller	DCY	Review of content Staff policy
Abbey King-Mueller	Geauga County Juvenile Court Magistrate	Systemic Factor feedback
Alyssa Kletrovets	DCY	Co-lead for item 26
Tina Krueger	DCY	Narrative for Items 26, 27, 28
Sara LaTourette	Ohio Children's Alliance	Automated Systems Review Committee member
Kathleen Lenski	Montgomery Juvenile Court Magistrate	Systemic Factor feedback
Holly Looser	Allen Juvenile Court Magistrate	Systemic Factor feedback
Allison MacLeod-Owen	Licking County Juvenile Court Magistrate	Systemic Factor feedback
Karen McGormley	DCY	General
Mark Mecum	Ohio Children's Alliance	Automated Systems Review Committee member
Jeralyn Mercer	Mahoning Juvenile Court Magistrate	Systemic Factor feedback
Rachael Moore	DCY	Statewide recruitment efforts

Name	Affiliation	Role in Statewide Assessment Process
Kristine Monroe	DCY	Data Analysis
Sharla O'Keeffe	DCY	Licensing
Denise Orchard	Ohio's University Consortium for Child and Adult Services	Narrative for Items 26, 27, 28
Lynette Paris	Mahoning County JFS	Stakeholder
Laura Parks	Cuyahoga County Division of Children and Family Services	Automated Systems Review Committee member
Laura Patrasso	Ohio's University Consortium for Child and Adult Services	Narrative for Items 26, 27, 28
Cassidy Patterson	The Buckeye Ranch	Automated Systems Review Committee member
Laura Payne	DCY	Ohio START training descriptions and evaluation
Jana Pearce	DCCY	Voice for Youth
Kyana Pierson	Supreme Court of Ohio	Planning
Chelsey Rennard	DCY	Review of content Staff & Caregiver
Cynthia Ricketts	DCY	Policy
Den Rittinger	DCY	Policy & Automated Systems Committee member
Kate Rossman	Ohio Children's Alliance	Automated Systems Review Committee member
Erica Sabados	Summit County Children Services	Automated Systems Review Committee member
Jennifer Scanlan	Lorain County Children Services	Automated Systems Review Committee member
Tara Shook	DCY	Review of content Staff & Caregiver
Lynn Sowards	DCY	Kinship/adoption WWK
Amy Spicer	Corporation for Ohio Appalachian Development	Automated Systems Review Committee member
Kristi Smith	Gallia County JFS	Stakeholder
Sara Steuer	Youth Advocate Services	Automated Systems Review Committee member
Megan Stevens	DCY	Contributor
Terry Swauger	Trumbull County Juvenile Court Magistrate	Systemic Factor feedback
Linda Topping	Supreme Court of Ohio	Planning
Richard Tvaroch	Mahoning County JFS	Stakeholder
Mark Van Dyne	Allen County Juvenile Court Magistrate	Systemic Factor feedback

Name	Affiliation	Role in Statewide Assessment Process
Joan Van Hull	DCY	CFSR Coordinator, Data Analysis
Gina Velotta	DCY	Background checks
Roger Ward	DCY	Data Analysis
Charity Wheeler	Journey Home	Automated Systems Review Committee member
David Wigent	Wood County Job & Family Services	Automated Systems Review Committee member
Karen Willhite	DCY	Review of content Staff
Rebecca Wolford	DCY	Policy and cross jurisdictional
Sara Wright	Champaign County Job & Family Services	Automated Systems Review Committee member
Haleigh Young*	DCY	Human Trafficking Content
Jennifer T. Young	DCY	Automated Systems Review Committee member

Description of Stakeholder Involvement in Statewide Assessment Process

Describe how child welfare leadership and staff from all levels of the agency, families and youth, the legal and judicial communities, Tribes, and other key partners and stakeholders were actively engaged in the assessment of the state child welfare system.

Description

In Ohio's state-supervised, county-administered child welfare system, continuous engagement with key partners, stakeholders, families, youth, and constituents is embedded within the Department of Children and Youth's (DCY) operational framework. This engagement is not treated as a one-time event tied to the development of the Child and Family Services Review Statewide Assessment, but rather as an ongoing process. At every decision point, whether introducing new programs, proposing or amending administrative code rules, or updating data information systems, DCY actively seeks stakeholder feedback to ensure inclusive and informed policymaking. Examples of continuous engagement opportunities include:

Stakeholder Engagement Meetings
DCY leadership meets with stakeholders to introduce the agency's priorities and get feedback on the current state and opportunities for the agency. Stakeholder groups include, but are not limited to, Ohio Association of County Boards of Developmental Disabilities (OACB), Early Intervention Advisory Council,, Public Children Services Agencies, Ohio Council of Behavioral Health & Family Services Providers, Public Children Services Association of Ohio (PCSAO), Home Visiting Consortium, Early Learning & School Readiness (ELSR) Team Meeting, Ohio Children's Alliance (OCA), Ohio Job and Family Services Directors' Association (OJFSDA), Whole Child Matters Grantees, Early Childhood Mental Health Consultants, Ohio Center for Autism and Low Incidence (OCALI), Court Stakeholder Discussion, The Ohio Educational Service Center Association (OESCA), PCSAO Board of Trustees Meeting, Ohio Children's Trust Fund (OCTF), Ohio Commission on Fatherhood, National Alliance on Mental Illness (NAMI Ohio), John Glenn Leadership Forum- Child Well-Being, Ohio Family and Children First Cabinet Council, Ohio Grandparents Coalition, and Ohio Children's Hospitals.

Listening Sessions
Families provide feedback about how DCY can increase program awareness and education, build communities of support throughout the state, and identify services and supports families need most. As a result of Family Listening Sessions, DCY added a new powerful resource to the team, Parent and Youth Ambassadors (PYA) with lived experience to answer questions and provide help to families through phone calls, online chats, and face-to-face interactions.

Ohio Youth Advisory Board (OYAB)
A statewide organization of young people ages 14-24 who have experienced foster care provides ongoing feedback in policy decisions and program design, including serving on advisory groups for the Ohio Child Welfare Training Program (OCWTP) course development/revision for resource family

learning. Additionally, by law, the Ohio YAB is required to provide an evaluation to the governor and the Youth Ombudsman on the *Youth and Family Ombudsman Office Annual Report.*

Automated Systems Review Committee
This committee provides feedback on the enhancements needed to the Comprehensive Child Welfare Information System (CCWIS) automated functions as well as to review proposed enhancements. The members have an opportunity to weigh in on priorities and have participated in surveys to help provide necessary feedback. Membership consists of private and public agency users, a person with lived experience, and is tri-chaired by the main public and private agency associations, Public Children Services Association of Ohio, and Ohio Children's Alliance.

User Testing
Prior to roll-out of system changes, users engage in functionality group testing.

Child Protection Oversight and Evaluation (CPOE) Reviews
State and county staff routinely examine county specific data measures during CPOE reviews. Technical Assistance Specialists and their manager continue to improve the process and format for analysis of county specific data. Critical children services data measures are examined using a proactive monitoring approach, scanning for both problematic trends and areas of excellence.

Monthly Check-ins
Feedback on the expansion of Ohio Sobriety Treatment and Reducing Trauma (START) and review of data on the Ohio START Dashboard.

Ohio Administrative Code Rules
All rules and rule documents undergo DCY's clearance process review. During this process, the public is invited to provide comments. Proposed rules and Business Impact Analyses (BIAs) are posed on the DCY website for at least 14 days to allow for public review and feedback. All comments received are addressed and responses are sent to commenters.

Legal and Judicial Communities
The legal and judicial communities have played a critical role in assessing Ohio's child welfare system. Ohio's Court Improvement Plan director and analyst are integral members of the state CFSR planning team, regularly participating in monthly CFSR meetings with the Children's Bureau to provide expertise and insight.

Additionally, Ohio has actively engaged the legal and judicial communities by soliciting input through key stakeholder meetings, including:

- Supreme Court of Ohio Advisory Committee on Children and Families
- Supreme Court of Ohio Subcommittee on Children and Families
- Juvenile Magistrates RoundTable
- Juvenile Judges RoundTable

This collaborative approach ensures that different perspectives from child welfare leadership, frontline staff, families, youth, courts, and advocacy organization are reflected in Ohio's child welfare assessment and improvement efforts.

Section II: State Context Affecting Overall Performance

In this section, describe the vision and core components of the child welfare system, and how the state is organized to produce the desired child welfare outcomes. Briefly outline cross-cutting issues not specifically addressed in the outcomes and systemic factor sections of the statewide assessment and finally illustrate how current improvement initiatives provide opportunities to achieve desired outcomes and system change.

Part 1: Vision and Tenets

Briefly describe the vision and core tenets of the state child welfare system (i.e., primary programs, including title IV-E prevention programs, as applicable; practice model; structure and approach to drive change) that are designed to produce desired child welfare outcomes and the routine statewide functioning of systemic factors.

Description

State Agency Administering the Programs

The Ohio Department of Children and Youth (DCY) was established in 2023 to focus on the efficient and effective delivery of services to Ohio's children and their families. The new department consolidated programs from the following five existing state agencies:

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

With many of the state's child centered resources and programs located within a single agency, Ohio families have a centralized resource to ask questions, find services, and receive support.

The following table lists the DCY areas and the programs within each area.

Maternal and Infant Wellness: Programs focus on eliminating health disparities, improving birth outcomes, and improving the health status of pregnant women, infants, and children to ensure moms and babies celebrate the child's first birthday.		
• Alliance for Innovation in Maternal Health (AIM) Bundles • Community and Faith-Based Grants • Compassionate, Accountable, Respectful, Equitable Care (OPQC: CARE) • Eliminating Racial Disparities in Infant Mortality Taskforce • Group Prenatal Care • Healthy Beginnings at Home	• Maternal Behavioral Health Peer Support Program • Obstetric Simulation for Emergency Medicine (OB-SIM) • Ohio Collaborative to Prevent Infant Mortality	• Ohio Council to Advance Maternal Health Taskforce • Maternal and Infant Vitality Initiative (MIVI) • Queen's Village • Safe Sleep and Cribs for Kids • Urgent Maternal Warning Signs
Early Childhood Development: The Early Childhood Development programs provide technical assistance, education, and referrals for families and youth with evaluations regarding specific needs and disabilities.		
• Early Childhood Mental Health Consultation	• Help Me Grow - Early Intervention	
Early Care and Education: Initiatives work to connect educators, families, and youth to education services and supports.		
• Child Care Choice Vouchers • Early Childhood Education Grants Early Childhood Mental Health Consultation • Early Learning Curriculum and Assessment Team	• Early Care & Education Provider Licensing • Head Start Collaboration Office • Ohio Promise	• Preschool Special Education • Publicly Funded Child Care (PFCC) • Step Up To Quality (SUTQ)
Family Support and Stabilization: Focuses on enhancing the resources and supports available to parents and families.		
• Help Me Grow - Home Visiting ○ Nurse Family Partnership, Healthy Families America, Parents As Teachers, Moms and Babies First • Family Connects Ohio • Family Success Network	• Imagination Library of Ohio • Multi-System Youth Technical Assistance and Funding • Ohio Children's Trust Fund (OCTF) • Ohio Commission on Fatherhood (OCF) • Ohio Family and Children First (OFCF)	• Ohio START • Parent and Youth Ambassadors Parent Cafes • Parenting Peer Support • Strong Families, Safe Communities • Triple P - Positive Parenting Program
Children Services, Foster, Kinship, and Adoption: Programs provide caregivers with support via resources for their individualized needs.		
• Adoption • Child and Family Services Plan • Children's Justice Act • Children Services Practice • Family First Prevention Services Act - Prevention Services & Qualified Residential Treatment Programs • Foster Care	• Kinship Guardianship Assistance Program (KGAP Federal & State) • Kinship Permanency Incentive • Kinship Support Program • Kinnect to Family • Ohio Adoption Grant Program	• Ohio Kinship & Adoption Navigator • Ohio Youth Advisory Board (OYAB) Permanency Incentive Program • Post Adoptive Special Services Subsidy • Respite Care • Wendy's Wonderful Kids
Young Adult Supports: Programs are designed to provide support for teens and young adults who either are in foster care or have aged out of the foster care system and need assistance.		
• Adoption Assistance Connections to 21 (AAC21) • Bridges • Ohio Education and Training Vouchers	• Independent Living and Transition-Age Services • Kinship Guardianship Assistance Program Connections to 21 (KGAP C21)	• Youth Navigator Network (YNN) • Young Adult Services (YAS)

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

State Supervised: Commencing on July 1, 2024, child welfare service functions and programs are under the auspices of the Ohio Department of Children and Youth (DCY). Under the provisions contained in the Ohio Revised Code, the agency is authorized to administer Title IV-B, Title IV-E, Title XX programs, CAPTA, license resource homes and perform other child welfare functions.

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

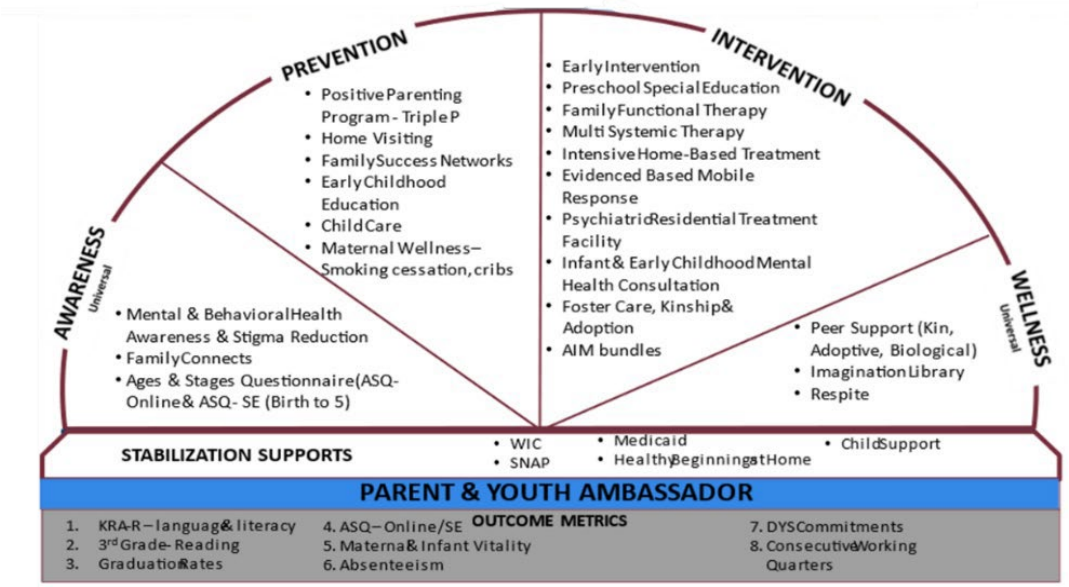
County-Administered: Pursuant to Section 307.981 of the Ohio Revised Code (ORC), county commissioners in Ohio's 88 counties are responsible for determining which agency within their county will provide public child welfare services to their communities.

County agencies rely on a variety of federal; state; and, in some cases, local tax levies to support child welfare services. While Ohio has large metropolitan counties there are many rural counties. Some are extremely rural having more than 96% of their county square miles deemed "most rural." Out of Ohio's 88 counties, 32 are Appalachian. Appalachian counties are largely in the southern and eastern regions of the state.

Ohio's in-home services case population includes the following:

- **Ongoing Voluntary –** Provided to children and their families where the traditional response assessment completed, supports the need for ongoing services, the parent, guardian, or custodian agrees to the provision of services, and there is no court order.
- **Ongoing Alternative Response** – Provided to children and their families where the alternative response assessment completed supports the need for ongoing voluntary services and the parent, guardian, or custodian agrees.
- **Ongoing Court-Ordered Protective Supervision** – Provided to children and their families while children remain in their own home and in the custody of their parent, guardian, or custodian and there is court ordered protective supervision.

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



Mission, Vision, Goals, Guiding Principles

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

Mission: Promote positive, lifelong outcomes for Ohio youth through early intervention, quality education, and family support programs.

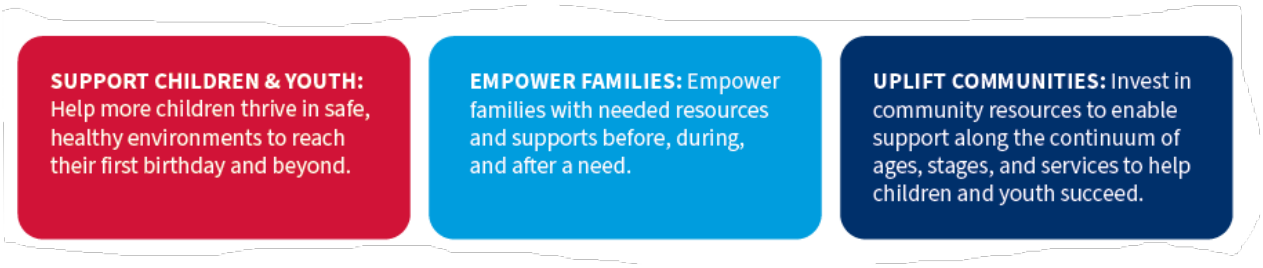
Vision: Each Ohioan is able to live up to their full potential and have the opportunity to live their version of the American dream.

Goals:

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

Principles:

The department's principles provide a foundation to achieve its goals. We must always show the principles of transparency and accountability, supporting local structure, data-driven decisions, family and youth voice, and be proactive before a crisis within the family occurs.



Pillars: These essential components support DCY's mission and goals. They are the strength behind the department.

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

DCY has developed a logic model to help drive the work of the agency while ensuring consistency with the overarching vision and mission as well as its short and long-term goals. Logic models are road maps that show the relationship between what an agency does and the intended impacts and effects for those served. DCY's logic model strives to--

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

Part 2: Cross System Challenges

Briefly describe cross-cutting issues not specifically addressed in other sections of the statewide assessment that affect the system's programs, practice, and performance (e.g., legislation, budget reductions, community conditions, consent decrees, staff turnover and workload).

Description

Public Children Service Agencies (PCSAs) across Ohio have experienced significant staff turnover and challenges recruiting new staff. Accelerating turnover, rising wages, and competition from outside employers have exacerbated these recruitment challenges in recent years. Traditional recruitment techniques and programs do not adequately meet the needs of Ohio's PCSAs. Additionally, the length of time needed to train and onboard new staff puts additional pressure on the system.

In response to these challenges, the department implemented a Fellowship Pilot Project to recruit and train potential child protective service professionals. The fellowship project employs a full-time

coordinator who is responsible for recruiting, hiring, onboarding, training, and tracking student progress for participating PCSAs. The project coordinator actively engages with local colleges and universities to share information about this innovative student learning opportunity. Prospective students are encouraged to apply for a student position. Students are interviewed and complete a shadowing experience before being accepted into the project.

Fellowship students are provided with individualized learning plans. These plans are guided by children service training requirements, provided by the Ohio Child Welfare Training Program and additional agency training to prepare students for hire in any Ohio PCSA on graduation. Training opportunities include the following:

- 120 hours of required caseworker CORE
- 12 hours of required Domestic Violence Training
- Caseworker Onboarding
- Self-care and Secondary Trauma
- Trauma Informed Training

The required children services training is reinforced by work related shadowing opportunities. Fellowship students may be paired with mentors when engaging with children and families to support application of their learning. Additional learning exercises are provided to students to integrate what has been learned and support transfer of learning. Examples of supplemental learning exercises are reviewing Ohio Administrative Code, completing a case contact form after an encounter in the field, and completing self-assessments exploring individual strengths and areas for development as prospective children services professionals.

The fellowship project ensures the following for all students and participating PCSAs:

- Provides training and onboarding to eligible college students in their last year of undergraduate study in the social science field of study.
- Engages college students and develops a path to careers in child protective services (CPS) through development of a fellowship program within the CPS space.
- Creates an opportunity for earlier training and mentoring of incoming talent to a broader array of candidates utilizing the studies/fields related to social sciences and childhood development.

Part 3: Current Initiatives:

Briefly describe the cross-cutting improvement initiatives (e.g., practice model, new safety model, workforce projects) to provide context for, and an understanding of, the priority areas of focus from the last CFSR that were addressed through the state's most recent PIP. This is an opportunity to highlight current initiatives and progress made toward achieving desired outcomes and systemic change.

Description

Annual Trauma-Informed Care Summit

The Ohio Children's Alliance, in partnership with the Ohio Departments of Mental Health and Addiction Services, Children and Youth, Health, and Developmental Disabilities, held the 12th Annual Trauma-Informed Care Summit May 21-22, 2025. The Summit explored and integrated trauma-informed care practices within various professional settings. Additionally, the event brought together residential caregivers, human resources leaders, child welfare workers, social workers, counselors, trauma-informed designers, and first responders to share knowledge, strategies, and experiences to support staff members and enhance workplace well-being.

To support DCY group homes in maintaining compliance with Qualified Residential Treatment Program (QRTP) requirements, DCY offered up to three scholarships to staff interested in attending the Summit at no cost. Individuals approved for scholarships were required to complete a plan-of-action that identified ways the information learned will be used by the recipient back in their specific group home. (Addresses Child Maltreatment in Foster Care Data Indicator)

Ohio START

Ohio implements a specialized intervention model, called Ohio START. This program helps families struggling with child maltreatment and substance use disorders. A key element of this program is family peer mentors who are paired with a child welfare caseworker to provide intensive case management services. Ohio START emphasizes a wraparound approach for at-risk parents that includes frequent home visits and mentorship from people who have lived experience with recovery and the child protection system.

Fifty-seven counties are currently implementing Ohio START and have served 4,636 Ohioans, including 2,678 children in need. Ohio University (OU) is collecting information from parents through a survey at 6 and 12-months post case closure to measure parents' wellbeing after leaving the program. OU is also completing a social return on investment (SROI) study of Ohio START. (Addresses Systemic Factor: Service Array and Resource Development and Permanency Outcome 1: Children have permanency and stability in their living situations)

Kinnect to Family

Kinnect to Family (KTF) is a specialized, intense family search and engagement program. KTF uses diligent search strategies to identify connections and supports for children and families encountering children services. KTF's goal is to identify at least 80 kinship connections for each child served and build on family strengths to promote stability using relentless effort, focus, and determination.

Forty-one counties implementing with over 3,200 children served since inception. The average county placement with kin rate was 57.45% while the average county case length was 51 days. Additionally, the average county rate of children placed with kin with at least one backup caregiver identified is 54.31%. (Addresses Permanency Outcome 1: Children have permanency and stability in their living situations)

Ohio Kinship and Adoption Navigator Program (OHIOKAN)
OhioKAN is a flexible and responsive kinship and adoption navigator program designed to assist children, caregivers, and families statewide. The goal of OhioKAN is to support kinship and adoptive families and connect them with the resources and services that fit their unique needs.

OhioKAN assists children, youth, caregivers, and families with local resources. Now that OhioKAN has evidence that the program has had positive impacts for at least 12 months and has expanded to all 88 counties, the CQI process has been updated, and the case review process is being developed to ensure consistency in program delivery. (Addresses Permanency Outcome 1: Children have permanency and stability in their living situations)

Wendy's Wonderful Kids (WWK) Dave Thomas Foundation (DTF)
Wendy's Wonderful Kids is designed to increase permanency for youth in public children services agency custody by providing the following:

- Recruiters
- Adoption counseling
- Conduct file mining
- Locating permanent relationships for children/youth

(Addresses Permanency Outcome 1: Children have permanency and stability in their living situations)

Post Adoption Special Services Subsidy (PASSS)
Based on program eligibility, PASSS provides up to $10K in funding per adopted child with special needs per year. (Addresses Permanency Outcome 1: Children have permanency and stability in their living situations)

Strong Families, Safe Communities
The Strong Families, Safe Communities (SFSC) program engages local systems to provide creative, community-driven services and supports for families with children and youth with intensive needs relating to behavioral health and/or intellectual/developmental disabilities. SFSC programs have served more than 4,000 children and families from July 1, 2024 – December 31, 2024. (Addresses Systemic Factor: Service Array and Resource Development and Item 17 and Item 18)

Behavioral and Mental Health Telehealth
Behavioral and Mental Health Telehealth services are available to PCSAs, Title IV-E Juvenile Courts, Family and Children First Councils (FCFCs) and Early Childhood Mental Health (ECMH) Consultants to provide immediate mental health and behavioral health supports to fill any gaps that may exist until ongoing services can be provided by stabilizing the initial crisis for a short-term duration. (Addresses Systemic Factor: Service Array and Resource Development and Item 17 and Item 18)

Youth Navigator Network
The Youth Navigator Network (YNN) is a statewide, centralized location for young people up to age 23 who have experienced the children service system to go for information and referrals. YNN navigators support a young person in identifying and accessing resources to meet their specific needs. YNN Flex

Funds are provided to youth to support housing, transportation, and academic needs. (Addresses Systemic Factor: Service Array and Resource Development)

Study Committee to Evaluate the Placement of Delinquent Children in Residential Facilities Newly formed study committee of 20 members to be appointed by the Ohio House or Senate to evaluate the placement of delinquent children in residential facilities. Representatives from DCY, Department of Youth Services, and Department of Mental Health and Addiction Services are included in the membership. The group will review the following:

- Evaluate the placement of the children in residential facilities.
- Evaluate the existing system, resources, and services used to support children.
- Identify gaps in the availability of appropriate residential facilities, resources, and services to serve the children.
- Make recommendations for changes to meet the children's needs.

(Addresses Systemic Factor: Service Array and Resource Development)

Ohio's Human Trafficking Task Force

The Governor's Ohio Human Trafficking Task Force was created by Executive Order in March 2012 to marshal the resources of the state to respond to trafficking.

In January 2021, Governor Mike DeWine signed a new Executive Order to continue the statewide efforts to prevent human trafficking, identify and serve survivors, encourage a coordinated law enforcement system to investigate and prosecute, and to provide services and treatment necessary for survivors to regain control of their lives.

The task force prioritizes building Ohio's capacity to holistically support youth victims of trafficking across a continuum, from facilitating community-based resources and programming that support youth in their homes of origin to building capacity of substitute caregivers to provide trauma responsive, treatment-oriented housing options for youth at every level of care. This priority requires investing in direct service organizations to support youth survivors while simultaneously equipping child-serving systems and caregivers to recognize and respond to youth trafficking. (Addresses Systemic Factor: Service Array and Resource Development)

Children's Justice/Court Collaboratives

Children's Justice/Courts collaborates with stakeholders on programming and recommendations to make systemic improvements to the administration, investigation, prosecution, and judicial handling of child abuse, neglect, and dependency cases. Specific priorities include quality legal representation and PCSA/court engagement. The National Association of Counsel for Children (NACC) completed their three-part Ohio Specific Child Welfare law training series in February 2025 with over two hundred people registered to. (Addresses Systemic Factor: Case Review System)

Section III: Assessment of Child and Family Outcomes

A. Safety

Safety Outcome 1: Children are, First and Foremost, Protected from Abuse and Neglect

Safety Outcome 1 is comprised of two Federal data indicators and one case-review measure. The table below depicts the relationship between and among the data measures, data sources, and the analytic method used.

Safety Outcome 1	
Federal Data Indicator Domain	**Case-Review Domain**
(S1) Maltreatment in Care (AFCARS + NCANDS) Of all children in care during a 12-month period, what is the rate of victimization per 100,000 days in foster care? ○ Risk Standardized Performance ○ Observed Performance **(S2) Recurrence of Maltreatment (NCANDS)** Of all children who were victims of a substantiated or indicated report of maltreatment during a 12-month reporting period, what percent were victims of another substantiated or indicated report of maltreatment within 12 months of their initial report? ○ Risk Standardized Performance ○ Observed Performance	**(Item 1) Timeliness of Initiating Investigations of Reports of Child Maltreatment** Determine whether responses to all accepted child maltreatment reports received during the period under review were initiated, and face-to-face contact with the child(ren) made, within the time frames established by agency policies or state statutes.

(S1) Maltreatment in Care

While the majority of children do not experience abuse or neglect when they are in care, a concerning number do. It is important to emphasize that countless caregivers provide loving, stable, and healthy homes for children in need. However, the instances of abuse or neglect that do occur highlight the ongoing need for vigilance, reform, and a commitment to ensuring that the foster care system is truly a place of safety and support for all children it serves.

Maltreatment in Care is a highly complex issue with multiple contributing factors, which are most easily understood as individual caregiver issues and systemic problems.

Individual caregiver issues include:

- Caregivers who do not always adequately recognize the complex needs of children in care. Therefore, sufficient and applied training in trauma-informed care, de-escalation techniques, and managing challenging behaviors is needed. Ongoing support for caregivers is also crucial

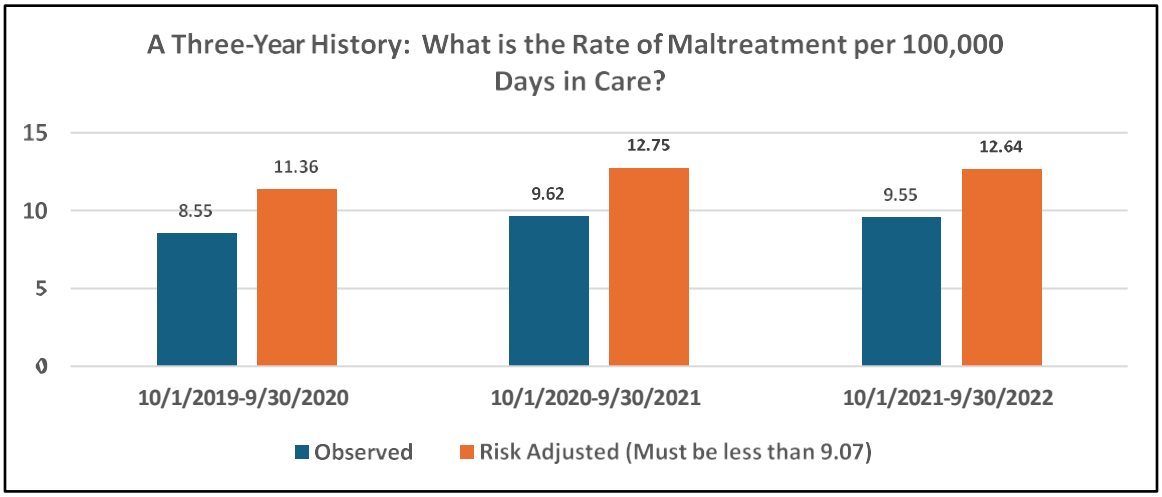
and sometimes insufficient. This finding indicates a need for a continuous assessment by caseworkers of caregivers needing assistance.

- Being a caregiver is demanding, especially when caring for children who have experienced significant trauma. High stress levels, lack of respite care, and feelings of being overwhelmed can sometimes lead to inappropriate reactions or neglect.
- Studies have identified certain characteristics, although not definitive, that may be more prevalent among caregivers who abuse or neglect children. Some of these characteristics include being single, having fostered for a long time, or not having biological children of their own. However, it is crucial to note that these are risk factors, not definitive predictors, and many with these characteristics provide excellent care.

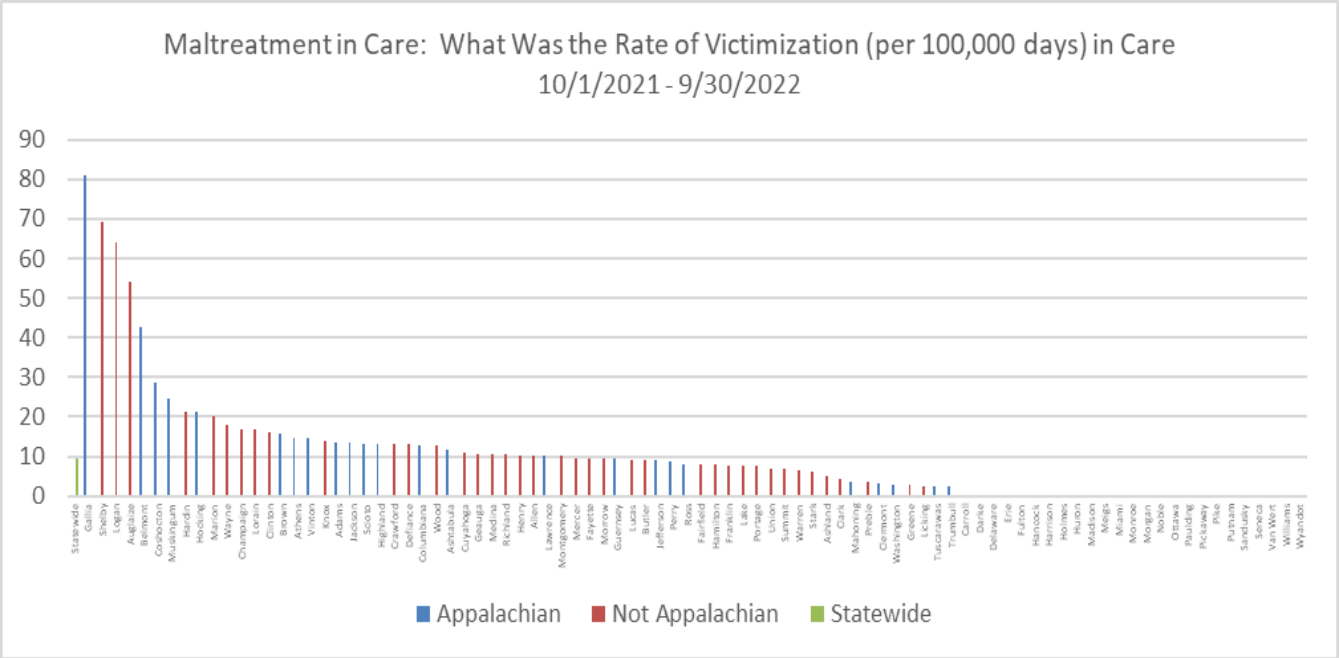
Systemic problems include:

- Caseworkers often manage a large number of cases, which can limit their ability to conduct thorough and frequent home visits, adequately monitor placements, and provide necessary support to both children and foster families.
- Insufficient funding can impact everything from caseworker salaries and training to the availability of support services for families and children.
- Policies and procedures of residential facilities and group homes (e.g., restraint procedures).
- A lack of available and appropriate placement settings, especially for children with specialized needs, teenagers, or sibling groups, can lead to less-than-ideal placements, including in group homes or residential treatment centers, where oversight and individualized care can sometimes be challenging.
- Children who experience multiple placements can be at higher risk. Each move can be traumatic and make it harder for children to form stable attachments and for issues to be identified and addressed.
- Children entering care have invariably experienced trauma. If their trauma is not understood and addressed with appropriate therapeutic interventions, their behaviors can be challenging for caregivers, increasing stress and potential for negative interactions.
- Children in care may feel powerless or afraid to report abuse or neglect, especially if they fear not being believed or being moved again.

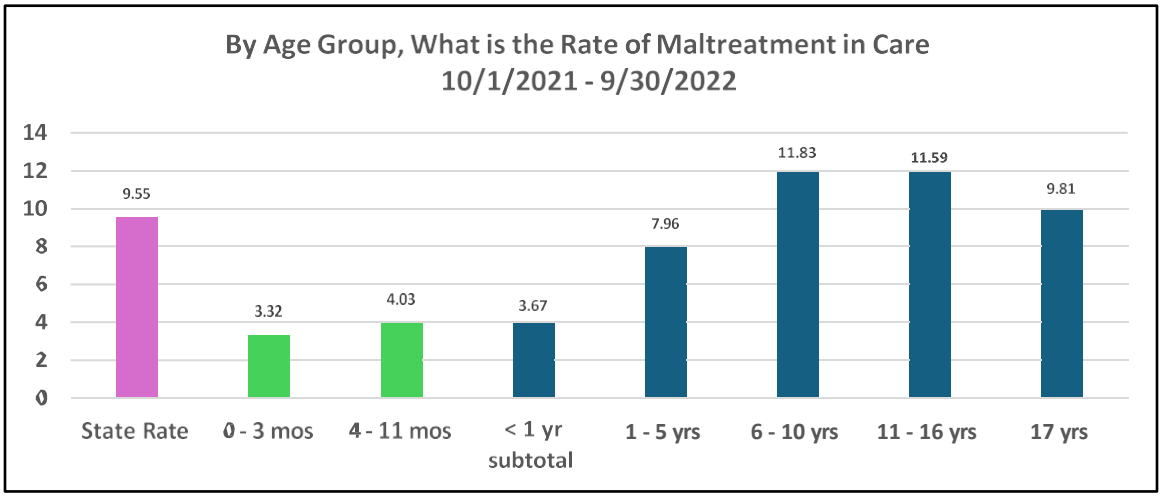
The figure below shows the rate of maltreatment per 100,000 days in care over the most recent three years. DCY has exceeded the national standard of 9.07%.



When the observed scores for this measure are examined on the county level, about one-third of the counties have a low rate of maltreatment in care, and another one-third that have rates surpassing the state observed rate of 9.55.



The age of children experiencing maltreatment in care is consistent with the national literature that shows that, as age progresses, children are less likely to experience repeated maltreatment.



The following table shows the relationship between high and low performing counties on maltreatment in care on four measures from the CDC's Social Vulnerability Index. Families living below 150% poverty appear to be associated with high rates of maltreatment.

	Top 7 Counties with Highest Rates of Maltreatment in Care	**Bottom 7 Counties with Lowest Rates of Entry**	**Statewide**
Percent Single parent Head of Household	5.7%	5.5%	6.6%
Percent having no access to a vehicle	6.3%	5.3%	7.4%
Percent of persons living below 150% poverty	21.3%	16.4%	20.6%
Percent Housing cost burden (>30% of income spent on housing)	17%	17%	22%
Measure (10/1/2023-9/30/2024)	40.05	0.42	9.55
Counties	Auglaize, Belmont, Coshocton, Gallia, Logan, Muskingum, Shelby	Carroll, Darke, Delaware, Erie, Fulton, Hancock, Harrison, Holmes, Huron, Madison, Meigs, Miami, Morgan, Morrow, Noble, Ottawa, Paulding, Pickaway, Pike, Putnam, Sandusky, Seneca, Van Wert, Williams, Wyandot	All 88

(S2) Recurrence of Maltreatment

Child maltreatment recurrence is a highly complex issue with multiple contributing factors. Often, these factors are intertwined making recurrence more likely to occur and more difficult to prevent. A peer-reviewed literature search revealed four significant factors contributing to maltreatment recurrence; Parent/Caregiver factors; Child factors; Family System factors; and Child Welfare System factors.

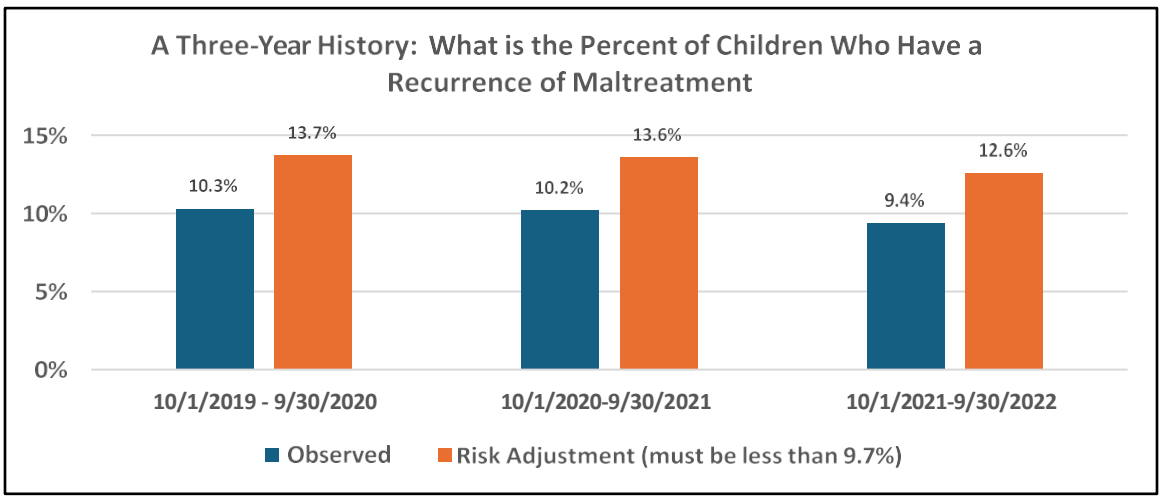
Parent/Caregiver Factors: Substance abuse, mental health issues, history of maltreatment or other traumas, poor parenting skills, inability to control impulses, young parental age, and criminal behaviors.

Child Factors: While the child is not to blame for maltreatment, there are child characteristics that increase the risk of maltreatment. These include the age of the child (younger), developmental disabilities, and troubled behavior (often a result of a chaotic household), escalating hostile parent-child interactions. It is critical to note that, while certain child characteristics may be associated with an increased risk of recurrence, the responsibility for maltreatment lies with the adult caregiver. These factors often increase caregiver stress, which, when combined with parental vulnerabilities, can lead to maltreatment.

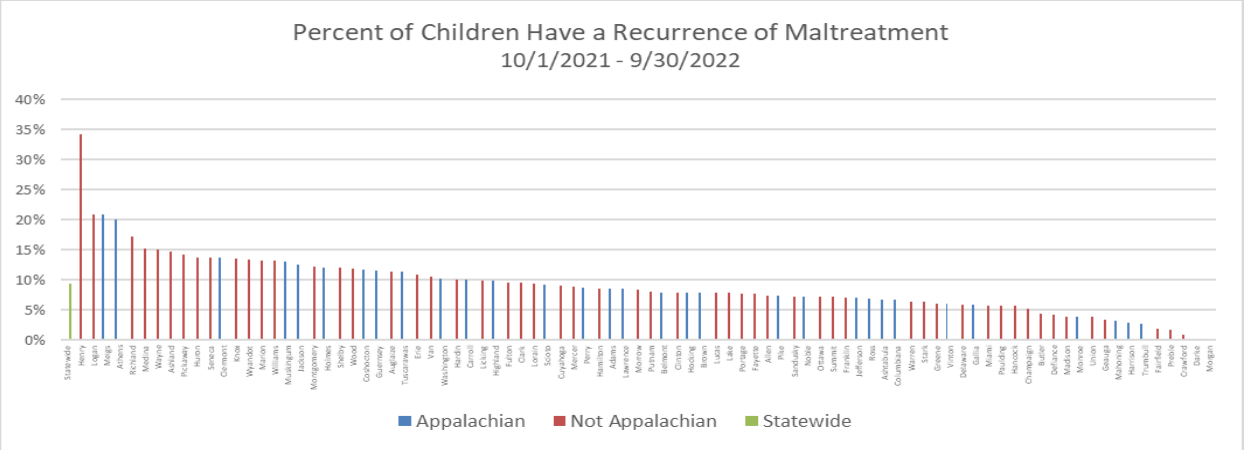
Family System Factors: Domestic violence, family stressors (e.g., food insecurity, financial problems, housing instability, lack of adequate extended family support, and dysfunctional parent-child interaction).

Child Welfare System Factors: Inadequate or ineffective services, premature case closing, lack of follow-up, high caseworker turnover, and the inability to engage with families.

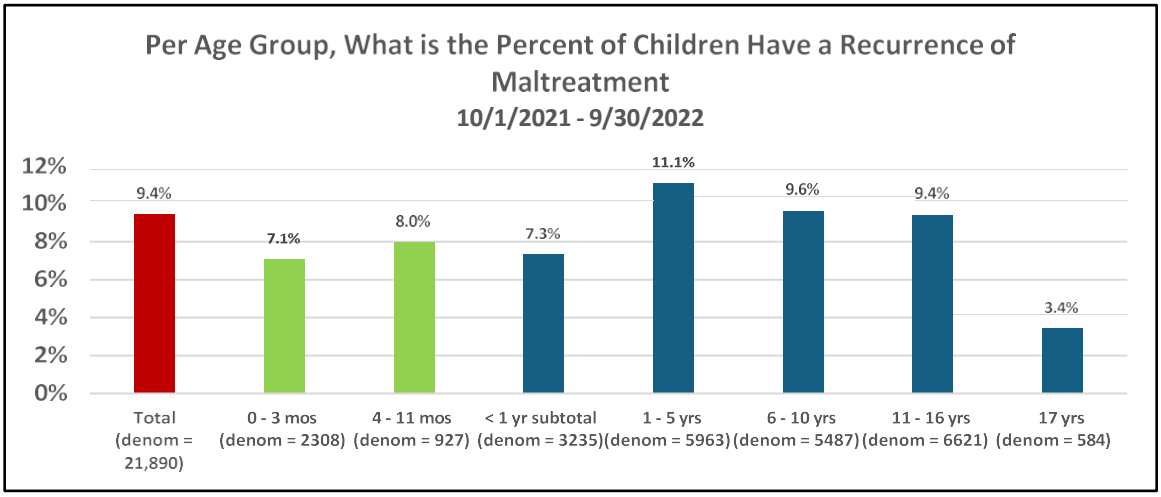
The figure above shows the rate of maltreatment recurrence over the most recent three years. DCY has exceeded the national standard of 9.7%.



Ohio's observed performance for recurrence of maltreatment for the last observation period was 9.4%. When the observed scores for this measure are examined on the county level, about one-third of the counties have a low rate of maltreatment recurrence, and another one-third have rates surpassing the state observed rate.



The age of children experiencing maltreatment recurrence is consistent with the national literature, which shows that as age progresses children are less likely to experience repeated maltreatment.



While the literature finds that single parent households, poverty, housing concerns are contributing factors to maltreatment recurrence, this does not appear to be the case in Ohio as outlined in the table below. The analytical difference being that the table below was created using cross-sectional data, while the literature uses longitudinal logistic regression. Nonetheless, DCY plans to intensify its efforts outlined in the major contributing factors noted at the beginning of this section.

	Top 7 Counties with Highest Rates of Maltreatment Recurrence	**Bottom 7 Counties with Lowest Rates of Maltreatment Recurrence**	**Statewide**
Percent Single parent Head of Household	4.7%	5.8%	6.6%

	Top 7 Counties with Highest Rates of Maltreatment Recurrence	Bottom 7 Counties with Lowest Rates of Maltreatment Recurrence	Statewide
Percent having no access to a vehicle	6.3%	6.0%	7.4%
Percent persons living below 150% poverty	18.3%	21.8%	20.6%
Percent Housing cost burden (>30% of income spent on housing)	19%	20%	22%
Measure (10/1/2023-9/30/2024)	18.2%	1.8%	9.4%
Counties	Athens, Henry, Logan, Medina, Meigs, Richland, Wayne	Crawford, Darke, Fairfield, Harrison, Morgan, Preble, Trumbull	All 88

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

Examination of County CPOE Monitoring Results

Data is integral in reporting statewide performance and evaluating changes within Ohio's children services system. DCY has developed reports that capture information for most of the performance measures monitored and are important for Ohio's Child Protection Oversight and Evaluation (CPOE) review process.

PCSAs and Title IV-E courts are monitored by the department over a 24-month cycle. DCY collaborates with PCSAs and Title IV-E Courts to identify areas for performance improvement and cooperatively developed a Plan for Practice Advancement (PPA) based on the results of case reviews. The agency/court PPAs are implemented and evaluated through a series of onsite visits, including case reviews/self-assessment/data evaluation.

CPOE Stage 12 case reviews commenced in January 2023 and were completed in January 2025. CPOE reviews use the Federal Child Family Services Review (CFSR) Tool to monitor agency/court performance. At the conclusion of CPOE Stage 12 1,125 cases were reviewed. There were 464 applicable cases reviewed for compliance with Item 1. Of these, 82.33% (382 cases) were rated as a Strength.

Agencies continue to demonstrate significant improvement since CFSR Round 3 where 56% of the 89 applicable cases were rated as a Strength. During Round 3 of the CFSR PIP, 67.92% of the 106 applicable cases were rated as a Strength.

Discussions with agencies where Item 1 was rated as an Area Needing Improvement identified the following contributing factors that impacted the agency's performance:

- New intake staff needed additional training on investigation requirements and documentation of findings.

- Caseworkers not documenting the second attempt at face-to-face contact and coding the SACWIS activity logs correctly.
- Supervisors not consistently generating the *Initiation Contact Timely Report* to monitor the timeliness of initiating investigations.
- Staff vacancies impacted the timeliness of initiations of investigations.

Based on identification of the contributing factors, strategies contained in PPAs included the following:

- Developing an Intake Checklist and Flowchart to use in training sessions.
- Providing training for caseworkers with a focus on learning/enhancing skills to engage and interview children of all ages and developmental levels regardless of case type.
- Utilizing an Intake STP (Short Term Plan) group (a branch of an agency's internal CQI) to focus on topics important to intake practice. They are currently focusing on engagement of children during the assessment/investigation and documentation of discussions related to safety factors.
- QA/TM staff will run the *Initiation Contact Timely Report* and the ROM *Investigations Completed Within Required Time Report* weekly and review the reports with the Intake Supervisor and the assigned caseworker.
- When screening an assessment/investigation, the screener will utilize a tracking system within SharePoint that populates all due dates for necessary case timelines including initiation due date.
- When there is an intake on an ongoing case, the ongoing supervisor will check in with the ongoing worker weekly to make sure the timelines are on target and the assessments are getting completed timely.

While there was demonstrated improvement since CFSR Round 3, Ohio did not achieve the federal compliance requirement of 95% to receive a rating of Substantially Achieved. State performance was rated at 82.33%. One overall statewide strategy used to improve performance was to provide Children Services Best Practice Incentive funding to PCSAs for making marked improvements in achieving compliance with timely assessment/investigation measures. This has been a very successful program.

Examination of State Data

Review of Ohio SACWIS data for Calendar Year 2024 was conducted to determine:

- Compliance with timely initiation of reports for Traditional Response Cases and Alternative Response cases.
- Compliance with attempting or completing visits with the alleged child victim for Traditional Response cases and Alternative Response cases.

Initiation of Reports for Traditional Response and Alternative Response Cases

During Calendar Year 2024, 96% (34,847) of the screened in Traditional Response cases were initiated timely, while 4% (11,605) were not initiated within policy timeframes. For screened in Alterative

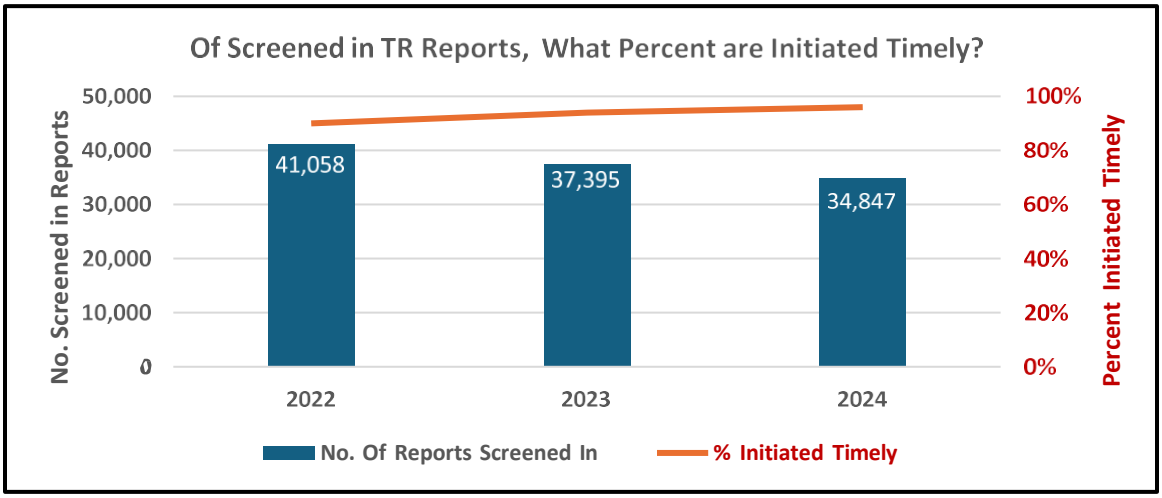
Response cases, 96% (31,419) of the cases were initiated timely and 4% (1,250) were not initiated within policy timeframes.

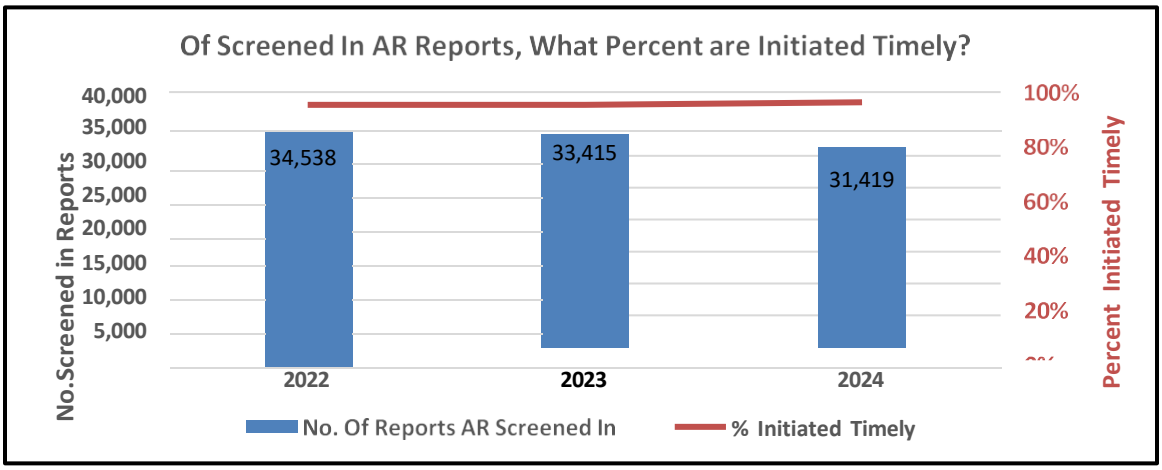
Face-to-Face Contact with the Alleged Child Victim for Traditional and Alternative Response Cases

During Calendar Year 2024, 85% (30,864) of the screened in Traditional Response reports had an attempted or completed visit with the alleged child victim within policy timeframes. While 15% (5,588) of reports screened in as Traditional Response did not have an attempted or completed visit with the alleged child victim within policy timeframes.

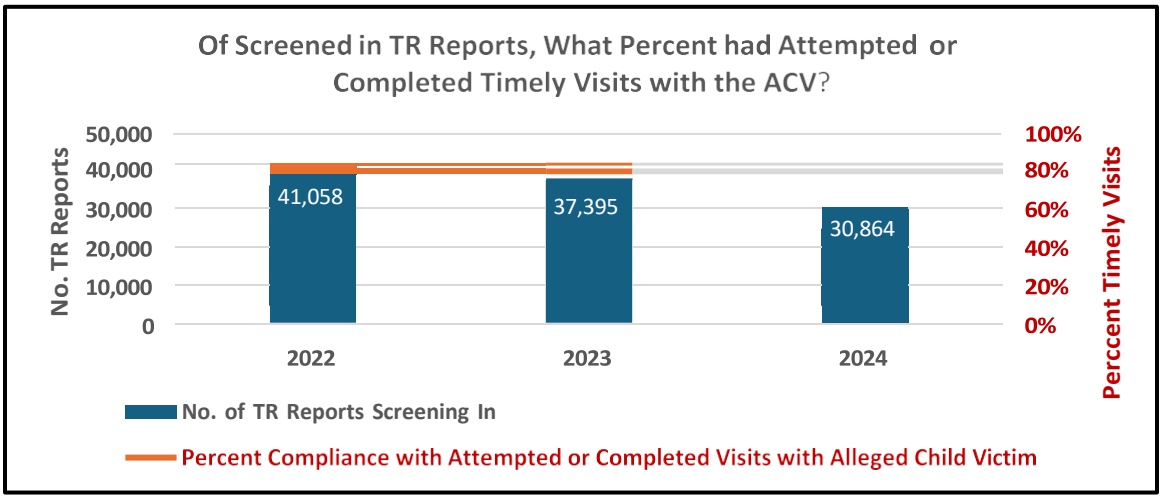
Examination of Alternative Response cases for Calendar Year 2024 revealed that 81% (26,572) of the reports screened in for Alternative Response had an attempted or completed visit with the alleged child victim within policy timeframes. While 19% (6,097) of the reports screened in for an Alternative Response did not have an attempted or completed visit with the alleged child victim within policy timeframes.

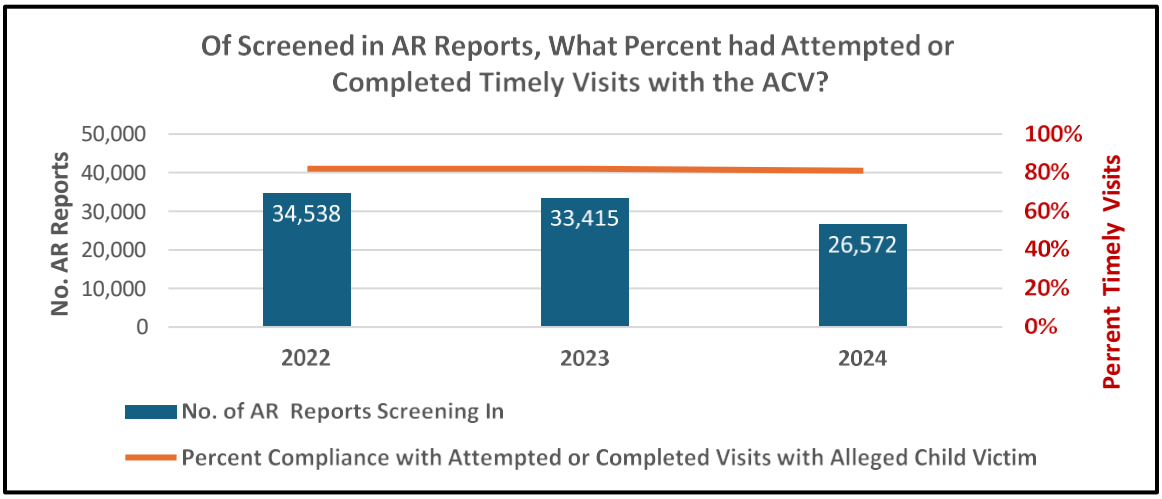
In the past three Calendar Years (2022, 2023, 2024) there has been an increase in timely initiation of Traditional and Alternative Response Reports. This is depicted in the following graphs.





When looking at Ohio's performance in initiating alleged child victim face-to-face contacts on reports screened in for both Traditional and Alternative Response over three Calendar Years (2022, 2023, 2024), there has been a decrease in the number of reports screened in and no appreciable difference in the percent and number compliant with attempted or completed visits with the alleged child victim. The graphs below depict these findings.





Safety Outcome 2: Children are Safely Maintained in their Homes Whenever Possible and Appropriate.

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

Safety Outcome 2	
Federal Data Indicator Domain	**Case Review Domain**
None	**(Item 2) Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care (CPOE)** Determine if concerted efforts were made to provide services to the family to prevent children's entry into foster care or re-entry after reunification. o Observed Performance **(Item 3) Risk assessment and management** Determine if concerted efforts were made to assess and address the risk and safety concerns relating to the children in their own homes or while in foster care. o Observed Performance

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

Examination of County CPOE Monitoring Results

At the conclusion of the CPOE Stage 12 case record review there were 627 applicable cases reviewed for compliance with Item 2. Of these, 97.45% (611 cases) were rated as a Strength. This was a substantial achievement as agencies and courts continue to demonstrate significant improvement since CFSR Round 3 and CFSR Round 3 PIP. During CFSR Round 3 of the 74 applicable cases reviewed, 72% were rated as a Strength. During Round 3 of the CFSR Round 3 PIP, there were 92 applicable cases reviewed, and 82.61% (72 cases) were rated as a Strength.

Discussions with agencies where Item 2 was rated as an Area Needing Improvement identified the following contributing factors that impacted agency performance:

- Lack of awareness of community services.
- Families did not follow up with the services needed.

Based on identification of contributing factors, strategies contained in PPA's included the following:

- Individual supervision will be provided to all caseworkers monthly with drop-in sessions as needed. The supervision will include both a clinical focus and tracking of completion requirements. The supervisor's knowledge of best practices will be provided to promote comprehensive assessments.
- Staff are given time to share success stories during group lunch and learn sessions which will allow individual successes to become team successes.

- Facilitate FTMs to support the family and identify service needs.

Item 3: Risk and Safety Assessment and Management

Examination of County CPOE Monitoring Results

At the conclusion of the CPOE Stage 12 case record review, there were 1,211 applicable cases reviewed for compliance with Item 3**.** Of these, 80.59% (976 cases) were rated as a Strength. Agencies and courts continue to demonstrate significant improvement since CFSR Round 3 and the CFSR Round 3 PIP. During CFSR Round 3 of the 164 applicable cases reviewed 52% were rated as a Strength. During the CFSR Round 3 PIP there were 164 applicable cases reviewed and 57.93% (95 cases) were rated as a Strength.

Discussions with agencies where Item 3 was rated as an Area Needing Improvement identified the following contributed factors that impacted performance:

- Caseworkers did not include non-custodial parents on the Family Assessment within the Family Functioning Section.
- Difficulty in developing and monitoring the Safety Plan.

Based on identification of contributing factors, strategies contained in PPAs included the following:

- Assess the need for a Safety Plan will be discussed during individual supervision.
- Agency supervisors will review the quality of documentation in formal assessments and reviews prior to approval.
- The agency will provide training opportunities for casework staff regarding quality contacts, safety plans, and documentation.
- Workers will attend “CAPM Family Assessment Training”.
- Supervisors will reinforce with caseworkers when a Safety Plan should be implemented.
- Technical Assistance Specialist (TAS) will select one case quarterly for review. The case will be dissected and discussed as a group. The discussion will focus on strengths and improvement opportunities. The TAS will meet with staff every other month to introduce new back-to-fundamentals training. These trainings and case discussions are designed to assist with the transfer of learning.

Conclusions

While there was demonstrated improvement since CFSR Round 3, Ohio did not achieve the required federal compliance requirement of 90% to receive a rating of Substantially Achieved. Safety Outcome 2 was rated at 80.59%.

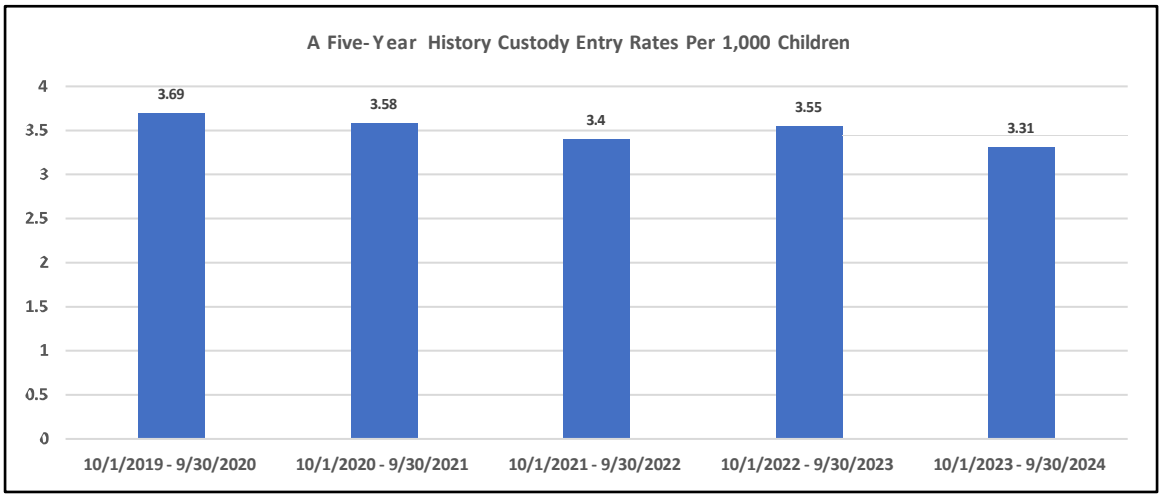
B. Permanency

Overview

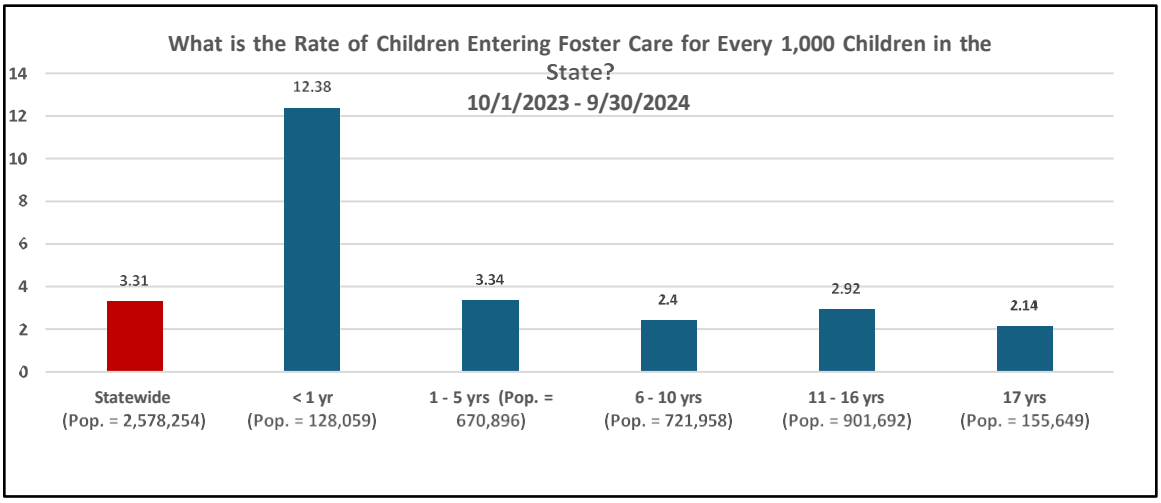
Entry Rates into Foster Care

The rate of children who enter foster care is a foundational indicator for a child welfare system. High entry rates may signal a strained child welfare system that is struggling to cope with emerging family and community problems. These problems often involve substance abuse, domestic violence, mental illness, or economic struggles. High rates can also indicate that the child welfare environment has an overwhelming need for a wide array of resources, like foster homes, caseworkers, prevention programs, and other robust supportive services. Low entry rates may suggest that prevention programs and community support services are effective in helping families care for their children.

The figure below shows the rate of children per 1,000 who have entered foster care over the last five years.

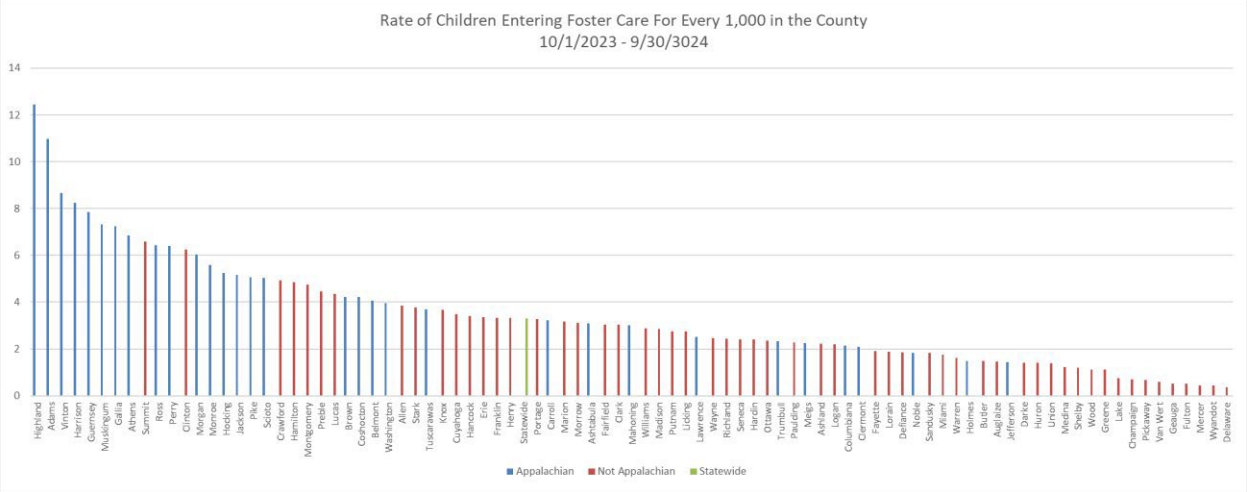


While there has been an overall decrease in the rate of children entering foster care over the last five years statewide, there is significant county variation in the ages of children who enter care. The following figure shows the rate of entry by age group for the most recent year beginning October 1, 2023.



For every 1,000 children, 3.31 entered care in the most recent reporting year. Because of their vulnerability, children under the age of one year have the highest rate at 12.38 per 1,000 children, while children in older age groups are closer to 2 per 1,000 children. While those youth over 17 years are less likely to enter foster care, they frequently have the worst outcomes. This age distribution for the current year is very similar to previous years.

In addition to age variation, there is a variation in the entry rates at the county level. With the state rate being 3.31, county variation ranges from 12.43 to 0.35 children per 1,000. Seven counties had rates over 7 per 1,000, and all are Appalachian. Nine counties had less than 1 per 1,000 children entering care. Of the 32 Appalachian counties, 21 (66%) have higher rates than the expected state rate, and the top eight counties are Appalachian.



Comparing the Top Seven and Bottom Seven with the Rest of the State

The table below compares four social factors from the 2022 CDC's Social Vulnerability Index. When the top seven counties are compared with the rest of the state on three social factors, we find these seven counties, compared to state, have *fewer* single parent head of households, nearly *equal* access to a vehicle, but significantly more people living below 150% poverty. These differences are magnified when

compared to the seven counties having the lowest foster care entry rates.

	Top 7 Counties with Highest Rates of Entry	Bottom 7 Counties with Lowest Rates of Entry	Statewide
Percent Single parent Head of Household	5.9%	4.5%	6.6%
Percent having no access to a vehicle	7.5%	4.3%	7.4%
Percent persons living below 150% poverty	25.8%	10.7%	20.6%
Percent Housing cost burden (>30% of income spent on housing)	20%	15%	22%
Rate of Entry into Foster Care (10/1/2023-9/30/2024)	8.85 per 1,000	0.49 per 1000	3.31 per 1,000
Counties	Adams, Harrison, Highland Gallia, Guernsey, Muskingum, Vinton	Delaware, Fulton, Geauga, Mercer, Paulding, Van Wert, Wyandot	All 88

Permanency Outcome 1: Children have Permanency and Stability in their Living Situations.

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

Permanency Outcome 1	
Federal Data Indicator Domain	**Case-Review Domain**
(P1) Permanency in 12 Months for Children Entering Foster Care (AFCARS): Of all children who enter foster care in a 12-month period, what percent discharged to permanency within 12 months of entering foster care? ○ Risk Standardized Performance ○ Observed Performance **(P2) Permanency in 12 Months for Children in Foster Care 12 to 23 Months (AFCARS)** Of all children in foster care on the first day of a 12-month period who had been in foster care (in that episode) between 12 and 23 months, what percent discharged from foster care to permanency within 12 months of the first day of the 12-month period? ○ Risk Standardized Performance ○ Observed Performance	**(Item 4) Stability of foster care placement** Determine if the child in foster care is in a stable placement and that any changes in placement that occurred during the review period were in the best interest of the child and consistent with achieving the child's permanency goal(s). **(Item 5) Permanency goal of child** Determine whether appropriate permanency goals were established for the child in a timely manner. **(Item 6) Achieving Reunification, Guardianship, Adoption or Other Planned Permanent Living Arrangement** Determine whether concerted efforts were made, or are being made, to achieve reunification,

Federal Data Indicator Domain	Case-Review Domain
(P3) Permanency in 12 Months for Children in Foster Care 24 Months (AFCARS) Of all children in foster care on the first day of a 12-month period, who had been in foster care (in that episode) for 24 months or more, what percent discharged to permanency within 12 months of the first day of the 12-month period? ○ Risk Standardized Performance ○ Observed Performance **(P4) Re-entry to Foster Care in 12 Months (AFCARS)** Of all children who are discharged permanently (excluding adoption) in a 12-month period, what percent reentered care within 12 months of exist? ○ Risk Standardized Performance ○ Observed Performance **(P5) Placement Stability (AFCARS)** Of all children who enter foster care in a 12-month period, what is the rate of placement moves per 1,000 days of foster care? ○ Risk Standardized Performance ○ Observed Performance	guardianship, adoption, or other planned permanent living arrangement.

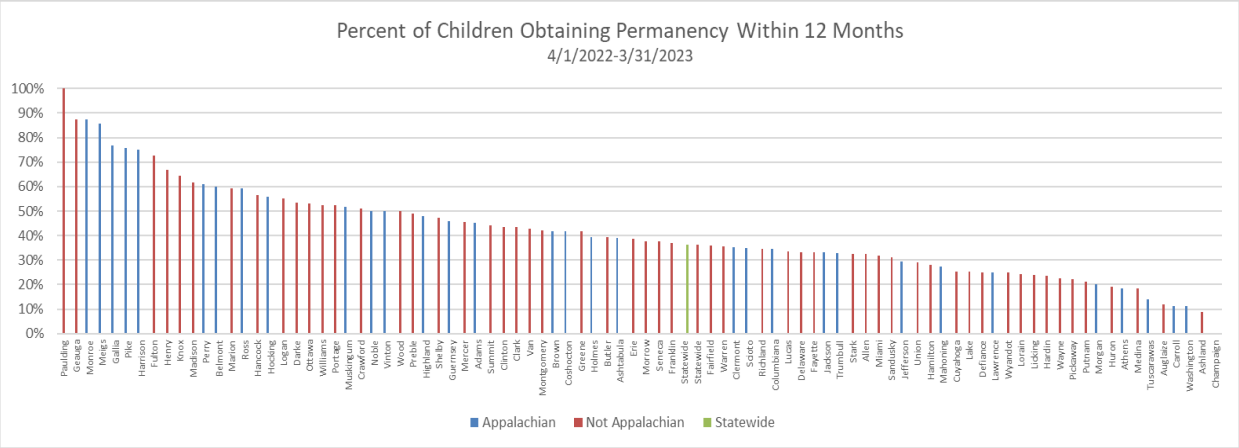
(P1) Permanency in 12 months of children entering foster care

The performance standard for the federal measure Permanency in 12 months of children entering foster care is represented as a risk adjusted score. Risk adjusted scores allow fair comparisons to all other states and a balanced method of examining Ohio's performance over time.

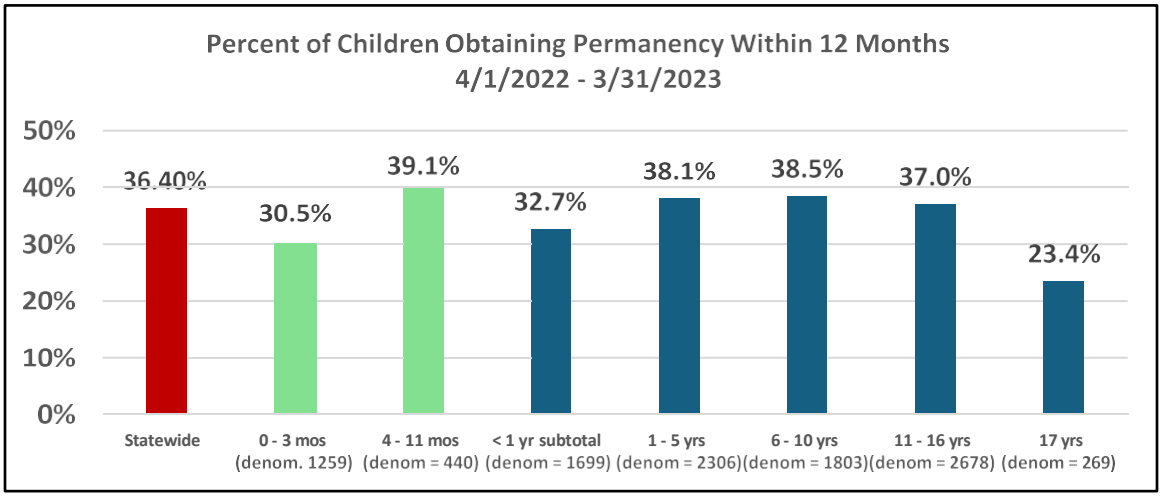
The national risk adjusted score (national standard) for this measure is 35.2%. After Ohio's observed score is adjusted to align to a risk adjusted scale, Ohio's risk adjusted performance is compared to the national standard. It is expected that Ohio will meet or exceed the national standard.

As shown in the figure below, Ohio has a long history of exceeding this risk adjusted measure. However, the difference between Ohio's risk adjusted score and the national performance has narrowed in the last two years. The figure below shows a three-year history of the observed percentage of children obtaining permanency within 12 months of entry, and the associated risk adjusted scores. This figure confirms that the percentage of children achieving permanency after one year in care is diminishing.

Between April 1, 2022, and March 31, 2023, Ohio had 8,755 children entering care. Within one year of entry, 36.4% obtained permanency within 12 months. When county results are examined, over 50% of children obtained permanency in one year in 27 counties. 19 counties have permanency of 25% or less.



All age groups, apart from those who are 17 years old, the percentage obtaining permanency ranges between 34.6% and 43.1%. Those who are 17 years old have a more difficult time obtaining permanency, 23%.



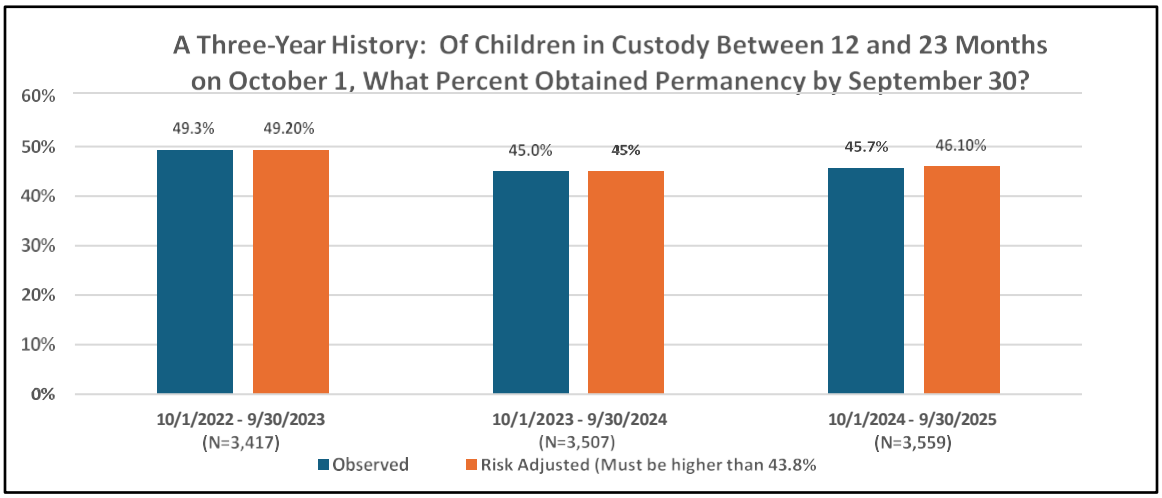
As shown in the table below, there are substantial differences between the top seven and bottom seven counties in this performance measure, there are marginal differences in the social indicators.

	Top 7 Counties with Highest Rates of Permanency	**Bottom 7 Counties with Lowest Rates of Permanency**	**Statewide**
Percent Single parent Head of Household	4.4%	4.6	6.6%
Percent having no access to a vehicle	7.8%	5.1%	7.4%
Percent persons living below 150% poverty	20.9%	16.1%	20.6%
Percent Housing cost burden (>30% of	16 %	18 %	22%

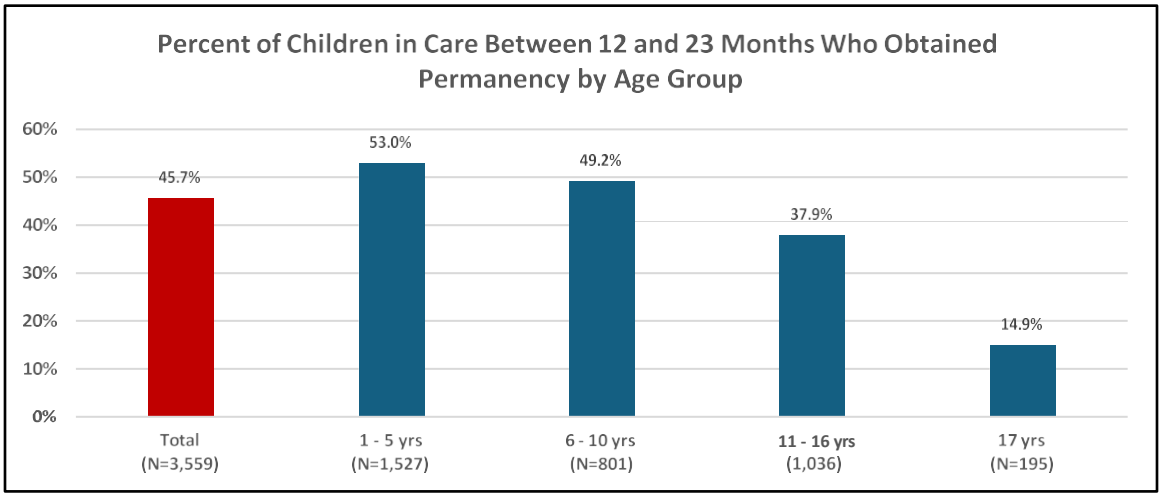
	Top 7 Counties with Highest Rates of Permanency	Bottom 7 Counties with Lowest Rates of Permanency	Statewide
income spent on housing)			
Measure (10/1/2023-9/30/2024)	81.1%	14.1%	36.4%
Counties	Gallia, Geauga, Harrison, Meigs, Monroe, Paulding, Pike	Ashland, Auglaize, Carroll, Champaign, Medina, Tuscarawas, Washington	All 88

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

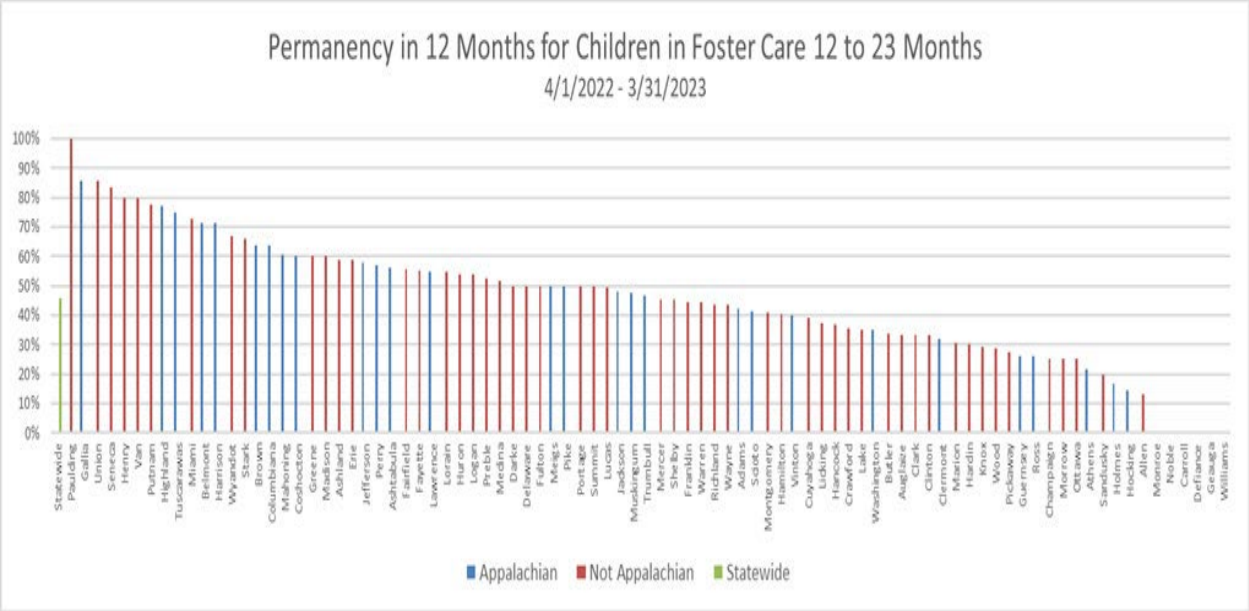
The figure below shows the percentage of children who were in foster care between 12 and 23 months on October 1 of each year and obtained permanency by September 30 of the subsequent year. On October 1, 2023, Ohio had 3,559 children who had been in care over 12 months. By September 30, 1,625 (45.7%) obtained permanency. Four counties did not have any children discharged from care, Carroll, Defiance, Geauga, Williams. There were two counties (Monroe and Noble) that did not have any eligible children to potentially discharge from care. Statewide, of those children in care between 12 and 23 months, 45.7% of children obtained permanency by September 30.



As shown in the figure below, 45.7% of children statewide obtain permanency. There are notable differences in permanency rates by age group. Children who are less than 10 years of age exceed the state percent, and those over 10 years old are less likely to obtain timely permanency. Less than 15% of the 17-year-old youth obtain permanency by their 18th birthday.



As with most measures, there is substantial variability among the counties (see the figure below). About 15% of the counties have permanency rates exceeding 70%, and another 15% are below 30% permanency. Smaller counties have a more difficult time providing permanency for child in care for long periods of time.



As shown in the table below, there are substantial differences between the top seven and bottom seven counties in this performance measure, there are marginal differences in the social indicators.

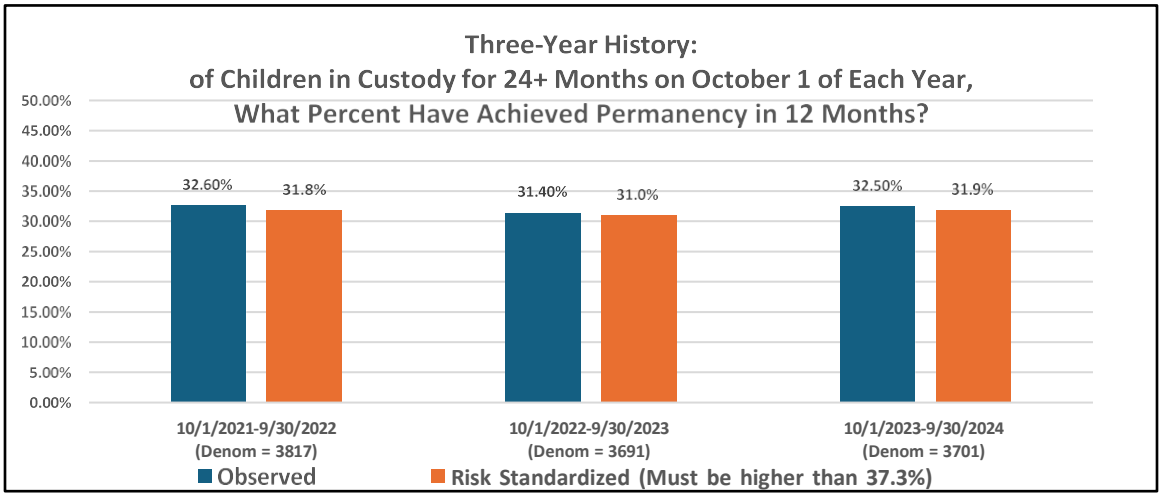
	Top 7 Counties with Highest Rates of Permanency	Bottom 7 Counties with Lowest Rates of Permanency	Statewide
Percent Single parent Head of Household	5%	4.2%	6.6%
Percent having no access to a vehicle	4.5%	7.3%	7.4%

	Top 7 Counties with Highest Rates of Permanency	Bottom 7 Counties with Lowest Rates of Permanency	Statewide
Percent persons living below 150% poverty	15.7%	16.4	20.6%
Percent Housing cost burden (>30% of income spent on housing)	15%	16%	22%
Measure (10/1/2023-9/30/2024)	83%	0%	47.7%
Counties	Gallia. Henry, Paulding, Putnam, Seneca, Union, Van Wert	Carroll, Defiance, Geauga, Monroe, Noble, Williams	All 88

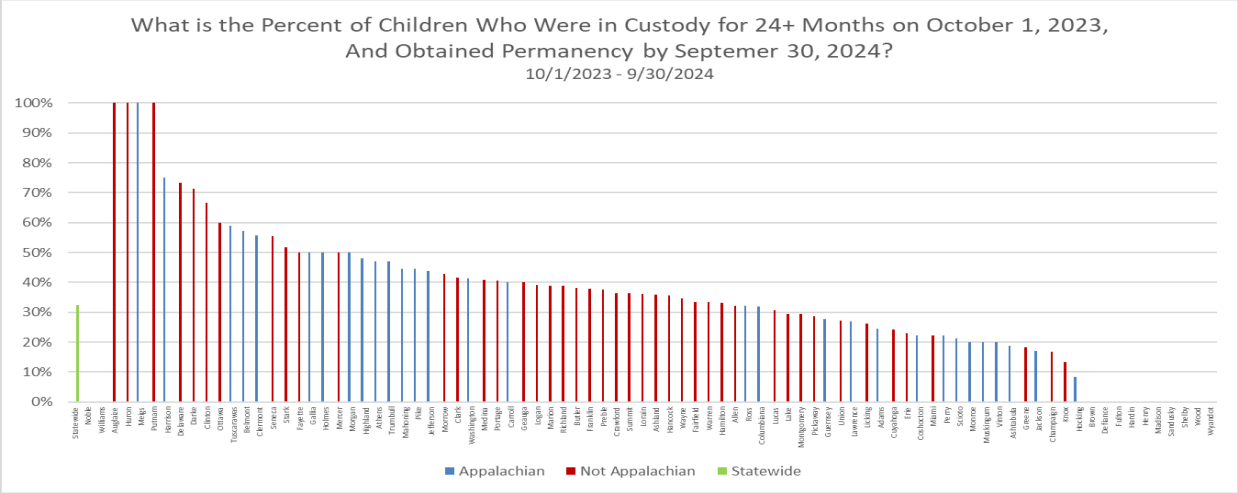
(P3) Permanency in 12 months for children in Care 24+ Months

The following graph shows the percentage of children who achieved permanency after being in care for 24+ months. Over the past three years, slightly less than one-third of the children obtained permanency. This is a concern especially since Ohio's performance is less than the national standard of 37.3% or more.

Through case record reviews, we find that many children have experienced significant trauma and require specialized care. Many have serious emotional, behavioral, or mental health challenges that require intensive, ongoing services. Finding appropriate placements and treatments, especially when such interventions should be provided close to home, can be challenging. In addition, older children often face more significant barriers to permanency. They may have stronger attachments to their families, and reunification still may not be possible. Thus, the prospective pool of possible caregivers is diminished. Additionally, some of these children have complicated medical conditions or developmental disabilities and demand specialized foster care with families equipped to meet their intensive needs.



When county level data are examined, as seen below, about one-fifth of the counties exceed 50% and about a-quarter of the counties have less than 30% of the children obtaining permanency.



On October 1, 2023, there were 3,701 who were in custody for longer than 24 months. Slightly fewer than one-third obtained permanency within 12 months. The largest proportion of children (39%) in this group were between 11 and 16 years old, and only 18.6% of those obtained permanency in 12 months. While slightly fewer than one-third of children in care for over 24 months on October 1 obtained permanency in 12 months, children under five years old are most likely to achieve permanency. For youth over 17 years old who have been in care for two years, less than ten percent will obtain permanency by their eighteenth birthday.

As shown in the table below, there are small differences between the top seven and bottom seven counties in this performance measure except for the percent of persons living below poverty. It is somewhat harder for counties with a large proportion of individuals living in poverty to obtain permanency in 24+ months.

	Top 7 Counties with Highest Rates of Permanency 24+	**Bottom 10 Counties with Lowest Rates of Permanency 24+**	**Statewide**
Percent Single parent Head of Household	5.2%	5.3%	6.6%
Percent having no access to a vehicle	3.6	4.5%	7.4%
Percent persons living below 150% poverty	13%	18.7%	20.6%
Percent Housing cost burden (>30% of income spent on housing)	16%	18%	22%
Measure (10/1/2023-9/30/2024)	79.4%	0%	32.5%

	Top 7 Counties with Highest Rates of Permanency 24+	Bottom 10 Counties with Lowest Rates of Permanency 24+	Statewide
Counties	Auglaize, Darke, Delaware, Harrison, Huron, Meigs, Putnam	Brown, Defiance, Fulton, Hardin, Henry, Madison, Sandusky, Shelby, Wood, Wyandot	All 88

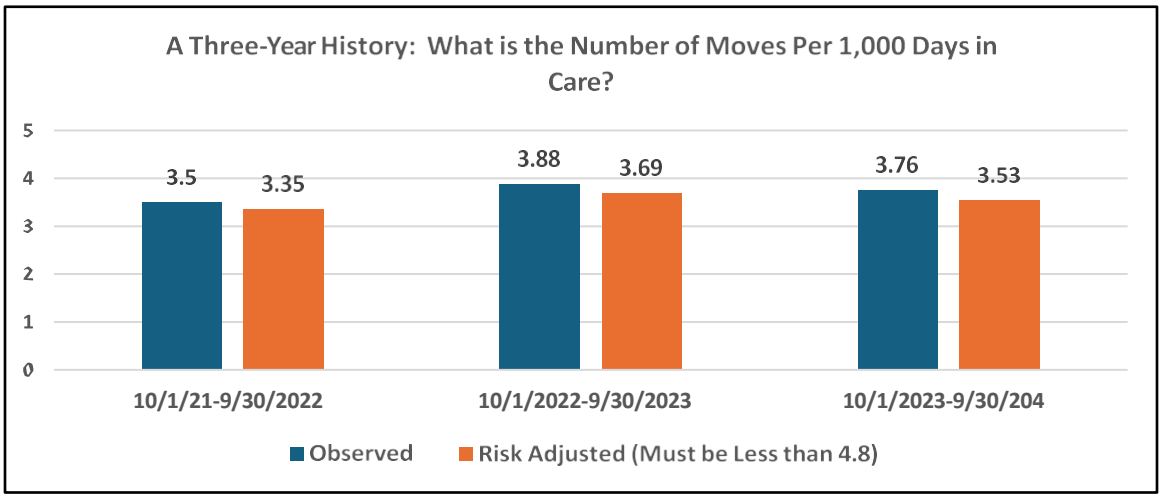
(P4) Re-entry into Care

DCY has had some data quality issues on this measure since October 2023. The DCY data staff are diligently working to correct these issues and submit revised data files as soon as possible. Resolving this issue is a priority for the department.

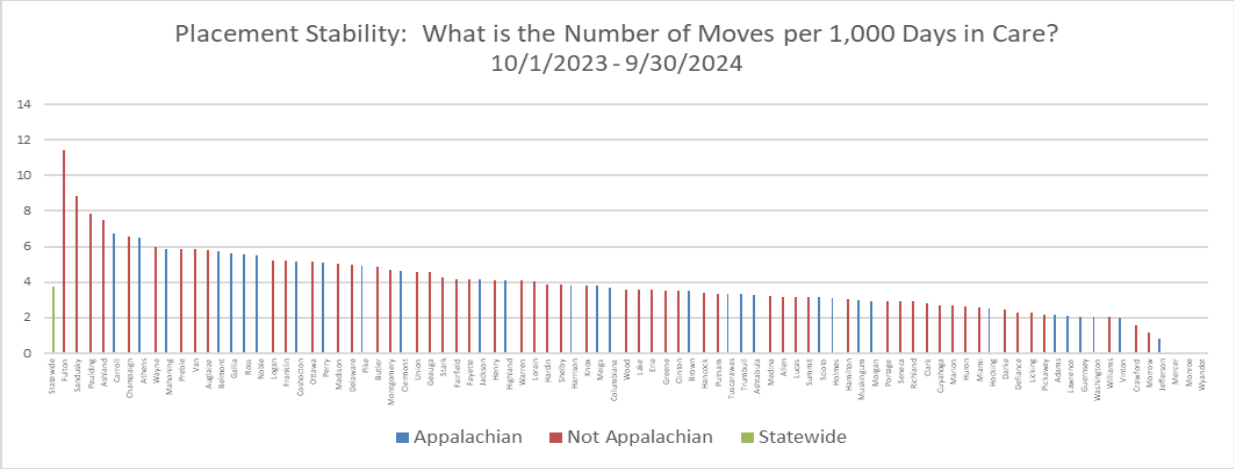
(P5) Placement Stability

Placement stability refers to the consistency of a child's living arrangement while in out of home care. The fewer the moves, the better it is for children and families. This contributes to healthy development and overall well-being, especially for those who have experienced the trauma of abuse and neglect. There is substantial research evidence that shows that stable placements allow children to form secure attachments with their caregivers. Fewer moves facilitate a child developing trust, security, and the ability to form healthy relationships. Stable placements also minimize trauma, and thwart the reactivate the feelings of loss, and uncertainty. Stable placements allow children to live in predictable environments and reduce their anxiety and advances healthy adaptation.

Ohio has a long history of achieving the national standard on this measure.



While many counties do well on this measure, struggling counties find that these children have also been in care for long periods of time. In this regard, the difficulties discussed in the 24+ months applies in this measure, as well.



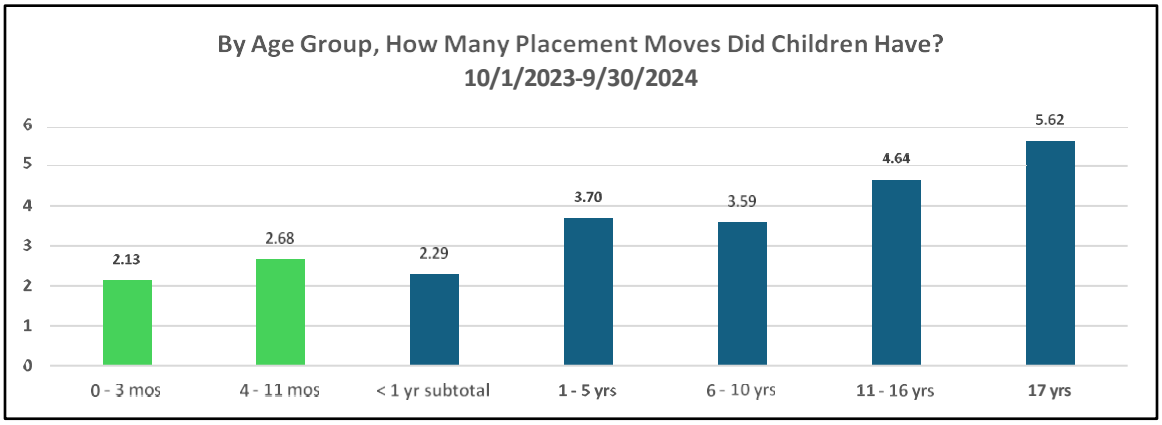
There is a clear relationship between the age of the child and the number of placements, older children and adolescents tend to experience a higher number of placements compared to younger children. We find there are several interconnected factors that contribute to this phenomenon.

First is cumulative trauma. Older children have experienced prolonged exposure to trauma, abuse, or neglect, which leads to deeply ingrained emotional and behavioral difficulties. These can manifest as aggression, defiance, withdrawal, self-harm, or difficulty trusting adults and making stable placements difficult. It is also difficult, in some areas of the state, to find and maintain appropriate placements. It is difficult to find foster homes willing and specifically equipped to care for teenagers. Many foster parents prefer younger children. Those with multiple placements often have specialized needs and require caregivers with specialized and applied training in trauma-informed care, de-escalation techniques, and adolescent development. These demands place a strain on caregivers, and they can easily burnout and be traumatized themselves.

Older youth may feel a lack of control over their lives and placements, and this feeling can act out behaviorally and reject placements. Previous negative placement experiences can also teach the youth that relationships are temporary and that adults cannot be trusted leading them to sabotage placements, either consciously or unconsciously.

Addressing the issue of high placement numbers for older youth requires a multi-faceted approach:

- Targeted recruitment and robust support for foster families who are willing to care for teens
- Increased access to mental and behavioral health services
- A strong focus on achieving legal and relational permanency for adolescents
- Better preparation and support for youth transitioning to adulthood



	Top 7 Counties with Highest Rates of Entry	Bottom 7 Counties with Lowest Rates of Entry	Statewide
Percent Single parent Head of Household	4.7	5.5%	6.6%
Percent having no access to a vehicle	5.3%	6.1%	7.4%
Percent persons living below 150% poverty	21%	21.5%	20.6%
Percent Housing cost burden (>30% of income spent on housing)	19%	16%	22%
Measure (10/1/2023-9/30/2024)	7.27	1.36	3.76
Counties	Ashland, Athens, Carroll, Champaign, Fulton, Paulding, Sandusky	Crawford, Jefferson, Mercer, Monroe, Morrow, Vinton, Wyandot	All 88

Vulnerability Index

While the data profile measures are helpful in providing performance insights and guidance in specific measures, they do not provide an overall assessment of each county. To achieve this, Ohio has augmented an analysis designed by the CDC.

The CDC has used this technique to emphasize differences in social vulnerability on state and county levels. We have applied this procedure on the federal data profile measures, and we define this technique as a Vulnerability Index. This procedure involves taking each profile measure and creating a percent-rank across all the counties. The percent-ranks for each county are then summed, producing a grand sum. The final percent-rank is calculated on the grand sum. The final percent-rank for each county is placed into one of ten bins. While ten levels of overall performance are determined, they are

best initially interpretated in categories of six. Because this index represents a summary measure across the federal data profile measures, improved consultation between and among counties can occur. Using the table below, state QA staff will work with counties and assist them in understanding how their county performs relative to other counties.

Overall Performance	Categorical Performance	Counties
9&10	Exceptional	Crawford
		Darke
		Hancock
		Jefferson
		Meigs
		Mercer
		Miami
		Monroe
		Pike
		Portage
		Putnam
		Seneca
		Trumbull
7&8	Very Good	Belmont
		Delaware
		Fairfield
		Gallia
		Greene
		Highland
		Huron
		Madison
		Mahoning
		Morgan
		Ottawa
		Paulding
		Preble
		Stark
		Summit
		Tuscarawas
		Union
5&6	Good	Adams
		Ashtabula
		Butler
		Clark
		Clinton
		Columbiana
		Erie
		Fayette

Overall Performance	Categorical Performance	Counties
5&6	Good	Geauga
		Holmes
		Lawrence
		Lucas
		Morrow
		Perry
		Vinton
		Warren
		Wyandot
3&4	Stressed	Allen
		Brown
		Clermont
		Franklin
		Fulton
		Guernsey
		Hamilton
		Henry
		Hocking
		Lake
		Licking
		Marion
		Muskingum
		Richland
		Ross
		Van Wert
		Washington
		Williams
1&2	Strained	Ashland
		Carroll
		Coshocton
		Cuyahoga
		Defiance
		Jackson
		Knox
		Logan
		Lorain
		Medina
		Montgomery
		Noble
		Pickaway
		Sandusky
		Scioto
		Shelby
		Wood

Overall Performance	Categorical Performance	Counties
0	Very Strained	Athens
		Auglaize
		Champaign
		Hardin
		Wayne

If the county is concerned with their performance, state staff will provide more detailed information on the federal data profiles, using the table below.

County Name	Entry Rate per 1000	Permanency in 12 Months (Entry)	Permanency in 12 Months for those in Care 12-23 Months	Permanency in 12 Months for those in Care 24+ Months	Recurrence of Maltreatment	Stability in Care	Maltreatment In Care
Adams County	10.97	45%	42%	24%	9%	2.2	13.6
Allen County	3.86	32%	13%	32%	7%	3.2	10.2
Ashland County	2.23	9%	59%	36%	15%	7.5	5.0
Ashtabula County	3.09	39%	56%	19%	7%	3.3	11.5
Athens County	6.86	18%	21%	47%	20%	6.5	14.7
Auglaize County	1.47	12%	33%	100%	11%	5.8	54.3
Belmont County	4.06	60%	71%	57%	8%	5.7	42.7
Brown County	4.23	42%	64%	0%	8%	3.5	15.7
Butler County	1.49	39%	34%	38%	4%	4.9	9.1
Carroll County	3.24	11%	0%	40%	10%	6.7	0.0
Champaign County	0.71	0%	25%	17%	5%	6.6	16.8
Clark County	3.04	43%	33%	42%	10%	2.8	4.2
Clermont County	2.10	35%	32%	56%	14%	4.6	3.2
Clinton County	6.26	44%	33%	67%	8%	3.5	16.1
Columbiana County	2.14	35%	64%	32%	7%	3.7	12.7
Coshocton County	4.21	42%	60%	22%	12%	5.1	28.8
Crawford County	4.94	51%	35%	36%	1%	1.6	13.0
Cuyahoga County	3.47	25%	39%	24%	9%	2.7	11.0
Darke County	1.41	53%	50%	71%	0%	2.5	0.0
Defiance County	1.86	25%	0%	0%	4%	2.3	13.0
Delaware County	0.35	33%	50%	73%	6%	5.0	0.0
Erie County	3.35	39%	59%	23%	11%	3.5	0.0
Fairfield County	3.05	36%	56%	33%	2%	4.2	7.9
Fayette County	1.92	33%	55%	50%	8%	4.1	9.4
Franklin County	3.34	37%	45%	38%	7%	5.2	7.7
Fulton County	0.52	73%	50%	0%	10%	11.5	0.0
Gallia County	7.25	77%	86%	50%	6%	5.6	81.1
Geauga County	0.52	88%	0%	40%	3%	4.6	10.7
Greene County	1.13	42%	60%	18%	6%	3.5	2.9
Guernsey County	7.84	46%	26%	28%	12%	2.1	9.3
Hamilton County	4.86	28%	40%	33%	9%	3.1	7.9
Hancock County	3.41	57%	37%	36%	6%	3.4	0.0
Hardin County	2.40	24%	30%	0%	10%	3.9	21.4
Harrison County	8.24	75%	71%	75%	3%	3.8	0.0
Henry County	3.32	67%	80%	0%	34%	4.1	10.3
Highland County	12.43	48%	77%	48%	10%	4.1	13.0
Hocking County	5.25	56%	14%	8%	8%	2.5	21.3
Holmes County	1.50	39%	17%	50%	12%	3.1	0.0
Huron County	1.40	19%	54%	100%	14%	2.7	0.0
Jackson County	5.17	33%	48%	17%	13%	4.1	13.5
Jefferson County	1.44	29%	58%	44%	7%	0.8	9.0
Knox County	3.68	65%	29%	13%	14%	3.8	14.0
Lake County	0.75	25%	35%	29%	8%	3.6	7.6
Lawrence County	2.50	25%	55%	27%	9%	2.1	10.1
Licking County	2.75	24%	37%	26%	10%	2.3	2.6
Logan County	2.20	55%	54%	39%	21%	5.2	63.9
Lorain County	1.89	24%	55%	36%	9%	4.0	16.7
Lucas County	4.35	34%	50%	31%	8%	3.2	9.1
Madison County	2.85	62%	60%	0%	4%	5.0	0.0
Mahoning County	3.00	27%	61%	44%	3%	5.9	3.6
Marion County	3.16	59%	31%	39%	13%	2.7	20.2
Medina County	1.24	18%	52%	41%	15%	3.2	10.7
Meigs County	2.24	86%	50%	100%	21%	3.8	0.0
Mercer County	0.45	45%	45%	50%	9%	0.0	9.5
Miami County	1.74	32%	73%	22%	6%	2.5	0.0
Monroe County	5.59	88%		20%	4%	0.0	0.0
Montgomery County	4.76	42%	41%	29%	12%	4.7	10.0
Morgan County	6.03	20%		50%	0%	2.9	0.0
Morrow County	3.12	38%	25%	43%	8%	1.2	9.4
Muskingum County	7.33	52%	47%	20%	13%	3.0	24.6
Noble County	1.82	50%			7%	5.5	0.0
Ottawa County	2.34	53%	25%	60%	7%	5.1	0.0
Paulding County	2.26	100%	100%		6%	7.8	0.0
Perry County	6.39	61%	57%	22%	9%	5.1	8.9
Pickaway County	0.69	22%	27%	29%	14%	2.2	0.0
Pike County	5.06	76%	50%	44%	7%	4.9	0.0
Portage County	3.28	52%	50%	41%	8%	2.9	7.5
Preble County	4.46	49%	52%	38%	2%	5.9	3.4
Putnam County	2.76	21%	78%	100%	8%	3.3	0.0
Richland County	2.43	35%	44%	39%	17%	2.9	10.7
Ross County	6.42	59%	26%	32%	7%	5.6	8.0
Sandusky County	1.82	31%	20%	0%	7%	8.8	0.0
Scioto County	5.03	35%	41%	21%	9%	3.1	13.0
Seneca County	2.42	38%	83%	56%	14%	2.9	0.0
Shelby County	1.20	47%	45%	0%	12%	3.9	69.1
Stark County	3.78	33%	66%	52%	6%	4.3	6.0
Summit County	6.57	44%	50%	36%	7%	3.2	6.9
Trumbull County	2.33	33%	47%	47%	3%	3.3	2.3
Tuscarawas County	3.69	14%	75%	59%	11%	3.3	2.4
Union County	1.39	29%	86%	27%	4%	4.6	6.9
Van Wert County	0.61	43%	80%		11%	5.8	0.0
Vinton County	8.65	50%	40%	20%	6%	2.0	14.5
Warren County	1.63	36%	44%	33%	6%	4.1	6.4
Washington County	3.95	11%	35%	41%	10%	2.1	2.9
Wayne County	2.45	23%	43%	35%	15%	6.0	17.8
Williams County	2.88	52%	0%		13%	2.0	0.0
Wood County	1.13	50%	29%	0%	12%	3.6	12.6
Wyandot County	0.43	25%	67%	0%	13%	0.0	0.0

Additional resources demonstrating how each measure is calculated will be provided, along with a list of recommended actions to either explore the problem issue in greater length or take action to improve performance.

Item 4: Stability of Foster Care Placement

Examination of County CPOE Monitoring Results

At the conclusion of CPOE Stage 12, 698 cases were applicable for review for Item 4**.** Results indicated that 92.41% (645) of the applicable cases were rated as a Strength. Agencies and courts continue to demonstrate significant improvement since CFSR Round 3 and the CFSR Round 3 PIP. During Round 3 of the CFSR of the 71 applicable cases, 76% were rated as a Strength. During Round 3 of the CFSR PIP there were 71 applicable cases of which 84.51% (60 cases) were rated as a Strength.

Discussions with agencies where Item 4 was rated as an Area Needing Improvement identified the following contributed factors that impacted performance:

- Challenges to identify a placement initially which would meet the needs of the child/youth.
- Insufficient support was provided to foster-parent/kinship caregivers to maintain placement.

Based on identification of the contributing factors, strategies contained in PPAs included the following:

- Utilize a level of care tool to assist in identifying the appropriate level of needed support from a potential provider.
- Prior to a disruption hold a disruption conference meeting with all applicable parties (provider, providers network, GAL, agency staff). The purpose of the meeting is to identify the barriers that could prevent disruption.
- Review the provider's history in SACWIS as part of the decision-making process when selecting a home for a youth.

Item 5: Permanency Goal for Child

Examination of County CPOE Monitoring Results

During CPOE Stage 12, 697 cases were applicable for review for Item 5. Results indicated that 90.1% (628 cases) of the cases were rated as a Strength. Results from CPOE Stage 12 are slightly lower than the performance achieved during the CFSR Round 3 PIP, which was 91.43%. Discussions with agencies where Item 5 was rated as an Area Needing Improvement identified the following contributed factors that impacted performance:

- Lose sight of reviewing achievement of goals timely and establishment of concurrent goals when indicated.

Based on identification of contributing factors, strategies contained in PPAs included the following:

- Permanency goals will be evaluated to ensure that the identified goal remains appropriate and movement toward the goal is timely.
- Conduct monthly meetings consisting of administration, supervisors, and the agency attorney to discuss court/case timelines, permanency goals and what needs to be filed to establish permanency timely**.**

- Attend training focusing on documentation of face-to-face contacts with youth and adults to achieve case plan goals.
- During supervision discuss permanency goals established.

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

Examination of County CPOE Monitoring Results

During CPOE Stage 12, 697 cases were identified as applicable for review. Results indicated that 588 cases (84.36%) were rated as a Strength. In Round 3 of the CFSR, there were 71 cases applicable for review. Of these, 76% were rated as Strength. In the CFSR Round 3 PIP there were 71 cases applicable for review. Of these, 77.46% (55 cases) were rated a Strength. Current performance has increased; however, it has not achieved the federal performance level of 90%.

Discussions with agencies where Item 6 was rated as an Area Needing Improvement identified the following contributed factors that impacted performance:

- Lack of progress by parents to work on action steps.
- Waiting lists for parents/children/youth to obtain needed services.
- Courts provide parents with more time to work on their case plan rather than proceed with termination of parental rights.

Based on identification of contributing factors, strategies contained in PPAs included the following:

- During monthly supervision discuss progress made toward permanency (in accordance with the Federal timelines for the permanency goals of reunification, guardianship, or adoption), barriers in obtaining permanency in a timely manner, outline steps to overcome the barriers, as well as review of permanency options.
- Utilize the ROM *(Federal) Permanency in 12 Months for Children in Foster Care 12 to 23 Month Report* and the ROM *(Federal) Permanency in 24 Months or More Report* to analyze the drill down data to determine the reasons why children are not obtaining permanency in accordance with Federal timelines.
- Review and discuss all cases of children placed in congregate care monthly with the Agency Management Team, foster care specialist and the assigned caseworker for each of the children.
- The agency, legal counsel, and court will develop strategies to address case specific barriers to achieve reunification, guardianship, adoption, or other planned permanency living arrangement and decrease the time children are in agency custody.

It was noted in the *CPOE Stage 12 County Self Assessments* that barriers the agency has faced regarding achieving permanency for children in care include the following:

- Families who struggle with substance abuse- the timeframes for recovery do not match permanency timeframes.

- Parents are not able to overcome substance abuse disorders, mental health issues, economic stability and abandonment issues to achieve permanency for children in care.
- High needs of children often limit the number of potential adoptive homes.
- Complexity of cases and family needs; and lack of availability of resources to meet those needs.
- Delays in receiving decisions from the Fifth District Appellate Court.
- Court process and delays (e.g., delays in receiving judgment entries).
- Resistance with CASA on multiple cases where agency believed permanency could have been achieved quicker if not for the resistance of the assigned CASA worker. The same has been true of the court in some cases; not allowing reunification to be achieved in a timelier manner, contrary to the professional opinion of the agency.
- Turnover and inexperienced staff.

Conclusions

At the conclusion of CPOE Stage 12, Ohio Substantially Achieved Permanency Outcome 1 at the 73.31% Level. Thus, Ohio was not in Substantial Conformity with this Outcome.

Permanency Outcome 2: The Continuity of Family Relationships and Connections is Preserved for Children.

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

Permanency Outcome 2	
Federal Data Indicator Domain	**Case-Review Domain**
None	**(Item 7) Placement with Siblings (CPOE)** Determine if concerted efforts were made to ensure that siblings in foster care are placed together unless a separation was necessary to meet the needs of one of the siblings. **(Item 8) Visiting with Parents and Siblings in Foster Care (CPOE)** Determine if concerted efforts were made to ensure that visitation between a child in foster care and his or her mother, father, and siblings is of sufficient frequency and quality to promote continuity in the child's relationship with these close family members. **(Item 9) Preserving Connections (CPOE)** Determine if concerted efforts were made to maintain the child's connections to his or her neighborhood, community, faith, language, extended family, tribe, school, and friends.

Permanency Outcome 2	
Federal Data Indicator Domain	**Case-Review Domain**
None	**(Item 10) Relative Placement (CPOE)** Determine if concerted efforts were made to place the child with relatives when appropriate. **(Item 11) Relationship of Child in Care with Parents (CPOE)** Determine whether concerted efforts were made to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregiver(s) from whom the child had been removed through activities other than just arranging for visitation.

Item 7: Placement with Siblings

Examination of County CPOE Monitoring Results

During CPOE Stage 12 with PCSAs and IV-E Courts, 325 cases were applicable for the Item 7 review. Results indicated that 309 cases (95.08%) were rated as Strength. Agencies/courts had a slightly lower degree of performance for this item than what was achieved during the CFSR Round 3 PIP review where 97.87% of the 46 applicable cases were rated as a Strength. Based on discussions and analysis of the data, PCSAs and IV-E Courts, in collaboration with DCY, developed PPAs to address changes that will need to occur. Discussions with agencies where Item 7 was rated as an Area Needing Improvement identified the following contributed factor that impacted performance:

- Lack of licensed providers or kinship caregivers to care for large sibling groups.

Based on identification of contributing factors, strategies contained in PPAs included the following:

- Engage in statewide efforts to recruit foster parents who can provide care to large sibling groups when needed.

Item 8: Visiting with Parents and Siblings in Foster Care

Examination of County CPOE Monitoring Results

As the conclusion of CPOE Stage 12 with agencies/courts, 91.3% of the 563 cases were rated as a Strength for Item 8. In CFSR Round 3 results for Item 8, 71% of the 62 applicable cases were rated as Strength, During the CFSR Round 3 PIP, 75% of the 48 applicable cases were rated as a Strength. The state has seen an increase in the level of performance in ensuring visits are occurring with parents and siblings in foster care.

Discussions with agencies where Item 8 was rated as an Area Needing Improvement identified the following contributed factors that impacted performance:

- Parents did not have transportation to see their child, especially if the placement was in another county.
- Visiting hours were limited.

Based on identification of contributing factors, strategies contained in PPAs included the following:

- Provide transportation to parents or bus passes.
- Offer other visitation hours to accommodate parents work schedules.

Item 9: Preserving Connections

Examination of County CPOE Monitoring Results

During CPOE Stage 12, a total of 684 cases were applicable for review for Item 9. Six hundred seventy-two cases (98.25%) were rated as a Strength, far exceeding results from CFSR Round 3 and the CFSR Round 3 PIP case reviews. During the CFSR Round 3 review, only 75% of the 71 applicable cases were rated as a Strength. During the CFSR Round 3 PIP, there was an improvement in performance and 85.92% of the 71 applicable cases were rated as a Strength.

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

Caseworker, Family, Child/Youth

- Asked family members and child/youth during Family Team Meetings and Home Visits.
- Completed Eco Maps.

Agency, Family, Child/Youth

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

Item 10: Relative Placement

Examination of County CPOE Monitoring Results

During CPOE Stage 12, Phase 12 there were 543 applicable cases reviewed for Item 10. Of the applicable cases, 94.48% (513 cases) were rated as a Strength. In Round 3 of the CFSR, 89% of the 65 applicable cases were rated as a Strength. In the CFSR Round 3 PIP case review, there were 66 applicable rates reviewed and 84.85% (56 cases) were rated as a Strength.

Conclusions

Agencies were conducting thorough case mining to identify relatives, including those living out-of-state, as a placement resource and used Kinnect to Family and Wendy's Wonderful Kids recruiters to conduct child-specific recruitment. Additionally, workers were using the dropdown option of "search and engagement" in activity logs describing all attempts to locate relatives and kin.

Agencies/ courts participating in CPOE Stage 12 exceeded the federal performance standard of 90%.

Item 11: Relationship of Child in Care with Parents

Examination of County CPOE Monitoring Results

At the conclusion of the CPOE Stage 12, there were 528 applicable cases identified for review for Item 11. Of the applicable cases reviewed, 90.53% (478) cases were rated as a Strength. These results surpassed the results during both Round 3 CFSR and Round 3 CFSR PIP. During CFSR Round 3, 66% of the 62 applicable cases were rated as a Strength, During the CFSR Round 3 PIP of the 62 applicable cases reviewed, only 72.58% were rated as a Strength.

Agencies/courts were able to meet the federal performance standard of 90% during CPOE Stage 12. Challenges experienced by caseworkers and parents occurred when children were not placed in communities from which they were removed. Parents had difficulty attending school functions and medical appointments especially when they did not have their own transportation.

Based on discussions with PCSAs and IV-E Courts, PPAs were developed to address changes that will need to occur. Counties that identified Item 11 as an Area Needing Improvement included strategies that focused on:

- Provided transportation to parents so they could attend the child's medical appointments or school functions.
- Caseworkers discuss the importance of caregivers sharing information with parents on child/youth activities and appointments.

Conclusions

Ohio Substantially Achieved Permanency Outcome 2 at the 94.93% Compliance Level.

C. Well-Being

Well-Being Outcome 1: Families have Enhanced Capacity to Provide for their Children's Needs

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

Well-Being Outcome 1	
Federal Data Indicator Domain	**Case-Review Domain**
None	**(Item 12) Needs and Services of Child, Parents. and Foster Parents (CPOE)** Determine if concerted efforts were made to assess the needs of children, parents, and substitute caregivers or pre-adoptive parents at entry into foster care or on an ongoing basis to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family and provide appropriate services. **(Item 13) Child and Family Involvement in Case Planning (CPOE)** Determine if concerted efforts were made to involve parents and children in the case planning process on an ongoing basis. **(Item 14) Caseworker Visits with Child (CPOE)** Determine whether the frequency and quality of visits between caseworkers and the child in the case are sufficient to ensure the safety, permanency, and well-being of the child and promote achievement of case goals. **(Item 15) Caseworker Visits with Parents (CPOE)** Determine whether the frequency and quality of visits between caseworkers and the mothers and fathers of the children are sufficient to ensure the safety, permanency, and well-being of the children and promote achievement of case goals.

Item 12: Needs and services of child, parents, and foster parents

Comprehensive assessments are a required casework component in identifying the needs of children, parents and foster parents and specifying the services children and families must receive. This comprehensive assessment must be a multi-faceted assessment that engages children, parents, and caregivers.

For the children, reviewers check the case records for thorough evaluations of a child's physical, developmental, mental health needs, educational status and needs, and for explorations of the child's

attachments and relationships with parents and other important people in their life. Reviewers also examine the record to see if the child has been screened for trauma and how that trauma has impacted the child's development, if it led to foster care, and how trauma may be expressed while in foster care.

For the parents, reviewers examine the case record for detailed assessments of the specific safety threats that contributed to the child's removal. These issues often include --individually or in combination—substance abuse, domestic violence, mental health issues, parenting difficulties, and unsafe housing. Reviewers check to ensure the caseworker has evaluated the parents' strengths, needs, and their ability to provide a safe home. When deficits are identified, reviewers check to see if barriers to service participation have been identified and actions have occurred to overcome them. Leading barriers are transportation, childcare, work schedules, and maladaptive habits inhibiting positive growth.

For substitute caregivers (including relatives, foster and pre-adoptive parents), reviewers verify the caregiver's home was properly vetted and licensed, the caregiver was informed of the child's history and specific needs, and the caregiver has been given the necessary support and training to effectively care for the child.

To ensure ongoing assessments and appropriate services are provided, reviewers examine the case plan to assure it was developed collaboratively with the parents and, when appropriate, the child. Under Ohio law, the case plan must clearly state the objectives required for reunification, the specific services the agency will provide, and the responsibilities of the parents.

While the identification and provision of services is paramount, the reviewers examine the record to ensure the agency has done more than providing a list of services. Reviewers look for evidence that the agency has made appropriate referrals to services that directly address the issues identified in the assessment; actively assisted the parents in engaging with those services, when needed; and followed up to see if the services are effectively meeting the family's needs.

Because child-parent visitation is highly valued in promoting healthy development, the reviewer checks that the agency has facilitated regular, high-quality visits between the parents and child, unless a court has determined it would be unsafe, and the frequency and nature of these visits are documented.

Many families have enduring problems impacting child permanency. This requires a consistent re-evaluation of case circumstances and case plans. Reviewers evaluate if the agency completed Semi-Annual Reviews on the family's case, at least every 180 days, to assess the family's progress toward the case plan goals and whether adjustments to the services were made, if needed. Reviewers also focus on the agency's efforts to achieve case goals by verifying that the activities were tailored to achieve permanency. Reviewers consider the following:

- If the services provided were aligned with the reasons the agency was involved
- If the agency worked to eliminate barriers and supported the family's engagement in the case plan

- If case plan goal was reunification, the agency provided the time and resources necessary for the parents to make meaningful changes
- If reunification was not possible, the agency made timely decisions to achieve an alternative permanency plan to ensure the child did not linger in temporary placements

Examination of County CPOE Monitoring Results

At the conclusion of CPOE Stage 12, Phase 2 there were 1,210 applicable cases reviewed for Item 12**.** Of the applicable cases reviewed, 84.55% (1,023 cases) were rated as a Strength. In cases identified as an area needing improvement, needs and services for parents were not thoroughly addressed and provided, especially to fathers.

A total of 164 cases were reviewed during CFSR Round 3 and only 52% were rated as a Strength. During Round 3 of the CFSR PIP 57.93% of the 164 applicable cases were rated as a Strength. Although there have been improvements in performance for this item, additional work needs to be done.

Discussions with agencies where Item 12 was rated as an Area Needing Improvement identified the following contributed factors that impacted performance:

- Failure to engage fathers.
- Supervisors did not generate and review the *Comprehensive Visit Report* bi-weekly and discuss the importance of face-to-face contact with parties including conducted visits and scheduled future visits for the month with caseworkers.

Based on identification of the contributing factors, strategies contained in PPAs included the following:

- CQI will generate the *Ohio SACWIS Identified Fathers report* to assess caseworker contacts with identified fathers and assessment of father's needs, services, case involvement, and potential for placement. The report will be shared with the director, assistant director, program administrators and the supervisors to establish a benchmark and improvement goal. CQI will run the *Identified Father's report* once a month, to ensure efforts for contacts with fathers have been made routinely and fathers are assessed throughout the case. The report shows the last date and type of contact entered Ohio SACWIS, and supervisors will address the report results with the caseworkers during their monthly supervision conference, or at the time the report is obtained to set action steps for contacts and assessments.
- Caseworkers will bring the family resource guide to initial home visits and ongoing home visits to help the family get linked to services. A cheat sheet desk guide will be developed for monthly home visit activity logs using the agency's current template that will be updated to include needs and services of child, parent, and foster parent.
- Create and implement an internal process of reviewing all children in congregate care placements to ensure the facility is providing appropriate services to meet the child's needs. The initial review will occur quarterly for the first nine months, and then bi-monthly after that. Supervisors will create a tracking sheet to track all cases involving children in congregate care, dates of reviews of placement, outcome of those reviews, and if another review will be

held/when. This will help to track progress in placement and how long children are in their current congregate care placements.

Item 13: Child and Family Involvement in Case Planning

Meaningful case plans serve as a road map to achieve safety, permanency, and well-being. They require genuine attempts to involve the child, family, and/or relevant caregivers in decisions about their future.

Ohio embraces a collaborative approach in case plan development. While this approach varies across the state, many counties use Family Team Meetings (FTMs) or a similar family-centered meeting process to fuel case plan development and refinement. These meetings involve, at a minimum, the caseworker, parents, and the child (if age appropriate) in sensitive and empathic discussions focusing on the family's strengths, challenges, needs, and goals. These discussions provide impetus for services to be proposed to strengthen the adaptability of the child and family.

A fully developed case plan presents an overview of the family's strengths, not just challenges, and provides clear documentation of the parents and the child's needs, goals, and proposed services. Completed case plans are signed by the parents and, when appropriate, the child. If a parent refuses to sign, caseworkers document the reason for their refusal and that the parent received a copy of the plan.

Case plans are not a one-time event. They are continuously reviewed during visits and updated when significant circumstances occur. When circumstances change, the case plan is formally amended with the participation of the family. These amendments include a discussion about why changes are necessary.

At a minimum, case plans are reviewed and updated during Semi-Annual Administrative Reviews (SARs). Ohio law specifies that reviews occur every six months. When SARs are held, the parents, child, guardian ad litem, and foster parents are invited and given the opportunity to participate and provide input on the plan's progress and recommend any needed changes.

Examination of County CPOE Monitoring Results

During the CPOE Stage 12, Phase 2 case record review there were 1,164 applicable cases reviewed for Item 13. Of the applicable cases reviewed 90.72% (1,056 cases) were rated as a Strength. These results demonstrated a vast improvement from CFSR Round 3 and the CFSR Round 3 PIP. During the CFSR Round 3 review of the 160 applicable cases reviewed only 66% were rated as a Strength. During the Round 3 CFSR PIP of the 163 applicable cases reviewed, 78.53% were rated as a Strength.

Discussions with agencies where Item 13 was rated as an Area Needing Improvement identified the following factors that impacted performance:

- Caseworkers were not actively involving parents and children/youth in the development of the case plan.
- There were some court delays in approving the case plan.

Based on identification of contributing factors, strategies contained in PPAs included:

- The ongoing caseworker will attend shelter care hearings to meet the family and to become familiar with the case and the concerns.
- The intake caseworkers will utilize a cover sheet/checklist when a case is transferred to the ongoing caseworker that includes the case plan due date.
- The ongoing caseworker will begin discussing case plans with the family and begin developing the case plan prior to completion of the Family Assessment.
- During supervisor case conferences there will be a discussion of permanency goals, case plan specific progress, and barriers encountered when meeting with parents/caretakers/ children/youth.
- Conduct group coaching with staff on case planning.
- Schedule Family Team meetings for the development of case plans. Case plan and progress will be reviewed with the family during each home visit, during supervision, and at the SAR to identify any needed updates.
- The agency will have ongoing discussions with their attorney about the process for submitting case plans and amendments, with an emphasis on due dates.
- The agency will formally track court hearings and date and implement monthly review meetings on all cases, during which the group will review the case plan status and determine if an amendment needs to be completed and filed with the court.
- The agency will schedule a meeting with the court to discuss "probation agreements" and family case plans for youth involved with both agencies. This will assist to open the lines of communication and help to coordinate services for the youth.

In CPOE Stage 12 Self-Assessments counties and IV-E courts noted the following strategies were being used to involve families, child/youth in the case planning process:

- The agency holds family team meetings at the time of case transfer to discuss case plan goals and objectives.
- The agency encourages fathers to be part of the case planning process. The agency attempts to engage fathers or the non-custodial parent by making three attempts to engage them and then continues to search once every 30 days.
- The agency sends letters inviting parents to participate in case planning meetings as well as case reviews. The agency tracked data and found that parent participation with the case planning process correlated to rate of reunification (i.e., when parents attended meetings there is a 75% correlation to reunification).
- The Ohio START peer mentors attend reviews as well as serve as support for parents.
- The agency holds meetings virtually and in-person based on the needs of the family and team.
- Family Unity Meetings are used to bring families together to discuss strengths and needs of the family and participate in case planning and can take place either before or after a child has been brought into agency custody. In addition to the parents, any relatives, friends, service providers,

attorneys and any other individuals who have been identified as potential support persons for the family are invited. The children in placement, as well as siblings, are invited to participate in the entire meeting or portions of the meeting, if they are age and developmentally appropriate to participate. This is a time for the family to have critical input into the case direction and to be a part of the solution for the children.

Item 14: Caseworker Visits with Child

Building and maintaining a good working relationship between and among the caseworker, child, and family is crucial to improving their ability to positively adapt and improve functioning. Research has shown that the frequency and quality of visits is strongly associated with positive outcomes. Caseworker visits are designed to be well-planned, purposeful, and focused on the child's safety, well-being and permanency. During visits, caseworkers--

- Monitor child safety by assessing the appropriateness of placement and looking for incidents or injuries to the child
- Assess the child's general progress
- Address the needs of the child and assess service effectiveness
- Assess the child's participation in the case plan and ensure effective services are aligned to address the safety and well-being needs
- Determine if the child's physical health, mental health, and educational needs are being met
- Assess to determine if the needs related to the safety and well-being are being met
- Privately visit the child, as developmentally appropriate, to discuss their care and concerns, including problems in placement, education, and adjustment to placement
- Discuss with the child their relationships with family. If they are in placement, caseworkers inquire about the frequency and duration of visits with parents, siblings, and other relatives. Verify the visitation plans are aligned with the child's placement to enhance parent-child relationship while ensuring safety and well-being

Evaluating the frequency and quality of caseworker visits with the child is an important aspect of ensuring the safety, permanency, and well-being of children. Since 2015, Ohio has been required to ensure that the total number of monthly caseworker visits is at least 95% of the total visits that would occur if each child in foster care were visited once per month.

Examination of County CPOE Monitoring Results

During CPOE Stage 12 Phase 2 case record reviews with PCSAs and IV-E Courts, there were 1,171 applicable cases reviewed for Item 14**.** Results indicated that 90.86% (1,064) of the applicable cases were rated as a Strength. Due in part to an infusion of visitation incentive funds to increase performance, these results were significantly better than results from CFSR Round 3 and the CFSR Round 3 PIP. During CFSR Round 3 there were 164 applicable cases reviewed and 68% were rated as a Strength. In the CFSR Round 3 PIP 164 applicable cases were reviewed and 82.32% were rated as a Strength.

Discussions with agencies where Item 14 was rated as an Area Needing Improvement identified the following contributing factor that impacted performance:

- New hires needed additional training on visitation requirements.

Based on identification of contributing factors, strategies contained in PPAs included the following:

- Develop a desk guide for monthly home visits and writing activity logs that address services provided/needed for the child, parent, and foster parent.
- Provide mandated training to caseworkers on documentation and effective case writing skills.

Agencies continue to face additional challenges in recruiting and hiring staff. Thus, visits may have been late or not occurred due to workforce problems. With the turnover in staff, there may be delays in arranging for services needed since new workers may not be familiar with a child's service needs. However, during CPOE Stage 12, agencies/courts achieved the federal performance level of 90% and above (1,064 cases) for Item 14.

Item 15: Caseworker Visits with Parents

The need for frequent, high-quality caseworker visits with parents has ubiquitous support. Quality worker-parent visits establish a foundation for achieving outcomes such as safety, permanency, and well-being. Research has shown that when both mothers and fathers are engaged, these visits are among the most powerful contributors to trigger improve outcomes and the safety, permanency, and well-being of children.

These visits offer caseworkers important opportunities to interact with parents, establish empathic relationships, conduct safety assessments, and assist parents in making the best determinations regarding their child's care. Because of a variety of circumstances, fathers are often uninvolved in cases. However, when caseworkers demonstrate their positive perceptions of fathers and their skills, father involvement increases. Greater father involvement produces greater understanding of the case plan goals, and fathers increase their confidence in completing them. With frequent, high-quality visits, parents collaborate to jointly assess needs and identify services and adopt a plan for improvement.

Examination of County CPOE Monitoring Results

During the CPOE Stage 12 case record reviews, a total of 1,042 applicable cases were reviewed for Item 15. Of the applicable cases reviewed, 83.69% (872) were rated as a Strength. While this rating did not achieve the 90% federal performance measure, it did demonstrate an increase in performance. During Round 3 of the CFSR there were 155 applicable cases reviewed and 51% were rated as a Strength. A slight increase in performance during Round 3 of the CFSR PIP for Item 15 was seen where 67.1% of the 155 applicable cases were rated as a Strength.

Discussions with agencies where Item 15 was rated as an Area Needing Improvement identified the following contributing factors that impacted performance:

- It did not involve fathers in identifying needed services, case planning, or monthly visits to discuss case plan goals and service needs.
- Do not regularly use the *Comprehensive Visitation Report* to monitor compliance with visitation requirements.

Based on identification of contributing factors, strategies contained in PPAs included the following:

- CQI will generate the *Ohio SACWIS Identified Fathers report* to assess caseworker contacts with identified fathers and assessment of father's needs, services, case involvement, and potential for placement. The report will be shared with the director, assistant director, program administrators and the caseworker's supervisor to establish a benchmark and improvement goal to be included in the PPA. CQI will run the *Identified Father's report*, once a month, to ensure efforts for contacts with fathers have been made routinely and fathers are assessed throughout the case. Supervisors will address the report results with caseworkers during their monthly supervision conference, or at the time the report is obtained to set action steps for contacts and assessments.
- Develop a checklist to use during visits to trigger questions and topics. The Ongoing Supervisor will meet with their staff monthly as a group and monthly on an individual basis to discuss visits.
- Make use of Speak Write where the company transcribes recordings submitted by staff for activity logs.

Conclusions

The ratings for Well-Being Outcome 1 (Items 12 to Item 15) for CPOE Stage 12 indicated that Ohio was in Substantial Compliance at the 82.2% level and, therefore, was not in Substantial Conformity with Well-Being Outcome 1. Ohio needs to make improvements in all items under review to achieve the Substantial Conformity Rating of 90% or more for Well-Being Outcome 1.

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

- **Lack of clarity regarding policies concerning the parties to be assessed, contacted, and engaged in case planning**. Case reviews found that in several cases not all the key parties were being assessed or contacted. It was suggested that this may be due to caseworkers not being clear about who they are expected to assess, engage in case planning, and contact.
- **Lack of caseworker efficacy in working effectively with some families.** Survey findings indicated that some caseworkers find it difficult to engage with parents and children around particular issues or topics. In addition, caseworkers and supervisors also noted that a considerable barrier to effectiveness in working with families is that many families have severe/complex problems. Although content training is provided in areas such as substance abuse and domestic violence, training to address caseworkers' self-efficacy may not be available. Additionally, services to address the complex needs of families and children are not always available or sufficient.

- **High caseloads and other demands on the caseworker's time.** Concerns pertaining to assessment, engagement in case planning, and the quality of caseworker contacts may be attributed to the lack of time caseworkers have to work effectively with their families.
- **Lack of clarity regarding quality expectations for caseworker contacts with children and parents and how to report quality-related discussions in the contact logs.** Caseworkers may not be clear about what constitutes quality contact with a parent or child and/or how to appropriately record the quality aspects of their contacts in the contact log for the case.
- **Lack of family willingness to engage in services.** A major barrier to working effectively with families is that families are not willing to engage in the services needed to address safety and risk concerns.

Well-Being Outcome 2: Children Receive Appropriate Services to Meet their Educational Needs

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

Well-Being Outcome 2	
Federal Data Indicator Domain	**Case Review Domain**
None	**(Item 16) Educational Needs of the Child (CPOE)** Determine if concerted efforts were made to assess children's educational needs at the initial contact with the child and whether identified needs were appropriately addressed in case planning and case management activities.

Item 16: Educational Needs of the Child

Children involved in child welfare often face significant educational challenges. Studies show that children entering child welfare, particularly toddlers and preschoolers, have high developmental and behavioral needs. [1] Youth in foster care are more likely to experience low academic achievement, grade retention, and lower high school graduation rates compared to their peers. [2]

It is understandable how foster care children struggle in educational settings. Their home life is often chaotic, compounded with traumatic experiences. Traumatized children typically have slower rates of cognitive processing and difficulty in forming relationships. As a result, they commonly experience poor

[1] Stahmer, A.C., Leslie, L.K., Hurlburt, Barth, R.P et al (2005). Developmental and Behavioral Needs and Service Use for Young Children in Child Welfare. Pediatrics, 116:4, 891-900. https://doi.org/10.1542/peds.2004-2135

[2] (https://www.ed.gov/teaching-and-administration/supporting-students/special-populations/students-foster-care/students-in-foster-care)

educational outcomes. These poor outcomes are linked to adverse circumstances later in life.[3] Research consistently found that children in foster care encounter significant barriers to their educational progress from early childhood through post-secondary education. When children have frequent changes in placement, they change schools causing children to fall further behind academically.[4]

To address these needs, caseworkers are trained to continuously assess children's educational progress and integrate these findings into case plans. Caseworkers focus on promoting educational success and stability. This is largely accomplished by ensuring foster care placements are near the child's enrolled school and ensuring schools promptly transfer of educational records when schools change.

The Supreme Court of Ohio has provided two toolkits to judges on improving school attendance and assessing educational progress. The first toolkit, *Developing an Effective School Attendance Program*, recommends using a collaborative approach to involve the family, community partners, schools, and courts to engage children/youth across three tiers of intervention. Tier 1 interventions are universal prevention strategies to encourage regular attendance for all students before there is a direct impact on student learning. Tier 2 interventions are targeted interventions for students showing signs of chronic absenteeism. Tier 3 interventions are intensive supports for students facing the greatest challenges getting to school.

The second toolkit, for juvenile and family court judges and magistrates, is a series of Dependency Docket Bench Cards. The bench cards were developed to support courts in providing comprehensive and timely judicial actions in child welfare cases. Throughout the bench cards, educational concerns are addressed for each type of court hearing.

Examination of County CPOE Monitoring Results

During the CPOE Stage 12 case record reviews with PCSAs and IV-E Courts, a total of 703 applicable cases were reviewed. Of these, 94.03% (661 cases) were rated as a Strength. These results demonstrate an improvement in performance from Round 3 of the CFSR and Round 3 of the CFSR PIP. CFSR Round 3 findings indicated that of the 89 applicable cases reviewed 85% were rated as a Strength. In the CFSR Round 3 PIP of the 81 applicable cases reviewed 86.43% of the cases were rated as a Strength.

[3] (Townsend I.M., Berger, E.P, Reupert, A.E. (2020). Systematic Review of the Educational experiences of children in care: Children's perspectives. Children and Youth Services Review, 111, 104835 https://doi.org/10.1016/j.childyouth.2020.104835.

[4] (https://www.ncjfcj.org/publications/asking-the-right-questions-ii-judicial-checklists-to-meet-the-educational-needs-of-children-and-youth-in-foster-care/)

Discussions with agencies where Item 16 was rated as an Area Needing Improvement identified the following contributing factor that impacted performance:

- Not regularly updating educational, physical health, and mental health information for children involved with the agency.

Based on identification of contributing factors, strategies contained in PPAs included the following:

- Utilize a spreadsheet to track the gathering of educational, physical health, and mental health information and records. This spreadsheet will track both the request and receipt of records from providers. Special focus will be on obtaining records from network homes and residential facilities. Additionally, staff will continue to complete movement sheets for all placement moves, which will be tracked and help to ensure that educational information is updated.
- Follow-up on records not received and upload records into Traverse. Traverse supports the document management activities and forms for agencies and provides a mobile solution that allows PCSA staff access to limited case data while in the field and outside of a network connection.
- Caseworkers will complete a records checklist and provide it to their supervisor.
- Caseworkers will ensure each child's IEP is in the case record. If there is difficulty obtaining a report, the caseworker will contact the school liaison. This will be monitored through monthly supervision.

Conclusions
While there was an improvement in performance, Ohio is not in Substantial Conformity with Well-Being Outcome 2.

Well-Being Outcome 3: Children receive Adequate Services to Meet their Physical and Mental Health Needs

Compliance is based on a case review of two items: Item 17: *Physical Health of Child* and Item 18: *Mental/Behavioral Health of Child*. The following table provides information on how each item is evaluated.

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

Item 17: Physical Health of Child

Children in foster care have an increased likelihood of experiencing long-term complex health needs because of past trauma. Physical and dental assessments are key to identifying and treating pathologies, ultimately improving the child's long-term well-being.

Many children enter foster care come from unstable environments where they have experienced physical, emotional, neglect, and/or sexual abuse. These experiences can lead to direct or indirect physical harm. Compared to the general population, national research has shown that a significant number of children in foster care suffer from a range of health issues. Some studies have found that over 90% of children in foster care have at least one health issue on entry into foster care. About a third of these medical problems were undiagnosed and untreated prior to entry. The medical and dental issues these children have are varied, but national estimates indicate that about one-third of these issues are chronic.

Just as medical exams are important, so are oral and dental exams. Compared to children who are not in foster care, children in foster care typically experience poorer access to dental care. One study found that periodontal issues are the most frequent physical problem of children entering foster care. Young children often have bottle tooth decay (i.e., tooth decay caused by prolonged exposure of baby teeth to sugary liquids like milk, formula, or juice from a bottle or sippy cup) or malocclusion (i.e., misaligned teeth), and older children may have multiple dental cavities. Children in foster care have a higher prevalence of pulpitis, root canal treatments, severe gingivitis, periodontitis. They are also 1.3 times more likely to have tooth extractions than children who are not in foster care.

Monitoring children's health is important because these children may have had limited or no health care prior to foster care entry. In Ohio, a child under the age of three years receives a pediatric care exam. This exam focuses on medical, developmental, behavioral, dental, vision, and hearing issues. Children are routinely referred to "Help Me Grow," which assesses the child for developmental delay or disability. If a child is age 3 or older, a comprehensive physical exam is completed within 60 days from foster care entry. This exam focuses on physical, behavioral, developmental, vision, hearing, and dental health. This comprehensive exam is not required if the child had one within six months prior to the child's entry. Subsequent comprehensive physical exams are completed no later than thirty days after the anniversary date of the child's last physical, which is to include a vision and hearing screening. Monitoring children's health continues while they are in foster care. Per policy, treatment for any diagnosed medical or psychological need is initiated within 60 days of the diagnosis, unless treatment is required sooner.

Examination of County CPOE Monitoring Results

During the CPOE Stage 12 case record reviews with PCSAs and IV-E Courts, there were 832 applicable cases reviewed. Of these, 84.01% were rated as a Strength. During Round 3 of the CFSR there were 92 applicable cases reviewed and 80% were rated as a Strength. During the CFSR Round 3 PIP 100 applicable cases were reviewed. Of these, 85% were rated as a Strength.

The following effective practices were identified:

Caseworker and Child

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

Caseworker and Provider

- Frequent contacts were made with medical providers and documented.

Caseworker, Family, Child/Youth

- When the physical health needs of the children were a factor in agency involvement with the family, health care needs were assessed and services provided.

Discussions with agencies where Item 17 was rated as an Area Needing Improvement identified the following contributing factors that impacted performance:

- Not regularly updating educational, physical health, and mental health information for children involved with the agency.
- Case records lacked formal documentation of medical and/or dental appointments. In these cases, verbal reports from caregivers and children were documented in activity logs, but the formal follow-up with the medical providers was not in the case record.

Based on identification of contributing factors, strategies contained in PPAs included the following:

- Staff will utilize the tracking sheet for medical, dental, optical, and mental health requirements. Medical and Educational Information will be crosschecked at the Semi-Annual Review and entered in SACWIS. Support staff will verify with the assigned worker that the medical/dental/optical and mental health appointment occurred. If it did not occur the assigned supervisor will speak to the care provider to have the appointment scheduled. The supervisor will document the conversation in SACWIS. If the appointment occurred, support staff will contact the provider to obtain documentation either by fax, mail, e-mail, or in-person. Support staff will set up "MyChart" when possible, for easier access to records. The FTM Coordinator will discuss the information on the Med/Ed forms at each Semi-Annual Review.
- Updates will be made to the foster care checklist to include requirements for obtaining medical records and time frames for entering information in SACWIS. Updates will be reviewed with Caseworkers at a unit meeting. Agency will receive assistance from Northwoods Case Aide Services to obtain educational / medical records for children in the custody of the agency.

Item 18: Mental/Behavioral Health of the Child

Children entering foster care often experience stress because of their complex trauma histories and unstable living conditions. Stress can trigger a broad range of mental and behavioral health problems. It is vital for children in foster care to have mental and behavioral health assessments to detect adverse

conditions.so that effective interventions can be delivered to resolve acute mental/behavioral health issues and better manage chronic conditions. Failure to address unmet mental/behavioral health care needs can lead to serious and persistent mental illness, substance misuse, and chronic health conditions extending into adulthood and across generations.

National studies indicate that between 50% and 80% of children in foster care meet the criteria for a mental health disorder. Approximately 23% of these children meet the criteria for more than one mental health disorder.

Common mental health diagnoses found in children in foster care include:

- Disruptive behavior disorders
- Attention Deficit/Hyperactivity Disorder (ADHD)
- Post-traumatic Stress Disorder (PTSD)
- Other anxiety disorders (e.g., panic attacks, phobias, obsessive-compulsive disorders)
- Mood disorders (e.g., bi-polar, major depressive disorder, mood dysregulation disorder)

In addition to mental health disorders, children in foster care can exhibit an array of serious developmental concerns. These can include fetal alcohol spectrum disorders and cognitive impairments. These issues must be addressed because they often lead to poor long-term functioning, including struggles with unemployment, incarceration, and substance abuse.

Mental and behavioral assessments of children in foster care are aligned with the schedules for physical and dental health (Item 17).

Examination of County CPOE Monitoring Results

During the CPOE Stage 12 case record reviews with PCSAs and IV-E Courts, there were 663 applicable cases reviewed for Item 18. Of these, 90.05% were rated as a Strength. Looking at Round 3 of the CFSR there were 92 applicable cases reviewed. Of these, 79% were rated as a Strength. During the CFSR Round 3 PIP there were 94 applicable cases reviewed. Of the 94 applicable cases reviewed, 73.4% were rated as a Strength.

Discussions with agencies where Item 18 was rated as an Area Needing Improvement identified the following contributing factors that impacted the agency's performance:

- Caseworkers were not gathering information on an ongoing basis and recording the information in activity logs and in the child's medical tab in Ohio SACWIS.

The following activities were included in PPAs in response to the identified contributing factors:

- Updates will be made to the agency checklist to include requirements for obtaining behavioral health records and time frames for entering information in SACWIS. Updates will be reviewed with caseworkers at a unit meeting.

- Each month, the agency will request their managed care organization run a *Psychotropic Medication Report* to identify discrepancies between the Ohio SACWIS case record and Ohio Medicaid for children in agency custody who are receiving psychotropic medication(s). Ongoing Supervisor will review information during bi-monthly supervision.

Conclusions

Based on the findings in the CPOE Stage 12 case record review, the ratings for Well-being Outcome 3 (Item 17 and Item 18) are not in Substantial Conformity. Ohio needs to make significant improvements in both items.

Section IV: Assessment of Systemic Factors

A. Statewide Information System

Item 19: Statewide Information System

For this item, provide evidence that answers this question:
How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address each of the four components of this question.

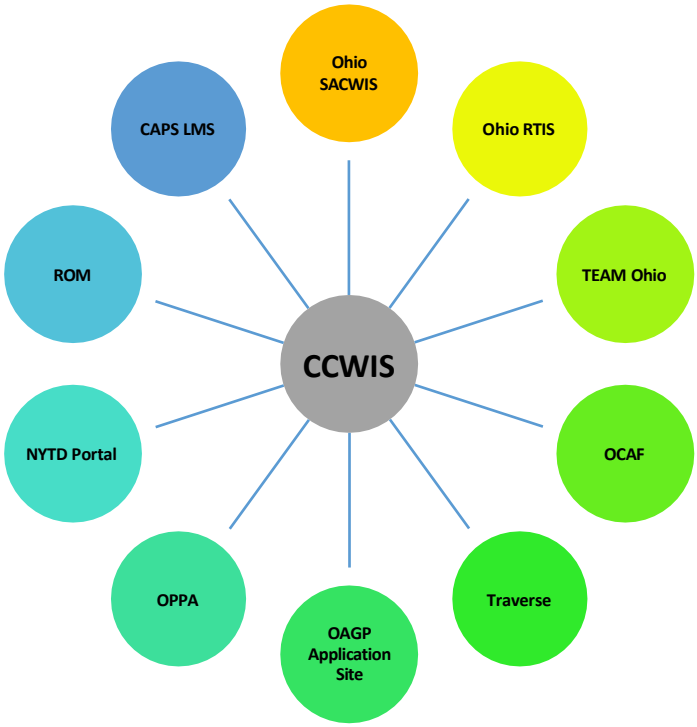
- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to how end users experience the statewide information system?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response

Overview of Ohio's Comprehensive Child Welfare Information System (CCWIS)

Ohio's children services system has undergone significant transformation. Ohio is committed to creating and enhancing innovative solutions for children services agencies and is continuously enhancing its CCWIS automated functions to support over 300 agencies that serve children (88 Public Children Services Agencies (PCSA), over 200 Private Non-Custodial Agencies (PNA) and Private Child Placing Agencies (PCPA), five Bridges agencies, and 19 Title IV-E Juvenile Courts).

Ohio is a transitional state in efforts to become CCWIS compliant. CCWIS in Ohio supports several automated functions across multiple applications. The current landscape of Children Services applications is as follows:



Ohio Statewide Automated Child Welfare Information System (SACWIS)

Supported Automated Functions

- Intake
- Assessment/Investigation Case Management
- Ongoing Case Management
- Adoption Case Management
- Young Adult Case Management
- Provider Management
- Financial Management
- Administration
- Certification Management

Ohio SACWIS supports most of the case and financial management activities for PCSAs and the extended foster care (Bridges) agencies throughout the state. It continues to be the main application used for children services activities. Along with Title IV-E activities, Ohio SACWIS also supports numerous programs that serve the children services population:

- Kinship and Adoption Navigator (OhioKAN)
- Youth Navigator Network (YNN)
- Kinship Support Program (KSP)
- Kinship Permanency Incentive Program (KPIP)
- Kinship Guardianship Assistance Program (KGAP)

- State Adoption Maintenance Subsidy (SAMS)
- Post Adoption Special Service Subsidy (PASSS)
- Prevention Services

Ohio SACWIS continues to be the source of information for federal National Child Abuse and Neglect Data System (NCANDS) and Adoption and Foster Care Analysis and Reporting System (AFCARS) data, as well as state child welfare data reporting purposes.

Ohio Residential Treatment Information System (RTIS)



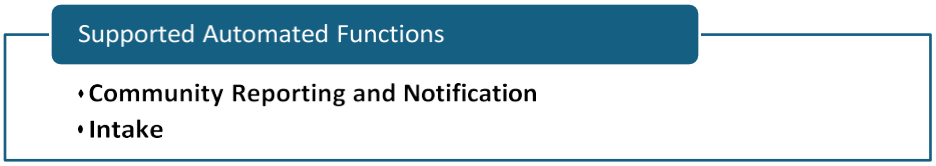
Ohio RTIS was created to support the Qualified Residential Treatment Program (QRTP) requirements. Ohio RTIS allows congregate care staff access to capture discharge planning and aftercare services and supports while not placing other children services information at risk. Ohio RTIS ensures that information from the youth's prior residential QRTP placements is available to the next placement, which prevents youth from repeating their stories and ensures continuity of care. Ohio RTIS resides in the Ohio SACWIS database which allows for information to flow easily between the two automated functions.

Ohio Certification for Agencies and Families (OCAF)



OCAF was designed to make it easy for any citizen to learn about the certification process and to inquire and complete the certification process with an agency. The automated function was built on a Salesforce platform to ensure modularity by separating private agency activities from the investigative and case management functions performed by Title IV-E agencies. OCAF has a community portal where prospective foster and adoptive parents can submit inquiries to agencies or a central resources hub. All monitoring activities will also be captured in OCAF making it a statewide function for all certification activities. OCAF has a bi-directional integration with Ohio SACWIS to reduce data entry and ensure child welfare data is easily accessible. OCAF currently has the foster and adoptive caregiver application portal and all agency certification functionality.

Taking Early Action Matters (TEAM) Ohio



TEAM Ohio is a "self-service" reporting portal for mandated reporters to submit child maltreatment referrals directly to a PCSA, along with uploading supporting documentation. The portal will automatically generate Intake records in Ohio SACWIS through real-time integration. This will assist the state in streamlining and standardizing the referral process, reduce time and resources spent on hotline calls and data entry of referrals into Ohio SACWIS, and promote real-time reporting of child maltreatment. The portal is built on a Salesforce platform. The Reporting and Notification function began with a pilot in Spring 2023 and was integrated with Ohio SACWIS in SFY25. TEAM Ohio also has all intake functions.

During a future phase, DCY plans to include a notification function for the Community Reporting and Notification requirements set forth by the Comprehensive Addiction and Recovery Act (CARA) and the Plan of Safe Care.

Child and Adult Protective Services (CAPS) Learning Management System (LMS)

Supported Automated Functions

- **Training Management**

Ohio implemented a new Child and Adult Protective Services (CAPS) Learning Management System (LMS) supports the delivery of training curricula based on a competency and performance management system for specified learner populations' learning and development. The function will contain all training materials for all of Ohio's CCWIS automated functions in one location and without duplication. CAPS LMS is integrated with Ohio SACWIS and will be integrated with the Certification Management automated function to exchange the following:

- Employee, agency, and unit data
- Foster and adoptive caregiver information
- Foster parent training sessions

By exchanging the above data, data entry by public and private agencies will be reduced, processes will be streamlined, and all training content will be in one consistent place.

Supporting Operational Applications

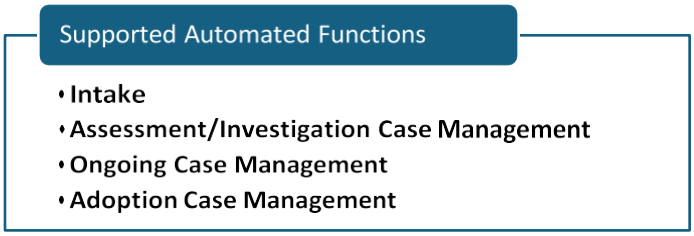
Traverse

Supported Automated Functions

- **Intake**
- **Assessment/Investigation Case Management**
- **Ongoing Case Management**
- **Adoption Case Management**
- **Young Adult Case Management**
- **Provider Management**
- **Financial Management**

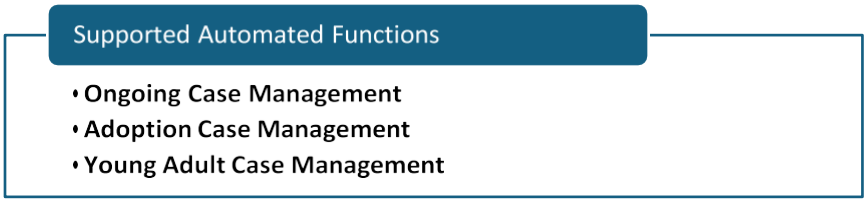
Traverse supports the document management activities and forms for agencies and provides a mobile solution that allows PCSA staff access to limited case data while in the field and outside of a network connection. Traverse is bi-directionally integrated with Ohio SACWIS to retrieve basic case and provider information and send draft activity logs. Traverse allows agencies to data mine across documents for specific information and link documents to both person and case records for easy accessibility. Traverse is a statewide document management system that allows agencies to access current and historical information for family cases outside of their own agency.

Results Oriented Management (ROM)



ROM reports, provided by the University of Kansas, are used by private and county level agency administrators and managers to monitor outcomes. The ROM reports are widely used in the Child and Family Services Reviews (CFSR) and Ohio's Child and Protection Oversight and Evaluation (CPOE). State level leaders use ROM to understand and evaluate Ohio's children service programs and provide meaningful data to external stakeholders.

National Youth in Transition Database (NYTD) Portal



The NYTD Portal is accessible to youth who have a completed Ohio SACWIS Independent Living Plan and a NYTD account is generated by the caseworker within Ohio SACWIS. Once a youth logs into the NYTD Portal using secure credentials, the NYTD Portal presents questions to the youth where the youth's answers provide an understanding of the youth's transition to living independently. The questions presented are defined in 45 CFR 1356.80-86. Data entered in the survey are stored in the CCWIS database.

Ohio PASSS Portal Application (OPPA)



OPPA was created as a mechanism for adoptive parents to apply for the Post Adoption Special Services Subsidy (PASSS) and upload supporting documentation. Once applications are submitted through the

OPPA, subsidy records are created within Ohio SACWIS for eligibility determinations and issuance of payments by DCY.

Ohio Adoption Grant Program (OAGP) Application Site



The OAGP Application site was created as a mechanism for adoptive parents to apply for OAGP and upload supporting documentation. Applications are submitted through the OAGP Application site where eligibility is determined, and payments are issued through Ohio SACWIS. OAGP has a bi-directional interface with the Child Support Enforcement Agency (CSEA) to allow for needed information from approved applications to be transmitted to CSEA for review of potential arrearages owed. Once reviewed, CSEA will enter applicable information, which will be automatically transmitted back to OAGP and feed into Ohio SACWIS for the payments to be generated and issued.

Processes for Entering and Updating Children's Information

Children Services information is primarily entered into Ohio SACWIS, which collects a wide range of data, from personal characteristics to special education details. However, educational, medical, and behavioral health information is often outdated due to manual entry by PCSA staff, caseworker turnover, and high workloads. Ohio plans to expand interfaces to automate data entry for children in care.

Data Entry and Management

Ohio SACWIS includes alerts and action items to help PCSAs in entering information for children. Policies require agencies to review the medical and educational information for children in care every six months. The report that displays this information is pulled from the child's person profile information and is to be included in the Semi-Annual Case Review that must be conducted every six months.

All person information is stored in the person module accessible from various processes within Ohio SACWIS. Analysts within the PCSA can extract data to identify patterns and trends, report on processes and outcomes, and target areas for improvement. The AFCARS 2020 Exception Report available in Ohio SACWIS highlights missing key data points, ensuring demographic information is recorded before intake disposition. DCY staff also utilize the AFCARS frequency and data quality reports available in the National Child Welfare Data Management System to identify potential areas where improvement is needed or where data is missing.

Timely and Accurate Data

Ohio has updated the CCWIS Automated Functions to be efficient, effective, and economical, ensuring flexibility to meet policy and practice needs. System validations ensure data completeness and accuracy, with more interfaces to being implemented to extract data directly from the sources. Reporting mechanisms for agencies include workload reports, aggregate reporting, CFSR Performance Measurements, and more that assist agencies and DCY to identify data issues and ensure timely entry.

Updates are made to the data and the automated functions when there are findings in AFCARS, NCANDS, NYTD, or other reporting. Informatica scorecards have been created to assist in monitoring the data in critical areas of Ohio SACWIS to identify data issues and alerts DCY to these issues for resolution. Policy requirements through the Ohio Administrative Code (OAC) such as recording placement information by the next business day, reinforce timely data entry.

Data Validation

Data validation within Ohio SACWIS is a critical and continuous process essential for ensuring the safety and well-being of children, supporting caseworker decision-making, and meeting federal reporting requirements. This validation occurs by using a multi-layered approach, which combine automated system checks, manual review by caseworkers and supervisors, and broader data quality monitoring, and federal oversight. The continuous process involves:

- **System-Enforced Validation Rules:** The Ohio SACWIS platform is built with internal logic that prevents incorrect data entry. This includes the following checks:
  - Data Type and Format Enforcement: Ensuring that dates are entered as dates, numbers as numbers, and that specific formats for identifiers are followed
  - Mandatory Fields: Preventing the user from proceeding without entering critical information, such as a child's date of birth or the date an investigation was initiated
  - Logical Consistency Checks which look to flag inconsistencies, such as a placement date that occurs before a child's removal date
  - Dropdown Menus provide standardized options, like a defined list of placement types or custody statuses
  - Flags denoting Caseworker Responsibility, who have the primary responsibility for accurate data entry. Caseworkers are responsible for entering data timely, accurately, and correcting errors they identify
- **Supervisory Review:** Ohio's supervisory review framework requires supervisors to review caseworker entries at key milestones and approve their work. This ensures there is clinical and practical oversight, quality assurance, and approval and authorization before cases can move forward.
- **Quality Review Specialists:** Counties employ quality review specialists who examine case data quality to ensure practice conforms to state and local guidelines and accurately reflects case activity. These staff run regular data quality reports from ROM, which incorporates sophisticated automated checks that run in the background to identify potential data quality issues that may not be caught at the point of entry. These resources identify trends in errors, missing data, and inconsistencies across the system.
- **Customized Reports:** Counties can design their own customized reports by using ad hoc data tables in Ohio SACWIS. These activities help them analyze the causes of data quality issues, identify and develop training needs, repairing confusing system workflows, or altering policy areas that may contribute to incorrect data entry.

- **Federal Data Profiles:** Data quality reports issued in the Federal Data Profiles are helpful in identifying inconsistencies between and within the AFCARS and NCANDS data files over time.

Training

Ohio designed functionality to incorporate policy and practice guidance, assisting with high turnover and training needs of caseworkers. During functionality and initiative training, the teams incorporate the data that should be entered assisting in accurate data entry.

Knowledge Base Articles and User Guides are available for all system functionalities. Throughout these articles, they describe how to use the functionality and provides information on how to ensure timely and accurate data.

Accessibility

CCWIS Automated Functions are web-based applications that are accessible 24/7 with the only outages being for maintenance or system deployments of new functionality. When these outages occur, notifications are sent to agency points of contact as well as posted in a message within the system if it is a planned outage.

Data Exchanges

Ohio's CCWIS has interfaces with various systems, that include the following:

- Title IV-A system: Bi-directional interface with Ohio Benefits (OB) for demographic, employment, income, and resources for youth in custody, parent/guardians, and other household members. Through the interface, Ohio SACWIS supplies OB with custody notifications and details. The OB system has connections with other entities such as the Social Security Administration to verify the accuracy of the data. Currently, Ohio is enhancing the data exchange to obtain more detailed information from the OB system to assist the caseworkers with data accuracy. The project is expected to be implemented in July 2025.
- Medicaid Eligibility: Interface with OB for Medicaid eligibility and Managed Care Organization (MCO) information. Ohio SACWIS sends the information necessary for determining eligibility of the child welfare population and sends the information to the OB. OB determines the Medicaid type and sends back confirmation of both the Medicaid eligibility, dates, and MCO selected for the child.
- Support Enforcement Technology System (SETS): Bi-directional interface where Ohio SACWIS sends custody information, Title IV-E eligibility, monthly placement costs, youth and parental demographics, relationships, employment, and income. Ohio SACWIS receives paternity, child and parental demographics, income and employment, and monthly support collected for IV-E eligible youth from SETS. In April 2023, a second interface was created between the SETS system and the Ohio Adoption Grant Program (OAGP) to ensure that garnishment could be made if an adoptive parent approved for the grant owes child support.
- Ohio Department of Education and Workforce's (DEW) Statewide Student Identifier (SSID): The SSID system assigns unique codes to students in Ohio's public schools. Ohio SACWIS sends data for children under 21 to the SSID system, which matches and returns results securely. In

September 2024, Ohio CCWIS completed a bi-directional exchange with (DEW) to obtain education data based off current SSID matching.

- Child and Adolescent Needs and Strengths (CANS) Information Technology (IT) System: Implemented in September 2024, the CANS IT system interfaces with Ohio SACWIS in real-time integration allowing Title IV-E agencies to request any available assessments.

Stakeholder Input

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

- **Webinars:** The CCWIS team routinely provides webinar overviews on project priorities and system functionality.
- **PCSAO Executive Membership Meetings:** Agency directors provide feedback on the CCWIS automated functions and user needs.
- **Automated Systems Review Committee:** A group created to provide feedback on needed enhancements to the CCWIS automated functions as well as to review proposed enhancements. The members also have an opportunity to weigh in on priorities and have participated in surveys to help provide necessary feedback. Membership consists of private and public agency users, a person with lived experience, and is tri-chaired by the main public and private agency associations, Public Children Services Association of Ohio, and Ohio Children's Alliance.
- **Statewide Data Quality Group**: The Statewide Data Quality group meets bi-monthly to discuss data quality related issues in Ohio SACWIS and strategies to improve data quality.

Readily Identify Children in Care

The tables on the following pages for the period of April 1, 2024, through March 31, 2025, demonstrate that Ohio's Statewide Information system can identify the status, demographics, location and goals for the placement of children in foster care.

Demographic Characteristics

Age (Years)	Number of Distinct Children	Percent of Distinct Children	Cumulative Percent of Distinct Children in Each Age
0	1,282	5.5%	5.5%
1	1,671	7.2%	12.7%
2	1,637	7.0%	19.7%
3	1,327	5.7%	25.4%
4	1,256	5.4%	30.8%
5	1,229	5.3%	36.1%

Age (Years)	Number of Distinct Children	Percent of Distinct Children	Cumulative Percent of Distinct Children in Each Age
6	1,049	4.5%	40.6%
7	1,031	4.4%	45.1%
8	948	4.1%	49.1%
9	986	4.2%	53.4%
10	948	4.1%	57.5%
11	929	4.0%	61.5%
12	916	3.9%	65.4%
13	1,020	4.4%	69.8%
14	1,173	5.0%	74.8%
15	1,316	5.7%	80.5%
16	1,380	5.9%	86.4%
17	1,385	6.0%	92.4%
18	1,245	5.4%	97.7%
19	357	1.5%	99.3%
20	102	0.4%	99.7%
21	68	0.3%	100.0%
22	1	0.0%	100.0%
Total	23,256	100.0%	100.0%

Gender	Number of Distinct Children	Percent of Distinct Children in Each Gender
Female	11,307	48.60%
Male	11,948	51.40%
Unknown	1	0%
Total	23,256	100%

Race	Number of Distinct Children in Each Race	Percent of Distinct Children in Each Race
Caucasian	11,359	48.80%
African American	7,141	30.70%
Multi-Racial	3,136	13.50%
Asian	76	0.30%
Unknown	17	0.10%
American Indian	15	0.10%
Native Hawaiian/Other Pacific Islander	3	0.00%
Hispanic	1,509	6.50%
Total	23,256	100.00%

Placement Location

Ohio can identify a child's location in the system. As placement information is directly linked to payment information, it is timely and accurate. Several years ago, it was identified that Ohio was showing gaps in placements. When researching and contacting agencies, it was identified that the system lacked the options necessary to reflect accurately where children were when they were in non-traditional placements (e.g., the agency, hotels). As a result, new functionality was added to Ohio SACWIS to allow agencies to record placements and child location records.

Placements are entered for paid placements or those approved/licensed, whereas child location records document the non-traditional settings, hospitals, lobbies, hotels, or when a child runs away. DCY has reviewed the data collected with these functionality changes, and through stakeholder feedback has been able to identify minor enhancements to further improve the functionality. Ohio SACWIS has indicators on the Child's Location list screen that shows when there are gaps in between records. There are also alerts and action items when data needs to be updated. Ohio utilizes the ROM reporting system to monitor the counts of children in custody and placement, as well as counts by placement type.

As of March 31, 2025, there were 14,248 children in placement. As evidenced below, a report can be generated that identifies the following placement location by placement type of children.

Placement Type	Number of Distinct Children	Percent of Children in Each Placement Type
Family Foster Care	7,876	55.30%
Approved Adoptive Home	434	3.00%
Pre-Adoptive Infant Home	0	0.00%
Emergency Foster Care	1	0.00%
Family Foster Home	4,578	32.10%
Medically Fragile Foster Home	28	0.20%
Treatment Foster Home Exceptional Needs	1,542	10.80%
Treatment Foster Home Special Needs	1,293	9.10%
Kinship Care	3,666	25.70%
Kinship Care -- Non-Relative Home	754	5.30%
Kinship Care -- Parent (ICPC)	1	0.00%
Kinship Care -- Relative Home	2,911	20.40%
Congregate Care	2,093	14.70%
Children's Residential Center	1,002	7.00%
Detention Facility	87	0.60%
Emergency Shelter Care Facility	8	0.10%
Group Home	936	6.60%
Hospital Admission	40	0.30%
Nursing Home	12	0.10%
Residential Parenting Home	8	0.10%
Trial Home Visit	190	1.30%
Independent Living	213	1.50%
Other	210	1.50%
Emergency Care	1	0.00%
Non-Reimbursable Service	19	0.10%
Runaway/AWOL	92	0.60%
Unknown	98	0.70%
Total Children in Care	**14,248**	**100.00%**

Permanency Goals

A child's permanency goal is entered in the Family Case Plan in Ohio SACWIS. The permanency goal is reviewed during Semiannual Reviews, every six months, and if the agency identifies that the permanency goal needs updated, the system will create a draft updated Family Case Plan and an action item to complete the Family Case Plan. Ohio SACWIS also has reports that display the permanency goal and show when Family Case Plans need to be updated.

The following report identified the Permanency Goals for the 23,256 children in care.

Permanency Goal	Number of Distinct Children	Percent of Children in Each Permanency Goal
Adoption	5,401	23.22%
Independent living/Emancipation	1,225	5.27%
Maintain In Own Home	676	2.91%
Permanent Placement with Relative	1,220	5.25%
Placement Of Children Planned Arrangement	173	0.74%
Return Children to Parent	13,829	59.46%
Unknown	732	3.15%
Total	23,256	100.00%

Assessment of Performance

Review of current data indicated that Ohio's CCWIS captures the legal status, demographic characteristics, location, and goals for the placement of every child who is, or who has been within the immediately preceding 12 months, in foster care. Ohio continues to enhance its automated functions to improve the quality and timeliness of data being entered. Ohio's CCWIS offers a variety of reports for staff to utilize to ensure that quality data is entered into the system. The CCWIS team, in collaboration with stakeholders, continues to work to enhance the system to ensure that quality data is entered, in the most user-friendly ways possible. While it is a strength, Ohio continues to work to make enhancements and improvements to the CCWIS.

Ohio's technical assistance specialists (TAS) utilize multiple reports in ROM and Ohio SACWIS in their work with agency staff. Data quality issues are then addressed with agencies and data is used to guide practice improvement. TAS staff also ensure that data is accurate during monitoring reviews. Agency staff can also utilize AFCARS 2020 exception reports to identify AFCARS related errors or missing data and then make corrections in Ohio SACWIS.

Ohio has received guidance from the federal AFCARS team regarding anomalies in the AFCARS 2020 files. Ohio continues to work to correct issues that have been identified. Ohio's 2025A AFCARS file was submitted after numerous code corrections were made. Additionally, Ohio resubmitted the three prior files. Ohio utilizes the AFCARS frequency and data quality files available on the National Child Welfare Data System to identify additional issues that need corrected.

B. Case Review System

Item 20: Written Case Plan

For this item, provide evidence that answers this question:
How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address each of the three components of this question.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide? • What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to families' experience with the case planning process?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response

Overview of System Functioning
Ohio continues to demonstrate strong performance in ensuring that every child has a written case plan. However, Ohio recognizes challenges in the area of joint developed case plans with parent(s). CFSR Round 3 identified Item 20 as a Strength. The state's multi-layered approach—rooted in Ohio Administrative Code (OAC) rules, Ohio SACWIS automation, Technical Assistance (TA), and ongoing quality assurance monitoring—supports effective statewide case planning.

- Ohio Administrative Code (OAC) rules establish clear guidelines for varied case types, including voluntary, court-ordered, and specialized placements. The following is a synopsis of each of the rules:
- OAC 5180:2-38-05 *PCSA case plan for children in custody or under protective supervision* sets forth the requirements that apply to the case plan for children in custody or under court-ordered protective supervision. The case plan is a written working agreement between the family and the PCSA that identifies the strengths of the family, concerns to be resolved and supportive services to be provided. The plan documents what each party agrees is required to address in order to ensure the safety, permanency and well-being of the child.

- OAC 5180:2-38-05.1 *PCSA requirements for completing a family case plan and review when a child is placed in a qualified residential treatment program (QRTP)* sets forth requirements to develop a family case plan when placing a child in a Qualified Residential Treatment Program (QRTP). The plan must involve a family and permanency team consisting of relatives, kin, and professionals, including individuals chosen by the child if they are 14 or older. It ensures active family engagement, well-documented placement decisions, and prioritization of sibling connections. The plan must also justify non-foster home placements, incorporate parental input if reunification is the goal, and provide evidence supporting QRTP placement based on assessments.
- OAC 5180:2-38-05.02 *PCSA family case plan requirements for kinship guardianship assistance program (KGAP)* sets forth requirements for developing a family case plan for children eligible for the Kinship Guardianship Assistance Program (KGAP). The rule mandates that PCSAs support the application and eligibility process for KGAP when a child has a case plan goal or concurrent plan of custody with a fit and willing kinship caregiver. It also requires documentation of efforts to explore adoption as an alternative, justification for kinship guardianship as the best option, and consultation with youth aged 14 and older regarding their placement. Additionally, PCSAs must assess sibling placement decisions and engage parents in discussions about guardianship arrangements when appropriate.
- OAC 5180:2-38-06 *Required contents of a PCPA case plan document* sets forth the content requirements for private child placing agency (PCPA) case plans. The case plan must include identifying information of the family and all children; any tribal affiliation; strengths of the family; concerns/expected changes/services; case plan goals; visitation plan; health and education; circumstances regarding removal of the child; appropriateness of placement; documentation of exceptions to filing a motion for permanent custody; documents efforts for permanency; signature of parent/guardian/custodian, other parties and agency representatives; a statement of how the parent/guardian/custodian participated in the development of the case plan, and if the parent/guardian/custodian did not participate in case planning an explanation of why they did not participate and how the agency solicited the family's participation in case planning.
- OAC 5180:2-38-07 *PCPA case plan for children in custody or under court-ordered protective supervision* sets forth the requirements that apply to PCPA case plans for children in custody or under court-ordered protective supervision. The case plan is a written working agreement between the family and the PCPA which identifies the strengths of the family, concerns to be resolved and supportive services to be provided. The plan documents what each party agrees is required to address the family's and child's service needs and to continue to provide for safety, health, and well-being of the child. The case plan provides overall structure to the casework process and provides an instrument to evaluate case progress and accountability of participants.

Data Sources and Analysis Methodology
Ohio employs a comprehensive mix of quantitative and qualitative data sources to monitor case plan effectiveness.

Ohio Comprehensive Child Welfare Information System (CCWIS) ensures system-wide tracking and timely completion of case plans.

Ohio SACWIS provides the state with the ability to assess and ensure the Family Case Plan requirements are met. Data can be pulled to see what percentage of cases have completed case plans. Data pulled from the Ohio SACWIS system for youth in agency custody for at least six months as of April 1, 2025, is explained below:

- **Parameters:** Children covered by the state's Title IV-E plan who are in care during a specific period and who have been in care for at least 60 days and have a written case plan.
- **Measurement approach:** Quantitative
- **Numerator:** Number of children from the denominator who have been in care for at least 60 days and who have a written case plan.
- **Denominator:** Number of children entering care during a specified period, or who were in care at a given point in time and who had been in care for at least 60 days.
- **Results:** There were 13,573 children in custody and placement of a PCSA or a Title IV-E court who had been in custody at least 60 days as of April 1, 2025. Of those children 98% (13,302 children) had a written case plan.

Child Protection Oversight Evaluation (CPOE) assesses timely and appropriate permanency goals through standardized statewide reviews.

CPOE reviews are conducted in all 88 counties of Ohio, and the data reporting is pulled from all counties from the Ohio SACWIS system. The data compiled from CPOE reviews follow a consistent tool and framework, ensuring data to be both accurate and reliable from a statewide perspective.

- Ohio's CPOE utilizes the CFSR Case Review Instrument as the quality assurance review instrument. In Phase 1 of CPOE Stage 12, the CFSR Round 3 tool was utilized and in Phase 2 the CFSR Round 4 tool was utilized.
- Item 5 of the tools examined the timely establishment and appropriateness of the child/youth's permanency goal. Ohio's practice dictates that the permanency goal is established in a completed case plan, and thus item 5 is an excellent method for examining case plan practices statewide.
- In CPOE 12 Phase 1, item 5 was applicable in 326 cases. Permanency goals documented within case plans were found to be established timely in 94.17% (307 cases) of the cases reviewed., which is 94.17% strength ratings. Case plans were found to have appropriate permanency goals in 313, or 96.01%, of the cases.

- CPOE 12 Phase 2 data for item 5 showed similar results to Phase 1. In an examination of 706 applicable cases, 91.93% (649 cases) were identified as a Strength. Case plans were found to have appropriate permanency goals in 695 or 98.44% of the cases.
- CPOE Stage 12 results for Item 13 – Case Planning was at 90.72% with 1,056 cases rated as a Strength out of 1,164 cases reviewed.
- Item 13 of the tools examine the child and family's involvement in case planning. Ohio's performance improved between the phases of CPOE 12, with increased family participation. The data suggests that technical assistance on including fathers has shown positive results and will continue.

The following tables show the involvement of children, mothers, and fathers in case planning processes during both Phases of CPOE Stage 12.

CPOE Stage 12, Phase 1 Item 13 Strength Ratings	
Case Type	Foster Care
Child	93.07% of 202 (188)
Mother	93.36% of 271 (253)
Father	79.12% of 182 (144)

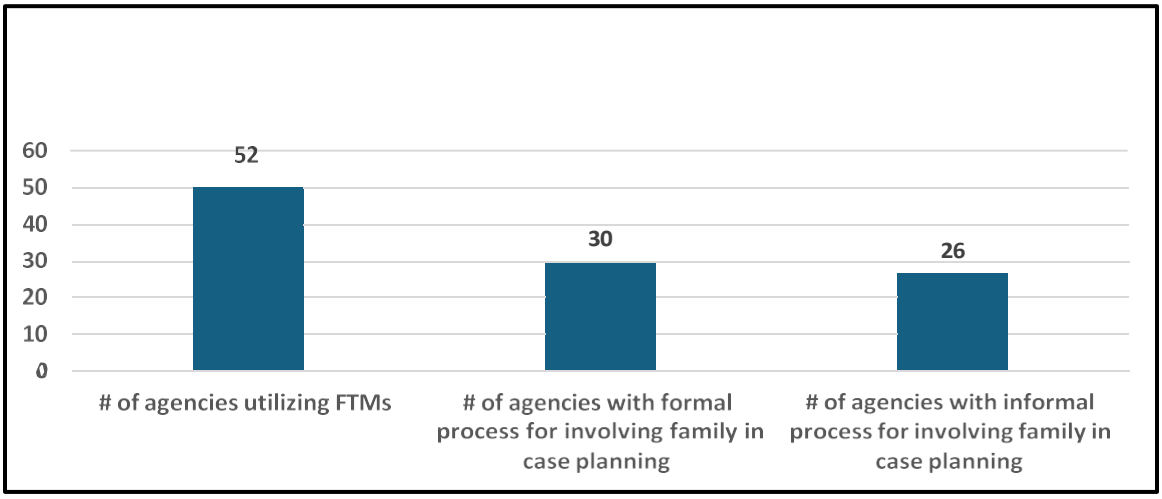
Phase 2 of CPOE Stage 12

CPOE Stage 12, Phase 2 Item 13 Strength Ratings	
Case Type	Foster Care
Child	97.62% of 420 (410)
Mother	93.98% of 515 (484)
Father	89.94% of 308 (277)

Family Team Meetings (FTMs) and county engagement strategies: Evaluates parent involvement and caseworker collaboration in developing case plans.

FTMs are an intervention strategy used by many of Ohio's counties. Case reviews show a strong level of family engagement during FTMs. Ohio's Technical Assistance team has worked diligently to spread the best practices and lessons learned from FTMs. While not all 88 counties have the resources to implement a formal FTM process, many agencies have implemented practices and policies to enhance engagement of family members and particularly target engagement of fathers.

In the CPOE Stage 12 self-assessment process, agencies were asked to include information regarding their family engagement strategies. The chart below demonstrates the growing use of FTMs and the number of counties that have additional engagement strategies intentionally implemented.



- 67% utilize FTMs
- 38% have a formal process for family involvement in case planning
- 33% have an informal process
- Notable practices for engaging fathers included:
    - Agency policy to make three attempts to engage father or non-custodial parent at the time of case planning and then a requirement to complete additional searches at least every 30 days.
    - Assisting fathers with how to establish paternity and get visitation through the court system.
    - Agency policy to utilize various systems to locate the father and his whereabouts (Accurint, Justice Web, social media, etc.).
    - Creation of an absent parent checklist to assist caseworkers in locating fathers.

Families' Experience with the Case Planning Process

Ohio's case planning process prioritizes family involvement. Family Team Meetings and TAS-led outreach have strengthened parent participation, especially for mothers. Efforts to improve case plan transparency—including direct parent feedback, clear service expectations, and guidance from caseworkers—are ongoing.

Evidence Limitations

While Ohio's case review system remains strong, some potential limitations include:

- Variability in county-level implementation: Not all counties have formal FTM processes affecting engagement consistency.
- Delays in documentation: Occasional case-specific challenges in meeting the required 30-day timeframe for completing updates.
- Challenges in father involvement: Despite targeted Technical Assistance, father engagement continues to be an area for ongoing improvement.

Areas for Improvement

Ohio recognizes the following key areas require continuous enhancements:

- Further Increasing Family Engagement: While mother and child participation rates remain high, additional focus is needed to sustain improvements in father engagement.
- Expanding FTM Resources Across Counties: Encouraging broader implementation of formal Family Team Meeting practices statewide.
- Enhancing Case Plan Transparency: Implementing Ombudsman recommendations to ensure parents understand their responsibilities and expectations.
- Strengthening Feedback Mechanisms: Providing clearer communication around case plan progress and service participation expectations.

Comparison to CFSR Round 3 & System Improvements
Ohio has demonstrated continuous improvement in case planning since CFSR Round 3. Targeted enhancements under CPOE Stage 12 Phase 2 resulted in higher father engagement (81.36% in Phase 1 vs. 89.5% in Phase 2) and sustained strengths in case planning timeliness.

Final Analysis
Ohio's case plan process remains a Strength and demonstrates a well-functioning statewide case review system as evidenced by the following notable strengths:

- High Compliance Rates: 98.0% of children in state custody for at least 60 days had a written case plan in place as of April 1, 2025.
- Standardized Case Planning Framework: Case plans integrate permanency goals, service linkage, visitation details, and independent living plans for older youth.
- Real-Time Monitoring Through SACWIS: The system automates alerts, ensuring timely tracking and completion of action items.
- Ongoing Technical Assistance Support: Assigned TAS specialists provide QA reviews, rule application guidance, and county-level training.
- Family Engagement Improvements: CPOE Stage 12, Phase 2 data shows father inclusion efforts improving by nearly 10 percentage points compared to Phase 1.
- Caseworker Training & Support: Comprehensive onboarding and ongoing training.

Item 21: Periodic Reviews

For this item, provide evidence that answers this question:
How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below:

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.

- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to stakeholders' experience with the periodic review process?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response

Ohio's Semi-Annual Administrative Review (SAR) Process

Ohio's six-month SAR schedule fully satisfies the federal "first periodic review within six months of entry into care" rule—often earlier than required because the state starts the clock at complaint-filing or actual removal, not 60 days after removal. Because Ohio's triggers and frequency are at least as stringent as federal law, agencies that complete SARs on time are also in federal compliance. OAC 5180:2-38-10 outlines this process and is summarized below:

- SAR Requirement: PCSAs must complete a SAR every 180 days for children with a Family Case Plan under specified rules.
- Review Timeline: The first SAR must occur within 180 days of key events like court filing, placement, and subsequent reviews must follow the same schedule.
- Notification & Participation: PCSAs must provide at least seven days' notice to relevant parties before the SAR meeting. Some individuals may be excluded if they cannot be located, decline participation, or fail to attend.
- Review Panel Composition: Protective supervision/substitute care cases must include at least three members (caseworker, independent reviewer, and supervisor).
- Court Hearings as SAR Substitute: A court hearing can replace an SAR if specific conditions are met, including addressing key review issues and notifying involved parties.
- Documentation & Reporting: PCSAs must provide SAR copies to parties involved within seven days after completion. Protective supervision and substitute care cases require SAR filings with the court. Stakeholders have seven days to object to proposed Family Case Plan changes after receiving SAR results.
- Concurrent Planning: If a child has an active concurrent plan, updates must be incorporated into SARs.
- Record-Keeping: PCSAs must maintain SAR records and associated Family Case Plan updates in SACWIS (Statewide Automated Child Welfare Information System).

Components of Ohio's Semi-Annual Administrative Review (SAR)

The Semi-Annual Administrative Reviews (SARs) are required to be completed every 180 days from either the case plan approval, removal record, recording agency's legal status or filing of the original complaint, whichever came first. The components of Ohio's SAR are outlined below:

- **Members in the Review:** This includes the family case plan information, semiannual administrative review details, children in the semiannual administrative review, and adults in the semiannual administrative review.
- **Custody:** This allows the user to document why the agency services must continue or be terminated and how the child's current location meets the child's needs.
- **Case Progress Review:** There are three sub-sections that include the Concerns Review, Case Analysis, and Candidate for Foster Care.
    - The Concerns Review allows the user to discuss the progress towards addressing the safety and permanency and/or well-being issues.
    - The Case Analysis is generated from the most current Case Review.
    - The Candidate for Foster Care section allows the user to indicate why the child is at serious risk of removal and services in the case plan intended to mitigate the child's risk of removal.
- **Permanency Planning:** This section allows the user to document the following areas:
    - Agency's recommendation regarding the child's custody arrangement for the next 180 days.
    - A summary of the intensive ongoing effort to secure the placement with a fit and willing relative or kin.
    - If the agency has filed for permanent custody.
    - If a concurrent plan is needed for the child.
    - Agency's progress toward implementing the child's concurrent plan.
    - Efforts the agency has taken to ensure the child's caregiver follows the Reasonable and Prudent Parent Standard and effort to ensure the child has ongoing opportunities to engage in appropriate activities.
    - Identify the activities the child has/is participating in during the last six months as well as any planned activities.
    - Agency recommendation regarding the child's PPLA status.
- **Permanency Goal**
    - This section includes if the child's medical and education information has been updated and provided to the substitute caregiver.
    - The section also includes the child permanency goal, if needs updated and estimated date to achieve the permanency goal.
- **Independent Living Information**
    - Provides narrative for the Readiness Review, documents when credit reports were obtained from credit report agencies, and youth contacts.
- **Signatures**

- This section allows the user to document signatures of individuals who participated in the SAR.

Supporting Periodic Reviews

Ohio SACWIS also provides *Action Items*, which are alerts to workers and supervisors for when work items are coming due. An *action item* is generated whenever one of the following occurs:

- Case Plan Approval
- Recording of a placement record
- Recording of the filing of the original complaint, court order, or legal status
- 30 days from the date of a disposition
- Completion of the Family Assessment

The *SAR/Case Review Due Date Report* is available to county caseworkers and supervisors through the SACWIS system. TAS staff assigned to each county from Ohio DCY routinely provide technical assistance regarding timeliness and rule requirements.

Quality Assurance of Periodic Reviews

Data Analysis

The table below provides a summary analysis of Ohio's overall completion of timely SARs completed prior to six months. Data indicates that a higher percentage of reviews are completed outside of the less than six-month requirement.

Periodic Review Type	Count of children (denominator)	Count of valid Periodic Reviews (numerator)	Percentage of children who received a timely Periodic Review
Initial	4,645	3,745	81%
Subsequent	43,193	33,021	76%

Child Protection Oversight Evaluation

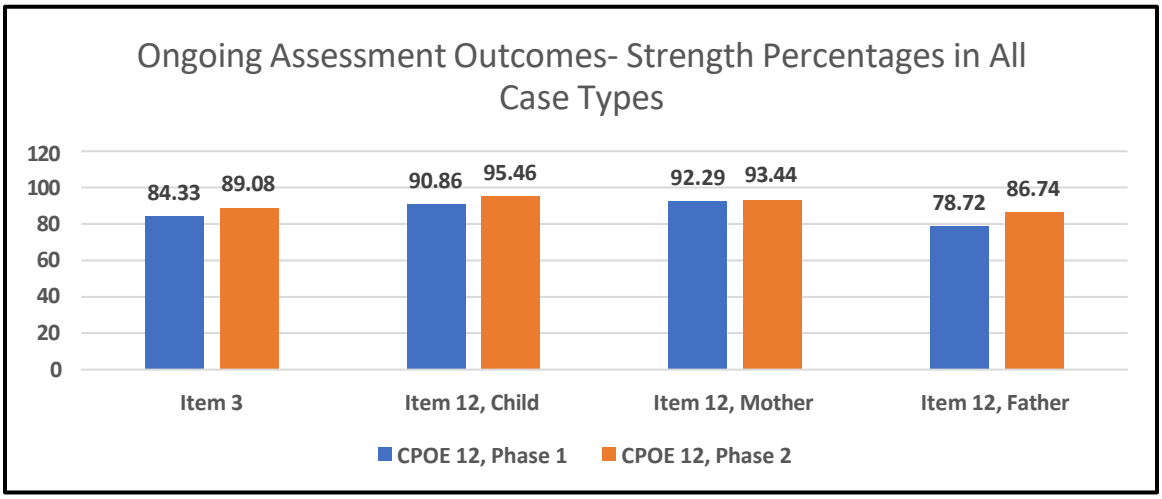
While the CFSR tools do not include a measure explicitly recording formal periodic reviews, there are several measures that identify whether ongoing reviews are taking place in cases. When considered alongside Ohio SACWIS data, these measures provide further evidence that Ohio is conducting periodic reviews of cases. Below are the measures examined, and the total number of cases reviewed.

- Item 3, sub-item: The agency conducted ongoing assessments that accurately assessed all risk and safety concerns.
  - Phase 1 cases: 568
  - Phase 2 cases: 1,227
- Item 12A, sub-item: The agency conducted formal or information initial and/or ongoing comprehensive assessments that accurately assessed the child's needs.

- Phase 1 cases: 580
- Phase 2 cases: 1,233

- Item 12B, sub-item: The agency conducted formal or information initial and/or ongoing comprehensive assessments that accurately assessed the mother's needs.
  - Phase 1 cases: 506
  - Phase 2 cases:1,036
- Item 12B, sub-item: The agency conducted formal or information initial and/or ongoing comprehensive assessments that accurately assessed the father's needs.
  - Phase 1 cases: 376
  - Phase 2 cases: 709

The following table presents the results of Ongoing Assessment Outcomes by Strength percentages for all Case Types for CPOE Stage 12, Phase 1 and CPOE Stage 12, Phase 2.



Summary

Ohio counties demonstrated continued improvement efforts in ongoing assessment of both safety and risk, as well as conducting assessments of needs for all family members. County Self-Assessment data also supports that periodic reviews are occurring with 82% of counties reporting confidence that both Case Review and Semi-Annual Administrative Reviews are occurring timely. County Self-Assessment data was collected at the beginning of each county's CPOE review in CPOE Stage 12, Phase 1 and Phase 2. These reviews were conducted between October 2020 to September 2024. Each TAS discusses the details of Self-Assessment responses with county administration and service teams so that the TAS is confident in the reliability of what is reported in the self-assessments. This Quality Assurance data provides supporting evidence that periodic reviews are occurring with Ohio's families.

The SACWIS data summarized above indicates a lower percentage of Semiannual Administrative Reviews completed in less than six months, but we know that additional reviews are completed outside of the less than six-month requirement. Overall, periodic review of cases remains a priority and an ongoing improvement goal for Ohio's children services agencies. Item 21 was found to be a Strength for

in CFSR Round 3.

Item 22: Permanency Hearings

For this item, provide evidence that answers this question:
How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below:

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to stakeholders' experience with the permanency hearing process?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response

Permanency Hearings in Ohio
Per ORC 2151.417(C), juvenile courts are required to hold a permanency hearing no later than 12 months after the earlier of the complaint filing date or the date the child was first placed in shelter care. Ohio's SAR schedule matches this timeline. Together, both are aligned with the federal requirement for permanency hearings.

Supporting Permanency Hearings
Regular and timely hearings are a critical piece of achieving permanency for children. Thus, tracking custody timeframes and identifying when hearings should be requested is critical for service teams. To support this task, Ohio's SACWIS system make the following reports available

Children in Placement
Agencies must enter a custody begin and end date on the parameter page for agencies to use it for tracking purposes. An older begin date is entered along with a future end date for the purpose of filtering out all custody episode end dates and only display the youth currently in custody. This report

identifies the Custody Status (TC, PC), the Legal Status Begin Date, the Number of Months/Days from the beginning of the custody episode.

Quality Assurance of Permanency Hearings

Data

The data analysis presented below provides a summary of Ohio's SACWIS data regarding timely permanency hearings. Ohio's data supports timely permanency hearings will continue to be a priority area of improvement efforts.

Hearing Type	Count of children (denominator)	Count of valid hearings (numerator)	Percentage of children who received a timely hearing
Initial	3,136	2,052	65%
Subsequent	13,900	10,758	77%

Summary

During Round 3 this Item was found to be an Area Needing Improvement. Ohio continues to identify timely permanency hearings as a quality improvement goal that requires a high level of coordination at the local level with each of the 88 counties and their juvenile court systems. The Ohio Supreme Court provides training and education to the local court systems and collaborates closely with Ohio DCY. Ohio is confident in our ability continue improvement in this area.

Item 23: Termination of Parental Rights

For this item, provide evidence that answer this question:

How well is the case review system functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?

- What does the evidence show with respect to stakeholders' experience with the TPR process?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response

Overview of System Functioning

Clear statutory guidance, systematic tracking, and strong quality assurance mechanisms help ensure that filings for TPR are conducted timely and appropriately across the state.

OAC rule 5180:2-42-95 *Obtaining Permanent Custody: Termination of Parental Rights* outlines the mandates for filing for termination of parental rights. It also lists the circumstances when the agency is not required to file a motion for permanent custody of a child: They include the following:

- The PCSA or PCPA has documented in the case plan there is a compelling reason for determining that the filing of a motion to seek permanent custody of the child and terminate parental rights is not in the best interest of the child.
- The PCSA or PCPA has documented in the case plan that the agency has not provided the child's parent, guardian, or custodian with services outlined in the case plan which were deemed necessary for the safe return of the child to the child's home.

Data Sources and Analysis Methodology

The analysis methodology used to evaluate the effectiveness of TPR filings integrated data tracking, caseworker assessments, and formalized court review processes. Quantitative and qualitative data sources included the following:

Statewide Automated Child Welfare Information System (SACWIS): Tracks custody timelines, case plan status, and agency filings.

Children Needing Permanency report: Provides a list of all children in agency custody and includes the initial custody date, number of days in custody, current custody status, and case plan goal. This report provides information on all children in custody for the agency selected.

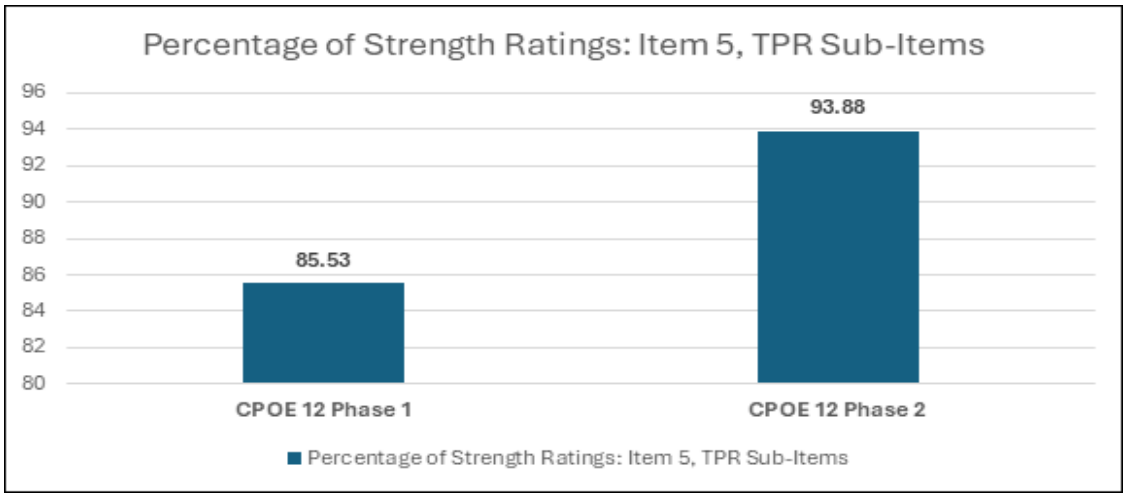
Children in Placement: Agencies must enter a custody begin and end date on the parameter page so agencies to use it for tracking purposes entering an older begin date with a future end date to filter out all custody episode end dates to only display the youth currently in custody. This report identifies the Custody Status (TC, PC), the Legal Status Begin Date, the Number of Months/Days from the beginning of the custody episode.

SAR/Case Review Due Date Report: Provides the current case status (custody, COPS/VPS), last SAR/case review date, next SAR/case review due date, and the initial date of the trigger activity (meaning the date of the original court complaint or date of the case plan signature, etc.) This report requires a begin date and end date.

Technical Assistance & Training: Includes QA reviews, SACWIS training, and support services for tracking permanency timelines.

Child Protection Oversight Evaluation (CPOE) Reviews: Utilizes CFSR Round 3 and 4 tools to assess compliance and effectiveness.

- For substitute care cases reviewed, a determination is made if the child had been in foster care for at least 12 of the most recent 22 months whether: (1) the agency had filed a petition with the court to terminate parental rights or (2) the agency had documented compelling reasons for not filing for termination of parental rights. These cases are evaluated utilizing the CFSR Review tools for round 3 and 4.
- Item 5, sub-items: (Question 5F and 5G). The agency filed or joined a TPR petition before the period under review (PUR) or in a timely manner during the PUR or an exception applied. In CPOE 12 Phase 1, item 5 was applicable to 326 cases and the TPR sub-items were applicable to 76 cases. Of these 76 cases, 65, or 85.53% were rated a Strength. In CPOE 12 Phase 2, item 5 was applicable to 706 cases and the TPR sub-items were applicable to 278 cases. Of the 278 cases, 261, or 93.88% of cases were rated as a Strength.



- The larger number of cases reviewed in Phase 2 provide greater confidence in the outcomes data. While practice improved in several different items between Phase 1 and Phase 2, the low sample size in Phase 1 makes it difficult to know if performance improved. Still, the actual measured performance in both Phases out-performs self-assessment data.
- The analysis methodology integrates data tracking, caseworker assessments, and formalized court review processes to ensure timely and justified TPR filings.

County Self-Assessments: County Self-Assessments are conducted at the beginning of each county's CPOE Stage12, Phase 1 and Phase 2 reviews. These reviews occurred between October 2020 to September 2024. At the start of the review the TAS discusses Self-Assessment responses with county administration and service teams so that the TAS is confident in the reliability of what is reported in the

Self-Assessments. Information contained in the Self-Assessments provides local insights into agency practices surrounding TPR filings. Achieving permanency timely is an area of focus for Ohio's training and technical assistance. County Self-Assessments indicate that 83% of counties believe that they file for TPR when children are in the temporary custody of their agency for 12 of 22 months. Statewide CPOE data aligns with the county Self-Assessment data.

Ohio Administrative Code (OAC): **5180:2-42-95** d**e**fines key conditions for filing for permanent custody, exceptions, and process requirements. The OAC provides requirements for filing for TPR when youth have been in custody for 12 of 22 months. These requirements ensure federal timeframe requirements are met. A portion of the OAC is found below.

OAC 5180:2-42-95 | Obtaining permanent custody: termination of parental rights.

If a public children services agency (PCSA) or private child placing agency (PCPA) does not have compelling reasons to avoid seeking permanent custody, they must petition the court for permanent custody if they have had temporary custody of the child for 12 or more months within a consecutive 22-month period. The 12-month period starts either from the date the child is adjudicated as abused, neglected, or dependent, or 60 days after the child was removed from their home and placed into substitute care, whichever comes first.

Evidence Limitations

While Ohio exhibits strong compliance, there are some limitations:

- Variability in county-level implementation: Differences in caseworker documentation practices could impact local trends.
- Limitations in self-assessment data: County-reported confidence levels in timely filings (83%) may not fully reflect actual compliance trends.
- Court Timeliness Variations: Supreme Court data shows fluctuations in case backlog, with TPR motions exceeding the standard nine-month disposition timeframe in 11-12% of cases.

Strengths Identified in System Functioning

Ohio's case review system excels in managing TPR filings and permanency planning with notable Strengths:

- Timely and Appropriate Filings: SACWIS tracking ensures cases meet statutory requirements, preventing unnecessary delays.
- Comprehensive QA Monitoring: CPOE Phase 2 shows strong agency compliance (93.88% of cases rated a Strength).
- Clear Legal Framework: OAC regulations define conditions for TPR filings, ensuring uniform decision-making across agencies.

- Effective Permanency Tracking: Reports such as Children Needing Permanency and SAR/Case Review Due Date Report aid caseworkers in monitoring filing deadlines.
- Judicial Oversight: Supreme Court permanency dashboard provides visibility into court timeliness, strengthening state-level monitoring efforts.

Areas for Improvement
Despite strong system functioning, Ohio has identified areas for continued enhancement:

- Reducing Court Processing Delays: Supreme Court data indicates that a small percentage of cases (11-12%) exceed the standard time frame, suggesting room for improvement.
- Enhancing Local Implementation Consistency: Ensuring uniform adherence across all counties to reduce variations in case documentation and filing procedures.
- Strengthening Data Confidence: Expanding QA reviews and refining county self-assessment measures could further improve tracking accuracy.

Stakeholders' Experience with the TPR Process
Stakeholder feedback indicates Ohio's commitment to timely filings, with strong adherence to statutory guidelines. Agencies prioritize permanency planning, ensuring that TPR motions align with the child's best interest. The QA monitoring process provides additional safeguards, helping caseworkers and courts make informed permanency decisions.

Comparison to CFSR Round 3 and System Improvements
Ohio continues to uphold its strong performance in timely TPR filings, maintaining compliance standards established in CFSR Round 3. CPOE Phase 2 data shows improved case assessments, reinforcing Ohio's sustained emphasis on timely permanency planning.

Final Analysis
Ohio maintains a highly effective case review system for TPR filings, supported by robust tracking tools, judicial oversight, and structured agency compliance measures. Continued monitoring of court timeliness and local implementation consistency will further strengthen statewide outcomes.

Item 24: Notice of Hearings and Reviews to Caregivers

For this item, provide evidence that answers this question:
How well is the case review system functioning statewide to ensure that foster parents, pre- adoptive parents, and relative caregivers of children in foster care (1) are receiving notification of any review or hearing held with respect to the child and (2) have a right to be heard in any review or hearing held with respect to the child?

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address both components of this questions.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to caregivers' experience with the hearing and review notification process?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response

While statutory guidelines under Ohio Revised Code (ORC) 2151.424 establish the expectation that caregivers receive timely notification of hearings and reviews, implementation across counties has shown inconsistencies. The right of caregivers to be heard during proceedings is legally upheld, but additional monitoring and procedural enhancements are needed to ensure this right is exercised effectively.

Data Sources and Analysis Methodology
Ohio's assessment of Item 24 draws from multiple data sources and qualitative insights, including:

- ORC 2151.424: Establishes legal mandates for caregiver notification and right to be heard.
- Ohio Child Welfare Training Program (OCWTP): Provides preservice and ongoing training for caregivers on their role in court proceedings.
- Ohio Supreme Court's Caregiver Notice & Right to Be Heard Toolkit (2019): Offers guidance to juvenile courts for improving notification consistency.
- Ohio Youth and Family Ombudsman's 2023 Annual Report: Highlights caregiver concerns regarding inconsistent and delayed hearing notifications.
- County-Level Court Practices: Individual courts vary in documentation and notification procedures, affecting statewide consistency.

Ohio's analysis and methodology includes reviewing qualitative feedback from caregivers, assessing legal compliance trends, and measuring training effectiveness regarding caregiver rights.

Evidence Limitations
The primary limitations in assessing Item 24 include the following:

- Lack of uniform implementation: Notification procedures vary across courts, leading to inconsistencies in caregiver participation.

- Absence of statewide tracking data: No centralized system exists to measure timeliness or accuracy of caregiver notifications.
- Limited caregiver awareness: Some caregivers remain uncertain of their right to be heard, indicating a need for further training and outreach.

Strengths Identified in System Functioning

Despite identified challenges, Ohio has several strengths in supporting caregiver participation in hearings and reviews:

- Legal Framework Established: Ohio law explicitly mandates notification of hearings and the right to be heard for foster caregivers, kinship caregivers, and prospective adoptive parents.
- Caregiver Training Programs: OCWTP offers multiple standardized courses to ensure caregivers understand their legal rights and responsibilities.
- Judicial Resources Available: The Caregiver Notice & Right to Be Heard Toolkit provides structured guidance to courts.
- Ongoing Ombudsman Advocacy: The Ohio Youth and Family Ombudsman has prioritized transparency and accountability in caregiver notification practices.

Areas for Improvement

Ohio recognizes that additional efforts are needed to strengthen caregiver notification and participation in hearings. Key areas for improvement include:

- Standardizing Notification Procedures: Ensuring consistent and timely written notice across all counties to improve caregiver participation.
- Enhancing Documentation Requirements: Expanding SACWIS or court-based tracking to verify notification timeliness and accuracy.
- Increasing Caregiver Awareness: Strengthening training outreach to ensure caregivers fully understand their right to be heard.
- Improving Collaboration Between Agencies and Courts: Enhancing communication pathways between caseworkers, legal teams, and caregivers for better engagement.

Caregivers' Experience with Hearing and Review Notification Process

Caregivers have expressed concerns regarding inconsistencies in notification timing, with some receiving late or unclear notices for court proceedings. Ombudsman's recommendation underscores the need for agencies to document and improve the timeliness of hearing notifications. Additionally, caregivers require clearer guidance on how to effectively present information in court.

C. Quality Assurance System

Item 25: Quality Assurance System

For this item, provide evidence that answers this question:
How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address each of the five components of this question.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to stakeholders' experience with the QA/CQI process?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response

Child Protection Oversight and Evaluation Process

The Child Protection Oversight and Evaluation (CPOE) quality improvement reviews were established under the authority set forth in Ohio Administrative Code (OAC) on July 1, 1997. CPOE is the process through which Ohio evaluates PCSA practice in its 88 counties and provides technical assistance and quality assurance which is designed to continuously improve practice. CPOE is also used to evaluate practice in the Title IV-E courts.

Based on the findings of a CPOE review, PCSAs/IV-E courts work with Ohio Department of Children and Youth (DCY) staff to develop a Plan for Practice Advancement (PPA) that outlines strategies to improve casework practice and/or address systemic issues. PCSA/IV-E court staff are active participants in monitoring implementation of their PPA to determine achievement of identified outcomes. During implementation of the PPA the PCSA/IV-Court can modify its PPA when it determines their strategies are not working and they need to implement a different strategy.

Every state department is required by law to conduct a review of its Administrative Code rules every five years. This requirement provides DCY with the opportunity to obtain ongoing stakeholder input on the CPOE process. Technical Assistance Specialists (TAS) facilitated six listening sessions to obtain input from counties throughout Ohio on recommendations for improvements. Meetings continue to be held with the Public Children Services Association of Ohio (PCSAO) who formed a sub-group to provide direct input on the CPOE process and OAC rule revisions. The end goal of soliciting stakeholder feedback was to have a robust system that will provide useful and practical improvements to the children services system across all 88 counties in Ohio.

Overview of CPOE Quality Improvement Reviews

Standards to Evaluate the Quality of Services

The latest review, CPOE Stage 12 covered the period of October 2020 through September 2024. For this CPOE cycle, Ohio used the CFSR Round 4 On-site Review Instrument. In an effort to maintain fidelity to the federal review tool, counties' outcome ratings were not affected by OAC rule citations relating to specific review items, although their PPA may have been required for OAC non-compliance which was identified during the review.

PCSA staff participated in reviewing case records alongside DCY staff. The review included interviews with caseworkers and supervisors and placed emphasis on the federal outcome indicators by providing a method to check the integrity of the Ohio SACWIS data entered by PCSA staff.

In addition to transitioning to the use of the federal CFSR Round 4 case review tool, there were other important changes made for CPOE Stage 12. These included the following:

- This stage was divided into two distinct phases, spanning 24 months each, both comprised of performance evaluation and improvement efforts.
- Areas needing performance improvement were identified prior to casework evaluation in Phase 1, with the intent of providing PCSAs and DCY with the opportunity to collaborate in the training and development of PCSA staff with case reviews occurring in both phases of the CPOE cycle.
- Phase 1 focused on performance improvement and consisted of a series of onsite and virtual visits, including case reviews.
- Phase 2 focused on a comprehensive evaluation of casework practice.

CPOE Stage 12 Phase 1 required four cases to be reviewed at the ninth and eighteenth month of the Phase. Each review included two In-home cases and two Substitute Care cases. The timing of the case reviews aligned with Phase 1 timeframes to review the PCSA's/Title IV-E Court's PPA, to provide supplemental information in efforts to support practice advancement needs.

CPOE Stage 12 Phase 2 required case reviews to be conducted before the joint development of a PPA. Additionally, case stratification requirements were implemented in this Phase to ensure reviews included varying case types. The stratification requirements are outlined below:

In-Home Case Stratification Criteria

- Active safety plan in effect during the PUR, if applicable (If possible, select a case with an active safety plan in effect for at least eight days during the PUR.).
- At least four cases with a maltreatment report screened in during the PUR, if applicable.
- At least one AR case, if applicable.
- At least one Preventative Services case (Case Category), if applicable.

Foster Care Case Stratification Criteria

- Permanent custody legal status, as identified by the file stamp date on the journal entry.
- Target child in custody age 16 or older, can be a PPLA case, if available.
- Target child in custody age three or younger.
- Target child has been in temporary custody for 12 months, or more. Does not include permanent custody or PPLA.

The number of case reviews required for each PCSA in Phase 2 was determined by county size and is displayed in the chart below:

County Size	Total PCSA Cases to be Reviewed	In-Home Cases	Foster Care Cases	JFS 01688s, if applicable	IV-E Juvenile Court Cases
Small	9	4	5	1	1
Small/Medium	9	4	5	1	1
Medium	13	6	7	1	3
Large	15	7	8	2	3
Metro	15	7	8	2	5
Major Metro	17	8	9	3	7

CPOE not only provided an opportunity for in-depth case review with counties and Title IV-E courts but also served as a forum to discuss statewide and county-specific performance on the CFSR National Standards and other critical data measures. For CPOE Stage 12, CPOE conferences included a discussion of the following four categories of data elements and/or data management tools, with a focus on data that related to measures the CFSR Round 4 case review tool:

- Screening
    - Statistics & Details Report (Ohio SACWIS)
    - Child Protection Reports (ROM)
- Safety
    - Initiation Contact Timely (ROM – related to OSRI Item 1)
    - Investigations Completed Within Required Time (ROM – related to OSRI Item 3)
    - Pending CPS Reports (ROM – related to OSRI Item 3)
    - Family Assessment Risk Contributor Report (Ohio SACWIS)
    - Safe from Maltreatment Recurrence for 6 Months (ROM)

- (Federal) Recurrence of Maltreatment (ROM – related to OSRI Item 3)
- (Federal) Maltreatment in Foster Care (ROM – related to OSRI Item 3
- Comprehensive Addiction and Recovery Act (CARA) Report (Ohio SACWIS)

- Permanency
  - Placement Stability (ROM – related to OSRI Item 4)
  - Placement Type (ROM)
  - Initial Placement with Relatives (ROM – related to OSRI Item 10)
  - Siblings Placed Together (ROM – related to OSRI Item 7)
  - (Federal) Permanency in 12 Months (ROM – related to OSRI Item 6)
  - (Federal) Permanency in 12 Months for Children in Foster Care 12 to 23 Months (ROM – related to OSRI Item 6)
  - (Federal) Permanency in 12 Months for Children in Foster Care 24 Months or More (ROM – related to OSRI Item 6)
  - (Federal) Re-entry to Foster Care (ROM)
- Well-Being
  - Identified Fathers Report (Ohio SACWIS – related to OSRI Sub-Item 12B)
  - Comprehensive Visitation Report - Intake (Ohio SACWIS – related to OSRI Items 14 & 15)
  - Comprehensive Visitation Report - Ongoing (Ohio SACWIS – related to OSRI Items 14 & 15)
  - Case Draft Activity Log Report (Ohio SACWIS)
  - Agency Independent Living Report (Ohio SACWIS related to OSRI Sub-Item 12A)

Technical Assistance Specialists who conduct CPOE reviews also facilitate discussions with county administrators and supervisory staff on various management tools and reports that may be helpful in tracking areas in need of improvement. For larger agencies where data may already be utilized extensively by QA staff, technical assistance may focus on effective strategies for sharing data and/or management reports with front line workers and supervisors. The table below outlines the full CPOE Stage 12 review process.

Phase 1

PREPARATION AND REVIEW ACTIVITIES	ON-SITE ACTIVITIES
➢ Agencies to complete a Self-Assessment ➢ Evaluation of Data completed by Technical Assistance Specialist (TAS)	**Entrance Conference** ➢ Present and discuss agency specific data reports
Prepare for initial PPA development ➢ Analyze agency data, self-assessment, prior PPA activities, and self-identified agency needs	**PPA Development & Submission** ➢ The plan is developed by the county agency in collaboration with TAS and submitted for approval within 45 days of Entrance Conference
Prepare for three-month PPA meeting ➢ Review relevant data, goals, and strategies on the approved PPA	**Three-month PPA Review** ➢ Discuss/review progress on PPA ➢ Adjust or update the plan as needed

PREPARATION AND REVIEW ACTIVITIES	ON-SITE ACTIVITIES
Prepare for six-month PPA meeting ➢ Re-evaluation of all data reports reviewed at Entrance Conference and goals on the approved PPA	**Six-month PPA Review** ➢ Discuss/review updated data reports ➢ Discuss/review progress on PPA ➢ Adjust or update the plan as needed
Prepare for nine-month PPA meeting ➢ Prepare four (4) cases for review using the CFSR Case Review Tool	**Case Reviews with agency staff** **Nine-month PPA Review** ➢ Discuss case review outcomes ➢ Discuss/review progress on PPA ➢ Adjust or update the plan as needed
Prepare for twelve-month PPA meeting ➢ Review relevant data, goals, and strategies on the approved PPA	**Twelve-month PPA Review** ➢ Discuss/review progress on PPA ➢ Adjust or update the plan as needed
Prepare for fifteen-month PPA ➢ Re-evaluation of all data reports reviewed at Entrance Conference and goals on the approved PPA	**Fifteen-month PPA Review** ➢ Discuss/review updated data reports ➢ Discuss/review progress on PPA ➢ Adjust or update the plan as needed
Prepare for eighteen-month PPA meeting ➢ Prepare four (4) cases for review using the CFSR Case Review Tool	**Case Reviews with agency staff** **Eighteen-month PPA Review** ➢ Discuss case review outcomes ➢ Discuss/review completion of PPA activities **Phase 1 Conclusion Activities** ➢ Review and analyze results of Phase 1 ➢ Continue working on identified needs and provide ongoing TA

Phase 2

PREPARATION AND REVIEW ACTIVITIES	ON-SITE ACTIVITIES
➢ Agencies to complete a Self-Assessment ➢ Evaluation of Data completed by Technical Assistance Specialist (TAS)	**Entrance Conference** ➢ Present and discuss agency specific data reports
Prepare for Case Reviews ➢ Select cases to be reviewed based on stratification criteria ➢ Complete preliminary case record review of the selected cases	**Case Reviews with agency staff** ➢ Complete case reviews using the CFSR Round 4 On-Site Review Instrument ➢ Provide Technical Assistance
Prepare for Exit Conference ➢ Complete draft report addressing the findings of the review ➢ Generate the State Rating Summary from the Federal Online Monitoring System (OMS) ➢ Generate data reports which support or negate the item and outcome ratings	**Exit Conference** ➢ Discuss findings of the review with agency staff ➢ Review the PPA process

PREPARATION AND REVIEW ACTIVITIES	ON-SITE ACTIVITIES
➢ Prepare the draft template of the PPA	
Final Report & PPA Prep ➢ Review Report and findings finalized and issued ➢ Prepare of PPA Development Meeting within 30 days of Final Report issuance	**PPA Development** ➢ Collaboration and joint development of the PPA ➢ PPA to be submitted for approval within 45 days of Final Report issuance
Prepare for six-month PPA meeting ➢ Re-evaluation of all data reports reviewed at Entrance Conference and goals on the approved PPA	**Six-month PPA Review** ➢ Discuss/review updated data reports ➢ Discuss/review progress on PPA ➢ Adjust or update the plan as needed
Prepare for twelve-month PPA meeting ➢ Prepare four (4) cases for review using the CFSR Case Review Tool	**Case Reviews with agency staff** **Twelve-month PPA Review** ➢ Discuss case review outcomes ➢ Discuss/review completion of PPA activities **Phase 2 Conclusion Activities** ➢ Review and analysis of results of Phase 2 ➢ Continue working on identified needs and provide ongoing TA

CPOE Stage 12 Results & Plans for Practice Advancement (PPA): Identifying Strengths and Needs of the Service Delivery System

PPA reviews are a systemic process for ensuring progress on improvement goals and provide an opportunity to examine the effectiveness of identified strategies. These reviews are critical feedback loops in the statewide CQI process. Each PPA was reviewed routinely after implementation. These plans served as a roadmap for improvement in each county's CPOE cycle.

Based on results of the CPOE Stage 12 review, PPAs were developed and approved to address Areas Needing Improvement for PCSAs and Title IV-E Courts. The approved PPAs contain five key components:

- Identification of the related CFSR Round 4 On-Site Review Instrument Outcome and Item Number that has been identified as Area Needing Improvement.
- A summary of the specific agency needs(s) related to the identified Outcome and Item.
- Specific and timely strategies that will be implemented to improve the identified need.
- Identification of how progress will be measured.
- How DCY and/or the Regional Training Center can partner with the agency to achieve the desired outcome.

<u>Communication of CPOE Results & Integration with Statewide CQI Efforts</u>

Throughout this four-year cycle, CPOE results were regularly shared and discussed with DCY staff as well as other stakeholders. Reports included statewide trends related to practice strengths and areas identified in need of improvement. This information was used to guide strategic areas of focus for

statewide CQI efforts. An example of one of these CQI efforts was the establishment of DCY's program known as Best Practice Incentives.

The goal of the program was to incentivize agencies to make marked improvements in achieving compliance with visitation and timely assessment/investigation measures. Advancements in these areas are critical to the state's success in making transformative changes for families served by the child protection system.

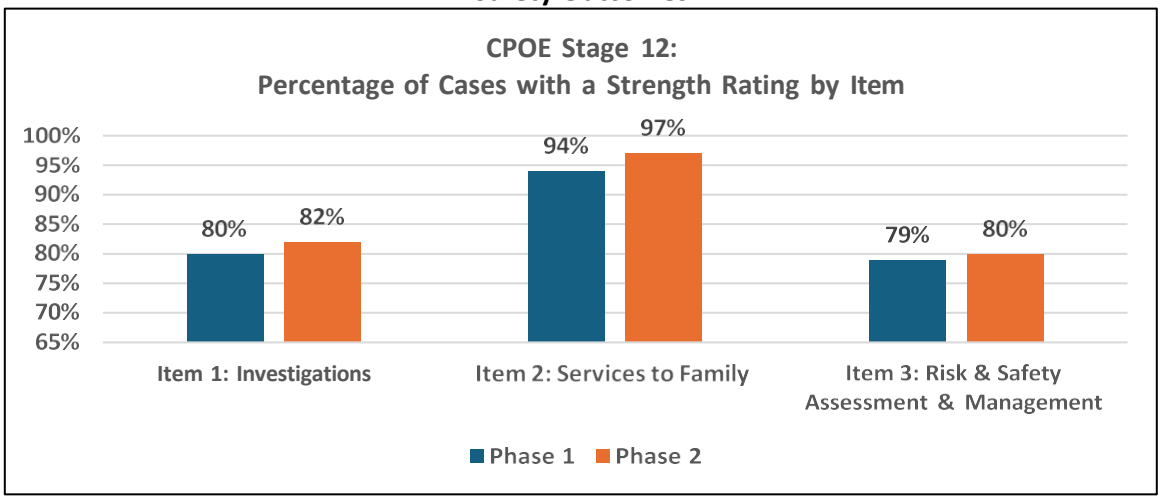
DCY disseminates a monthly report to PCSAs that identifies every agency's performance for both measures. PCSAs can achieve incentives for the Most Improved and for Achieving 95% Compliance. A Bonus Incentive is awarded at the end of the final cycle. This bonus funding is awarded to counties achieving 95% compliance in both Timely Assessments/Investigations and Composite Visitation Score throughout all three evaluation periods.

Measuring the Effectiveness of Ohio's QA System: Evaluating Implemented Program Improvement Measures

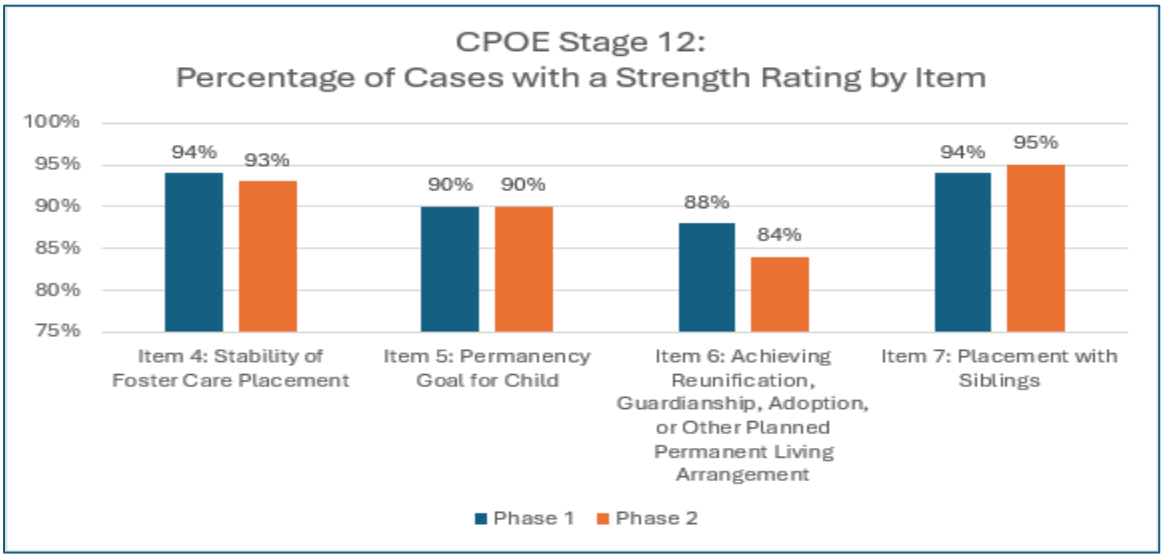
As part of Ohio's overall CQI strategy, changes in performance are tracked throughout CPOE cycles and phases. Such performance changes are an indicator of progress made through the CPOE review process and resulting PPAs. In addition, tracking this data provides an opportunity to examine the effectiveness of PPA strategies.

DCY examined all review item ratings for CPOE Stage 12. As an indicator of progress, DCY tracked the state's Strength ratings for each item on the CFSR Round 4 On-Site Review Instrument during Phase 1 and Phase 2 of CPOE Stage 12. 564 cases were reviewed across the state during Phase 1, and 1,237 cases were reviewed during Phase 2. The following graphs present information on percentage of those cases that received a performance rating of a Strength in that item.

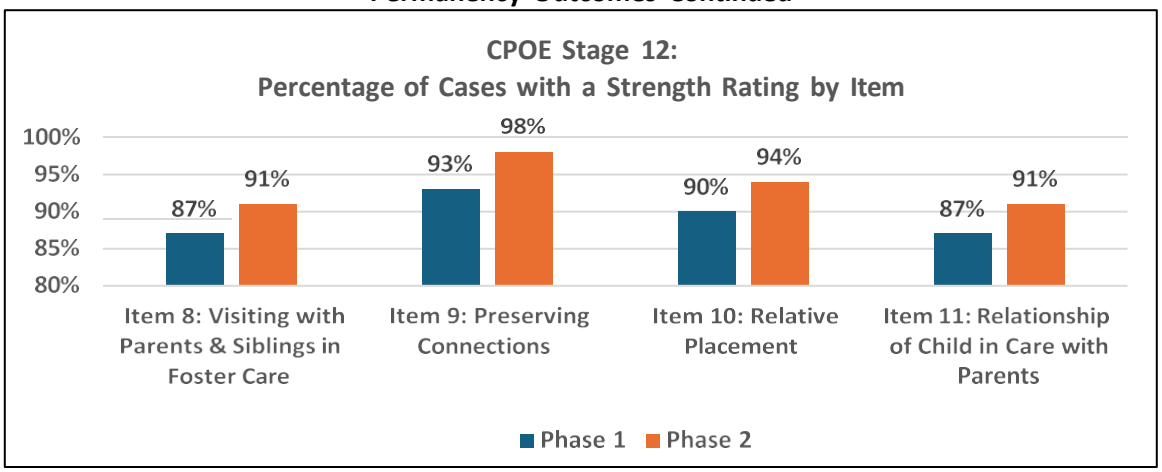
Safety Outcomes



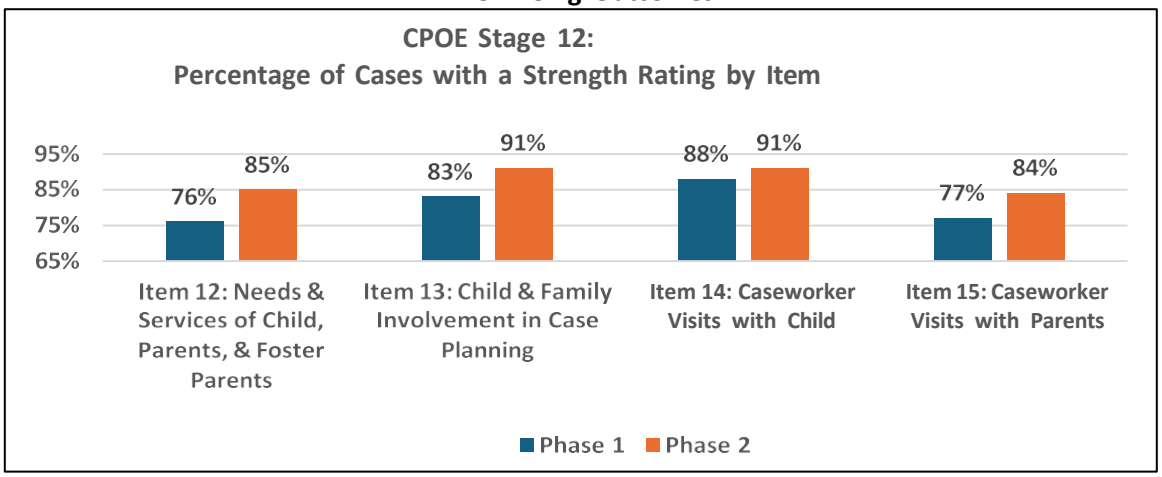
Permanency Outcomes

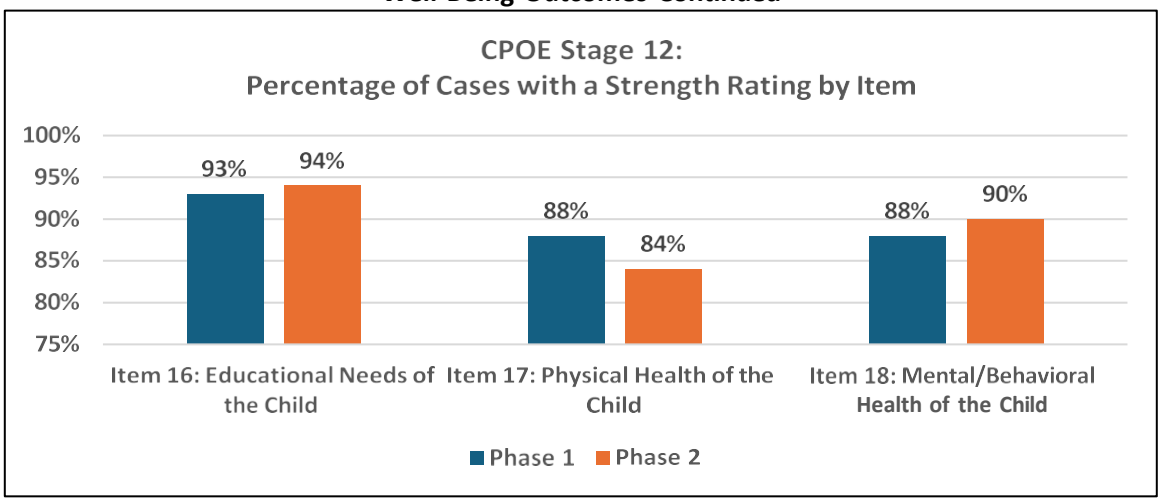


Permanency Outcomes Continued



Well-Being Outcomes





Feedback Loops

Agency Self Assessments remained a critical component of the CPOE Quality Review process. Triangulating the need for improvement planning utilizing data, case reviews, and a county's own assessment of practice is a solid foundation for the CQI cycle. The Self-Assessment identified agency priorities and provided local insights to make improvement efforts more effective. Data contained in Agency Self-Assessments is compiled and shared with other parts of DCY to inform, for example, gaps in services or court practices identified.

Sustainability & Continuous Quality Improvement of Ohio's QA System

Ohio continues to utilize the OSRI for CPOE reviews. DCY continued implementation of the "CAPMIS Infusion" training strategy initially applied to the CFSR Round 3 case reviews to the CFSR PIP reviews, attributed to achieving performance gains. Having consistent case reviews and ongoing performance data is critical to testing Ohio's theories of change and implementation efforts. DCY will continue to use the OSRI through future rounds of CPOE, as the ability to compare data over cycles and years is invaluable to assessing areas of practice needing improvement.

To continuously improve process, Ohio has been seeking input from county agencies and stakeholders.In April 2024, DCY held a series of listening sessions available to all 88 county agencies and the Title IV-E Courts to provide input on how to improve the system and how the system is helpful to county agencies. DCY met with PCSAO and a small group of county representatives to gain further input through 2024. In April 2025, DCY established a group of county agency directors and CQI experts to get nuanced input into the major components of Ohio's CQI and QA processes. It is anticipated this group will reconvene routinely as the state implements and evaluates changes to the process, examine change data, and engage Ohio's Children Services system in ongoing improvement.

Additional CQI Practices

Ohio Accelerated Safety Analysis Protocol

Ohio's Accelerated Safety Analysis Protocol (ASAP) has transitioned to a completely county administered model, which allows all 88 counties to access risk data and to implement the ASAP protocol at the local level. The Mindshare ICARE Decision Support Portal (Mindshare) is utilized by the ASAP Program. Mindshare connects to the Ohio SACWIS database tables and utilizes Ohio SACWIS data to flag children who meet the following criteria:

- Children under three who are the alleged child victim (ACV) or child subject of report (CSR) of a new report who have been the ACV or CSR on two or more prior reports, regardless of screening decision.
- Children ages three to five who are the ACV or CSR of a new report who have been the ACV or CSR on three or more prior reports, regardless of screening decision.
- Infants under 12 months who were the ACV or CSR on a substance abuse related intake received in the first 30 days of life and then the ACV or CSR on a subsequent intake received in the first 12 months of life.
- Children who are the ACV or CSR on a new report who are siblings of a child who was the substantiated or indicated victim on a child fatality or near fatality intake.
- Children who are the ACV or CSR on a present pending near fatality intake or a past substantiated or indicated near fatality intake.

PCSAs that are not participating in the Ohio ASAP program are still able to access the Mindshare application to easily identify cases that meet the identified high-risk criteria. Those PCSAs will then be able to utilize the information to provide additional oversight, attention, and guidance on the cases to ensure safety issues are fully addressed.

D. Staff and Provider Training

Item 26: Initial Staff Training

For this item, provide evidence that answers this question:
How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP so that:

- Staff receive training in accordance with the established curriculum and timeframes for the provision of initial training; and
- The system demonstrates how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties.

"Staff," for purposes of assessing this item, includes all contracted and non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to participants' experience with initial training?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response

Overview
The Ohio Child Welfare Training Program (OCWTP) is a partnership of four organizations: the Ohio Department of Children and Youth (DCY), a network of eight regional training centers (RTCs), the Public Children's Services Association of Ohio (PCSAO), and Ohio's University Consortium for Child and Adult Services (OUCCAS).

- DCY has executive authority over OCWTP and co-chairs the Statewide Steering Committee. The department monitors and evaluates OCWTP to ensure that the program satisfies all the requirements established by law enacted by the General Assembly.
- Eight RTCs, operated by county public children services agencies (PCSAs), address the staff and caregiver training needs of their region's constituent counties by handling the scheduling, registration, and administration of child protection-related training within their regions. Additional information regarding each RTC is found below in Ongoing Training.
- PCSAO is a membership-driven organization of Ohio's children services agencies. It represents the interests of those agencies via legislative advocacy in addition to being a founding partner of OCWTP. PCSAO also coordinates Ohio START (Sobriety, Treatment and Reducing Trauma), an evidence-informed children services-led intervention model that helps PCSAs bring together caseworkers, behavioral health providers, and family peer mentors into teams dedicated to helping families struggling with co-occurring child maltreatment and substance use disorder.
- OUCCAS was selected as the Statewide Training Coordinator vendor through an RFP released at the end of 2019. OUCCAS is a team of professionals from three Ohio public universities: the School of Social Work and the Department of Psychology at the University of Cincinnati, the Department of Social Work at Ohio University, and the School of Social Work at the University of Akron. Kellana, Hindert and Associates, LLC has an OUCCAS sub-award for evaluation research.

Initial Training Mandates

Ohio mandates initial training for the following staff:

Population	Requirements	OCWTP Offering
PCSA Caseworkers	Complete in-service training during the first year of continuous employment. ORC 5153.122 OAC 5180:2-33-55	Caseworker Core
New University Partnership Program (UPP) PCSA Caseworkers	The PCSA director or designee may waive any caseworker core course requirements by completing and signing a waiver form. Note: To graduate, students must have completed two child welfare courses that include all of Casework Core 2.0. ORC 5153.122	Caseworker Core
PCSA Caseworker Supervisors	Complete in-service training during the first year of continuous employment. ORC 5153.123 OAC 5180:2-33-56	Supervisory Core

***Note**: One PCSA in Ohio, Franklin County Children Services (FCCS), contracts caseworker and supervisor case management responsibilities with Managed Care Entities (MCEs). These staff members are considered part of the agency and must complete the same initial (Caseworker Core) and ongoing training as PCSA staff, provided by OCWTP. The MCE must supply FCCS with new*

caseworker names for CAPS LMS entry and maintain individual training records. As of April 1, 2025, FCCS employed 143 contracted caseworkers and 45 contracted supervisors.

Addressing the Basic Skills and Knowledge Needs of New Caseworkers

Ohio is committed to ensuring that all new child protection caseworkers have the foundational knowledge and skills necessary to serve children and families effectively from the outset of their careers. OCWTP delivers this training through its Caseworker Core 2.0 Series, a standardized, competency-based curriculum that establishes a consistent and reliable standard of practice across the state. These core competencies are required for all new caseworkers, regardless of their specific job responsibilities or agency assignment. This approach has been a cornerstone of Ohio's workforce development strategy for nearly 40 years.

Ohio's Caseworker Core 2.0

OCWTP is an agile and responsive training system, continuously adapting to meet the evolving needs of the workforce. Caseworker Core 2.0, launched in September 2023, represents a comprehensive redesign of Ohio's initial staff training series, developed under the direction of DCY and led by OUCCAS. The revised series reflects significant enhancements in content and delivery. All courses that covered content from Caseworker Core 1.0 were fully updated to align with the latest research, Ohio Administrative Code (OAC), Ohio Revised Code (ORC), and best practices.

Caseworker Core 1.0 vs. 2.0

- 1.0: Eight full-day, in-person workshops with optional skill labs, offering limited flexibility.
- 2.0: Modular format with shorter, focused courses, improving accessibility and allowing immediate training start. It includes 38 self-directed courses (SDCs) and 13 instructor-led courses (ILTs), available virtually and in person.

Learner Centered Approach: Caseworker Core 2.0 combines SDCs and ILTs to support adult learners and promote engagement. Its flexible structure enables new caseworkers to access content in formats that best support knowledge retention and transfer to practice.

Competency Based Design: Caseworker Core 2.0 is designed to strengthen caseworkers' capacity to promote child safety, permanency, and well-being. It addresses competencies critical to achieving CFSR outcomes, including assessing child safety and risk accurately, engaging families effectively, collaborating with courts, and tailoring practice to the unique needs of families. The program equips new caseworkers with essential technical skills such as documentation, assessment, and policy application, as well as competencies in critical thinking, trauma-informed practice, child and family engagement, and cultural humility. These skills are crucial for supporting vulnerable families and upholding child safety, permanency, and well-being.

Structured Development Process: OUCCAS employs a structured, evidence-informed process to design, maintain, and update its curricula, ensuring that standardized training aligns with statewide job expectations, current policy, and best practices. This process reflects Ohio's commitment to delivering high-quality, competency-based training that prepares caseworkers to meet the demands of the field.

Alignment with Outcomes: The course objectives and content are directly aligned with the outcomes of Ohio's 2025-2029 CFSP and the Child and Family Services Review (CFSR), ensuring that the training supports both case-level performance and systemic improvement.

Content Blocks: The content of Caseworker Core 2.0 is structured into five blocks, each focusing on specific knowledge and skill-building areas:

- **Foundation:** Introduction to child protection, ethical practice, legislation, effects of maltreatment, engagement strategies, documentation, collaboration, home visits, and critical thinking.
- **Promoting Behavior Change:** Assessment of risk, service planning, delivery, and monitoring to prevent future maltreatment.
- **Assuring Child Safety:** Identifying maltreatment, screening, safety assessment, planning, delivery, and monitoring.
- **Promoting Permanency and Well-Being:** Information on permanency, separation, concurrent planning, independent living, transitional youth, and case closure.
- **Courtroom Preparation and Testimony:** Courtroom basics, preparing for court, and testimony.

New and Expanded Topics: Caseworker Core 2.0 addresses significant content gaps identified during the redesign process, with new and expanded topics such as Intimate Partner Violence, Mental Health, Substance Use, Interviewing Children, Documentation Basics, Adoption Process and Tasks, Independent Living and Youth Transitioning Out of Care, Working Toward Successful Reunification, Preparing for and Completing Case Closure, Principles of Concurrent Planning, Caseworker Responsibilities When Preparing for Court, Determining if Abuse and Neglect Occurred, Parental Rights and Caseworker Responsibilities, Skillful Use of Protective Authority, Effective Courtroom Testimony, Collaboration and Teaming, and Managing Effects of Separation.

These additions ensure training applies to all caseworker roles, providing deeper, role-specific preparation by removing redundancy and creating dedicated space for each topic.

Competency-Based and Aligned to Job Descriptions: All OCWTP training is developed around clearly defined competencies mapped to job descriptions. For Caseworker Core 2.0 courses, these competencies reflect core approaches, duties, and responsibilities, ensuring all caseworkers develop the foundational knowledge and skills necessary for their roles. A comprehensive list of learning objectives was developed for Caseworker Core 2.0. These objectives were mapped and grouped to form the 38 self-directed and 13 instructor-led courses that comprise the Caseworker Core 2.0 series.

Learning objectives were developed using a structured process that started with an environmental scan. This scan included gathering and analyzing needs assessment data from a range of sources, including post-course evaluations, feedback from trainers and RTC staff, caseworker and supervisor focus groups, the Comprehensive Assessment and Planning Model - Interim System (CAPMIS)

evaluation findings, statewide priorities identified through CFSR Round 3, the 2020-2024 CFSP, other state and federal reports, and literature reviews from various journals.

Data from individual training needs assessments and trainer observations further inform the identification of new caseworkers' skill gaps and learning needs. Stakeholders, including agency leadership, frontline staff, and subject matter experts (SMEs), helped define the practical behaviors and goals that form the basis of each course. Instructional designers then translated these into measurable, behavior-based learning objectives which are documented in CAPS LMS, ensuring transparency and consistency across all training events.

Emphasis on Skills and Application: One of the key advancements in Caseworker Core 2.0 is its focus on skills development and application. By integrating more time for skill practice into every course and discontinuing optional learning labs, the program ensures increased opportunities for peer interaction, discussion, and real-time feedback. This approach promotes deeper learning, consistency in statewide training experiences, and immediate reinforcement of new knowledge.

Each course is supported by a Learner Guide, which includes:

- Key takeaways
- Reflection prompts and space for notetaking
- Resources used during the course and supplemental resources for continued learning
- Activities to reinforce application and skill practice

Supervisors are encouraged to review these guides with learners before and after courses to support the transfer of learning (TOL) and ensure consistency in messaging and expectations. The Caseworker Core 2.0 Overview Learner Guide also includes a “passport” to help learners track course completion.

Caseworker Core 2.0 Delivery: Ohio uses a fully standardized, statewide curriculum for its initial staff training, Caseworker Core 2.0. OCWTP’s eight RTCs are responsible for delivery logistics, including instructor-led scheduling, registration management, and providing technical support for virtual sessions. All self-directed and instructor-led courses are hosted in the CAPS LMS, ensuring equal access for caseworkers regardless of geography or agency.

Ohio is committed to ensuring access to Caseworker Core 2.0 across all regions. All ILTs can be offered virtually and in person to address rural and urban differences. RTCs track enrollment trends to identify and address regional participation gaps.

OUCCAS centrally manages the recruitment, approval, and ongoing monitoring of all trainers, coaches, and producers. Trainers are only approved to teach courses they have been qualified for, which are assessed via a Verification of Trainer Qualification (VTQ) form submission. VTQs outline the minimum and preferred qualifications to train each course and include several knowledge and skill assessment questions.

The data below shows the progression of the number of individuals who submitted a VTQ to the number who were ultimately approved to train each course, as of April 21, 2025.

Course	VTQs Submitted	VTQs Approved	Trainers Attended Training on Content	Trainers Pending Observation	Trainers Observed & Approved
Collaboration and Teaming	16	16	15	4	11
Engagement and Interviewing	18	11	11	2	8
Interviewing Children	17	13	12	2	10
Determining if Abuse…	21	10	10	4	5
Quality Assessments…	23	10	9	3	6
Fact Gathering Skills Practice	16	12	9	1	8
Assuring Child Safety within…	12	9	9	3	6
Working Towards Successful…	16	14	13	3	8
Managing the Effects of…	15	14	14	3	7
Preparing For and Completing...	17	9	9	2	7
Courtroom Testimony Skills Practice	19	16	13	6	6

**The two ILTs in the Promoting Behavior Change to Prevent Future Maltreatment Block are not listed above due to pending revision of course content.*

OUCCAS also ensures that all trainers deliver the most current version of each course. This is managed through a structured communication process, which includes regular Training on Content (TOC) meetings, email updates, and direct communication between curriculum managers and trainers.

Trainers are continuously observed and evaluated to ensure fidelity to curriculum and facilitation standards. Each ILT has a detailed facilitator guide, clearly defined learning objectives, and standardized materials, which all trainers must follow. These expectations ensure that every caseworker receives the same training experience aligned with statewide standards and federal child protection goals.

This statewide consistency in content development, delivery, and oversight supports a unified child protection workforce and meets the federal expectation for a functioning and effective training system.

Ongoing Monitoring and Maintenance: OCWTP ensures consistency, quality, and alignment with statewide practice standards through standardized course design, embedded quality controls, and a

continuous feedback loop. This process keeps Caseworker Core 2.0 relevant and responsive, reflecting Ohio's commitment to preparing new caseworkers and supporting long-term workforce excellence.

Caseworker Core 2.0 Compliance
Employee Classification: All employees with a compliance deadline for core were classified as follows:

- **Compliant:** Completed Core or the equivalent by their one-year anniversary.
- **Delinquent:** Did not complete Core by their one-year anniversary.
- **Pending:** Core not yet complete, but the one-year anniversary is in the future.
- **Late Completion:** Completed Core after one-year anniversary.
- **Anomalous:** Rare cases coded as Compliant, despite the deadline being before the training compliance date, possibly due to position changes without a change in Core requirements.

Notes on Table 1:

- Employees are grouped into three-month blocks based on when they assumed a position requiring Core completion (e.g., SFY 22 Q1: 7/1/2021 - 9/30/2021).
- Compliance rates ranged from SFY 22 Q1 to SFY 23 Q4 from 53.2% to 70.9%.
- Employees hired before April 2024 had 12 months to complete Core. Combining completers with late completers yields total completion rates of 70.6% to 82.0%.
- Compliance dropped sharply in SFY 24 Q1 due to the transition from Core 1.0 to Core 2.0 on September 1, 2023. Some counties delayed training to ensure staff receive the updated curriculum.
- Compliance in the last quarter of SFY 24 and the first two quarters of SFY 25 is low due to many employees being in Pending status, with potential for higher completion levels.
- Excluding the three quarters affected by Core 2.0, the compliance rate is 50.2%, with an overall compliant/pending/late percentage of 84.8%.

Time-to-Event Data Peculiarities:
Some of the peculiarities of time-to-event data that are apparent from Table 1 are as follows:

- Caseworker totals rising from 47 in SFY 22 Q1 to 172 in SFY 25 Q1 indicate high turnover, as the current system does not account for inactive employees.
- Future analyses should better address "censored observations" (employees with future due dates), characterizing them as on track or behind in compliance.

Table 1: Caseworker Initial Compliance

Cohort (Start Date)	Anomalous	Compliant	Delinquent	Pending	Late Completion	Total	% Compliant	% Compliant or Pending	% Compliant or Pending or Complete
SFY 22 Q1	7	25	5	0	10	47	53.2%	53.2%	74.5%
SFY 22 Q2	2	33	7	0	8	50	66.0%	66.0%	82.0%

Cohort (Start Date)	Anomalous	Compliant	Delinquent	Pending	Late Completion	Total	% Compliant	% Compliant or Pending	% Compliant or Pending or Complete
SFY 22 Q3	8	32	4	0	4	48	66.7%	66.7%	75.0%
SFY 22 Q4	3	61	11	0	11	86	70.9%	70.9%	83.7%
SFY 23 Q1	5	58	15	0	14	92	63.0%	63.0%	78.3%
SFY 23 Q2	4	46	9	0	7	66	69.7%	69.7%	80.3%
SFY 23 Q3	8	52	17	0	8	85	61.2%	61.2%	70.6%
SFY 23 Q4	8	66	22	0	22	118	55.9%	55.9%	74.6%
SFY 24 Q1	6	34	60	0	18	118	28.8%	28.8%	44.1%
SFY 24 Q2	9	40	43	0	16	108	37.0%	37.0%	51.9%
SFY 24 Q3	9	71	42	0	12	134	53.0%	53.0%	61.9%
SFY 24 Q4	5	76	3	70	0	154	49.4%	94.8%	94.8%
SFY 25 Q1	12	64	0	96	0	172	37.2%	93.0%	93.0%
SFY 25 Q2	4	13	0	112	0	129	10.1%	96.9%	96.9%
Totals	90	671	238	278	130	1,407	47.7%	67.4%	76.7%
Totals w/o 1st 3 Qtrs. of SFY 2024	66	526	93	278	84	1047	50.2%	76.8%	84.8%

Accountability Processes:

- No direct consequences for noncompliance, but several processes support local agency accountability and system-level oversight.
- Non-compliant staff may face scrutiny during state-led CPOE reviews.
- RTCs work with counties to remind them of training requirements through site visits, tutorials, technical assistance, track sheets, and notifications

Case Assignment During Caseworker Core 2.0 Training

Ohio is a state-supervised, county-administered children services system, with no state restrictions on when cases can be assigned to new caseworkers. Most counties assign a limited number of cases before new caseworkers complete Caseworker Core 2.0. A survey of county policies indicates:

- Several counties do not assign cases during Core 2.0 training.
- Many counties wait 90 days after hiring to assign cases, allowing for mentoring and shadowing from experienced caseworkers.
- When cases are assigned, they are often limited until Core 2.0 is completed or after a set period.
- Counties assigning cases during Core 2.0 do so for training purposes, based on milestones and the new caseworker's progress.
- High staff turnover and hiring challenges lead some counties to assign a limited number of cases before Core 2.0 training completion.

Future Evaluation Considerations for Caseworker Core 2.0

Given the recent implementation of Caseworker Core 2.0, Ohio initiated a pilot project in FY25 to evaluate the transfer of learning post-training. Following Children's Bureau recommendations, the evaluation employs both quantitative and qualitative data from caseworkers, their supervisors, and other relevant agency staff through surveys, focus groups, and key informant interviews.

Key Evaluation Components:

- **Quantitative Assessment:** Measures changes in caseworkers' skills and competencies post-training.
- **Qualitative Feedback:** Gathers insights on the training experience and effectiveness.
- **Factors Impacting Learning Transfer:** Investigates support, internal motivation, and other influences.
- **On-the-Job Behaviors:** Ensures data reflects true learning transfer, not just knowledge acquisition.

Data will be collected at three points: immediately before, immediately after, and three months after completing Core 2.0 courses, to track changes over time and the impact of post-training factors. The evaluation will also consider non-training factors like agency and supervisor support.

Course-Specific Evaluations: As Core 2.0 courses are updated, evaluations will assess learning objectives, prompt transfer of learning, and identify the effectiveness of products, trainers, and methods.

Other Initial Training for Caseworkers

OCWTP offers two additional training initiatives for potential new caseworkers and court personnel.

The University Partnership Program: Ohio's University Partnership Program (UPP recruits BSW and MSW students for internships at PCSAs, where they complete the mandated Caseworker Core 2.0 training. Between 2004 and 2024, UPP internships were hosted in 73 of Ohio's 88 counties (83.0%), and UPP graduates obtained employment in 68 counties (77.3%). This broad impact means UPP evaluation data likely represents the entire state.

Data from several years of UPP evaluations show that Ohio's initial training for caseworkers effectively addresses the basic skills and knowledge needed for their duties. Supervisors rated the competence of the most recently hired UPP graduates and non-UPP employees who had not completed Caseworker Core 2.0 on a five-point scale (5 = very competent, 1 = not competent). UPP graduates, who had completed core training before being hired, were rated more than a whole point (1.06) higher on average across nine critical skills compared to their non-UPP counterparts.

Title IV-E Juvenile Court Staff: OCWTP developed specific learning tools to support Title IV-E Juvenile Court staff and address identified gaps. There are nineteen counties that have Title IV-E courts, which collaborate with DCY to facilitate child placements. These courts assume full responsibility for the placement and care of adjudicated unruly and delinquent children under a sub-grant agreement with DCY, the Ohio Department of Medicaid (ODM), and the Board of County Commissioners. This agreement

allows the courts to receive Title IV-E reimbursement for allowable foster care maintenance, administration, and training costs. However, courts must not adjudicate a child unruly or delinquent solely to receive Federal Financial Participation (FFP) under the Subgrant Agreement.

Training Requirements: Although Title IV-E juvenile court staff do not have mandated training requirements, they must adhere to the Ohio Administrative Code and Ohio Revised Code regarding casework responsibilities. To comply with these rules, staff need to understand fundamental child protection principles and have skills in using CAPM and Ohio SACWIS. Title IV-E juvenile court staff have access to OCWTP's Caseworker Core 2.0 to gain the necessary knowledge and skills, but they often struggle to connect child protection terms and examples to their work in juvenile justice.

Developed Learning Activities: To address these gaps, OCWTP gathered information from literature reviews, surveys of Title IV-E staff, attendance at Title IV-E round tables, and representation of court staff on advisory groups for content development. This led to the creation of the following learning activities:

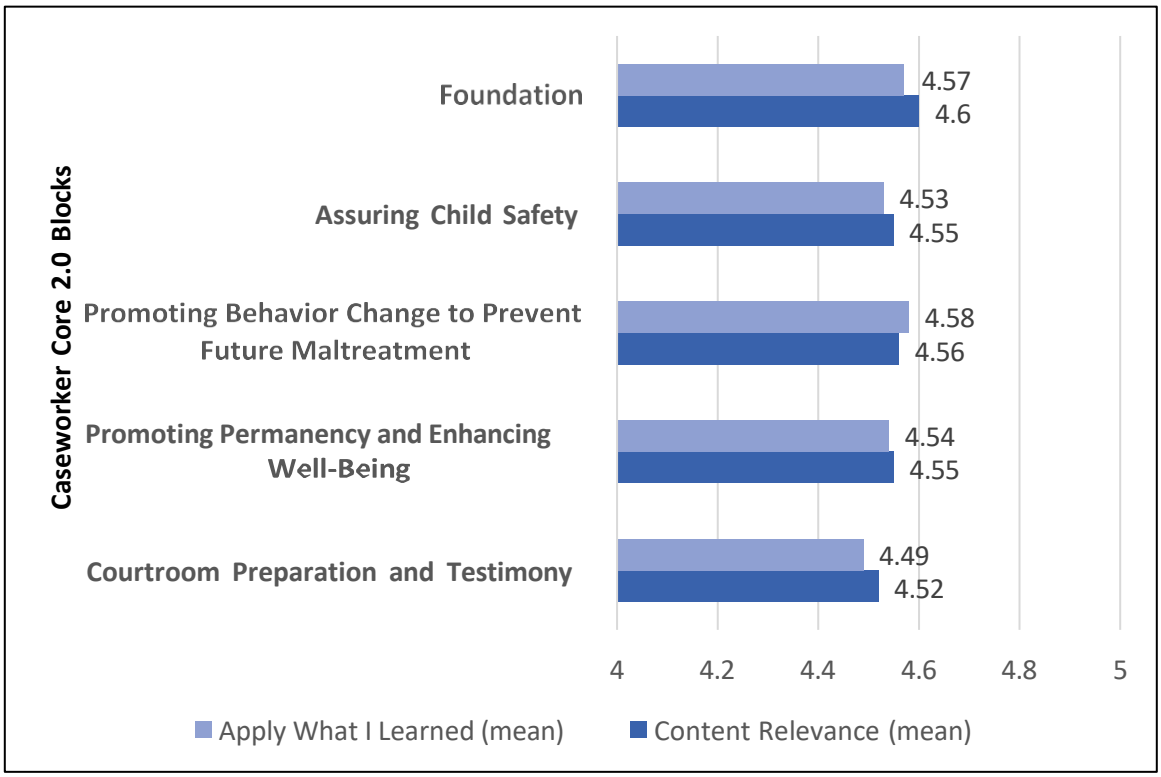
- **Connecting with the Title IV-E Juvenile Court Staff in Your Classroom:** An online resource for trainers to support Title IV-E juvenile court staff attending workshops. It includes--
    - An overview of juvenile court
    - Tasks performed by Title IV-E juvenile court staff
    - Common juvenile justice terminology and vocabulary
    - Tips for relating content to their role
    - Strategies for engaging Title IV-E juvenile court staff
- **Curated Ohio SACWIS Resources for Title IV-E Juvenile Court Staff:** A tool that includes--
    - Just-In-Time Videos and PDFs specific to Title IV-E staff functions
    - Tips and resources for using Ohio SACWIS
- **Title IV-E Juvenile Court Staff Pre-Caseworker Core 2.0 Resource:** An online resource to help Title IV-E staff maximize their learning by providing--
    - An overview of OCWTP and child protective services
    - Comparison of child protective services and juvenile justice processes and vocabulary
    - Recommendations of key Caseworker Core 2.0 courses relevant to their role
    - Guidance on preparing for training and applying learning to day-to-day work
- **Curriculum in CAPS LMS:** A curriculum with recommended Caseworker Core 2.0 courses most relevant to Title IV-E juvenile court staff roles.
- **Title IV-E Juvenile Court Staff Personal Learning and Application Guide:** A guide to help Title IV-E staff connect Caseworker Core 2.0 to their roles and responsibilities. It assists in preparing for training, taking notes during sessions, and facilitating the transfer of learning afterward.

Initial Staff Training Evaluation

To assess effectiveness of initial training for new caseworkers, OCWTP reviews data from three sources. Evaluation results provide insight into the alignment between training content and the competencies required for child protection practice. The information below represents feedback from the 288 caseworkers who completed the Caseworker Core 2.0 series during FY2024–2025.

- **Aggregate Evaluation Findings:** Learners rated the relevance and applicability of the training content on a 5-point scale (1 = strongly disagree, 5 = strongly agree). The bar chart below summarizes responses to two key evaluation questions across all courses within each block:
    - *"The content was relevant to my role."*
    - *"I think I will be able to apply what I learned."*

The courses in all five blocks received high average scores (all means ≥ 4.49), indicating that learners consistently perceived the content as relevant and applicable. This suggests that the initial training meets foundational expectations for CFSR Item 26 regarding equipping staff with necessary knowledge and skills. The score uniformity, differing by no more than 0.08 points, demonstrates consistency across the series, reflecting effective instructional design and facilitation practices.



Select this link to view each course's average evaluation ratings for content relevance and application, as well as the number of learners who completed the evaluation.

- **Course-Specific Thematic Analyses:** Monthly course-specific thematic analyses are conducted and shared with OCWTP partners to complement the quantitative data. These analyses synthesize learner feedback and highlight trends in content delivery, trainer effectiveness, and perceived learning transfer. Based on these findings, OUCCAS implements responsive actions such as refining training content, adjusting instructional strategies, and providing trainer support, demonstrating an iterative, data-informed approach to improving the quality of initial staff training. Sample topics include:

- Child Protective Services' Goals: Safety, Permanency, and Well-Being
- Key Practice Area: Mental Health
- Conducting Home Visits
- Skillful Use of Protective Authority
- Quality Assessments of Safety: Is Immediate Intervention Necessary to Assure Child Safety?
- Fact Gathering Skills Practice
- Principles of Concurrent Planning
- Impact of Separation on the Child and Family
- Courtroom Testimony Skills Practice

- **Assessment of Learning Objectives:** Ohio uses Poll Everywhere assessments, that are embedded in ILTs and delivered throughout the training sessions, to gauge learners' understanding of key concepts in real time and the extent to which learners accurately demonstrate knowledge related to specific learning objectives. These results reinforce the alignment between instructional goals and the foundational knowledge and skills required for effective casework.

  In-class Poll Everywhere assessment results indicated strong learner performance on foundational skills, with some challenges in applying more complex and analytical concepts. Most learners demonstrated readiness to implement core child protection practices, while a smaller portion showed the need for additional support in collaborative and courtroom-related competencies.
  - **High Proficiency Areas:** Over 80% of learners answered all questions correctly in areas such as recognizing abuse indicators, differentiating accidental vs. inflicted injuries, establishing permanency goals, case closure considerations, visitation response and caretaker involvement, and supportive behaviors and strengths-based approaches. These results suggest learners are well-prepared in procedural knowledge and core fieldwork expectations.
  - **Moderate Proficiency Areas:** Objectives with mixed performance (some learners fully correct, others partially correct) included collaboration outcomes, teaming benefits and decision-making, and strategies for collaboration. The results reflect variability in learners' prior exposure to teaming frameworks and collaborative practice models.
  - **Challenging Areas:** Two objectives stood out for lower performance: aspects of credibility (70% of learners were able to perform the objective) and timing of closure Points (50% answered only partially correctly).

Transition to the New LMS and Compliance Tracking

Following the transition from the legacy LMS to the current system in November 2022, DCY faced temporary challenges in conducting compliance analyses. Significant progress has been made in recent

months to restore this capability, though the work is ongoing. Key accomplishments include the following:

- **Addition of Training Compliance Date Field:** Prior to October 2024, the CAPS LMS lacked a field for training compliance dates, which correspond to an employee's hire date into a role with a training mandate. This omission prevented systematic tracking of compliance with initial and ongoing training requirements. After adding this field, DCY and the RTCs began working with PCSAs to populate this information for all caseworkers and supervisors subject to training mandates.
- **Standardizing Job Titles:** Counties have autonomy in naming conventions within Ohio SACWIS, which creates CAPS LMS profiles. Due to varying job titles across counties, additional efforts were needed to accurately identify and classify staff required to take Core training. Titles such as "investigator" or "foster care worker" were often used for those performing case management functions. Once identified, counties and RTCs added the data in the Training Compliance Date field to pull the correct learners into Core modules.
- **Assigning Training Completion Dates:** Starting in October 2024, DCY worked closely with counties to assign core training completion dates to active caseworkers and supervisors in CAPS LMS. Deadlines could be in the past (for long-time employees) or the future (for new hires). Ongoing data validation and cleanup aim to align position titles with training requirements across counties.
- **Inconsistent Due Dates:** No consistent due dates are assigned to Core training for learners across the state. Some agencies assign due dates, but it is not uniform. DCY has built calculated fields into reporting 2.0 to determine compliance statuses.
- **Data Reliability Issues:** The Original Hire date and Last Hired date fields are fed to CAPS LMS through nightly loads from Ohio SACWIS. However, counties do not use these fields consistently, making the dates unreliable for career trajectory tracking. With the implementation of CAPS LMS and consistent learner profiles, tracking data, including retention, is expected to improve.
- **Potential Survivorship Bias:** Coding was done for active caseworkers and supervisors only, which may introduce survivorship bias. Those who left their positions before the coding might have different compliance rates than those who stayed, potentially skewing results.
- **Communication and Training:** DCY has communicated the importance of accurate data entry in CAPS LMS to RTCs, county training liaisons, and PCSAs. Webinars were held to explain how correct data entry ensures accurate compliance tracking. These webinars were also uploaded to CAPS LMS for stakeholders who could not attend live events, aiming to eliminate potential survivorship bias in future analyses.
- **Mitigating Human Error:** As the new coding system relies on manual operations, human error can occur. To mitigate this, when learner profiles lack Core completion dates or data was not correctly downloaded from the legacy LMS, historical data is referenced to determine the core completion date or the last date the final course was taken. This information is then shared with DCY for bulk upload into CAPS LMS, ensuring learners receive Core 2.0 equivalency for the CW and SU Core Compliance Dashboards.

Mechanisms for Collecting Feedback
OCWTP continuously collects and reviews feedback and performance data to inform ongoing maintenance and improvements. This process includes:

- **Course Evaluations:** Each course includes a learner evaluation administered through the CAPS LMS. Evaluation data is reviewed daily to address immediate concerns, monthly by RTC staff to monitor training outcomes, and quarterly to assess trends, identify areas for improvement, and guide course revisions.
- **Trainer and Producer Debriefs:** Informal reporting and discussions to gather insights.
- **Needs Assessment Discussions:** Regular discussions with RTCs to identify training needs.
- **Stakeholder Meetings:** Engagement with PCSA administrators, DCY staff, and individuals with lived experience to gather a variety of perspectives.
- **Classroom and Virtual Observations:** OUCCAS staff observe trainers during their initial delivery of courses and continue as needed to ensure content fidelity and instructional quality. Feedback includes recommendations for trainer development and potential course enhancements. Observations are guided by a standardized tool, and data is entered into Qualtrics for analysis.

Despite some limitations, such as low response rates on learner evaluations, using multiple data sources provides a comprehensive understanding of course effectiveness and emerging needs.

Structured Review Cycle and Maintenance Process
Caseworker Core 2.0 courses are continuously monitored and updated to reflect changes in:

- ORC and OAC
- Federal and state mandates
- Emerging research
- Effective course design

OUCCAS developed formal guidance for course maintenance, including a decision tree to determine review frequency based on course complexity, delivery method, and priority level. Updates are applied consistently across all delivery formats (in-person, virtual, and self-directed) and tracked in a centralized archive. Updated courses are uploaded to CAPS LMS monthly, ensuring all trainers and learners access the most current version. Monthly reports to DCY and RTCs detail course updates and provide in-depth analysis of specific course evaluations.

Since the rollout of Caseworker Core 2.0 in September 2023, 17 of the 51 courses have been revised to align with policy changes and improve the learner experience. This structure supports transparency and fidelity to the training model, and ensures consistent, high-quality training statewide.

Products And Programs to Support the Transfer of Learning of Initial Staff Training
Caseworker Core 2.0 is crucial for preparing caseworkers, but it is only one part of the preparation process. Effective child protective services require caseworker readiness, onboarding, on-the-job

training, supervision, system support, access to necessary tools, and manageable workloads. OCWTP collaborates with stakeholders to address these factors and support excellent practice.

Current Products and Programs

- **DCY Onboarding Modules:** These modules introduce key concepts, language, and expectations early, aligning with Caseworker Core 2.0. They help build a foundation for classroom learning and provide a shared framework for supervisors during coaching and supervision.
- **DCY PCSA Staff Roundtable**: A quarterly meeting fostering cross-system collaboration and information sharing related to caseworker onboarding and training. Attendees discuss strategies, share updates, identify system needs, and explore opportunities for continuous improvement.
- **Assessment of Safety Micro-Videos:** Short, focused videos that help caseworkers revisit safety assessment concepts, such as identifying active safety threats and distinguishing between safety and risk. Between July 2024 and March 2025, the 22 Assessing Safety Micro-videos were viewed 1,648 times.
- **TOL Support:** OUCCAS employs a dedicated Transfer of Learning (TOL) Specialist who works with PCSAs to enhance field-based coaching and the application of training content. TOL support is offered to all caseworkers, supervisors, and agency leadership, initiated by direct request or through coordinated efforts with OCWTP. The TOL Specialist has worked closely with seven PCSAs, receiving positive feedback. Plans include a statewide communication and marketing strategy to increase awareness of TOL support.

Future Products and Programs

OCWTP aims to cultivate a knowledgeable, skilled, and resilient child protection workforce through innovative learning activities and supports. Following the successful launch of Caseworker Core 2.0, OCWTP plans to deepen the expertise of caseworkers and supervisors with various strategies:

- **OCWTP Coaching Program:** Strengthen the existing coaching program by recruiting more coaches, evaluating coaches' knowledge and skills, marketing the program, and enhancing infrastructure to support coaching requests.
- **Enhance In-The-Field Application of Skills:** Develop a program via the Statewide Training Coordinator to provide practical, on-the-ground coaching to caseworkers and supervisors, supporting the transfer of learning through real-time observation and feedback.
- **Micro-Videos and Micro-Learnings:** Create concise, focused products and performance supports addressing specific knowledge and skill gaps.
- **TOL Tools:** Curate and develop a suite of TOL tools, including videos, checklists, prompt cards, and expert discussions, to facilitate the application of classroom knowledge to the field.

The strategic training initiatives reflect a deep commitment to enhancing the workforce's capabilities. By focusing on advanced, responsive, and inclusive training models, OCWTP aims to transform the system, yielding better outcomes for children and families aligning with federal objectives and state-specific needs.

Addressing the Basic Skills and Knowledge Needs of New Supervisors

Ohio's Supervisor Core 2.0

Launched in September 2023, Supervisor Core 2.0 is Ohio's redesigned training series for new direct service supervisors. Developed by DCY and OUCCAS, it mirrors the modular, learner-centered structure of Caseworker Core 2.0, equipping supervisors to lead and support child protection practices effectively.

Enhanced Content: Building on Supervisor Core 1.0, the revised series offers deeper insights into child protection practice, supervisory decision-making, and applied coaching strategies. Courses are organized into two blocks:

- **Foundation Block:** Covers fundamental skills for effective supervision and leadership, including administrative, educational, and supportive supervision, leading teams, and practicing with a trauma-informed lens.
- **Child Protection Block:** Applies a supervisory perspective to the knowledge and skills taught in Caseworker Core 2.0.

Course Structure: Supervisor Core 2.0 includes self-directed courses (SDCs) and instructor-led courses (ILTs), available virtually and in person. The modular format allows new supervisors to start learning immediately and revisit key topics over time. ILTs incorporate practice activities and structured feedback to ensure applied learning.

Focus Areas: The series supports supervision in critical practice areas, such as:

- Supervising Thorough Assessments of Safety
- Supervising Separation and Placement Decisions
- Examining the Supervisor's Role in Screening within the Agency

These courses guide supervisors in overseeing critical case decisions and coaching staff towards consistent, safety-focused practice, reflecting updated expectations for supervisory leadership in Ohio.

Competency-Based and Aligned with Standards: Supervisor Core 2.0 promotes objective, trauma-informed, and data-informed supervision. It is competency-based, grounded in job expectations, and aligned with the 2025–2029 CFSP and CFSR systemic factor expectations.

Development Process: Developed using the same rigorous, stakeholder-informed process as Caseworker Core 2.0, course objectives were derived from needs assessment data, supervisory focus groups, CAPM evaluation findings, state and federal reports, evaluation feedback, and field input.

Support Materials: All courses are competency-aligned and supported by Learner Journals, which include reflection prompts, job aids, and post-course application activities to promote the transfer of learning (TOL). The series comprises 24 SDCs and 14 ILTs.

Delivery of Supervisor Core 2.0

Supervisor Core 2.0 is delivered uniformly across Ohio via a standardized curriculum, ensuring no variation by county or agency. Training logistics are managed through the RTCs, and course access is centralized in the CAPS LMS, ensuring availability regardless of location or agency structure.

Quality Assurance: Trainer qualifications, course delivery, and quality assurance processes are identical to those of Caseworker Core 2.0. OUCCAS oversees trainer recruitment, approval, and monitoring; maintains version control; and ensures consistent, high-fidelity delivery through standardized facilitator guides, required learning objectives, course materials, and regular oversight. This ensures all new supervisors receive high-quality training aligned with Ohio's statewide practice model.

Course	VTQs Submitted	VTQs Approved	Trainers Attended TOC	Trainers Pending Observation	Trainers Observed & Approved
Managing for Outcomes	12	8	7	4	3
Case Consultation & Critical…	11	8	7	3	4
Supervising Separation and…	7	7	6	2	4
…Thorough Assessments of Safety	8	6	6	1	5
Assuring Effective Court Testimony	16	14	12	8	4
Trauma-Informed Supervision	10	10	7	2	5
Supervisor Self-Care	10	10	7	2	5
Supporting Opportunity, Belonging…	19	12	9	2	7
…Leading Change	11	11	10	4	6
…Screening within the Agency	14	10	9	4	5
…Managing Conflict	14	14	14	9	5
Assessing & Evaluating…	14	13	11	4	7
Staff Development…	14	14	14	7	7
Supervising Work with Kin	9	8	8	3	5

This statewide consistency in content development, delivery, and oversight supports a unified child protection workforce and meets the federal expectation for a functioning and effective training system.

Supervisor Core 2.0 Evaluation and Compliance

Supervisors consistently rated the Foundation Block courses highly, with content relevance and application scores averaging around 4.65 out of 5. Examples include--

- **Supervision Strategies for Managing Conflict:** Scored 4.94 for content relevance and 4.88 for application. One learner noted, "This training gave me language and a framework for handling difficult team dynamics. I used it the same week in a staff meeting."
- **Supervisor Self-Care:** Scored 4.61 for content relevance and 4.32 for application. A learner stated, "It reminded me that if I'm not taking care of myself, I can't support my team. That mindset shift was empowering."
- **Staff Development: The Coaching Mindset in Action:** Scored 4.75 for content relevance and 4.71 for application. A supervisor reflected, "Coaching isn't just a performance tool, it's a mindset I can use daily to support growth and accountability."
- **Power and Influence:** Scored 4.69 for content relevance and 4.62 for application. One learner said, "This helped me understand how I show up as a leader. Influence isn't about authority. It's about relationships."

Learners emphasized that their learning was actionable. For example, in Understanding Conflict and Supervision Strategies for Managing Conflict, supervisors noted how what they learned could be applied in their work:

- "This helped me see that avoiding conflict only delays it. I'm more confident now in addressing tension directly and constructively."
- "I plan to use the steps we practiced in our next team meeting. It gave me a structure for managing tough conversations."

These quotations and scores demonstrate that the Foundation Block strengthens identity and confidence in supervisory roles.

The Child Protection Block deepens supervisory capacity in critical protection functions, such as assessing safety, kinship, permanency planning, and case consultation. Examples include--

- **Supervising Work with Kin:** Scored 4.53 for content relevance and 4.82 for application. A learner noted, "This helped me guide caseworkers in navigating kin placements in a way that keeps the child's relationships at the center."
- **Supervision Strategies to Promote Thorough Assessments of Safety:** Scored 4.55 for content relevance and 4.30 for application. A learner valued its practical guidance, stating, "It showed me what thorough supervision of safety assessments should look like—and how to coach workers through blind spots."
- **Managing for Outcomes: Using SACWIS Data to Improve Performance:** Scored 4.42 for content relevance and 4.46 for application. A learner said, "Before this training, I rarely used SACWIS data beyond compliance. Now I'm asking better questions and helping workers see what the data shows."

- **The Seven Steps of Critical Thinking:** Scored 4.75 for content relevance and 4.63 for application. A learner noted, "This helped me coach workers to slow down and really think through decisions, especially in emergencies or complex cases."

Assessment of Learning Objectives

Ohio uses Poll Everywhere assessments embedded in ILTs to gauge learners' understanding of key concepts in real time. Charts summarizing Poll Everywhere results show the extent to which learners accurately demonstrated knowledge related to specific learning objectives. These results reinforce the alignment between instructional goals and the foundational knowledge and skills required for effective supervision.

Strong Performance Areas:

- **Active Listening:** 90% of learners answered all or partially correct.
- **Effective Coaching Questions:** 89% accuracy.
- **Assessment of Safety and Safety Planning:** 93% correct or partially correct.
- **Identify Stressors & Impact:** 92% correct or partially correct.
- **Identify Warning Signs of Secondary Traumatic Stress:** 88% correct or partially correct.

Lower or Varied Performance Areas:

- **Conflict Management Scenarios:** Accuracy ranged from 60–75%, with variability across scenarios.
- **Screening Decisions:** Accuracy ranged from 40–60%, with inconsistent performance due to complex judgment demands.

The data suggests a need for reinforcement in areas involving complex decision-making. Learners showed less consistency in nuanced tasks such as making appropriate screening judgments or managing conflict, which often require critical thinking and adaptability.

Compliance and Completion Trends

OUCCAS tracks pre-requisite compliance and completion trends. Monthly reports to RTCs and DCY show key metrics about learner behavior as they complete Supervisor Core 2.0. Compliance with pre-requisites has been steady since the launch of Supervisor Core 2.0.

Pre-Requisite Completion Rates:

Pre-Requisite Completion for those who Completed Supervisor Core 2.0						
	Nov 2024	**Dec 2024**	**Jan 2025**	**Feb 2025**	**Mar 2025**	**Apr 2025**
Learners Who Completed Pre-reqs / Total Percentage	18/24 75%	20/27 74.07%	25/36 73.53%	27/38 71.05%	31/42 73.81%	33/44 75%

The number of supervisors participating in Supervisor Core 2.0 is relatively small compared to new caseworkers, so trends may take longer to emerge. As supervisors become more familiar with the revised training series, adherence to pre-requisite expectations is expected to improve.

Retention and Completion Trends:
As of March 31, 2025, the average number of days between a supervisor's training compliance date (TCD) and Core 2.0 completion was 405.22 days for active supervisors. All supervisors who completed Supervisor Core 2.0 remain active in the system, indicating the training prepares them well for their roles.

Effective January 15, 2024, OAC 5180:2-33-56 was amended to align with ORC 5153.123, requiring PCSA supervisors to complete Supervisory Core training within one year. Although the actual time to completion may exceed this timeframe, OCWTP will monitor this metric to see if the time to completion shortens as counties adapt to the new standard.

As of March 31, 2025, all supervisors who have completed Supervisor Core 2.0 maintain an active record in the system, indicating they have not left child protective work. This is a positive sign that Supervisor Core 2.0 effectively prepares new supervisors for their roles.

The shift to a one-year completion timeframe represents a significant change in expectations, and PCSAs are still adjusting their internal processes to meet this new standard. OCWTP will continue to monitor this metric to determine if the time for completion shortens as counties adapt.

Table 2 addresses supervisor compliance with Supervisor Core 2.0. It is important to note that the legacy Supervisor Core mandate allowed supervisors two years to complete the final Core training component, whereas the current mandate requires completion within one year.

Table 2: Supervisor Core 2.0 Compliance

Cohort (Start Date)	Anomalous	Compliant	Delinquent	Pending	Late Completion	Total	% Compliant	% Compliant or Pending	% Compliant or Pending or Complete
SFY 22 Q1	1	8	4	0	10	23	34.8%	34.8%	78.3%
SFY 22 Q2	1	8	3	0	8	20	40.0%	40.0%	80.0%
SFY 22 Q3	2	3	3	0	7	15	20.0%	20.0%	66.7%
SFY 22 Q4	3	5	5	0	8	21	23.8%	23.8%	61.9%
SFY 23 Q1	1	8	4	0	11	24	33.3%	33.3%	79.2%
SFY 23 Q2	0	7	0	0	6	13	53.8%	53.8%	100.0%
SFY 23 Q3	0	6	5	0	2	13	46.2%	46.2%	61.5%
SFY 23 Q4	1	6	6	0	11	24	25.0%	25.0%	70.8%
SFY 24 Q1	1	3	7	0	7	18	16.7%	16.7%	55.6%
SFY 24 Q2	0	6	12	0	6	24	25.0%	25.0%	50.0%

Cohort (Start Date)	Anomalous	Compliant	Delinquent	Pending	Late Completion	Total	% Compliant	% Compliant or Pending	% Compliant or Pending or Complete
SFY 24 Q3	1	6	9	0	2	18	33.3%	33.3%	44.4%
SFY 24 Q4	0	1	0	10	0	11	9.1%	100.0%	100.0%
SFY 25 Q1	0	0	0	21	0	21	0.0%	100.0%	100.0%
SFY 25 Q2	1	0	0	17	0	18	0.0%	94.4%	94.4%
Total	12	67	58	48	78	263	25.5%	43.7%	73.4%
Totals w/o 1st 3 Qtrs. of SFY 2024	10	52	33	48	54	197	26.4%	50.8%	78.2%

Factors impacting compliance

- **Supervisor Core 2.0 Implementation is Under Development**: OCWTP is refining Supervisor Core 2.0 delivery to align with PCSA hiring timelines and onboarding workflows. The training system partners continue to adjust scheduling and curriculum delivery to support statewide implementation.
- **Turnover Has Increased Demand for Caseworker Onboarding**: PCSAs have experienced elevated rates of caseworker turnover in recent years, which has led to a sustained focus on onboarding new staff. This includes allocating time and resources to ensure caseworkers can meet immediate service delivery needs. As a result, at a local level, caseworker and supervisor training timelines are often adjusted based on workforce demands.
- **Supervisors Frequently Carry Dual Roles:** Supervisors in many agencies are assigned active caseloads while simultaneously managing supervisory responsibilities. This dual role limits availability for training, especially when training requires scheduled time away from other critical job duties.
- **Ongoing Training Compliance Participation is Higher Among Experienced Staff:** Supervisors with longer tenure are more likely to meet training mandates. These supervisors may be more comfortable balancing the demands of their workload to attend training. In contrast, newly promoted supervisors are more likely to defer training to focus on other job responsibilities.

Statewide Analysis of Supervisor Core 2.0

Supervisor Core 2.0 content is closely aligned with supervisory priorities identified in the 2024 Supervisor Survey Report. Respondents prioritized coaching, performance evaluation, conflict management, team building, and Ohio SACWIS/data literacy, which are directly addressed by high-rated Supervisor Core 2.0 courses. Qualitative comments gathered during evaluations reflect many of the same themes cited in survey data, such as setting clear expectations and supporting new supervisors with applied, role-specific training.

Ohio's ongoing training for supervisors demonstrates statewide functioning. The Supervisor Core 2.0 curriculum is well-calibrated to address real supervisory demands, blending high-quality content with

learner-centered delivery. Evaluation data consistently show that supervisors find the content relevant and immediately applicable, and their voices, reflected in rich qualitative feedback, affirm that the training is building confidence, capacity, and clarity. One learner in *Adopting a Coaching Mindset* summarized: *"This wasn't just about skills—it helped me rethink how I support staff and foster a learning culture."*

Supervisor Core 2.0 implementation is showing promising early results:

- Pre-requisite compliance is stable, indicating appropriate use of foundational training pathways.
- Completion rates are rising, demonstrating increasing engagement and throughput.
- Supervisors who complete the series remain in their roles, suggesting a stabilizing effect on workforce turnover.

These indicators provide a strong foundation for continued implementation and underscore the program's contribution to retention and workforce development. Continued tracking of these metrics will support quality assurance and help identify areas for ongoing improvement as the series becomes more deeply embedded in supervisory practice.

Ongoing Monitoring and Maintenance of Supervisor Core 2.0 Courses

Ohio's Supervisor Core 2.0 is maintained through standardized processes, rigorous quality assurance practices, and collaborative oversight to ensure the training remains relevant, effective, and aligned with policy and practice standards. This structured approach ensures new and seasoned supervisors receive timely, accurate, and practical learning experiences across delivery formats.

Course Review and Revision Structured

Supervisor Core 2.0 courses undergo systematic reviews using a frequency matrix developed by OUCCAS. Courses are prioritized for review based on criteria such as complexity, relevance, and recent policy updates. When revisions are made:

- Updates are consistently applied across all delivery methods.
- Version control and archiving are managed centrally to ensure consistency and accessibility.
- Monthly update reports are shared with DCY and RTCs to maintain transparency and alignment across the system.

From September 2023 through April 2025, 11 Supervisor Core 2.0 courses have been revised to integrate updated policies and instructional strategies.

Item 27: Ongoing Staff Training

For this item, provide evidence that answers this question:
How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP so that:

- Staff receive ongoing training pursuant to the established curriculum and timeframes for the provision of ongoing training; and
- The system demonstrates how well the ongoing training addresses basic skills and knowledge needed by staff to carry out their duties.

"Staff," for purposes of assessing this item, includes all contracted and non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

"Staff," for purposes of assessing this item, also includes direct supervisors of all contracted and non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address all of the components of this question, including the two bullets and all required staff as described above.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide? • What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to participants' experience with ongoing staff training?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP if applicable. To what extent does current information reflect those improvements?

State Response

Training Requirements

Below are the training requirements for ongoing staff training, and what OCWTP offers to meet the requirements.

Population	Requirements	OCWTP Offerings
PCSA Caseworkers	Complete 36 hours of training annually. Complete an approved domestic violence training and an approved human trafficking course within the first two years of continuous employment. ORC 5153.122 OAC 5180:2-33-55	Specialized and Related
PCSA Caseworker Supervisors	Complete 30 hours of training annually. Complete an approved domestic violence training and an approved human trafficking course, if not completed already as a caseworker. ORC 5153.123 OAC 5180:2-33-56	Specialized and Related
Foster Care and Adoption Assessors	New assessors (specialized caseworkers) must complete the Foster Care and Adoption Assessor Series Training within two years from taking the first assessor training course. Thereafter, they must attend six hours of foster care or adoption-related training every two years.	Assessor Series Foster Care and Adoption-Related Assessor Refresher

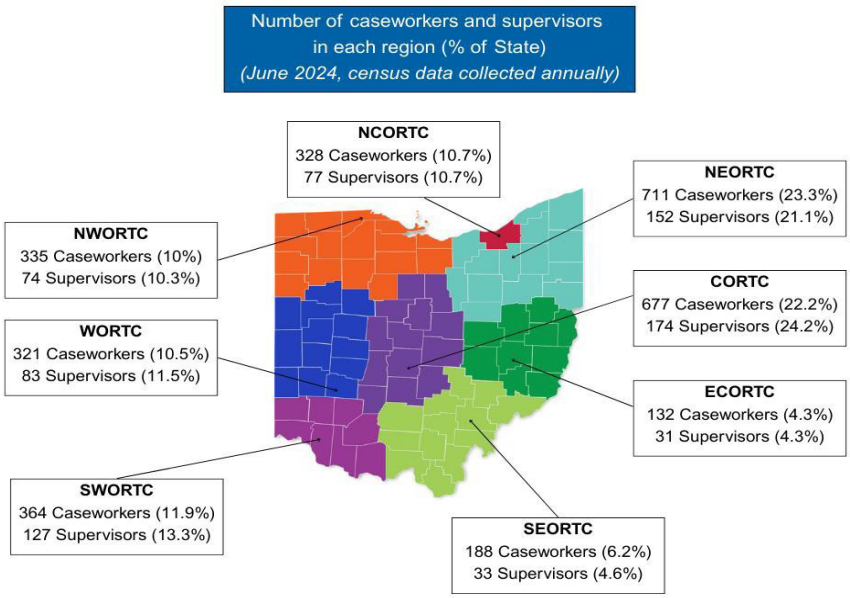
Caseworkers, including assessors and supervisors, can meet ongoing training requirements through relevant training provided by OCWTP, DCY, accredited colleges or universities, seminars, or conferences. Regardless of the training provider, any training that counts toward ongoing training requirements is recorded in the CAPS LMS.

Addressing The Ongoing Knowledge & Skill Needs of Staff

The sections below outline the steps OCWTP takes to ensure that ongoing training addresses the basic skills and knowledge needed by staff to carry out their duties through:

- Systematically assessing ongoing training needs
- Maintaining a robust learning catalog
- Using a curriculum development process for standardized curricula to ensure content addresses essential knowledge and skills (described in Item 26)
- Implementing continuous quality improvement through evaluation components
- Managing OCWTP's pool of trainers and coaches from recruitment to assessment and development and support
- Developing TOL tools and prompts
- Piloting evaluation measures to capture pre- and post-assessment data and to assess TOL measures that make an impact

The following map shows the number of caseworkers and supervisors served by each RTC.



The table below summarizes key caseworker and supervisor training and coaching activities by RTC in FY24.

Note: In addition, ILT's that are offered are open to learners from every region.

RTC	Sessions Held	Total ILT Participants	Total Coaching Hours	Total Completed SDCs
CORTC	343	4387	48	6573
ECORTC	98	1019	154	769
NCORTC	309	3472	16	2492
NEORTC	325	4586	48	4096
NWORTC	198	2292	161	1925
SEORTC	94	905	336	1650
SWORTC	192	2560	306	2912
WORTC	148	1979	84	3124

Identification And Analysis of Training Needs

OCWTP provides ongoing professional development for caseworkers and supervisors across eight RTCs, and uses multiple, ongoing strategies to assess and respond to ongoing workforce development needs.



The training program uses a combination of qualitative and quantitative sources to identify the ongoing training needs of its workforce. Common sources include:

- **Federal and State Reports:** OCWTP identifies needs that arise from Federal and State reviews. When invited, RTC staff participate in Child Protection Oversight and Evaluation (CPOE) entrance and exit conferences or receive data from DCY TAS staff if not in attendance.
- **ITNA/IDP Data:** All RTCs use Individual Training Needs Assessments (ITNAs) and Individual Development Plans (IDPs) to determine training needs. The frequency of review varies from weekly to quarterly. ITNA data is reviewed quarterly on a statewide level. A new ITNA/IDP tool was launched in CAPS LMS in January 2024.
- **County-Specific Requests and Liaison Input:** Each RTC communicates consistently with county agencies through liaisons, site visits, quarterly meetings, and direct requests. These engagements ensure that locally identified priorities are reflected in training schedules.
- **Onsite Visits and Leadership Feedback:** Site visits, agency leadership meetings, and regional summits allow RTCs to receive feedback directly from PCSA leadership. These efforts help ensure that county performance monitoring efforts inform planning.
- **Course and Coaching Evaluations:** OCWTP utilizes SDC and ILT evaluation data, coaching feedback, and interest tracking reports to monitor needs.
- **External Consultation:** OCWTP staff maintain relationships with the DCY training team and TASs and participate in work teams and state-level learning communities. These touchpoints allow for integrating statewide initiatives and legislative changes into regional training strategies.
- **Changes in Law or Rule:** Whenever there is a modification to a rule that leads to a change of practice, OCWTP considers how best to inform and/or train staff on the update.
- **Curriculum Advisory Groups (CAGs) and Individuals with Lived Experience:** CAGs, which include trainers, PCSA staff, subject matter experts (SMEs), OCWTP staff, and individuals with lived experience, provide information on emerging practice issues. These groups offer valuable input on practice alignment, skill application, and system priorities. Additionally, OCWTP actively seeks guidance from individuals with lived experience outside of CAGs, including former foster youth, birth parents, and resource families, who share their perspectives during focus groups, course development meetings, and storytelling sessions.
- **OCWTP Led Surveys and Focus Groups:** When field trends or system feedback indicate the need for further exploration, OCWTP may engage a subcontracted evaluator to support targeted data collection efforts.
    - This approach was used during the needs analysis phase to develop Caseworker and Supervisor Core 2.0.
    - It was also used in response to feedback from youth with lived experience, who highlighted a need for additional training for Independent Living (IL) workers. In July 2024, the OCWTP conducted a statewide survey of IL workers to assess their skill development needs.

One of OCWTP's strengths is a multi-layered, shared responsibility to identify and assess learning needs. RTCs do this on a county and regional level; OUCCAS is responsible for sensing and tracking statewide needs and patterns.

Individual Training Needs Assessments and Individual Development Plans

One standardized way Ohio ensures staff receive training that addresses the knowledge and skills needed to carry out their duties is to mandate that, once every two years, each caseworker and supervisor complete an individual needs assessment within the CAPS LMS in conjunction with their supervisors.

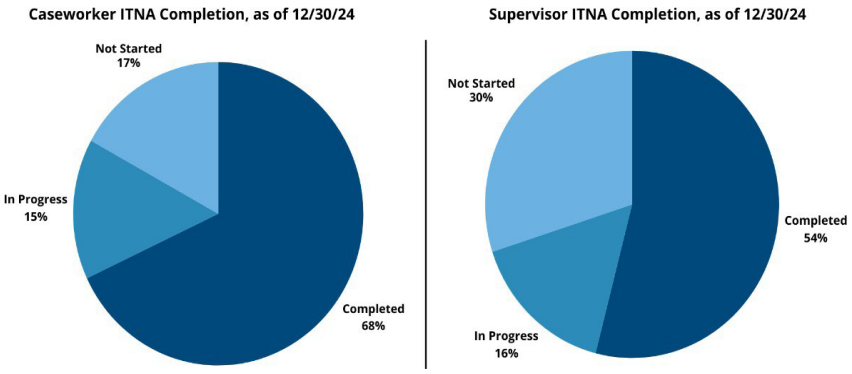
In 2024, OCWTP piloted its new ITNA and IDP processes for caseworkers and supervisors. The previous ITNA process was conducted outside OCWTP's prior learning management system, E-Track. The resulting high-priority needs were then manually transferred by RTC staff into IDPs in E-Track.

The new CAPS LMS-integrated ITNA/IDP process was rolled out to caseworkers and supervisors statewide in January 2024, with a requirement to complete the ITNA by December 31, 2024.

Assessment involves rating knowledge and skill level on ten competencies universal to all populations, each containing 5-10 behavioral indicators specific to each training population. These behavioral indicators are observable and measurable practices individuals employ when demonstrating a specific competency. They help the individual and supervisor more accurately assess the individual's development needs within a competency. The average of an individual's ratings and those of the supervisor determines the overall score for that competency.

In addition to ranking competencies and behavioral indicators, ITNA respondents review a list of key practice areas and decide whether they need significant development in each practice area. They are encouraged to provide supporting narrative details for any they select as development needs, to assist their RTC in understanding the context of their specific needs.

The ITNA also includes answering open-ended questions about development needs in key practice areas. On completion, they review recommended development actions (instructor-led training, self-directed courses, videos, materials, coaching) tailored to their assessment results and select those they wish to add to their development plan in CAPS LMS. Throughout the year, as staff complete learning interventions in CAPS LMS, that progress is automatically captured in their development plan.



A few configuration and logistical considerations impacted completion numbers during the initial pilot. For example, because counties can use the available job titles as they see fit, some assigned roles in Ohio SACWIS (which creates CAPS LMS user profiles) are assigned according to their agency-specific policy. This resulted in OCWTP having to work with counties to determine which role titles actually had a training mandate and were applicable to receive the CORE curricula and the resulting ITNA/IDP process. Adjustments were also needed due to staff attrition, promotions, and supervisory changes. Individuals impacted were granted one-time extensions to complete their assigned ITNAs.

In January and February 2025, feedback on the pilot rollout was reviewed, and resulting adjustments were made to the configuration process for subsequent rollouts. In March 2025, ITNA/IDP assignments were released to PCSA caseworkers and supervisors entering a position or being promoted into a position with a training mandate in the 2024 calendar year, with an ITNA due date of December 31, 2026.

Summary of Statewide Caseworker and Supervisor ITNA and Development Plan Findings
OUCCAS staff triangulate data from the top competencies identified, top behavioral objectives within those competencies selected, key practice areas, and training specified in the learners' development plan to assist OCWTP in identifying and scheduling needed learning.

View full tables listing the top competencies and behavioral indicators here.

Caseworker Development Plan Findings
Below are the ten development actions most frequently added to caseworkers' development plans:

Development Action (Learning Object)	Type	Frequency
Individual Skill-Based Coaching	Coaching	372
Managing Difficult Conversations in the Homestudy	ILT	343
Psychotropic Medications: Questions to Ask about Kids on Meds	ILT	194
Addressing Reoccurring Mental Health Issues in Families	ILT	162
Casework Interviewing, Problem-Solving, and Crisis Intervention	ILT	156
Managing Effects of Separation	ILT	155
Resilience as a Leader: Building Confidence and Skills	ILT	148
Sexual Abuse Intervention Series	Blended Curriculum	125
Courtroom Testimony Skills Practice	ILT	118
Take My Advice: Guidelines for Assessing and Advising Parents	ILT	117
GAP: Safety Planning	GAP Session	115

Supervisor Development Plan Findings

Below are the ten development actions most frequently added to supervisors' development plans:

Development Action (Learning Object)	Type	Frequency
Understanding Conflict	SDC	191
Supervision Strategies for Managing Conflict	ILT	108
Individual Skill-Based Coaching	Coaching	104
Staff Development: The Coaching Mindset in Action	ILT	100
Assessing and Evaluating Staff Performance	ILT	99
Introduction to Sextortion	SDC	98
Supporting the Adoptee	SDC	89
Developing the Next Leader: A Planning Guide for Supervisors	ILT	75
The Adoption Finalization Process	SDC	74
Resilience as a Leader: Building Confidence and Skills	ILT	73

Known Limitations

Despite these strengths, OCWTP acknowledges important limitations that impact the accuracy and reliability of needs assessment data:

- **Turnover and high caseloads**: High turnover among caseworkers can affect the reliability of the data, which changes frequently and can be difficult to validate across reporting periods.
- **Self-reported bias**: Self-assessment introduces inherent bias, and staff may not always accurately identify their developmental needs.
- **Uneven feedback quality from surveys**: Post-training surveys may be submitted without comments or skipped entirely, reducing the richness of data available for decision-making.
- **Limited access to performance data**: CPOE findings are not consistently shared with RTCs unless tied to a specific training requirement in a county's Plan for Practice Advancement (PPA), limiting how performance outcomes directly inform regional planning.
- **Assessor specific limitations**: Assessors are the only mandated OCWTP population that work in both the public and private agencies and the courts. This can make it difficult to pull accurate training needs data from CAPS LMS. In addition, some agencies require all caseworkers to complete the Assessor Series, so learner data includes more than just mandated learners. Assessors can take any course that addresses foster care or adoption to meet their ongoing training needs. With this wide range of options, it is difficult to isolate which courses best meet the assessor's needs through CAPS LMS data.

Statewide Chain of Evidence: Addressing the Skill and Knowledge Needs of Caseworkers, Supervisors, and Assessors

To meet the ongoing training needs of staff, OCWTP operates through a coordinated, multi-level process designed to ensure that training offerings are responsive to evolving field needs. Each OCWTP partner has a role in building the chain of evidence used to identify training priorities, design offerings to meet those needs, and evaluate how well those offerings support skill development and knowledge transfer.

Based on needs identified in the *2025-2029 CFSP*, sources noted in the previous section from FY24 and FY25 (including ITNA/IDP data), the following topics have been identified as high-priority training needs.

Additionally, the documents linked in the "How OCWTP Addressed Need & Impact" final column in the chart below describe the learning interventions provided to address the high-priority need and explain their impact (data: June 1, 2023 – April 1, 2025).

Caseworkers

Key Practice Area	# of Times Selected in an ITNA	2025-2029 Ohio CFSP Priority	# of RTCs Who Identified Topic as a Need via Another Source	How OCWTP Addressed Need & Impact
Human Trafficking	1859	Yes	8/8	Link
Working with Older Youth Transitioning Out of Care	1776	Yes	6/8	Link
Crisis Intervention	1743	Yes	8/8	Link
Secondary Trauma	1723	Yes	3/8	Link
Mental Health	1687		4/8	Link
Trauma-Informed Practice	1649	Yes	8/8	Link
Substance Use	1534	Yes	8/8	Link
Sexual Abuse	1459		4/8	Link
Workload Management	1435		3/8	Link
Domestic Violence	1384		8/8	Link

Additionally, results from the 2024 Independent Living (IL) caseworker needs assessment survey (mentioned earlier) indicated the following top three learning needs:

- Resource Availability
- Caseworker Role/Approach
- Youth Engagement is selected to be addressed first as it is skill-based, and the same strategies can be applied across counties and agencies. Three skill-based micro-learnings are in development with the intent to implement them in the summer of 2025. The micro-learnings are based on the Search Institute's Developmental Framework. The first provides an overview, and the second and third have branching scenarios that allow IL caseworkers to see the outcome of their engagement choices. Comments regarding what IL caseworkers need to know about youth engagement include:
    - *Understanding the caseworker's role with IL youth/ways agencies can better engage youth*
    - *How to connect with teenagers*
    - *Engaging youth prior to being in crisis*
    - *Youth self-esteem, confidence, resiliency, and encouragement*
    - *How can we have a healthy balance between being supportive and being able to correct them in a palatable way? Helping to steer them in the right direction in a way that will actually motivate them and not just be another adult "who doesn't understand" lecturing them.*
    - *Engagement and individualized learning*

Supervisors

Key Practice Area	# of Times Selected in an ITNA	2025-2029 Ohio CFSP Priority	# of RTCs Who Identified Topic as a Need via Another Source	How OCWTP Addressed Need & Impact
Leadership	511	Yes	6/8	Link
Staff Development	468	Yes	5/8	Link
Staff Performance	427		5/8	Link
Conflict Management	420		4/8	Link
Change Management	346	Yes	2/8	Link

Key Practice Area	# of Times Selected in an ITNA	2025-2029 Ohio CFSP Priority	# of RTCs Who Identified Topic as a Need via Another Source	How OCWTP Addressed Need & Impact
Team Development	342	Yes	4/8	Link
Trauma-Informed Practices		Yes	3/8	Link
Working with At-Risk Youth		Yes	3/8	Link

It is anticipated that the FY25 ITNA cycle will show a decrease in the proportion of staff identifying the same skill or knowledge areas as priority needs compared to the previous cycle, indicating that the training system effectively addresses gaps in knowledge and skill development over time.

Where the same topic areas continue to emerge, we expect to see a shift in associated Behavior Indicators (BIs), reflecting staff progression from foundational skills to more advanced practice. This progression would indicate growth in competency development and skill application.

By examining reductions in repeated identified needs and improvements in BIs, OCWTP can evaluate the long-term impact of ongoing training initiatives. Analysis of ITNA data over multiple years will also guide the refinement of training priorities, more strategic resource allocation, and ensure the training system remains responsive to workforce needs.

Continuous Feedback and Quality Control
To maintain high-quality course delivery, the program uses a multi-source feedback system involving:

- **Course Evaluations:** Conducted through the CAPS LMS, with responses reviewed regularly at the regional and state levels to identify trends and determine course improvements.
- **Trainer Observations:** Each Supervisor Core 2.0 trainer is observed during their initial deliveries and periodically thereafter to ensure fidelity to content and effective facilitation. Observers provide targeted feedback using a standardized tool, with observation data managed centrally for review and analysis.
- **Stakeholder Input:** Feedback from DCY, agency leadership, supervisors, and SME's inform course enhancements and supports alignment with field expectations and emerging needs.
- **Coaching and Debriefs:** Trainers and supervisors contribute insights during post-training discussions and coaching sessions, strengthening application of learning, and signaling needs for future content adjustments.

Addressing the Basic Skills and Knowledge Needs of Foster Care and Adoption Assessors

Initial Assessor Training

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

The original series was developed in the late 1990s. While individual courses had been regularly updated, the entire series needed substantial redevelopment. In preparation for this revision, OUCCAS conducted an environmental scan that included a needs assessment and a scoping review. Data was collected statewide from assessors, supervisors of assessors, trainers of assessors, DCY policy staff, technical assistance specialists, and licensing staff. Feedback from assessors and assessor supervisors showed that the assessor training series needed to provide specific, practical information with more focus on application. This feedback guided the revisions. Efforts were made to connect the content to current practice, emphasizing processes, forms, rules, and laws. The new Assessor Series is a comprehensive learning experience with many features that promote best practices and skill building, while being adaptive to job duties and responsibilities. There is a focus on critical thinking, the importance of belonging, felt safety, maintaining connections, trauma, and the youth voice.

This series is 57 hours of learning spanning 34 required courses. 18 are self-directed (SDC) and 16 are instructor-led (ILT). The blended self-directed and instructor-led courses build on each other, culminating in opportunities for assessors to practice and apply the skills taught.

Block	# of courses		
[Topic]	Instructor-Led	Self-Directed	Total
Foundational	0	4	4
Adoption Process	5	3	8
Assessment of Families	1	4	5
Recruitment	0	3	3
Supporting Children	6	4	10
Supporting Families	3	0	3

Learners can see the full list of courses in the CAPS LMS when they register for the Assessor Series 2024 curriculum. Courses they can take right away will allow them to register (instructor-led, either virtual or in-person) or launch (self-directed). Courses that have a prerequisite will have a notation reading pending prior training. A learner can revisit a concept or tool after completing the course, throughout their employment.

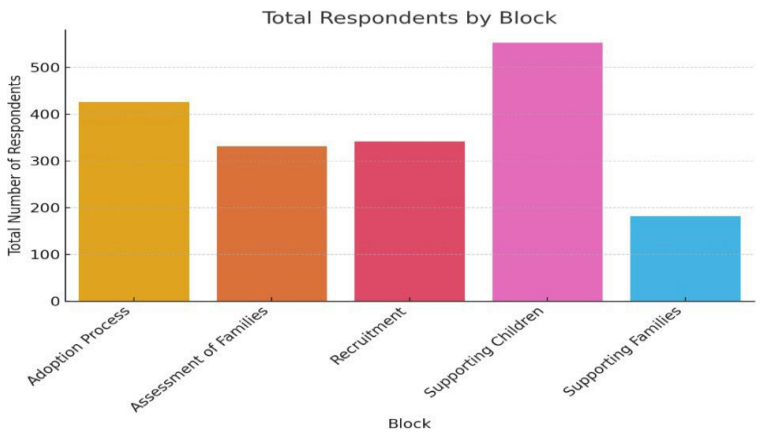
These videos provide information to supervisors and prospective assessors:

- Insights from Our Trainer
- Assessor Series: What to Expect

OCWTP also provides an optional one-hour self-directed course called *Assessor Overview* for those who want additional information. Learners who are new the CAPS LMS can take the Virtual Learning Orientation.

Assessor Series Data

The data below summarizes learner evaluation feedback from the implementation date (May 2024) through April 2025 across five major blocks of training in the Assessor Series: Adoption Process, Assessment of Families, Recruitment Supporting Children, and Supporting Families. The Foundational Block courses are courses in the Caseworker Core 2.0 curriculum. Data from that curriculum is shared in the previous section.

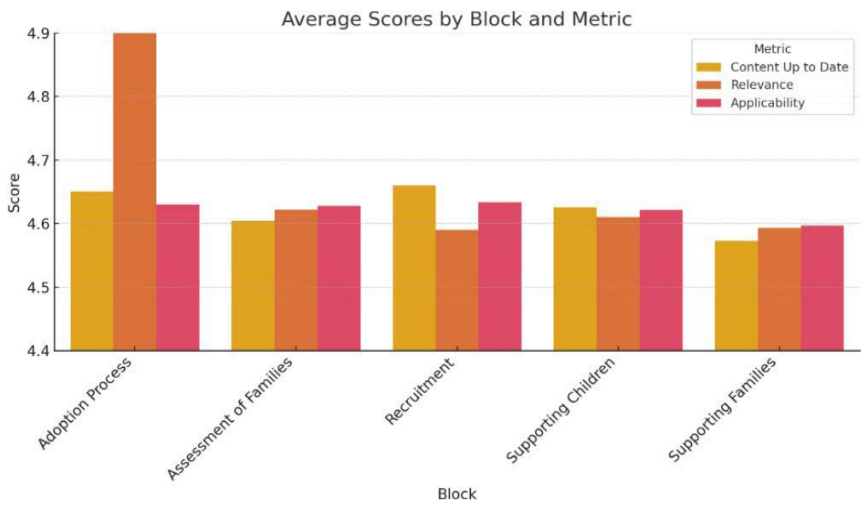


The number of respondents ranged from approximately 180 to 550. All but one block had over 300 respondents.

Each course within each block is assessed on a scale from 1-5 in three core metrics:

- Content Up to Date
- Relevance of Content
- Application of Learning

Ratings across all blocks are consistently high, ranging between 4.45 (Content Up to Date in Supporting Families) and 4.82 (Relevance, Adoption Process).



When assessing learner evaluation survey comments from courses completed between May 29, 2024 and October 25, 2024, there were three general positives:

- Trainers were praised for their knowledge and engagement.
- Content was described as relevant, practical, and easy to apply.
- Participants appreciated--
    - Open discussions and peer-sharing.
    - Case scenarios, real examples, and step-by-step explanations.
    - Reinforcement of core principles (e.g., person-centered documentation).

This evaluation data also provided the OCWTP with feedback that helped generate the following future tasks:

- Include more multimedia from children and youth with lived experience.
- Re-assess activities to ensure the optimal way to support the learning objectives.
- Review training materials to ensure Facilitator Guides, slide decks, and Learner Guides align.
- Enhance visual and interactive content.
- Clarify terms and standardized, statewide processes.

Assessors have a variety of backgrounds, degrees, and child protection experience. The Assessor Series is challenged to acknowledge and address this varied population and bring learners to a universal level of competence. In addition, an assessor can complete a broad range of tasks by rule, and the specific tasks will vary depending on the size and needs of the county. For example, assessors can take permanent surrenders, but very few agencies engage in this process.

To address these challenges, the OCWTP used the following development strategies:

- Providing content on all potential tasks but focusing the training on those tasks that are more frequently required.
- Addressing theory, but ensuring rules, forms, and practice are the focus. Learners get both the "why" and the "how."

- Requiring Assessor Series trainers to have significant experience as an assessor and ensuring specialized courses within the series are trained by those with experience. For example, only trainers who work or have worked with birthparents can train the voluntary adoption course
- Utilizing a content advisory group to review each course and provide feedback as part of the development process. The advisory group was comprised of public and private agency assessors, foster parents, foster care alumni, and trainers.

Trainers are assessed for expertise and experience and provided with a "Training on Content" (TOC), to ensure they can deliver the course as intended. All new trainers are observed. In addition, OCWTP does periodic observations to assess fidelity to the Facilitator Guide.

Evaluations, trainer feedback, and new laws, rules, and policies are reviewed regularly. Necessary changes are made quickly. Suggested changes are documented and considered when the course receives a maintenance review.

Ongoing Assessor Training

Foster Care and Adoption Assessors must complete six hours of foster care or adoption-related training every two years. The specific courses are identified using the previously described ITNA process. Assessors can complete courses from the redesigned Assessor Series if they have not already taken them.

Assessor Refresher training must be completed when an assessor does not complete six hours of continuing education training within each two-year period. The current Assessor Refresher is a 12-hour instructor-led course. This course is being redeveloped as a self-directed course intended to be implemented in late summer 2025. In addition, an instructor-led course will be developed for those attending the Assessor Refresher who want additional instruction in a specific area. This course will count towards their six-hour ongoing training requirement.

Skill Development

A survey was conducted in 2024 to identify the skill development needs of Assessors. Sixty assessors from 24 agencies responded. Eight percent of respondents had less than one year of experience, 43% had 1-5 years of experience, and 49% had six or more years of experience.

The top five skill areas needed were the following:

- Interviewing
- Homestudy
- Law & Rule Compliance
- Engagement and Communication
- Difficult Conversations

A series of micro-learnings will launch in summer 2025 to assist assessors in developing skills in these identified high need areas. This series has four goals:

- Addresses skill development in needed areas as identified through a survey of assessors and assessor supervisors.
- Enhances skill development through small, digestible learning tools.
- Improves the practice of developing essential skills by increasing accessibility and engagement.
- Focuses on skills directly applicable to assessors' daily responsibilities, increasing confidence and ability to support families and children effectively.

Statewide Functioning
RTC staff meet quarterly to plan the Assessor Series schedule to ensure statewide availability. In addition, instructor-led courses that are offered virtually are open to learners from every region. Public, private, and court assessors have equal access to the courses.

Foster Care and Adoption Assessors
DCY monitors compliance through the Assessor Registry within Ohio SACWIS. Assessors submit and maintain copies of the DCY 01680 as they complete their required training.

Staff Coaching
Coaching adds another layer to Ohio's approach to ongoing training. OCWTP offers coaching to caseworkers, supervisors, resource families, executive directors, and administrators to help develop priority skills identified during state, county, and individual needs assessments. Coaching is not mandatory, nor is it part of a progressive discipline plan. RTCs assess requests for coaching to determine the best way to meet the need. Once a request is approved, the RTC matches the individual with a coach certified in the requested skill set.

Coaching is skills-based, time-limited, and connected directly to a defined competency. Coaches develop a coaching plan with the individual and the supervisor. The plan includes--

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

OUCCAS screens and interviews coaches, after which new coaches attend training focusing on roles and responsibilities and addressing and practicing key coaching skills.

After coaching concludes, both the individual and supervisor offer assessments. This data is used to assess individual progress. However, due to the lack of automation, the data is not aggregated to evaluate overall program effectiveness. Current limitations in how coaching is entered into CAPS LMS prevent the ability to track individual data. Solutions are currently being explored. Below is coaching data from 2023-2025:

Population	Hours	Skills Coached
Caseworkers	2,087.25	Assessment skills Person-centered engagement Screening guidelines Documentation Time management Ohio SACWIS entries Court testimony Home visits Case planning Permanency planning Organization and workload management Caring for children with complex medical needs Gathering information to support decisions
Foster Care and Adoption Assessors	196.28	Recruiting and retaining caregivers Kinship home studies Supporting caregivers Workload management Time management Documentation Adoption process Foster care licensing The assessor's role
Supervisors	1,121.70	Supervising for optimal performance Developmental plans Performance reviews Time management Workload management Onboarding new caseworkers Mission-critical performance expectations Management of unit objectives Monitoring to ensure best practices Supervisor's role in the transfer of learning Managing staff Setting priorities
Total Hours	**3,685.63**	

Areas of Functioning

Ohio's system demonstrates functioning in several key areas:

- **Widespread Use of Multiple Data Sources:** OCWTP leverages more than one source of information to determine training needs, increasing the reliability of identified priorities.

- **Responsive Scheduling:** Each RTC uses needs data to inform quarterly or rolling training schedules, often aligning offerings with state-required topics such as human trafficking and domestic violence.
- **Integration of Coaching:** RTCs use coaching to address emerging or urgent training needs. Coaching is also used to reinforce learning after formal sessions.
- **Data-Informed Adjustment and Continuous Improvement:** RTCs use feedback loops that connect coaching, training evaluations, and session observations to refine offerings over time.

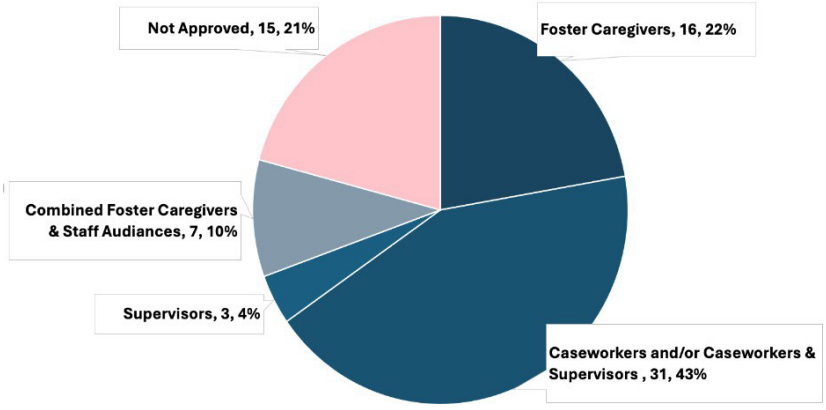
Learning Intervention Needs Assessment and Fulfillment Process

When RTCs identify a learning need that existing OCWTP offerings cannot meet, the need is analyzed through a standardized, collaborative process. This process includes representatives from DCY, RTCs, and OUCCAS. Together, the group determines whether the learning need is appropriate to address through training and whether it aligns with OCWTP competencies.

If an appropriate response does not exist, OUCCAS develops a targeted intervention in collaboration with RTCs and independent contract trainers. This begins with drafting learning objectives based on the identified skill gaps. Then, OUCCAS partners with a trainer to develop a high-quality, evidence-informed workshop. OUCCAS provides technical assistance and instructional design support throughout development to ensure alignment with OCWTP standards and TOL goals.

This process enables OCWTP to maintain a dynamic and responsive approach to training. It supports consistency in learning needs assessment statewide, facilitates data-informed decision making, and promotes access to relevant training for all eligible audiences, including foster caregivers, adoptive parents, assessors, caseworkers, and supervisors. Additionally, it contributes to continuously enhancing OCWTP learning catalog by identifying gaps and emerging areas of need.

Learning Needs Request Approval by Population



Reasons for non-approval included--

- An existing training already addressed the need
- Training was not an appropriate intervention
- The request was merged with another similar need

To date, 35 new workshops have been developed with contract trainers, and 23 are currently in development.

Innovations in Delivery

OCWTP implemented innovations to enhance the delivery of training for caseworkers and supervisors through Leadership Conferences and the Child Protective Services Fellowship Program:

- **Leadership Conferences** provide supervisors with targeted opportunities for skill development, peer learning, and leadership collaboration. Conferences are scheduled as single or multiple-day events and include half-day or full-day sessions. Content areas aligned with statewide priorities, focusing on progressive discipline, team building, trauma-informed supervision, and data-driven leadership. This approach fosters regional networking and supports the broader continuous quality improvement efforts within agencies.
- **The Child Protective Services Fellowship Program** provides an enhanced onboarding and professional development experience for prospective child protection caseworkers in an undergraduate human services-related program. Core 2.0 sessions are held during evening hours (5:00 p.m.–8:00 p.m.) and are restricted to Fellowship participants, providing a cohort-based learning environment.

Together, these initiatives demonstrate Ohio's commitment to delivering strategic, accessible, and workforce-responsive training to the child protective services workforce.

Ongoing Monitoring of the Trainer, Coach, and Producer Pool

Monitoring trainer, coach, and producer pools help ensure that training is responsive to learner needs and that content reflects the knowledge and skills needed to do their jobs. OUCCAS reviews multiple feedback sources to assess trainer, coach, and producer pool performance:

- Training participants complete evaluation surveys after each ILT, one section of which focuses specifically on trainer and producer performance. OUCCAS reviews daily summaries of ILT session survey comments to detect and follow up on any significant issues immediately. OUCCAS also reviews monthly and quarterly aggregate metrics tied to these surveys to detect systemic trends and concerns across trainers and courses.
- OUCCAS routinely observes new trainers and producers, using a detailed rubric, to assess their initial performance, identify any concerns, and provide them with early support and technical assistance. OUCCAS also observes experienced trainers and producers periodically, based on feedback received.
- Trainers and producers submit post-training feedback forms, sharing their perspective on the session outcome and detailing any issues they encountered or questions/concerns they have. OUCCAS reviews these forms weekly for any issues that require follow-up or technical support.
- Coaching participants and their supervisors complete feedback surveys at the end of coaching interventions. OUCCAS reviews monthly summaries of feedback received for significant issues requiring follow-up.

- OUCCAS receives periodic anecdotal feedback on trainer, producer, and coaching pool performance from RTCs, county staff, and other key informants.

Issues detected through the above sources are tracked in a centralized log and flagged for different levels of follow-up and technical support. Significant issues proceed through a formal documentation and resolution process.

Depending on the issues involved, support and assistance may include any of the following: one-on-one consultative meetings, live technical support sessions on individual training tools, on-demand technical support videos and tutorials, attendance of one or more training on training (TOT) sessions on training delivery platform skills, etc.

Training Offered by Partner Organizations
DCY partners with several organizations to develop and provide specialized ongoing training content needed by staff.

Kinnect
Kinnect is an Ohio-based nonprofit dedicated to ensuring permanent families for all children in the shortest time possible and connecting those families with individualized support to meet their unique needs. Trainings were provided to Ohio child protective service professionals for Kinnect to Family (KTF), an intense family search and engagement program. Kinnect to Family provides tools, resources, and engagement with the goal of family reunification through kinship care.

For trainings through the Child and Adult Protective Services Learning Management System (non-SEEK or LCs)--

- 98% would recommend the training to others
- 34% increase in knowledge of training topics
- 31% increase in confidence in applying training topics in the workplace
- 28% increase in commitment to applying training topics in the workplace

Quotes:

- *"Trainers were amazing. Information learned was valuable."*
- *"I enjoyed this training and would attend more if offered in this area."*
- *"I really appreciated the resources that were shared during the training. They were immediately put to use by my agency."*
- *"I am a supervisor of frontline staff, and I want to ensure that when staffing I am asking them about family supports etc. I would also like to find out how to get positions which provide this in my county and to tap into the federal funding available for that position."*

For KinFirst Statewide Learning Community (December 3, 2024)

- Overall rating of 4.2 out of 5 stars
- 81% would recommend the event to others

- 95% felt the information in the event applied to their work

Quotes:

- *"It's always inspiring to be around like-minded individuals! I feel so much more motivated and empowered after feeling defeated the past couple weeks."*
- *"The breakout rooms were beneficial and made me feel excited about what we can do as an agency."*
- *"Today has sparked interest in what gaps may be in the system and how to fill those needs."*
- *"Wonderful event. I believe it could be a 2-day event in the future."*

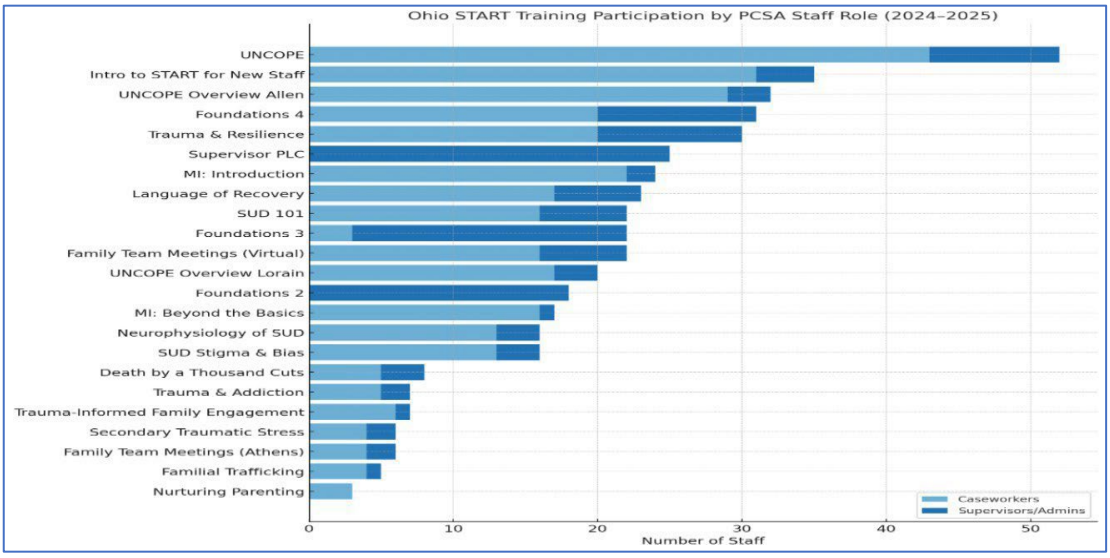
Ohio START

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

The ongoing required core trainings offered through Ohio START were developed to address the basic skills and knowledge required to implement the Ohio START model with fidelity. Core training is held regularly (either quarterly, semi-annually, or annually) and are required for Ohio START Caseworkers, Family Peer Mentors (FPM), Children Services Supervisors, and Administrators. Additional training courses are held throughout the year based on needs identified through technical assistance.

Training content is focused on the core skills and knowledge required for the START model, including working with families with substance use disorders, understanding the child welfare system, administering required screening tools, facilitating Family Team Meetings, understanding the roles of caseworkers and FPMs, supervision, understanding the effects of trauma, and Motivational Interviewing.

Training courses are open to all 57 counties participating in Ohio START. While a few sessions are role-specific, most are open to all PCSA caseworkers, supervisors, administrators, FPMs, behavioral health providers, and community partners. Continuing Education credits are offered for each training. From July 1,2024 through March 31,2025 a total of 307 Ohio START caseworkers, and 140 supervisors and administrators were trained.



Ohio START staff attend and observe all sessions and collect standard evaluations from participants to measure the level of knowledge/skills before and after attending the training, whether program objectives were met, and the effectiveness of the training. The evaluations are also reviewed for any pertinent follow-up that may be necessary. Sessions and materials are updated as changes are needed.

On a 5-point scale, training participants ranked their level of knowledge/skills on the identified topic before and after the training. Evaluations received from participants reflect that Ohio START trainings increase their level of relevant knowledge and skills.

Five Regional Technical Assistance Consultants and three Ohio START Coaches support the 57 counties implementing START throughout Ohio. Technical Assistance Consultants support counties in making improvements in fidelity elements and track county readiness for certification. In addition, Ohio START Coaches provide specialized support to PCSAs in the areas of behavioral health, FPMs, motivational interviewing and family team meetings. The coaches meet individually with PCSAs to address implementation barriers and increase skills in strategies that assist START implementation. A total of 476 TA meetings, calls, or presentations took place from July 1, 2024, through March 31, 2025.

Item 28: Foster and Adoptive Parent Training

For this item, provide evidence that answers this question:

How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (who receive title IV-E funds to care for children) so that:

Current or prospective foster parents, adoptive parents, and staff receive training pursuant to the established annual/biannual hourly/continuing education requirement and timeframes for the provision of initial and ongoing training; and

The system demonstrates how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address all of the components of this question, including the two bullets and all required trainees as described above.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to caregivers' experience with foster and adoptive parent training?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response

Training Requirements
Summary of initial and ongoing training requirements under OAC 5180:2-5-33 and OAC 5180:2-48-9.

Home Type	Preservice Hours	Ongoing Hours
Pre-Adoptive Infant	12	24 every two years
Family	24	30 every two years (completion of Resource Readiness in the first two years)
Specialized	24	45 every two years (completion of Resource Readiness in the first two years; CPR and First Aid every two years)
Adoptive	Not specified	No requirement

Addressing the Knowledge & Skill Needs of Foster and Adoptive Parents

Initial Training

Foster Care

The Preservice training curriculum for foster, kinship, and adoptive families is a 24-hour curriculum consisting of three self-directed courses and 12 instructor-led courses that can be taken virtually or in person. This curriculum was designed to align with the Family First Prevention Services Act (FFPSA) Model Licensing Standards and developed with data from a scoping review, focus group feedback, and input from a curriculum advisory group. It was implemented in January 2023.

In late 2023, OCWTP released a Preservice Training Evaluation Report that assessed the new Preservice series. 1,663 Preservice self-directed course evaluations and 4,938 Preservice instructor-led course evaluations were reviewed. Additionally, 11 preservice trainers and 30 licensing managers completed surveys. There was little variation in the average subscale scores from ILT course evaluations based on which Regional Training Center (RTC) hosted the training. This suggests that learners' experiences are fairly consistent across the state.

The OCWTP acted on the following recommendations as course revisions were made throughout January 2025:

- Reduce content to address the pacing of the ILT courses
- Increase the inclusion of interactive training elements
- Ensure learner guides could be either printed or typed into

Additional resources have been developed to support the Preservice series:

- Preservice Training Youth Version – A companion curriculum learners can use with their children to help prepare the whole family.
- Preservice Syllabus – A document that provides the learning objectives, descriptions, and training requirements addressed in each course.
- Preservice Job Aid – Desk reference for navigating the CAPS LMS
- Agency Policy Training Guide – An optional guide (with PPT slides) agencies can use to ensure their agency's required training on policies and procedures address what is included in the rule.
- Post-Preservice Refresher – A series of self-directed micro-learnings that caregivers and staff who work with caregivers can take to refresh their memory about what is taught in Preservice. This series will be launched in the summer of 2025.

Adoption

Families approved for adoption only (not foster care) must receive training in the following topics:

- The effects that placement, separation, and attachment issues have on children and their families.

- Caregivers' involvement in permanency planning for children and their families, and post-adoption issues for children and families, including availability of adoption subsidies.
- The dynamics of physical abuse, sexual abuse, emotional abuse, neglect, and substance abuse on human growth and development.
- Behavior management techniques.
- Effects of caregiving on children's families.
- Cultural issues, including cultural differences training and an overview of the Multiethnic Placement Act (MEPA), and the Civil Rights Act of 1964 (Title VI), as it applies to the foster care and adoption process.

The substance of section 2152.72 of the Ohio Revised Code, which deals with the information required to be shared with a prospective adoptive parent before a child who has been adjudicated a delinquent child for the commission of certain violent crimes is placed with a prospective adoptive parent.

These topics are addressed in OCWTP Preservice training curriculum. An agency may waive components of the training if the assessor determines that the family has received training previously or the family has the skills to care for the needs of the child placed in the home.

Evaluation Data

Below is a summary of learner evaluation data for Preservice Curriculum courses completed between January 1, 2024, to April 17, 2025. The rating scale is from 1-5, with 5 being strongly agree.

Course	Respondents	Content up to date	Content was relevant	Able to apply what I learned
1. Orientation*	221	4.54	4.61	4.67
2. Caregiver Role*	238	4.57	4.61	4.67
3. Basics of Placement	1,319	4.59	4.58	4.60
4. Trauma Overview	1,364	4.60	4.62	4.63
5. Impact of Trauma	1,369	4.62	4.64	4.65
6. Permanency	1,281	4.62	4.63	4.64
7. Child's Connections	1,298	4.61	4.60	4.62
8. Partnering	1,318	4.64	4.63	4.65
9. Child Development	1,299	4.58	4.60	4.59
10. Adolescent Development	1,293	4.59	4.56	4.58
11. Best Practice Foundation	1,260	4.57	4.54	4.56

Course	Respondents	Content up to date	Content was relevant	Able to apply what I learned
12. Discipline	1,262	4.60	4.62	4.62
13. Effects	1,225	4.61	4.61	4.62
14. Medication Management*	311	4.61	4.62	4.65
Averages	**1,076**	**4.60**	**4.61**	**4.63**

*The respondent numbers are lower for the self-directed courses because learners who do not complete the evaluation right away from the "completion page" seldom return to their *completed* transcript page to locate and complete the evaluation. It is not required to be completed for the learner to receive training credit.

Positive feedback:

- Clear and Comprehensive Information
  - Courses explained key differences (e.g., adoption vs. foster care) and roles effectively.
  - Courses were informative and helped learners understand the overall foster care process.
- Promoted Empathy and Perspective-Taking
  - Increased understanding of caseworkers, biological families, and children's perspectives.
  - Encouraged empathy for trauma-impacted children and grace for developmental variation.
- Helpful Role Clarification and Expectations
  - Defined caregiver responsibilities clearly.
  - Addressed what to expect in caregiving, permanency, and placement situations.
- Valuable Real-Life Context
  - Realistic and honest tone (e.g., challenges of fostering, trauma impact).
  - Guest speakers and personal reflections were particularly meaningful.
- Developmental and Trauma Awareness
  - Clarified the effects of trauma and how it manifests in behavior.
  - Highlighted child development stages and realistic expectations.
- Practical Strategies and Advocacy
  - Offered guidance on discipline, emotional regulation, and medication safety.
  - Encouraged caregivers to advocate for children's needs.
- Strengthening Child and Family Connections
  - Stressed the importance of maintaining a child's relationships and identity.
  - Showed how connection benefits long-term outcomes.

Many of the evaluation surveys were completed prior to the January 2025 revision. Therefore, some suggestions were implemented in that revision. Considerations for further improvement include:

- Add more practical tools and real-life examples
  - Include more real scenarios, mock situations, testimonials, and video examples.

    - Provide actionable discipline techniques and trauma interventions.
    - Share tips for managing meds with non-verbal or young children.
- Broaden Representation a
    - Address younger children more, not just older youth.
    - Expand on kinship care, disabilities, and neurological conditions.
- Support for Caregivers Themselves
    - Include more empathy and support content for foster caregivers.
    - Offer more guidance on caregiver stress, expectations, and navigating allegations.
- Expand Depth Where Needed
    - Deepen focus on adolescent transitions, permanency preparation, and caseworker dynamics.

Ongoing Training

Adoptive Parent

While adoptive families do not have ongoing training requirements, they can have a profile in the CAPS LMS, launch self-directed courses, and participate in instructor-led courses. There are 192 courses with "adoptive parent" identified as a potential audience. In addition, DCY is reviewing the four-course series, *Adoption Guardianship Preparation Training* by Harmony Family Center, for entry into the CAPS LMS. This series was developed specifically for families considering guardianship or adoption and addresses such topics as expectations, motivations, trauma, attachment, and therapeutic parenting. It has been adapted to provide Ohio-specific resources.

Foster Parent

Newly certified family and specialized foster families must complete training in 11 required topics, collectively called Resource Readiness, during their first two years of certification in addition to completing their required number of training hours.

The required topics are listed below. Numbers in parentheses indicate how many self-directed (SDC) and instructor-led (ILT) courses are available within each topic.

- Prevention, recognition, and management of communicable diseases (1 ILT, 1 SDC)
- Community health and social services available (1 ILT, 1 SDC)
- Education advocacy (2 ILT, 1 SDC)
- Substance abuse (4 ILT, 1 SDC)
- Cultural issues (2 ILT, 1 SDC)
- Family safety (2 ILT, 2 SDC)
- Trauma and its impact on children and the family; promoting attachment (6 ILT)
- Caring for children who have been sexually abused (2ILT, 1 SDC)
- Managing placement transitions (4 ILT, 1 SDC)
- Mental health, self-regulation, and self-care (3 ILT, 2 SDC)

- Legal and ethical issues for caregivers (4 ILT)

Foster caregivers can select one course from each topic, and do not need to take the courses in a particular order. They are encouraged to select courses specific to the needs of children placed in their home (if they have already accepted placement) or the characteristics of children they have indicated willingness to accept.

Many of the courses in Resource Readiness come from the National Training and Development Curriculum (NTDC). OCWTP partnered with Spaulding to develop the first set of interactive self-directed modules. Other courses were developed by OCWTP or by a trainer.

Learner evaluation surveys between July 1, 2024, and April 16, 2025 were reviewed. The table below shows the aggregate ratings for each required topic in three metrics:

- Content up to date
- Content Relevant
- Able to apply

Topic	Learners	Content Up to Date	Content Relevant	Able to Apply
Prevention, recognition, and management of communicable diseases	304	4.58	4.55	4.58
Community health & social services available	238	4.60	4.61	4.60
Education Advocacy	481	4.57	4.54	4.56
Substance Abuse	473	4.57	4.53	4.55
Cultural	812	4.52	4.48	4.46
Family Safety	1,010	4.59	4.59	4.59
Trauma and its impact on children and the family; Promoting attachment	1,063	4.59	4.59	4.59
Caring for children who have been sexually abused	689	4.66	4.64	4.63
Managing Placement Transitions	882	4.54	4.55	4.54
Mental health, self-regulation, and self-care	938	4.58	4.61	4.59
Legal and Ethical Issues for Caregivers	505	4.59	4.53	4.55

Learners from the five most frequently offered Resource Readiness consistently praised the following:

- Instructors' use of personal experiences, which increased relatability.
- Engaging delivery styles, which kept sessions interactive and memorable.
- Tools and strategies that could be directly applied in their caregiving roles.

- A greater emotional and psychological understanding of the children in their care.

Caregiver Needs Assessments and Development Plans

Once certified foster caregivers complete their initial Resource Readiness requirement, they do not have any required topics, except that specialized families must get CPR and First Aid training every two years. Rather, the recommending agency is to develop and implement a written needs assessment and continuing training plan for each foster caregiver affiliated with the agency. The identified courses must be appropriate for the type of foster home the foster caregiver operates, and the type of children typically placed in the home. Completion of the plans is tracked in Ohio SACWIS and DCY felt it would be redundant to have caregivers also complete an ITNA and IDP in CAPS LMS.

OCWTP has assisted agencies in addressing this requirement by developing an optional online needs assessment survey for agencies and foster caregivers. The optional online needs assessment helps caregivers identify key skill areas they need to develop. The survey takes approximately 10 minutes to complete. Results are emailed to the foster caregiver, their agency worker, and the regional training center that serves their agency. Caregivers in their first two years of certification are advised to select two to three topics to address after they complete their Resource Readiness training requirements. Year three and beyond, caregivers are advised to select up to 10 topics.

Survey data from the optional needs assessment survey indicate the following topics as priority training needs for caregivers:

- Adoption
- Trauma
- Behavioral Health
- Child Development
- Attachment/Relationship Building
- Discipline

In addition to analyzing individual training needs data, the eight RTCs also consider systemic needs data from the following sources:

- DCY announcements regarding changes in federal and state laws and the OAC
- Emerging state and national trends
- Learner evaluations in the CAPS LMS
- Feedback from OCWTP trainers
- Input from Curriculum Advisory Groups
- Input from the Ohio Youth Advisory Board
- Youth and family ombudsman reports and discussion
- RTC county site visits
- County agency training/coaching requests
- County engagement through the RTC's caregiver coach
- Training needs collection tool / regional need surveys
- Quarterly PCSAO Executive Directors Meeting

- Regular meetings with recruitment departments
- Meetings with community organizations such as the Spanish American Committee to assess the needs of Spanish-speaking caregivers.
- Data from the Foster Parent College LMS
- Verbal reports from resource managers/licensing specialists
- Foster caregiver focus groups
- Requests due to a corrective action/ foster parent rules violation
- County Foster Parent Association Meetings
- CPOE exit interviews
- Monitoring waitlists for training

Below is a summary of training needs findings from these additional data sources:

- **CORTC:** Burnout and secondary trauma, trauma-informed care, sexual abuse, human trafficking, mental health, independent living
- **ECORTC:** Trauma, substance abuse, attachment/loss
- **NCORTC:** Grief and loss associated with reunification, inclusive boundaries, permanency planning, and discipline
- **NWORTC:** Trauma, substance abuse, sexual abuse, verbal de-escalation, stress management
- **SEORTC:** Behavior management, primary families, independent living, and mental health
- **SWORTC:** Trauma, substance abuse, adoption, and discipline/behavioral management
- **WORTC:** Trauma, discipline, adoption, problem solving, behavior management
- **NEORTC:** Adoption, trauma, behavioral health, child development, attachment/ relationship building, CASA/GAL role, internet risks, race, fetal alcohol syndrome, life books, CPR, rule violations, drugs

Connecting Caregivers to Needed Ongoing Training

To ensure certified caregivers can meet their training needs, CAPS LMS offers a menu of 222 foster care courses, approximately 20 of which are self-directed. Many instructor-led courses can be attended in person or virtually. Additional efforts to connect foster caregivers to needed training are highlighted below.

Foster Care Conferences: Several RTCs host annual foster caregiver conferences. Some, like ECORTC and NCORTC, offer virtual and in-person options. NCORTC held in-person sessions at local community-based organizations so caregivers could become familiar with local resources. The format and scale of the conferences vary depending on regional needs. Here are two examples:

- NEORTC held its 16th annual conference in person over three days. Ten training sessions provided 51 foster caregivers with 420.75 hours of training credit. The caregivers represented eight counties and three private agencies. They also invited their caregiver coach and other organizations to set up resource tables at the event.

- WORTC offered a fully virtual three-day conference. Twenty-five courses were offered, eight of which met Resource Readiness training requirements, for a total of 70.75 hours. There were 270 learners from both public and private agencies.

Foster Parent College: OCWTP has partnered with Foster Parent College for many years to provide a wide menu of self-directed learning options for foster caregivers, free of charge to them. Between July 1, 2024, and April 15, 2025, there were 1,983 caregivers enrolled and 1,770 courses were completed for a total of 5,416 hours of training.

The most frequently completed courses in this time period include:

- Autism: A Strength-Based Approach (113)
- Building Trust, Motivating Change (104)
- Eating and Food Issues (91)
- Healthy Sexual Development (82)
- Children Entering Care: Physical Health Issues (64)

Coaching

As stated in the previous section, OCWTP provides coaching to staff and caregivers on request. The table below notes the number of hours provided to caregivers along with skills coached between 2023 and 2025:

Population	Hours	Skills Coached
Caregivers	280.4	Engaging with children and birth families Communication skills Trauma-informed parenting Trauma-informed behavior management Attachment Child Development General parenting skills for adoptive parents Professional relationships Active listening

In addition to the statewide coaching program, for the first time, the eight RTCs have full-time caregiver coaches who provide coaching and support to public/certified caregivers and certified kinship providers. The skills required to be an equipped caregiver are complex and challenging, especially to learn in one-time training. Coaching support from these regional coaches helps caregivers master and apply newly learned skills.

Through group sessions, parent cafés, conference presentations, and one-on-one coaching in caregiver homes, they have coached the following topics to countless foster and kinship caregivers:

- Collaboration
- Engaging primary parents

- Trauma informed parenting
- Separation
- Reunification
- Grief and Loss
- De-escalation
- Social supports
- Child development
- Self-care
- Culturally responsive parenting
- Attachment
- Legal issues
- Balancing the needs of all children
- From fostering to adoption
- Impact of trauma

Compliance: The recommending agency tracks foster parent ongoing training compliance, which must verify that training requirements are met before submitting the recommendation for certification or approving the family for adoption. According to OAC 5180:2-5-33, "The recommending agency is to maintain a record in the Ohio comprehensive child protection information system (Ohio CCWIS) for each foster caregiver showing the date, location, course name and length of each preplacement and continuing training course each foster caregiver attended, and the name of the trainer." DCY licensing staff monitor agency compliance.

Advanced Foster Care Training

As more PCSAs begin treatment foster care programs, there is an increased need for advanced, skill-based training. OCWTP is identifying criteria for advanced training and trainer qualifications to train these advanced courses. Several courses have been identified as potential advanced courses and OCWTP will be engaging trainers to develop these courses further to meet the criteria. In addition, OCWTP is exploring partnerships with organizations that have already developed skill-based training. For example, the Ohio Coalition for the Education of Children with Disabilities offers a virtual monthly education series for caregivers.

Statewide Functioning

- RTC foster care training coordinators meet every other month to discuss training coordination.
- Self-directed learning through the CAPS LMS and Foster Parent College provide equal access to training across the state.
- RTCs host in-person sessions at their location as well as on-site in the counties.
- Several RTCS have found recent success in hosting brief sessions during the lunch hour, lunch and learns.
- RTCs also alert county training liaisons to relevant training that other organizations host.

Assessing How Well We Meet Training Needs

The learning needs of certified caregivers are met through training scheduled and often hosted by the RTCs. Examples include the following:

- NEORTC Caregiver Training Coordinators submitted seven learning needs requests, all approved and now available in CAPS LMS.
- Each agency in the WORTC service area with an internal foster parent network (nine in total) receives assistance from the WORTC in finding appropriate, available training from our system.
- NWORTC scheduled trainings in all five high training needs areas, totaling over 60.2 hours of training.
- SWORTC hosted at least one training in each of the four high priority areas: Trauma (13), Substance Abuse (3), Adoption (1), and Discipline/Behavioral Management (4).
- NEORTC and NCORTC scheduled training in their region's areas of high needs and then sent follow-up emails to any agency that identified one or more of the areas as needed.

RTCs use the following data to confirm learning needs are being met:

- Learner evaluations in the CAPS LMS
- Feedback from OCWTP trainers
- RTC county site visits
- RTCs maintain ongoing communication with county training liaisons
- County engagement through the RTC's caregiver coach
- Quarterly PCSAO Executive Directors Meeting
- Data from the Foster Parent College LMS
- Verbal reports from resource managers/licensing specialists
- Feedback provided during foster caregiver focus groups

The accuracy of the data is supported in the following ways:

- County licensing staff are all foster care and adoption assessors and have a long-term professional relationship with caregivers. Thus, are able to identify and score Biennial Training Needs with the foster caregivers.
- Several RTCs review all foster parent training surveys within 10 days of the session, then send the report to each trainer with learning points, comments, and score reports. This timely feedback and the requirement of the county training liaison to monitor learning and the training plan of each foster parent give additional credibility to the learning achievement.
- Several RTCs meet quarterly with Foster Licensing specialists from the region to collaborate on meeting the individual foster parent and the specific county needs and determine if the trainings result in increased skills and knowledge. Minutes reflect that training needs are being met.
- Feedback from coaching sessions indicates that sessions are helpful. Survey results and feedback were used to develop future coaching and training content.

Limitations in Data
Caregiver ITNAs are completed at the agency level, and there is no standard mechanism for sharing this ITNA data with OCWTP. Furthermore, the data is not collected in a standardized way, making it difficult to aggregate the data.

LMS course evaluation surveys have low response rates so do not represent all caregivers attending training.

Although the RTCs periodically prompt county training liaisons to send training needs data, the counties are ultimately responsible for collecting training needs. As a result, OCWTP is reliant on how well the county training liaison completes this task.

Spanish-language Courses
Ohio, like many states, has a foster family shortage. RTCs reported that English-only Preservice put up a barrier to potential families from Spanish-speaking communities. OCWTP has used translation services and additional consultants to make Preservice available in Spanish. In addition, OCWP has made the Spanish-Language NTDC courses available in the CAPS LMS. After testing, the self-directed courses will also be made available.

Micro-learnings
Post Preservice Refresh is a series of 14 brief self-directed learnings (one for each Preservice course except CPR/First Aid) to assist potential caregivers who have completed Preservice in remembering what they learned. It can be several weeks or months between Preservice completion and the family's first placement. These micro-learnings can be returned to repeatedly to help important points stay in the caregiver's memory. The Post Preservice Refresh series will be available in CAPS LMS in summer 2025.

Child Care Institutions/Group Home Staff Training

Training Requirements
OAC 5180:2-9-03 mandates initial and ongoing training for staff who work in Child Care Institutions/Group Homes. Staff receive their training in-house or from an outside provider (sometimes it may be through OCWTP or another outside venue). If training occurs outside of the agency/residential facility the training shall include a transfer of learning component prior to or following the training. The transfer of learning component may include a pretest, a posttest, or a discussion following the training.

Training Pre-Requisites and On-going Certification Requirements
The residential facility shall ensure that all childcare staff hired possess:

Current American Red Cross, American Heart Association, or equivalent First Aid and Cardiopulmonary Resuscitation (CPR) certification at the time of hire or within six months following the date of hire. Childcare staff of a group home or children's residential center shall be certified in the type applicable to the age and size of the children to be served in the facility. Childcare staff of a residential parenting facility and a children's crisis care facility shall be certified in infant, adult, and child CPR. The first aid

and CPR certifications shall always be maintained current unless the employee meets one of the following exceptions:

- Extended leave
- Separation of employment for less than one year
- Extended illness
- Critical emergencies
- Cancellation of training classes

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

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

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

Content
Training should relate to agency policy, procedure, trauma-informed care, rules, and the population that the agency serves. The training shall include documentation of the transfer of learning components. If a childcare staff person is or will be providing care for a youth at least fourteen years of age, the person shall be prepared adequately with the appropriate knowledge and skills to understand and address the issues confronting adolescents preparing for independent living and provide such services as are needed and appropriate.

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

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

Physical restraint of a child can only be utilized by a childcare staff person who has received specific training and annual review in acceptable methods of restraint. Documentation of such training must be included in the employee's personnel record. If the facility revises any policy pertaining to children or childcare staff, the childcare staff must receive training on the policy within third days of the revision.

Training must address the following topics:

- Familiarization of the employee with emergency and safety procedures of the residential facility.
- Principles and practices of childcare.
- Administrative structure, procedures, and overall program goals of the residential facility.
- Trauma informed approach implemented by the agency if the individual does not have a current "Level 2 Trauma Informed" or "Level 3 Trauma Competent" certificate.
- Appropriate techniques of behavior management.
- Techniques and methodologies of crisis management including acceptable physical restraint or acceptable alternatives to restraint if restraint is prohibited.
- Familiarization of the employee with the discipline policy strictions outlined in OAC, the discipline and behavior intervention policy required by OAC, and any additional requirements the agency may have.
- Procedures for reporting suspected child abuse or neglect.
- Emergency medical plan of the residential facility.
- Universal precautions.
- Chapter 5180:2-9 of the Administrative Code as applicable to the functions of the agency.
- Implementation of the Community Engagement Plan.
- Procedures for responding to incidents involving a child at the facility and neighbors or the police.
- Reasonable and prudent parent standard.

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

Annual Training: Childcare staff are required to receive at least 24 hours of annual training.

Compliance: Each residential facility is required to document the completion of training activities in the staff's personnel record. During visit reviews and recertification reviews, DCY Licensing Specialists monitor compliance with training requirements for staff in DCY licensed facilities.

Learner-Driven Pathways

OCWTP has developed a framework for learners to explore a topic to the depth they want at a pace that works for them. This framework is called a learner-driven pathway. Training and other learning activities are available along the pathway, but participation is not required. The learner can do as much or as little of the pathway as they like.

Life Skills Pathway

The Life Skills Pathway, the first learner-driven pathway, was developed in collaboration with ACTION Ohio and the Overcoming Hurdles in Ohio Youth Advisory Board (OHIO OYAB). Courses and activities within the pathway help resource families gain necessary knowledge and skills to assist youth skill development, promoting a successful transition to interdependence. When the resource family has completed a pathway course, the caregiver and youth in their home can work together on skill-building activities based on knowledge and skills from that specific course. The family and youth will be able to document the activity, and learners can earn badges awarded within the CAPS LMS. Badges are a way to be easily recognized for achievement.

The essential elements of interdependence, as determined by the OHIO YAB include--

- Education
- Workforce
- Budgeting
- Housing
- Health
- Relationships
- Mentoring
- Assessments
- Planning
- Vital Records

Below is a sample of comments from frequently offered courses in the pathway:

Vital Records

- *Thinking through the details of vital records and how to support children transitioning out of care is important. Recognizing how those records may impact a child in foster care differently is also valuable.*

Educational Advocacy K-12

- *I discovered how important it is to become an advocate for children in foster care when it comes to school!*
- *I did not know about Surrogate Parents for students, and I have already signed up to get certified!*
- *It was easy to understand and relevant to current issues in schooling with children in care.*

Teens in Foster Care

- *Learning from a former foster child who aged out of the system added weight and authority to the training. It wasn't just a bunch of slides and talking points, but it came from someone with a lived experience on how we as foster parents can come alongside our teens to raise them up. She is an amazing instructor.*
- *Gave me a new perspective to look at how/why my teenagers are behaving the way they are and what may be behind some of those behaviors. It reminded me to take a step back and try to put*

myself in their shoes for more than a minute. The Job can be overwhelming, and workers can lose focus on what we are actually supposed to be doing besides just meeting requirements and deadlines.

- *I really enjoyed the use of the activities and break out groups. Especially when the initial exercise in break out groups validated a strong point and demonstrated the frustration a foster you(th) feels like when having to retell his/her story over and over again. It offered a very interesting perspective.*

Getting Teens Ready for the World of Work

- *The instructor shared many resources that will be valuable in training my teens to work and enter the world as an adult.*
- *Discussion on the importance of allowing teens responsibility to help prepare them, and good resources for career discussions.*
- Mentoring Teens
- *I appreciated the depth of information given for diverse populations of youth in care and the risks and needs they experience more.*
- *I learned great information about increasing mentors for foster youth.*
- *Understanding that others outside the home can work with, play with, teach skills with the children that I may not be able to do.*

Sexual Abuse Education Pathway

The Sexual Abuse Education pathway is in development with a launch in late summer 2025. This pathway topic was selected based on feedback from agency assessors and training liaisons that foster caregivers need in-depth information on providing care for children who have experienced sexual abuse. This pathway will consist of three instructor-led and four self-directed learning modules. The courses are:

- Caregiver Values and Beliefs
- Disclosure
- Impact of a Child's Disclosure
- Indicators of Child Sexual Abuse
- Caring for Children Who Have Experienced Sexual Abuse
- Caring for Children with Problematic Sexual Behavior
- Secondary Trauma

Certified Foster Caregivers Who Are Kin

Kinship providers have a unique set of considerations. OCWTP offers the following kinship-specific training for these families through CAPS LMS.

The NTDC kinship courses, Building Resilience for Kinship Caregivers and Kinship Parenting, are available through CAPS LMS.

A video series by Dr. Joseph Crumbley, kinship care expert, has been developed into a series of interactive self-directed courses that address attachment, legacies, identity, healing, adaptability, and co-parenting.

Overview of Kinship Supports is under state review. This self-directed course addressed the federal, state, and local supports and services available to kinship families. While the target audience for this course is staff, kinship families can attend.

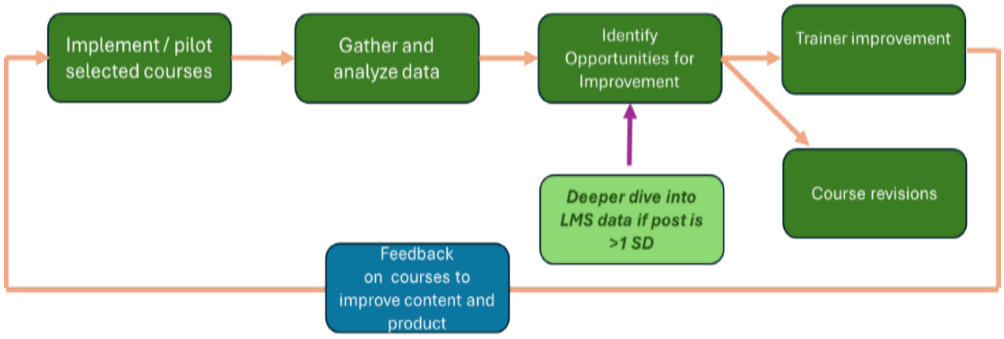
Assessment of Training Outcomes

OCWTP staff have developed a quality control process to assess and improve training outcomes (see Figure 1 below). This process involves developing or revising course-specific learning objectives that, in turn, inform a set of pre- and post-course questions for learners. Consistent with best practices in Learning Sciences, questions focus on knowledge, understanding, skills, confidence, and behavioral intentions. That is, to what extent do participants--

- Understand the focal topic (e.g., normalcy) and why it is important for children and families
- Possess the ability (skill) to demonstrate the desired behavior
- Express confidence in using that skill
- Intend to use that skill in practice

Figure 1 shows that pre- and post-data will be immediately available for the training content team to review the short-term training outcomes. If training outcomes are achieved, no changes will be needed. If outcomes are not achieved (i.e., mean responses are more than one standard deviation below the mean across all courses), the team will determine whether revisions are needed to improve the content or if coaching is needed to improve the trainer's delivery.

Figure 1: Quality Control and Improvement Process



The initial pilot of this process (FY2025) will involve four courses, including one preservice and three ongoing courses (two instructor-led and two self-directed). The long-term goal is to access the full scope of formative data through the CAPS LMS that would allow OCWTP staff to see participation reactions and learning throughout the curriculum.

Engagement of Persons with Lived Experience

Youth voice has been, and remains, key in creating and continuing the development of the Life Skills Pathway. ACTION Ohio, a statewide foster care alumni advocacy group, is facilitating the voices of youth in the following areas:

- Identification of Essential Elements of Interdependence
- Mapping of Essential Resources
- Design of Essential Element Badges
- Creation of a Menu of Life Skills Activities for resource families to use with youth to build skills
- Vetting of course outlines for pathway and badge approval
- Developed courses for the Life Skills Pathway (alum trainers)

Foster caregivers are also engaged for their expertise. Two foster caregivers are voting members of OCWTP Steering Committee.

Additional ways youth/alums and foster caregivers are engaged:

- Inclusion in curriculum advisory groups
- Recorded interviews with 13 alumni, resulting in 122 clips used in learning interventions
- Recorded interviews with 18 families. These clips are in development and will total over 100 clips
- Include lived experience as a preferred qualification on the Verification of Trainer Qualifications (VTQ) form
- Utilized as trainers and panelists for OCWTP

E. Service Array and Resource Development

Item 29: Array of Services

For this item, provide evidence that answers this question:
How well is the service array and resource development system functioning to ensure that the range of services specified below is available and accessible in all political jurisdictions covered by the CFSP?

- Services that assess the strengths and needs of children and families and determine other service needs;
- Services that address the needs of families in addition to individual children in order to create a safe home environment;
- Services that enable children to remain safely with their parents when reasonable; and
- Services that help children in foster and adoptive placements achieve permanency**.**

In your analysis
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address all four components of this question.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to children and families' experience with the availability, accessibility, and delivery of services?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response

Child and Family Services Continuum
Ohio's publicly-funded child welfare services continuum includes robust programming to support the following essential functions: Child Abuse and Neglect Prevention, Child Maltreatment Assessment and Intervention, Child Treatment Services, Family Preservation Services and Family Support Services, Services to Support Reunification, Adoption, and Kinship Care, Services to Support Independent Living and Other Permanent Living Arrangements, and Preparation and Support of Youth Transitioning from Care. With the passage of HB 33, DCY was created with the charge to provide services, programming, and support to children and families across the state. Ohio has worked toward expanding and

strengthening the range of existing services and developing and implementing services to improve child outcomes through coordination of services across systems and within systems.

DCY's long term goal is to support children and youth, empower families, and uplift communities. To meet these goals, DCY has developed a continuum of services, encompassing awareness, prevention, intervention, and wellness with stabilization supports highlighted as foundational needs of many families served by DCY. Focusing on prevention and quality of services to keep families intact as well as achieving timely permanency provides direction and supports the agency's mantra to *Do What's Right for Kids*.

To provide high-level context for services described in detail throughout Item 29, the chart below provides a crosswalk of the range of services / programs and how each is connected to DCY's service continuum. The check marks indicate the service / program addresses one or more of the following:

- *Services that assess the strengths and needs of children and families and determine other service needs.*
- *Services that address the needs of families in addition to individual children to create a safe home environment.*
- *Services that enable children to remain safely with their parents when reasonable.*
- *Services that help children in foster and adoptive placements achieve permanency.*
- *Services that are tailored to individual developmental needs, responsive to disabilities and special needs, or accessed through flexible funding.*

Service	Description	DCY Service Continuum *Stabilizing Supports *Awareness *Prevention *Intervention *Wellness	Services that assess the strengths and needs of children and families and determine other service needs.	Services that address the needs of families in addition to individual children to create a safe home environment.	Services that enable children to remain safely with their parents when reasonable.	Services that help children in foster and adoptive placements achieve permanency.	Services that are tailored to individual developmental needs, responsive to disabilities and special needs, or accessed through flexible funding.
Developmental Screening	The Ages and Stages Questionnaires, commonly referred to as the ASQ, is a screening tool for young children. The ASQ is a formal research-based instrument that asks questions about a child's development, including language, motor, cognitive, social, and emotional development. The Sparkler: Play for Parenting App is a mobile app that allows families to complete the ASQ for their children to track developmental milestones as early as one months old for free.	**Awareness**	✓				✓
Alliance on Innovation in Maternal Health (AIM) Safety Bundles	AIM is a national data-driven maternal safety and quality improvement initiative based on proven implementation approaches to improving maternal safety and outcomes in the U.S. AIM has created multiple evidence-based patient safety "bundles" that integrate system-based improvement initiatives to reduce adverse maternal outcomes.	**Intervention**	✓				
Bridges	Bridges is a voluntary program available to young adults who leave foster care in Ohio at ages 18, 19, or 20 and who are in school, working, participating in an employment program, or have a medical condition that prevents them from going to school or working.	**Intervention**				✓	
CarePortal	CarePortal connects caring people, in real-time, through the help of technology, to	**Stabilizing Supports**	✓	✓	✓	✓	

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	expedite care and foster healthy outcomes for vulnerable children and families.						
Chafee Foster Care Independence Program	Chafee provides funding to support youth/young adults in or formerly in foster care in their transition to adulthood.	**Stabilizing Supports**	✓	✓	✓	✓	
Childcare	Childcare provides care and supervision to children in a variety of settings. Child Care Centers serve 7 or more children; Type A serves 7 to 12 children with not more than three children under 2 years; Type B no more than six children with not more than three children under 2 years; In-Home Aides serve no more than two children at one time, directly within the child's home; Day Camps – serve school-aged children, operate for no more than twelve hours per day and only during school breaks or no more than 15 weeks during the summer.	**Prevention Intervention**	✓	✓	✓	✓	
Children in Custody Conferences (CiCs)	Children in Custody conferences (CiCs) are meetings held in conjunction with OhioRISE Child and Family Team meetings (CFTs). Service needs are identified based on the strengths and needs for the youth and family.	**Intervention**	✓	✓			✓
Dual Status Youth Project	Dual Status Youth Project is a systems approach to improve outcomes for young people involved in both the child welfare and juvenile justice	**Awareness**				✓	✓

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	systems by focusing on systemic reform to ensure better coordination between agencies, reduce unnecessary justice system involvement, and enhance support for families.						
Early Childhood Education	Early Child-Care and Education (ECE) provides children with a strong foundation to support early learning and development and assists families with workforce supports that foster self-sufficiency.	**Prevention**	✓	✓	✓		
Early Intervention	Early Intervention is a statewide system that provides coordinated services to parents of infants and toddlers with disabilities or developmental delays.	**Prevention**	✓				✓
Family Connects Ohio (FCO)	Family Connects Ohio (FCO) is an evidence-based universal nurse home visiting model that provides support for families with newborns during a period of life-changing transition. FCO connects families to healthcare providers who will nurture the whole family and support a newborn's health and wellbeing.	**Awareness Prevention**	✓				✓
Family Success Network (FSN)	Family Success Networks (FSN) is a voluntary program designed to strengthen and support families based on their unique needs. Services include money management, financial assistance, parenting support, and family coaching.	**Stabilizing Supports Prevention**	✓				✓

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Fatherhood Initiative	Ohio Commission on Fatherhood champions father involvement to enhance the well-being and success of children. It promotes strategies to develop and strengthen families and healthy relationships between fathers and their children.	**Stabilizing Supports Prevention Wellness**	✓		✓		
Functional Family Therapy	Functional Family Therapy (FFT) is a prevention program for youth and their families. FFT aims to address risk and protective factors that impact the development of youth who have been referred for behavioral or emotional problems. Intensive Home-Based Intervention (IHBT) is a service designed to meet the needs of youth who are at risk of out-of-home placement or who are returning home from placement. These services focus on the mental health issues that put the youth at risk, while promoting positive development and health family functioning.	**Intervention**	✓	✓	✓	✓	
Help Me Grow Home Visiting	Help Me Grow Home Visiting is a voluntary, home-based program offered at no cost. Home visitors offer information and support during pregnancy, empower parents with skills, tools, and confidence to nurture the healthy growth of children.	**Prevention**	✓	✓	✓		✓

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Maternal Infant and Early Childhood Home Visiting (MIECHV)	Maternal and Infant Early Childhood Home Visiting (MIECHV) facilitates collaboration and partnership at the federal, state, and community levels to improve the health of at-risk children through evidence-based home visiting programs to women, expectant fathers, and parents and caregivers of children under the age of 5.	**Prevention**	✓	✓	✓		✓
Dolly Parton Imagination Library of Ohio	Dolly Parton Imagination Library of Ohio mails children one free book each month until his or her fifth birthday.	**Wellness**			✓		
Independent Living Services	Agencies work with youth to develop tailored independent living plans designed to further their personal development and promote successful transition to adulthood.	**Stabilizing Supports Intervention Wellness**	✓			✓	
Infant & Early Childhood Mental Health Consultation	Prevention based approach pairing mental health consultants with adults who work with infants and young children. Consultation aims to support social-emotional capacities of children from birth to age 5 to form secure relationships, manage emotions, and explore environment.	**Prevention**	✓	✓			✓
Intensive Home-Based Treatment (IHBT)	Intensive Home-Based Intervention (IHBT) is a service designed to meet the needs of youth who are at risk of out-of-home placement or who are returning home from placement.	**Intervention**		✓	✓	✓	

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KGAP Connections to Twenty-One (KGAP C12)	KGAP Connections to Twenty-One (KGAP C21 – the extended KGAP program for young adults aged 18 to 21).	**Stabilizing Supports**		✓	✓	✓	
Kinnect to Family (KTF)	Kinnect to Family (KTF) is an evidenced based Kinship Navigator Program adapted from the 30 Days to Family model. KTF is an intense family search and engagement program, that builds on family strengths to promote stability using relentless effort, focus, and determination.	**Intervention**	✓	✓	✓	✓	
Kinship Permanency Incentive Program (KPI)	Kinship Permanency Incentive (KPI) program gives money to eligible caregivers to care for kin children. The first payment is $525 per child.	**Stabilizing Supports**	✓	✓	✓	✓	
Kinship Permanency Incentive Program (KPIP)	Kinship Permanency Incentive Program (KPIP) provides financial support to kinship caregivers who make the commitment to obtain legal custody or guardianship of the children in their care.	**Stabilizing Supports**	✓	✓	✓	✓	
Kinship Guardianship Assistance programs	DCY offers three Kinship Guardianship Assistance Program (KGAP) programs to benefit children, young adults, and kinship caregivers statewide: Federal KGAP, State KGAP, KGAP Connections to 21	**Stabilizing Supports**	✓	✓	✓	✓	

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Kinship Supports Intervention	Ohio's Kinship Supports Intervention (KSI) is designed to promote and support kinship placements. The goal of the intervention is to meet children's physical, emotional, financial, and basic needs by connecting kinship caregivers with federal, state, and local resources	**Intervention**	✓	✓	✓	✓	
Medicaid	Medicaid improves wellness and health outcomes by providing health care coverage for eligible individuals and families, including children, pregnant women, seniors, and people with disabilities.	**Wellness**	✓	✓	✓	✓	✓
Maternal Wellness - smoking cessation, cribs	The Prenatal Smoking Cessation Program is working with national, state and local partners to reduce the prevalence of smoking among women of reproductive age, including pregnant women.	**Stabilizing Supports Awareness Prevention Wellness**	✓	✓			
Mobile Response and Stabilization Services (MRSS)	Mobile Response and Stabilization Services (MRSS) is a specific kind of mobile crisis service and stabilization service for children and youth with behavioral health conditions. It is an upstream intervention for children and youth that are beginning to experience an acute behavioral health issue and are in crisis.	**Intervention**		✓	✓	✓	✓
Multi-Disciplinary Legal	Multi-Disciplinary Legal Representation Pilot is a multi-disciplinary approach to providing quality legal representation to parents involved or at risk of becoming involved in the child welfare system.	**Awareness**				✓	✓

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Representation Pilot							
Multi-Systemic Therapy (MST)	Multi-Systemic Therapy (MST) is an intensive treatment for youth delivered in multiple settings to promote pro-social behavior and reduce criminal activity mental health symptomology, out-of-home placements, and illicit substance use in 12- to 17-year-old youth.	**Intervention**		✓	✓	✓	✓
Multi-System Youth (MSY)	Multi-System Youth Program (MSY) is Ohio's program to prevent custody relinquishment for youth with multi-system needs to prevent transfer of custody to the child protection system solely for the purpose of obtaining funding to access treatment.	**Intervention**		✓	✓	✓	✓
Ohio Adoption Grant Program (OAPG)	Ohio Adoption Grant Program provides up to $20,000 to parents adopting a child. Parents who have finalized an adoption since Jan. 1, 2023.	**Stabilizing Supports**		✓	✓	✓	
Ohio Education Voucher (ETV)	Ohio Education Training Voucher (ETV) provides financial support for eligible former foster youth pursuing post-secondary education. In addition to the financial support the student is eligible to receive supportive services and guidance from program staff.	**Stabilizing Supports**	✓		✓	✓	

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Ohio Family and Children First (OFCF)	Ohio Family and Children First (OFCF) is a partnership of state and local government, communities, and families that enhances child and family well-being by building community capacity, coordinating systems and services, and engaging families.	**Prevention**	✓		✓	✓	
Ohio Kinship and Adoption Navigator Program (OhioKAN)	Ohio Kinship and Adoption Navigator Program (OhioKAN) is a flexible and responsive kinship and adoption navigator program designed to connect children, caregivers, and families with the services and supports to meet their individualized needs.	**Stabilizing Supports Prevention Wellness**	✓	✓	✓	✓	
Ohio START	Ohio START (Sobriety, Treatment and Reducing Trauma) is an evidence-based children services-led intervention model that helps bring a team together to assist families struggling with co-occurring child maltreatment and substance use disorder.	**Intervention**	✓	✓	✓	✓	
Ohio Children's Trust Fund (OCTF)	The Ohio Children's Trust Fund (OCTF) is on the forefront of prevention activities throughout the state.	**Prevention**	✓	✓	✓	✓	
OhioRise Child and Family Team Meeting	OhioRISE (Resilience through Integrated Systems and Excellence) is a specialized managed care program for youth with complex behavioral health and multisystem needs operated by the Ohio Department of Medicaid.	**Stabilizing Supports Prevention Intervention Wellness**	✓	✓			✓

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(CFTs) Care Coordination							
Parent and Youth Ambassadors (PYA)	Parent and Youth Ambassadors (PYA) provide a single, in-person resource that allows families to have their questions answered and access the support needed quickly. PYAs all have lived experience in navigating many of Ohio's social services and special needs systems and are members of the communities they serve.	**Awareness**	✓	✓			
Parents As Teachers	Parents as Teachers is a home visiting model that partners with families to promote early childhood development, health, and well-being.	**Prevention**	✓	✓			
Peer Support (Kin, Adoptive, Biological)	Peer Support is someone who has direct lived experience with behavioral health challenges, or someone who has navigated services on behalf of an individual with behavioral health challenges.	**Stabilizing Supports Awareness Wellness**				✓	
Preschool Special Education	In Ohio, preschool special education is for three to five-year old children with disabilities. The Ohio Department of Children and Youth aims for families, preschool staff, and the community to work together to meet the needs of young children with disabilities.	**Prevention**	✓	✓	✓		✓
Positive Parenting Triple P	Triple P is an evidence-based parenting intervention with the main goals of increasing the knowledge, skills, and confidence of parents and	**Prevention Intervention**	✓	✓			

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	reducing the prevalence of mental health, emotional, and behavioral problems.						
Psychiatric Residential Treatment Facility	Psychiatric Residential Treatment Facility (PRTF) is an accredited, non-hospital facility providing intensive inpatient mental health services benefit to individuals under the age of 21.	**Intervention**	✓			✓	✓
Qualified Residential Treatment Program (QRTP)	Qualified Residential Treatment Program (QRTP) is an accredited residential program that provides a trauma-informed approach with treatment consideration for the youth's safety and developmental needs, and a family driven approach.	**Intervention**	✓			✓	
Regional Prevention Councils	Regional Prevention Councils meet a variety of needs in local communities through a collaborative approach to addressing child abuse and child neglect at the local level.	**Awareness**		✓	✓	✓	
Respite	Respite provides short-term, temporary relief for families. It can be planned or emergency care. Services can be delivered in a child's home, or in out-of-home locations, utilizing our network of respite care provider facilities and therapeutic foster care.	**Stabilizing Supports Wellness**				✓	
Supplemental Nutrition Assistance	Supplemental Nutrition Assistance Program (SNAP) helps eligible Ohioans stretch their food budgets and buy healthy food. Food assistance	**Stabilizing Supports**		✓	✓		

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Program (SNAP)	benefits are distributed electronically through the Ohio Direction Card, which is like a debit card.						
Strong Families, Safe Communities	Strong Families, Safe Communities (SFSC) programs provide a variety of community-based services and supports including respite, family coaching, youth and parent peer support, and pro-social supports that allow families of children and youth with complex needs to live safe, healthy, and happy lives in their homes and communities.	**Stabilizing Supports Awareness Prevention**	✓	✓	✓	✓	
Structured Decision Making (SDM)	Structured decision-making (SDM) is an approach to child and family welfare services that uses clearly defined and consistently applied decision-making criteria for screening for investigation, determining response priority, identifying immediate threatened harm, and estimating the risk of future abuse and neglect.	**Awareness**	✓				
Telehealth	Mental and Behavioral Telehealth provides immediate virtual mental and behavioral health supports to help fill gaps, such as waitlists, that may exist.	**Prevention Intervention Wellness**		✓	✓		
Wendy's Wonderful Kids (WWK)	Model of child-focused recruitment. Through this statewide effort, WWK recruiters work to match and place children ages 9-17 who have been awaiting permanency for more than two years.	**Intervention**			✓	✓	

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Women, Infants and Children (WIC)	Women, Infants and Children (WIC) provides nutrition education, breastfeeding education and support; supplemental, highly nutritious foods such as cereal, eggs, milk, whole grain foods, fruits and vegetables, and iron-fortified infant formula; and referral to prenatal and pediatric health care and other maternal and child health and human service programs.	**Stabilizing Supports**		✓	✓		
Youth Centered Permanency Roundtables (YCPRT)	Youth Centered Permanency Roundtables (YCPRT) are professional case consultations that provide support to the caseworkers while taking a comprehensive look at the youth's situation, seeking to bust barriers to attain legal and relational permanency.	**Stabilizing Supports Intervention Wellness**				✓	
Youth Navigator Network (YNN)	Youth Navigator Network (YNN) is a statewide program for young people up to age 23 with experience with children services to go for information and referrals. YNN navigators support a young person in identifying and accessing resources to meet their specific needs.	**Stabilizing Supports Wellness**	✓		✓		

Child Abuse and Neglect Prevention

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

Child Maltreatment Assessment and Intervention

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

Child Treatment Services

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

- The parent, guardian, custodian agrees to voluntary (no court orders) supportive services
- The PCSA files a complaint alleging the child is abused, neglected, or dependent
- The PCSA has court ordered temporary custody of permanent custody of the child
- The court orders the PCSA provide protective supervision for a child living in their own home
- The court orders the PCSA to place the child, sixteen or older, in a planned permanent living arrangement
- The family case plan identifies the presenting concerns and needs of the family. Behaviorally specific and measurable goals for behavior change are identified with the appropriate service provision for the family. The family case plan is to be reviewed at least every 180 days and updated as needed.

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

Family Preservation Services and Family Support Services

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

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

Supportive services are available in the following circumstances:

- When the child, their parent/guardian, custodian, or caretaker requests services and the PCSA indicates the need for services
- PCSA receives an order of protective supervision
- Child is placed in substitute care
- Ongoing assessment of safety and risk indicates the need for services, and the period immediately following reunification of the child, if needed.

Services to Support Reunification, Adoption, and Kinship Care

Ohio values keeping children with family and those with whom he or she has a connection. Consideration of relative resources begins with the agency's first involvement with the family, as caseworkers encourage family members to work together to assure the child's safety. When a child is not able to safely remain in their own home, PCSAs work with the family to explore relative options. To facilitate possible family placements, PCSAs notify relatives within 30 days of a child's removal so that they may be considered as a resource and assess their capacity to care for the child as soon as possible. In addition, PCSAs prioritize placement with relatives who are willing and able to assume custody of the child and his or her siblings.

DCY contracts with Kinnect to administer Kinnect to Family (KTF) to assist agencies in search and engagement activities. Research has shown that individuals with a family receive an emotional edge that may result in greater life successes. Due to this fact, KTF's focus on reconnecting children with family members and other lost loved ones is of vital importance in children services. KTF has helped to strengthen Ohio's family-finding process, not only with the program, but by providing numerous

guidance documents and resources as well as providing statewide Search, Engage, Explore & Kinnect (SEEK) trainings.

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

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

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

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

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

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

Services to Support Independent Living and Other Permanent Living Arrangements

Ohio's Permanency Roundtable Advisory Group has defined permanency as "having a relationship with at least one adult that is characterized by these five points: parenting, life-long intent, belonging, status,

and unconditional commitment." The "Gold Standard" is achieving legal permanency for each child or youth in one of the following ways: reunification, adoption, legal custody, or guardianship. When children are not able to be safely reunified with their parents, services are provided to promote and support adoption, legal custody, guardianship, or other permanent planned living arrangements for children. PCSAs recruit prospective adoptive parents, conduct home studies to assess the capacity of prospective caregivers, hold matching conferences for children awaiting permanent homes, and provide post-adoption services and supports. To specifically address the needs of children who have been awaiting permanency for an extensive period, Ohio has partnered with the Dave Thomas Foundation for Adoption to implement the Wendy's Wonderful Kids (WWK) model of child-focused recruitment. Through this statewide effort, WWK recruiters work to match and place children ages 9-17 who have been awaiting permanency for more than two years. In addition, Ohio also promotes relative options as a means of achieving permanency for children in care. Ohio's statewide Kinship Permanency Incentive Program (KPIP) provides financial support to kinship caregivers who make the commitment to obtain legal custody or guardianship of children in their care.

Preparation and Support of Youth Transitioning from Care

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

- Support to develop daily living skills.
- Assistance in obtaining a high school diploma or general equivalency diploma (GED).
- Assistance in preparation for post-secondary education and training.
- Assistance with career exploration, vocational training, job placement and retention.
- Preventative health activities (smoking avoidance, nutritional education, and prevention).
- Counseling to address financial, housing, employment, education, and self-esteem concerns.
- Development of positive relationships and support systems.
- Drug and alcohol abuse prevention and treatment.
- To facilitate service delivery to this population, Ohio's Chafee Foster Care Independence Program funding is allocated to the state's 88 county PCSAs.

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

The signing of Substitute House Bill 50 in June 2016 created the Bridges program, which enabled Ohio to expand care options under the federal Title IV-E program for youth in the custody of PCSAs on or after their 18th birthdays. Bridges is a voluntary program available to young adults who leave foster care in Ohio at ages 18, 19, or 20 and who are in school, working, participating in an employment program, or have a medical condition that prevents them from going to school or working. The program

supplements existing county post-emancipation services. Most Bridges services fall into one of the following categories: housing, education, employment, and/or wellbeing.

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

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

Service Coordination

Ohio Family and Children First

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

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

- At least three individuals who are not employed by an agency represented on the council and whose families are or have received services from an agency represented on the council.
- The director of the board of alcohol, drug addiction and mental health services.
- The health commissioner, or commissioner’s designee, or the board of health of each city and general health district in the county.
- The director of the county department of job and family services.
- The executive director of the public children services agency.
- The superintendent of the county board of developmental disabilities, or the superintendent’s designee.

- The superintendent of the city, exempted village, or the local school district with the largest number of pupils residing in the county.
- A school superintendent representing all other school districts with territory in the county.
- A representative of the municipal corporation with the largest population in the county.
- The president of the board of county commissioners or an individual designated by the board.
- A representative of the department of youth services or an individual designated by the department.
- A representative of the county's Head Start agencies.
- A representative of the county's Early Intervention Collaborative.
- A representative of a local nonprofit entity that funds, advocates, or provides services to children and families.
- The county's juvenile court judge senior or another judge of the juvenile court designated by the administrative judge, or where there is no administrative judge, by the judge senior in service shall serve as judicial advisor to the county family and children first council.
- Any other local public or private agency or group identified by the board of commissioners that funds, advocates, or providers services to children and families.

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

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

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

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

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

Title IV-E Prevention Services Plan

Ohio's Title IV-E Prevention Services Plan, approved in December 2021, includes Multisystemic Therapy (MST), Functional Family Therapy (FFT), Ohio START (Sobriety, Treatment and Reducing Trauma), Healthy Families America (HFA), and Parents as Teachers (PAT). PCSAs refer families to applicable services and complete a prevention services eligibility determination in the Ohio Statewide Child Welfare Information System (Ohio SACWIS). Currently, Ohio's definition of candidate for prevention services includes children with an open case with a PCSA who are not in agency custody as well as pregnant and parenting youth in foster care.

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

Ohio's Title IV-E Prevention Services Plan amendment, approved by the Children's Bureau in November 2024, includes Triple P Online (TPOL) and Motivational Interviewing (MI). In partnership with PCSAs, Ohio piloted TPOL and MI between 2023 – 2025. Ohio is looking to scale each of the evidence-based practices statewide over the upcoming biennium.

Additionally, Ohio is convening a stakeholder group to inform expansion of candidacy and assessment of capacity to add additional services to the prevention plan.

Coordination Process

FCFCs and OhioRISE Care Management Entities both offer service coordination. These entities serve different families and have worked together to avoid duplication. FCFCs often serve children and families further upstream and families who do not qualify for Medicaid. OhioRISE's eligibility is determined by a Child and Adolescent Needs and Strengths (CANS) assessment, which also determines their care coordination tier. Both FCFC and OhioRISE care coordination links families with other services.

With the introduction of OhioRISE in 2022, Ohio families now have more access to service coordination and more options for where to receive this coordination.

Child Welfare Program Support
Funding is used to support the development and expansion of coordinated child and family services that utilize community-based agencies and ensure all children are raised in safe, loving families. Programs and services are designed to--

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

DCY issues funds to PCSAs for expenditures incurred in the delivery of children services to ensure that all children are raised in safe, loving families.

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

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

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

Family Preservation

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

Programs and services provided include the following:

- Placement prevention services (e.g., intensive family preservation programs designed to help children at risk of foster care placement remain safely with their families).
- Programs designed to improve parenting (e.g., increase knowledge of child development and appropriate discipline techniques, enhance personal coping mechanisms, develop budgeting skills, and increase knowledge of health and nutrition).
- Infant Safe Haven programs.
- Alternative Response services to prevent removal of children into foster care.
- Respite care of children to provide temporary relief for parents and other caregivers (including foster parents).
- Aftercare services following family reunification to promote stability.

Family Support

The Ohio Family and Children First (OFCF) Cabinet's Family-Centered Services and Supports (FCSS) program reflects the state's cross-system commitment to implementing a coordinated continuum of services and supports for families and their children, ages 0-21 with multi-system needs. This initiative is jointly funded by the DCY with Title IV-B dollars and state funds from the Ohio Departments of Mental Health and Addiction Services, Youth Services, and Developmental Disabilities. These dollars are appropriated to local Family and Children First Councils (FCFCs) to provide non-clinical, family-centered services and supports. Utilization of these funds requires that specific needs be identified on an individualized service coordination plan which must be jointly developed with the family. To read more about the purpose and criteria established for use of these funds, visit Family Centered Services and Supports (FCSS) Funding | Ohio Family & Children First.

Service/Support Needs by Category Identified at Intake

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

- Mental Health: 63%
- Job and Family Services: 33%

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

Services Provided

FCSS funded services and supports were provided to children and their families across 12 different categories during SFY23. In total, there were 23,367 reported services and supports provided. Service recipients included families with active or prior children services involvement denoting by the list of presenting needs / systems above (Children Services 22%). Service coordination accounted for 52% of all types of services provided and was the most frequently reported individual type of service/support for which FCSS funds were used. Listed below are the services and supports provided:

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

A key component of the FCSS funding program is keeping children in their home and community whenever feasible. Data showed that of the 511 children whose case closed during SFY23, 89% of children served were able to maintain in their community living with either a parent(s), relative(s), legal guardian, or independent living arrangement after they turned 18.

Family Reunification

Family Reunification Services are provided to a child who is removed from their home and placed in a foster home or a residential facility or a child who has been returned home and to the parent, guardian or custodian of such a child, in order to facilitate the reunification of the child safely and appropriately within a timely fashion, but only during the fifteen-month period that begins on the date the child returns home.

Family Reunification Services include the following:

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

Adoption Promotion and Support

Ohio offers a program known as Post Adoption Special Services Subsidy (PASSS). PASSS is available to all adoptive families (i.e., international, private attorney, public or private agency) in Ohio, except for stepparent adoptions. PASSS provides funding to families for the reasonable costs of allowable services to address the child's physical, emotional, or developmental disability. The child's qualifying condition may have existed before the adoption petition was filed or developed after the adoption petition was finalized if attributed to factors in the child's pre-adoption or biological family's background or medical history.

The amount of PASSS funding is negotiated after adoption finalization. Limitations include eligibility criteria and availability of state funding. PASSS is a payment source of last resort to be utilized when other sources have been exhausted or are not available to meet the needs of the child. The PASSS program provides assistance when the amount of funding needed exceeds the adoptive family's private resources. PASSS is capped at $10,000 per fiscal year; however, families may request an additional $5,000 per child, per fiscal year under extraordinary circumstances. Applications for assistance are assessed by a review committee. PASSS funding requests can be approved in whole or in part, based on the needs of the child and the circumstances of the adoptive family.

Adoptive families secure last resort funds for services to address their child's special needs. The special needs services approved for PASSS include, but are not limited to the following:

- Acute electroencephalogram (EEG)
- Medical Equipment
- Mental health Counseling
- Neurofeedback
- Occupational Therapy
- Physical Therapy
- Psychiatric Counseling
- Psychological Counseling
- Reactive Attachment Therapy

- Residential Treatment
- Respite Medical Surgical
- Respite Mental Health
- Speech Therapy
- Substance Abuse Counseling
- Therapeutic Foster Care

Adoptive parents who receive PASSS funds must pay at least five percent of the total cost of all services provided to the child. This co-payment may be waived if the gross income of the child's adoptive family is less than two hundred percent of the federal poverty guideline. If the gross income of the child's adoptive family is at or above two hundred per cent of the federal poverty guideline, the PCSA may lower the co-pay percentage of the total cost or waive it. If the service amount is higher than the approved amount, the adoptive parent is responsible for the co-pay percentage amount and the overage cost of the service.

Serving Youth Across the State

Ohio Administrative Code requires that independent living (IL) services are provided to each youth in the custody of a PCSA or PCPA who has attained the age of fourteen or older. OAC also specifies requirements for the provision of services to young adults between the ages of 18 and 21 who have emancipated from foster care, when such services are requested. Services are based on an evaluation conducted by the PCSA and a mutually agreed on written plan involving the youth/young adult. The plan outlines the responsibilities of both the young adult and the custodial agency. The PCSA must explore and coordinate services with other community resources before committing to providing the services through the PCSA such as Bridges, Comprehensive Case Management Program (CCMEP), Education Training Voucher (ETV) and local housing resources.

PCSAs statewide must make available the following independent living services to youth and young adults up to age twenty-one:

- Academic support.
- Budget and financial management.
- Career preparation.
- Education financial assistance.
- Employment programs or vocational training.
- Health education and risk prevention.
- Housing, education, and home management.
- Mentoring.
- Post-secondary educational support.
- Room and board financial assistance (young adults ages 18-21).
- Supervised independent living.

- Other financial assistance, including payments made or provided by the county agency, to help the youth live independently.

Individuals returning to a PCSA for post-emancipation services can be verified via Ohio SACWIS with a letter of wardship provided on request. DCY developed Ohio's Independent Living Skills Toolkit that is structured to mirror the above listed services that are identified in OAC 5180:2-42-19 *Requirements for the Provision of Independent Living Services to Youth in Custody* and OAC 5180:2-42-19.2 *Requirements for the Provision of Independent Living Services to Young Adults Who Have Emancipated*. The toolkit can be used as a guide for service providers to not only meet the OAC requirements but to ensure that best practices are considered when providing independent living services. The toolkit also highlights how to use IL funding to effectively support the identified independent living services.

Within Ohio's state-supervised, county-administered structure, all PCSAs statewide are responsible for the provision of case management and independent living services for youth 14 and older in foster care. There are variations across counties and regions in how services may be structured and delivered. Transitional Youth Coordinators facilitate regional meetings with stakeholders throughout the state. During these sessions, there are discussions regarding the available resources within each region. These meetings provide an opportunity for neighboring counties to learn from and network with one another.

Serving Youth of Various Ages and Stages of Achieving Independence

OAC addresses the services and time frames for services to be provided to youth ages 14 and older. Each of the 88 counties is responsible for administering independent living services to youth in foster care age fourteen and older. The PCSA will assess the youth aged fourteen and older in the first 60 days that they come into care or once they turn fourteen years old while in care. Ohio does not speak to what assessment the agency must use, just that an assessment is used, and the independent living plan will be developed based on the assessment and within 30 days of the assessment date.

Ohio allows PCSAs and service providers to choose which assessments and tools they use to evaluate youth in care and their stages of development. Most report using the Daniel Memorial or the Casey Life Skills Assessment. The assessment gives a baseline of the youth's development level and assists in identifying appropriate services.

In February 2018, Ohio implemented Bridges, a program that extended Title IV-E foster care assistance to young adults that emancipated from foster care and extends adoption assistance to families that adopted a young person after the age of 16 years old. In Ohio, young adults that turn 18 years old in foster care are eligible for post-emancipated services either through a Young Adult Services (YAS) case with the PCSA or through Bridges. Since the program inception, Bridges has served 3,008 young adults, including 704 within the last year.

Transition Age Youth Coordinators and the Bridges team use multiple opportunities to educate PCSAs and private agency providers on the eligibility criteria for both Young Adult Services and Bridges to ensure that young adults that have emancipated from foster care are aware of services that can be provided through both options, and they can choose the program that best meets their needs.

Ohio also administers the Youth Navigator Network (YNN), where young adults with foster care experience can reach out to a statewide entity for resource and referral services. Often a young adult is reluctant to reach out to the PCSA for Young Adult Services, or they struggle to connect with the correct person at the PCSA and give up. YNN can assist with that connection and start the intake/referral process through YNN and transfer it to the appropriate staff at the PCSA.

To date, Ohio has not yet formally extended Chafee services to age 23. Since January of 2024, Ohio in partnership with Youth Navigator Network has implemented the availability of Flex Funds to eligible foster alum ages 21 and 22. These funds are available to eligible young adults in need of financial support for one-time needs. Currently, this opportunity is not funded by Chafee funds and there is no guarantee Ohio will have the capacity to fund this program indefinitely.

Education and Training Vouchers (ETV) Program

The Ohio Education and Training Voucher Program is a federally and state-funded, state- administered program designed to help former foster youth with school-related expenses. In 2023, DCY released a request for grant agreement and awarded Foster Success Education Services (FSES) with the grant agreement. DCY, in agreement with FSES, ensures that the Ohio-ETV program operates efficiently as follows:

- DCY promotes and includes FSES to Ohio based community awareness events geared to support foster alum.
- DCY monitors the agreement deliverables ensuring that FSES is operating the Ohio ETV program as outlined in the agreement through invoices and reports.
- DCY validates eligibility utilizing Ohio's Comprehensive Child Welfare Information System (CCWIS) prior to enrollment.

The ETV Program is well-integrated with state and local services, public and private as well as higher education initiatives. It facilitates the dissemination of information on scholarships and grants, campus-based programs, so participants are aware of all the resources available to them. Additionally, FSES is well connected with Bridges, YNN, and Ohio Reach to maximize program benefits.

To protect students' privacy, ETV forwards targeted messages to students advising them of opportunities at their college, in their county, etc. Because youth are highly mobile in addition to phone calls and email, the new ETV grantee has increased the use of text messaging exponentially.

Collaboration with Other Private and Public Agencies

DCY's Independent Living & Transitional Youth team hosts regional in person meetings throughout the state as well as virtual meetings involving both public and private agency partners. All public or private entities providing independent living services to foster youth ages fourteen and above are invited to attend these meetings. In addition, the Ohio Independent Living Association (OHILA) meets quarterly, and any PCSA or private entity providing independent living services to foster youth ages fourteen and above are invited to attend these meetings. The goal of any collaboration with public or private agencies is leveraging such partnerships to help our current and former foster youth achieve independence. DCY

facilitates these partnerships by offering opportunities to bring public and private agencies together and highlighting the services needs of our foster youth and young adults and what services/programs are available to support the service needs.

DCY supports the DCY Medicaid Team who provide on demand technical assistance to local agencies, troubleshoot issues with the MITS/CCWIS exchange of data, and manage targeted services for older youth in substitute care and emancipated young adults through collaboration with Bridges.

DCY leverages relationships with grantees, PCSAs, and partners to promote and inform the availability of Medicaid to young adults that move out of state. These grantees often continue to have contact with former foster youth even after they move out of state. In addition, Ohio encourages PCSAs and partners to inform the young person during their final transition planning period and young adult services opportunities that they are still eligible for Medicaid coverage.

Additionally, Ohio ensures state contacts are accurate on the Child Welfare Information Gateway to build relationships with other states and to assist Ohio's young adults that may have moved out of state.

DCY provides representation on Ohio's Balance of State Continuum of Care Board and participates on the subcommittee related to Ohio's Youth Housing Development Plan. These partnerships allow DCY to collaborate on the service needs for young adults relating to housing, make sure that former foster youth are considered a priority population, and help identify and offer possible solutions to the housing challenges that impact young adults.

Additionally, DCY supports the Ohio Department of Health's Youth Homelessness workgroup that is a collaborative effort between multiple state agencies to provide resources and guidance on the needs of youth and young adults experiencing homelessness.

DCY plans to explore the possibility of partnership with Columbus Metropolitan Housing Authority (CMHS) on initiating a process to directly refer eligible foster alum directly to CMHA for housing vouchers, the majority of the referrals would come from Bridges and Youth Navigator Network in order to make the referral process easier to navigate.

Ohio maintains a commitment to expand and improve service availability across counties as well as to prioritizing ongoing efforts to assess the service array in Ohio's state supervised, county-administered system. The state's Child Protection and Oversight Evaluation (CPOE) is a systematic process used for monitoring Ohio's child welfare agencies' compliance with the ORC and OAC. CPOE Stage 12, Phase 2 commenced January 2023 and concluded in September 2024. As part of the CPOE process and prior to the on-site case record review, public children services agencies (PCSA) complete a PCSA Self-Assessment. One area that agencies are asked to address is the Child and Family Service Plan Systemic Factor: Service Array and Resource Development where they are asked to respond to the following statements and rank their response on a scale from Strongly Agree, Agree, Disagree and Strongly Disagree. Findings are presented in the table below.

CPOE Stage 12 – Phase 2				
Self-Assessment Inquiry/Rating	Supportive services to prevent placement, promote reunification, and teach life skills are accessible by either the agency or within the community.	Supportive services in the community are usually effective in meeting client needs and promoting achievement of case plan goals.	Providers are responsive to the needs of the family and provide regular reports to PCSA staff.	Individualized services are provided to families and children.
Strongly Agree	12	5	7	16
Agree	53	51	51	50
Disagree	12	21	17	13
Strongly Disagree	1	2	4	0
Total	78	79	79	79

PCSAs are also requested to describe any services gaps or barriers to services. For both urban and rural counties, it was noted that affordable housing and transportation to services was a major problem. For rural counties, transportation is critical since there are limited mental health or substance abuse providers in their communities. When mental health or substance abuse services may be available in the community there are wait lists due, in part, to staff turnover. Intimate Partner Violence / Domestic Violence services as well as in-home services such as intensive home-based treatment (IHBT) are reported to be limited or unavailable. To address service gaps and barriers, PCSAs approach their county Family Children's First Council to determine if there are any suggestions, see if an adjacent county has the service and they could provide transportation for the family to attend, or they discuss the need with existing service providers. Care coordination through a care management entity is also available for youth enrolled in OhioRISE.

DCY also began conducting interviews with Ohio's PCSAs in August of 2023 regarding their experiences with OhioRISE. As a part of this process agencies were asked which services were most needed in their community for the children and families they serve. Thirty counties identified the following most needed services, and the frequency of county expressed need is noted in the parenthesis:

Mental / Behavioral Health

- Intensive Home-Based Treatment (24 counties)
- Mobile Response and Stabilization Services (16 counties)

- Mental health services and providers (13 counties)
- Multisystemic Therapy (11 counties)
- More therapists to complete psychological assessments (3 counties)

Parent Support / Education

- Parenting (8 counties)
- Respite (14 counties)
- Mentoring programs (1 county)
- Substance abuse services (5 counties)

Children & Youth Services / Supports

- Psychiatric Residential Treatment Facility (5 counties)
- Placements for youth (5 counties)
- Services for children who have developmental delays (4 counties)
- Juvenile Justice diversion programs (2 counties)
- Evidence- based programs (1 county)
- Independent Living Services (1 county)
- Play therapy (1 county)
- Recreational and prosocial services (1 county)
- Substance abuse services (5 counties)

Concrete / Economic Supports

- Transportation (3 counties)
- Homemaker services (1 county)
- Housing services (1 county)

Conclusions

In the CFSR Round 3, Ohio was found to need improvement in Service Array and Resource Development due to the lack of services available, waitlists, and caseworker knowledge of available services. While service array is likely to require additional focus in the future, Ohio has had many successes in this area in partnership with local public and private agencies, and state agencies such as the Ohio Departments of Medicaid and Mental Health and Addiction Services. Ohio maintains a commitment to expand and improve service availability across counties as well as to prioritizing ongoing efforts to assess the service array in Ohio's state supervised, county-administered system.

Item 30: Individualizing Services

For this item, provide evidence that answers this question:
How well is the service array and resource development system functioning statewide to ensure that the services in Item 30 can be individualized to meet the unique needs of children and families served by the agency?

Services that are tailored to individual developmental needs, responsive to disabilities and special needs, or accessed through flexible funding are examples of how the agency meets the unique needs of children.

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations, including strengths and areas needing improvement, and findings by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology. •
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to children and families' experience with accessing and participating in individualized services?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response

Ohio is a state-supervised, county-administered children services system. Under the provisions contained in the Ohio Revised Code (ORC), DCY is authorized to administer Title IV-B, Title IV-E, Title XX programs, CAPTA, license resource homes and perform other child welfare functions. Pursuant to Section 307.981 of the ORC county commissioners in Ohio's 88 counties are responsible for determining which agency within their county will provide public children services to their communities. Regardless of the agency delivering children services within the local county, all public children services agencies (PCSAs) must provide services in accordance with the Ohio Administrative Code.

For families that encounter the children services system, Ohio practices a Differential Response (DR) child protection system that provides two pathways (Traditional Response and Alternative Response) to assess and respond to the unique safety concerns, risks and protective capacities of each family who is the subject of an accepted report of child maltreatment. In some instances, a traditional child protection

response is needed to determine whether abuse or neglect has occurred and to ensure child safety and well-being. However, for many other families, an alternative approach may be more appropriate. Ohio's Alternative Response (AR) pathway is a formal child protection response that allows PCSAs to assess and address the needs of the child and family without requiring a determination that maltreatment has occurred. Regardless of whether a family is served via the AR or traditional pathway, PCSAs strive to provide families with the array of services and supports needed to safely maintain children in their own homes.

Pursuant to OAC 5180:2-40-02, *PCSA requirements for supportive services*, services are made available through county administered public children service agencies (PCSA) if one or more of the following exists:

- The child, their parent, guardian, custodian, or caretaker requests services, and the PCSA determines the services are necessary.
- The assessment of safety and risk, case decision, or other information obtained during the assessment/investigation indicates the need for the services.
- The PCSA receives an order of protective supervision.
- The child is placed in substitute care.
- The ongoing assessment of safety and risk indicates the need for services.
- The period immediately following reunification of the child, as needed.

If one or more of the conditions listed above exist, the PCSA will prepare a Family Case Plan or Prevention Services Plan in collaboration with the family. Through the case process, the child, family, and others begin to work as a team and engage in the identification of individualized service needs. Additionally, independent living services are to be provided to each youth in custody of a PCSA/PCPA, as developmentally appropriate, no later than the age of fourteen for normalcy and practical skills to prepare them for the transition from agency custody to self-sufficiency.

During monthly visits with the parent, custodian, caregiver, and child, the case plan is reviewed to determine if services are meeting their needs or if, in fact, other services should be provided, and the case plan should be amended. The assessment and reassessment of service needs not only occur during home visits but during the 90-day Case Review and 6-month Semi-Annual Administrative Reviews.

Pursuant to OAC 5180:2-42-19 *Requirements for the provision of independent living services to youth in custody*, the PCSA/PCPA is to conduct a life skills assessment for youth in agency custody no later than sixty days after the youth's fourteenth birthday or 60 days after the youth enters agency custody, if the youth is 14 or older. A life skills assessment is to establish the need for independent living services and is to be completed with documented input from the youth, the youth's caregiver, and the youth's caseworker.

Based on the life skills assessment, the PCSA/PCPA is to determine which of the following independent living services will be included in the youth's independent living plan:

- Academic support
- Post secondary educational support
- Career preparation
- Employment programs or vocational training
- Budget and financial management
- Housing, education and home management training
- Health education and risk prevention
- Family support and healthy relationship and marriage education including education and information about safe and stable families, healthy marriages, spousal communication, parenting, responsible fatherhood, childcare skills, teen parenting and domestic and family violence prevention
- Mentoring includes being matched with a screened and trained adult for a one-on-one relationship that involves the two meeting on a regular basis. Mentoring can be short-term but may also support the development of a long-term relationship
- Supervision services for a youth placed in a supervised independent living arrangement including a youth who is living independently under a supervised arrangement paid for or provided by the county agency
- Room and board financial assistance for rent, deposits, utilities, and other household start-up expenses in accordance with all of the following:
    - The PCSA may only use up to thirty per cent of the Chafee federal independent living allocation for room and board pursuant to OAC 5180:9-6-35 which may include, but is not limited, to assistance with rent and initial rental deposit pursuant to 42 U.S.C. 677, (2018).
    - The PCSA is not to use the Chafee allocation or TANF independent living funds for room and board pursuant to OAC 5180:9-6-35 and 5180:9-6-08.6 for youth under the age of eighteen and young adults that have reached their twenty-first birthday.
- Financial assistance, including direct cash assistance, or other payments made or provided by the county agency to help the youth gain independence.

PCSAs/PCPAs are required to review and update the independent living plan at regular intervals including, during visits with the youth and case participants, 90-day Case Review, and 6-month Semi-Annual Administrative Reviews.

As Ohio's child welfare system is state-supervised and county-administered, the state provides training and technical assistance in casework policy and practice. Child Protection Oversight and Evaluation (CPOE) is the process through which Ohio can measure PCSA practice and provide Technical Assistance/Quality Assurance.

During CPOE Stage 12 PCSAs completed their County Self-Assessment. Within this document DCY staff wanted to know more about what methods were being used to engage families in case planning to

identify service needs by asking *How does the agency engage the family in the case planning and review process?*

Forty-six PCSAs noted the use of Family Team Meetings (FTM)/Family Unity Meetings (FUM) as an effective method to engage families in case plan development, identification of their individual service needs and review of progress. Common themes were found in the PCSAs discussion about their use of FTMs/FUMs. Many shared that it was used as an effective engagement opportunity with the youth and families. This engagement allowed the PCSAs to identify the family's strengths and needs and work with them to create an individualized case plan. The PCSAs noted that it allowed families to ask questions and address barriers to their success. PCSAs noted that families were able to identify supports to increase stability for the children. There is variability in how PCSAs formalize their processes for case management and service provision. Often times PCSAs partner with the local Family and Children First Councils and community service providers to collectively assess individual service needs and availability. For services not covered through another payor, many counties have local funds that can assist with payment.

Results from CPOE Stage 12 indicated that of the 1,187 cases reviewed for *Item 13: Child and Family Involvement in Case Planning,* 90.65% (1,076) were rated as a Strength. While this is a significant achievement, PCSAs were also asked about whether Individualized services are provided to families and children. PCSA responses are indicated in the table below.

CPOE 12 – Phase 2 **Individualized services are provided to families and children.**		
Strongly Agree	16	Allen, Brown, Columbiana, Cuyahoga, Erie, Fayette, Geauga, Greene, Jefferson, Monroe, Perry, Pickaway, Preble, Ross IV-E Court, Trumbull, Washington
Agree	50	Ashland, Auglaize, Belmont, Butler, Clark, Coshocton, Crawford, Darke, Delaware, Fairfield, Franklin, Fulton, Gallia, Guernsey, Hancock, Harrison, Henry, Hocking, Holmes, Huron, Jackson, Knox, Lake, Licking, Lorain, Mahoning, Medina, Meigs, Mercer, Montgomery, Morgan, Morrow, Noble, Ottawa, Pike, Portage, Richland, Ross, Sandusky, Scioto, Seneca, Stark, Summit, Tuscarawas, Union, Van Wert, Vinton, Warren, Williams, Wyandot
Disagree	13	Carroll, Champaign, Clinton, Defiance/Paulding, Hamilton, Highland, Lawrence, Madison, Marion, Miami, Paulding, Putnam, Wayne
Strongly Disagree	0	
Total	79	

PCSAs/PCPAs are required to address the needs of children with disabilities or special needs as part of their child protection and welfare responsibilities. Key aspects include:

Identification and Assessment: PCSAs must identify children with potential developmental disabilities, delays, mental illness, or medical conditions that impact their well-being. A qualified professional must provide a written statement of the child's substantial risks and potential treatment needs.

For example, after a referral is made to Early Intervention, an eligibility determination process is completed, as well as a child and family-directed assessment. The child assessment identifies the easiest/most enjoyable and challenging/most frustrating times in the family's daily routines and activities. A summary of the child's development in three outcome areas (social-emotional, acquisition and use of knowledge and skills, taking action to meet needs) is completed. The family-directed assessment identifies the family's priorities, resources, and concerns. Next, an Individualized Family Service Plan (IFSP) is developed. IFSP outcomes are written to address the family's unique needs as identified through the assessment process. Once these outcomes are written, the team identifies which service(s) is best to meet the identified outcomes, including the needed frequency, session length, and funding source.

Case Planning: If a child is identified as having a disability or special need, the PCSA will work with the child's family and other relevant professionals to develop a case plan. This plan aims to address the child's needs, ensure their safety, and support their overall development.

The PCSA, in partnership with the family, identify family strengths and needs for the following elements, which inform needed services and supports:

- Child functioning, including the following:
- Capacity for self-protection
- Physical, cognitive, and social development
- Emotional and behavioral functioning
- Adult functioning, including the following:
- Cognitive abilities
- Physical, emotional, and mental health
- Domestic relations (including domestic violence)
- Substance use
- Response to stressors
- Parenting practices
- Family functioning, including the following:
- Family roles, interactions, and relationships
- Resource management and household maintenance
- Extended family, social, and community supports
- Family history, including the following:

- Caregiver's victimization of other children
- Caregiver's own childhood abuse or neglect
- Impact of past services

Adoption Assistance: If a child is at substantial risk of developing a disability, PCSAs may enter into a Title IV-E Adoption Assistance Agreement to ensure needed supports are available.

OAC 5180:2-49-03 defines the criteria for a child to be considered a child with special needs for Title IV- E Adoption Assistance. This includes factors like age, length of time in foster care, and specific circumstances that may hinder or delay adoption.

Accessibility: PCSAs are responsible for ensuring program access for individuals with disabilities, including effective communication and reasonable accommodation in their services.

PCSAs may contract and/or enter into a Memorandum of Understanding (MOU) for interpreter services, hiring bi-lingual PCSA caseworkers/supervisors, and providing reading materials in various languages.

Collaboration: PCSAs often work with other agencies and organizations, such as the Ohio Coalition for the Education of Children with Disabilities (OCECD), to provide services and support to children with disabilities and their families.

DCY and OCECD's partnership focuses on advocating for, informing, and supporting children with disabilities and their families in Ohio. DCY contracts with OCECD's Parent Training and Information Center to improve access to resources for families of students with reading difficulties. OCECD also assists families of newborns and infants with hearing impairments in connecting with Early Intervention Services.

Specifically Tailored Services

Families who encounter the children services system sometimes need additional services and supports to address family / child specific special needs. Over the years, Ohio has broadened service array to address gaps and help to support specialized needs of families. A few examples include the following:

- Family Success Network (FSN) is a voluntary program designed to strengthen and support families based on their unique needs. Services include money management, financial assistance, parenting support, and family coaching.
- Early Intervention is a statewide system that provides coordinated services to parents of infants and toddlers with disabilities or developmental delays.
- Ohio Family First Council (OFCF) state and local Family and Children First teams provide direct services and supports for children and families experiencing multi-system needs through an individualized service plan.
- OhioKAN is a flexible and responsive kinship and adoption navigator program designed to connect children, caregivers, and families with the services and supports to meet their individualized needs.

- Strong Families, Safe Communities (SFSC) programs provide a variety of community-based services and support including respite, family coaching, youth and parent peer support, and pro-social supports that allow families of children and youth with complex needs to live safe, healthy, and happy lives in their homes and communities.

In Ohio, a wide array of languages are spoken, with English being the most prevalent. Ohio's linguistic landscape includes a wide variety of languages spoken by English learners, such as Somali, Arabic, Swahili, Chinese, Japanese, Nepali, Pennsylvania Dutch, French, and Turkish. Programs in Ohio offer a variety of means to address language barriers through the use of interpreters, hiring bi-lingual staff, and offering written materials / on-line content in multiple languages.

The state provides language translation features through various services, including browser translation for websites, language access programs in courts and schools, and professional translation services for government and other organizations. Ohio law requires courts to provide interpreters in legal proceedings when language barriers exist. The Supreme Court of Ohio (SCO) has a Language Access Plan to ensure equal access to court services for individuals who are limited English proficient or deaf or hard of hearing.

Many of the programs highlighted above use a braided funding model to meet individualized needs of families served. For example, the OhioKAN program is funded through federal and state GRF, leveraging a portion of state funds to provide stability supports (i.e. concrete / economic supports) for those in immediate need of items such as utilities, food, gas, etc. Another unique, individualized service is CarePortal, connecting people, in real-time, through the help of technology, in order to expedite care and foster healthy outcomes for vulnerable children and families. Ohio's Help Me Grow Home Visiting Program includes several different home visiting models that provide support and education for Ohio families through a blend of federal and state GRF.

Conclusions

In the CFSR Round 3, Ohio was found to need improvement in Service Array and Resource Development due to the lack of individualized services, linguistic challenges with community service provider organizations, and caseworker knowledge of available services. While service array is likely to require additional focus in the future, Ohio has had many successes in this area in partnership with local public and private agencies, and state agencies such as the Ohio departments of Medicaid and Mental Health and Addiction Services. Ohio maintains a commitment to expand and improve service availability across counties as well as to prioritizing ongoing efforts to assess the service array in Ohio's state supervised, county-administered system.

F. Agency Responsiveness to the Community

Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR

For this item, provide evidence that answers this question:
How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address all elements of this question.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to stakeholders' experience with the ongoing consultation process?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP if applicable. To what extent does current information reflect those improvements?

State Response

Overview
In Governor Mike DeWine's 2023 State of the State address, he focused on the education, mental health, and the health and wellbeing of Ohio's infants and children. This included a proposal to create a new state agency, the Ohio Department of Children and Youth (DCY). The new department would consolidate programs from five existing state agencies. The governor laid out several objectives for the new department:

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

- Increase administrative efficiency.

With the passage of House Bill 33 in early July 2023, DCY was created to administer programs and services from the following legacy agencies:

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

Below is a snapshot of programs and services that are now integrated within DCY. The full-service array can be found on DCY's Program Overview.

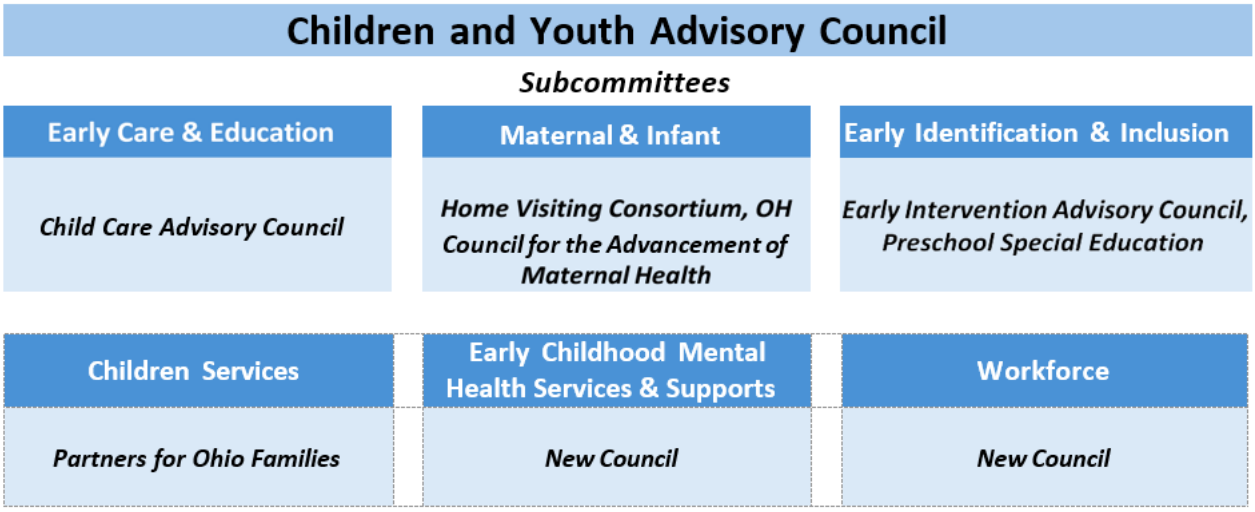
- Children Services (Kinship, Foster Care and Adoption)
- Dolly Parton Imagination Library
- Early Childhood Education
- Early Childhood Mental Health Consultation
- Early Intervention
- Head Start Collaboration Office
- Healthy Beginnings at Home
- Home Visiting
- Licensing – Regulatory Compliance
-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

With the creation of DCY within the Governor's Cabinet in conjunction with the formation of the Executive Leadership Team, the newly created agency sought to engage a variety of groups of individuals and perspectives to determine potential gaps in services and develop and guide the wq0rk included in the *2025-2029 Child and Family Services Plan*.

Community Engagement

Children and Youth Advisory Council

As part of Ohio's 2026-2027 operating budget, the Children and Youth Advisory Council was created. The council serves as both the state advisory council on early childhood education and care, and the state interagency coordinating council. This 25-member advisory council will officially begin on August 20, 2025, and will advise Ohio's Governor on the availability, accessibility, affordability, and quality of services provided through the prenatal and child-serving systems.



Listening Sessions

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

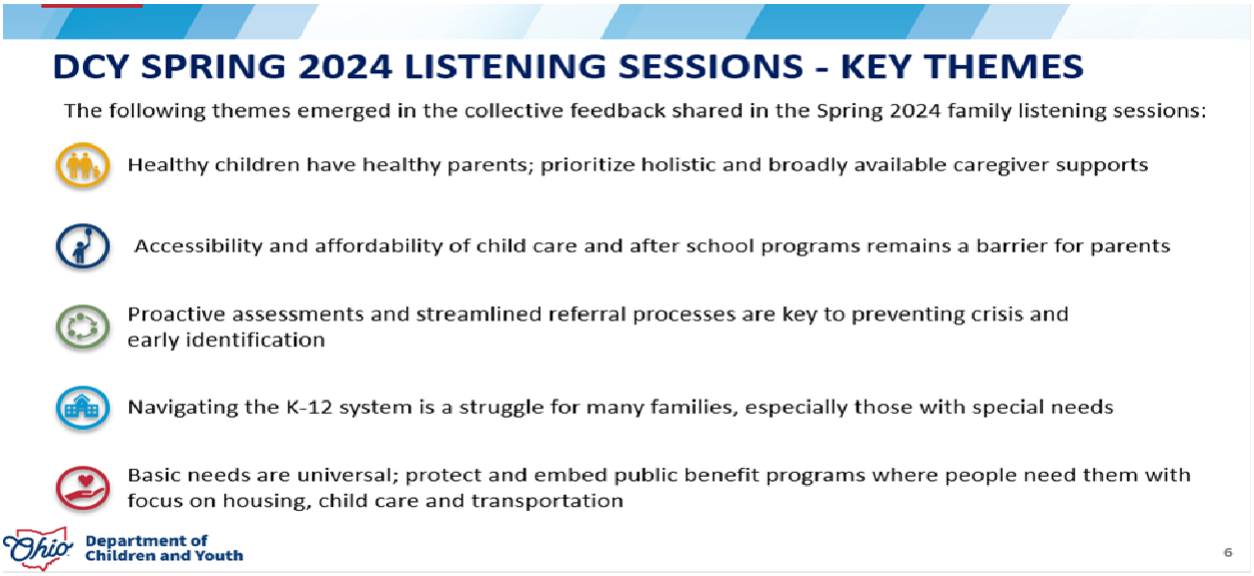
Additionally, during the listening sessions, families were asked to provide feedback about how DCY could increase program awareness and education, build communities of support throughout the state, and identify services and supports families needed most. In response to comments received from over 270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

- Launch a marketing campaign to increase awareness of DCY programs statewide.
- Hire five Parent and Youth Ambassadors (PYA).
- Develop a DCY website with pages for youth, for parents, and for families.
- Have a Live DCY Family and Customer Support Center launched with a separate PYA Line being planned for the future.
- Plan Parent Cafes in communities.
- Have families serve as liaisons to the state to help drive policy.
- Provide more help to children with special needs.

- Launch the Family Connects program to increase access to Home Visiting services.
- Expand the Family Support Network.
- Increase access to Early Childhood Education (ECE) and Publicly Funded Childcare (PFCC).
- Expand childcare for children with special needs through the Ohio Promote Resources, Opportunities, and Meaningful Inclusion through Support and Education (PROMISE).

As noted above and because of information provided during Family Listening Sessions, DCY added a new, powerful resource to the team – 21 (with a goal of 24) Parent and Youth Ambassadors with lived experience, two for each of the 12 service delivery areas (SDAs). The Ohio Child Care Resource and Referral Association (OCCRRA) has 12 SDAs across Ohio's 88 counties, using seven private, non-profit Resource and Referral (R&R) agencies to serve these areas, which allows for statewide access to Ambassadors. The Ambassadors answer questions and provide help to families through phone calls, online chat, and face-to-face interactions. Additionally, the Ambassadors schedule and facilitate regional Listening Sessions and Parent Cafés all aimed at gaining continuous feedback on how Ohioans are using available supports and identifying gaps in services.

A subsequent round of listening sessions were conducted in Columbus, Athens, Maumee, Cincinnati, and Akron during the Spring of 2024 with the following themes captured in the visual below.



In the Fall of 2024, DCY and Parent and Youth Ambassadors held DCY's third round of Family Listening Sessions. Focusing on DCY's goal to reduce infant mortality, this session addressed Infant Vitality. Sessions were held in five regions around the state and were designed to hear from parents with a child(ren) ages 0-3. Parents engaged in table discussions on what has contributed to their success as a parent and what had been their challenges or barriers. Each Listening Session kicked off with a resource fair with vendors from local service providers. Parents had the opportunity to visit resource tables, ask questions of the vendors and gather resources. Parents in attendance expressed this was a valuable

opportunity to connect with others in their community and support one another. Parents involved wanted to see more sessions made available in their communities.

Listening to families in communities across Ohio is now an integral part of community engagement. In 2025 DCY hosted listening sessions in Cincinnati, Cleveland. Columbus and Chillicothe. Feedback received over the last two years has led to enhancing existing programs, creating pilots, and driving change. Experiences shared with DCY teams will continue to help shape solutions that truly work.

Stakeholder Engagement

DCY leveraged existing and newly formed relationships with stakeholders, associations and persons with lived experience in reviewing data when establishing the Goals, Objectives, Strategies and Benchmarks for the 2025 – 2029 Child and Family Services Plan (CFSP). With the creation of DCY within the Governor's Cabinet, in conjunction with the formation of the Executive Leadership Team, internal and external work that is planned through the CFSP, and cross-system leadership and accountability structures will facilitate CFSP implementation efforts. In addition, the DCY seeks to engage a variety of groups of individuals and perspectives to determine potential disparities in services and outcomes.

Stakeholder Engagement Meetings

From July through October of 2023, DCY leadership also completed an initial wave of Stakeholder Engagement Meetings across the state, which included hosting over 45 unique Stakeholder Engagement Meetings. These stakeholders represented various agencies, organizations, association member groups, and systems statewide that were impacted by the creation of the new agency. In this initial wave of engagement, DCY leadership met with stakeholders as a group to introduce the agency's priorities and get feedback on the current state and opportunities for the agency. Stakeholder groups included, but were not limited to, *Ohio Association of County Boards* of Developmental Disabilities (*OACB*), Early Childhood Mental Health, Public Children Services Agencies, Ohio Council of Behavioral Health & Family Services Providers, Public Children Services Association of Ohio (PCSAO), Home Visiting Consortium, Early Learning & School Readiness (ELSR) Team Meeting, Ohio Children's Alliance (OCA), *Ohio Job and Family Services Directors' Association* (*OJFSDA*), Whole Child Matters Grantees, Early Childhood Mental Health Consultants, Ohio Center for Autism and Low Incidence (OCALI), Court Stakeholder Discussion, The Ohio Educational Service Center Association (OESCA), PCSAO Board of Trustees Meeting, Ohio Children's Trust Fund (OCTF), Ohio Commission on Fatherhood, National Alliance on Mental Illness (NAMI Ohio), John Glenn Leadership Forum- Child Well-Being, Ohio Family and Children First Cabinet Council, Ohio Grandparents Coalition, and Ohio Children's Hospitals.

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



During the month of April 2024, DCY leadership completed a second wave of stakeholder engagement sessions across Ohio. These sessions were designed to provide the agency with further opportunities to connect with and hear from families with lived experience navigating Ohio's social services systems. Feedback was provided on needs, services, and experiences of families served. Information from these sessions will serve to inform the future of the agency's work, including future engagement, programming, and policy impacting Ohio's children and youth.

In collaboration with the BUILD Initiative (a national organization that advances work on behalf of young children from prenatal to five, their families, and communities), the DCY and the Infant Mortality Task Force (IMTF) Implementation Team organized a series of community conversations from May through September 2024 in ten out of the eleven identified counties. The purpose of these conversations was to gather feedback and stories from community partners and families to help share the recommendations of the IMTF. Twenty-nine community partners were invited to host 60–75-minute conversations, and eight organizations participated. Five of these organizations had participated in previous rounds of conversations, while three were participating for the first time. In total, fifteen community conversations were held involving ninety families. These sessions allowed for ongoing feedback on the design and implementation of IMTF recommendations.

<u>Community Conversation Goals</u>

- Provide input into and co-design efforts that advance infant vitality that are responsive to feedback from Black families.
- Partner with Black communities and families to suggest modifications to Ohio's existing programs, services, and initiatives to reach and benefit Black infants, Black mothers, fathers, and caregivers.
- Confirm programs, policies, and practice efforts intended to advance infant vitality are tailored in state programs, services, and initiatives to advance the well-being of Black mothers, fathers, and caregivers.

As a result of what was communicated during Listening and Engagement sessions the following Strategy and Benchmark was included in Goal 1 of the 2025-2029 CFSP.

Goal1: Reduce the need for foster care for children at risk of removal. Prevention of foster care when safe and appropriate.

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

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

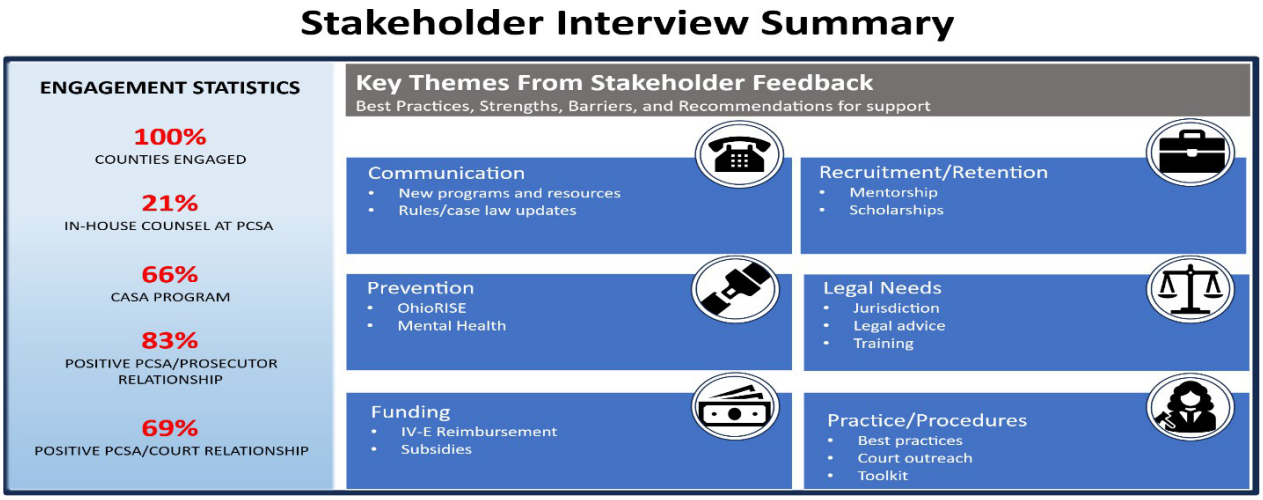
Results: FCO completes a post visit connections survey for each family that completes an FCO visit. The data collected from these surveys shows that 100% of families surveyed reported that they always felt respected and listened to by their nurse. 100% of families surveyed reported that they would also recommend FCO to a friend. FCO is a universal program offered to all birthing families within a specific catchment area, and all families are offered a visit including bereaved, surrogate and adoptive families.

According to the latest report, 15% of families were successfully connected to another community service program for ongoing services, and 95% of families who were receiving home visiting services continued to receive home visiting service after the FCO visit.

FCO also makes every effort to eliminate cultural and language barriers by staffing nurses who speak foreign languages, such as Spanish and offers an interpreter service to all families. Family Connects Ohio will continue to ensure access to all families and monitor any cultural barriers to this service.

DCY will continue to build on this momentum by expanding UMWS education to additional home visiting providers and first responders. ODH will also develop an Urgent Maternal Warning Signs (UMWS) toolkit that will consist of a one-page flyer with the urgent maternal warning signs listed alongside their accompanying visuals with a QR code to a 3-minute video explaining the relevance and importance of recognizing the warning signs, what to do if they are present, and how family and community members can support pregnant and postpartum people. On the other side, will be a discussion guide with the HearHer™ conversation starters. Additionally, there will be links to additional resources including online training for those who want to learn more about the UMWS. This toolkit will be designed to reach a wide array of community services and advocates from home visitors to community health workers, to first responders. The goal is that anyone who would interact with a pregnant or postpartum person is aware of the urgent maternal warning signs and how to respond appropriately.

The following chart includes a Stakeholder Interview Summary.



Incorporating Information into Policies and Practice

In Ohio's state-supervised, county-administered child welfare system, continuous engagement with key partners, stakeholders, families, youth, and constituents is embedded within the DCY's operational framework. This engagement is not treated as a one-time event tied to the CFSP or CFSR, but rather as an ongoing process. At every decision point, whether introducing new programs, proposing or amending administrative code rules, or updating data information systems, DCY actively seeks stakeholder feedback to ensure inclusive and informed policymaking.

DCY has established partnerships with the Public Children Services Association of Ohio, the Ohio Job and Family Services Directors' Association, and the Ohio Children's Alliance, all of whom continue to be active partners and have shared innovations that have had significant positive impact on Ohio's constituency. DCY regularly attends association meetings, providing periodic updates to these organizations on CFSP implementation activities as well as the CFSR. In addition, the Ohio Children's Alliance, Public Children Services Association of Ohio, Ohio Job and Family Services Directors' Association, Ohio's County Commissioner Association, Ohio's Youth Advisory Board, and the Ohio Family Care Association participate on several different stakeholder leadership bodies alongside DCY. Ohio's former foster youth continue to serve on local and statewide Ohio Youth Advisory Boards. They are often contacted to participate in or provide feedback to various advocacy events, reviews, and stakeholder groups.

Significant involvement of stakeholders centered around kinship care, foster and adoptive caregivers recruitment and support, youth involvement and sustaining connections.

Kinship Care

Licensing: DCY has leveraged community partnerships, engaged stakeholders and those with lived experience in the kinship space. Kinship licensure is an example of stakeholder engagement embedded within Ohio's 2025 – 2029 CFSP. DCY has been actively working with PCSAO, OCA and The Ohio Grandparent Kinship Coalition to collaborate in developing a kinship licensure program. Monthly and

quarterly meetings with PCSAO and OCA encourage enhancement to the process. Research on other state Kinship Licensure programs has been ongoing.

Services: Over the years, Ohio built new and expanded existing kinship services to offer support to families receiving services through the child welfare system as well as those who are outside of the child welfare system. Ohio implemented two programs that are designed to provide financial support to kinship caregivers: Ohio's Kinship Support Program (KSP) and the Kinship Guardianship Assistance Program (KGAP). Input and feedback from PCSAO, OCA, and the and the Ohio Grandparent Kinship Coalition was incorporated as these programs were developed and implemented.

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

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

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

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

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

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

When kinship placement options are not viable for children who require placement outside of the family home, placement in a foster home is necessary. The Ohio Revised Code mandates that prospective foster and adoptive families complete pre-certification training requirements. In FY2022-2023, Preservice was revised to comply with Ohio's adoption of the FFPSA Model Licensing Standards, the new Foster Youth Bill of Rights, and the Resource Family Bill of Rights. The Ohio Resource Family Bill of Rights protects the rights of foster parents and kinship caregivers in Ohio. It outlines their rights and responsibilities, ensuring they are heard, supported, and valued as part of the team working with the children in their care.

Sustaining Connections

Ohio SACWIS functionality allows PCSA staff to enter ICWA-related information in the person record and generate the Tribal Inquiry and Notification Letter. Ohio SACWIS also has a Federally Recognized Tribes Report. Information on tribal affiliation is recorded on the ICWA Detail Screen from the Person Demographics tab. At any time more information becomes available, the screen can be edited to add additional information. The Tribal Inquiry and Notification Letter is generated to notify and/or request information from a specific tribe or the Bureau of Indian Affairs regarding the tribal affiliation of an individual.

DCY continues to improve ICWA compliance through the following:

- Updating policy guidance as needed.
- Revision of Administrative Code rules, as needed.
- Provision of ongoing and case-specific technical assistance.

- Provision of education and training on ICWA through the Ohio Child Welfare Training Program (OCWTP). OCWTP provides PCSA staff with access to the National Indian Child Welfare Association's (NICWA) online training course on ICWA. OCWTP also includes ICWA education in Caseworker Core 2.0 training as well as the Assessor training series courses.

Foster and Adoptive Caregivers

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

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

Youth in Foster Care

DCY met with the Ohio Youth Advisory Board (OYAB) on multiple occasions as the overarching goals of the CFSP were being developed. Several Youth Ambassadors participated and provided valuable insights as to the wording of goal language specific to the prevention of foster care and activities to address trauma and normalcy in congregate care settings. Foster Care Alumni are at integral part of developing and presenting

As the Ohio Independent Living Reporting Tool (OILRT) was being developed, tested and implemented Independent Living workers from Ohio's 88 PCSAs were encouraged to participate in discussions with the Independent Living / Transition Age Youth (IL TAY) team to identify what functionality would be beneficial to them. PCSAs also participated in testing and implementation discussions. Moving forward to increasing utilization of the OILRT, the IL TAY team plans to survey PCSAs that have requested access and do not use the OILRT to learn what barriers they may be experiencing. The IL TAY team also plans to partner with the current users to share their experience with other agencies and demonstrate how the OILRT is benefiting their agency to increase utilization numbers.

Courts

DCY continues to partner with the Court and other system stakeholders through the SCO's Advisory Committee on Children, Families, and the Courts and its Subcommittee on Responding to Child Abuse, Neglect and Dependency (CAND). CAND also serves as the Task Force for both Ohio's Children's

Justice Act and Court Improvement Program (CIP). DCY and the SCO partner on the implementation of activities under Ohio's Children's Justice Act grant and Ohio's CIP. The purpose of the advisory committee is to provide guidance to the Court and its staff regarding the promotion of statewide rules and uniform standards concerning the establishment and operation of programs for children and families in Ohio courts; the development and delivery of services to Ohio courts on matters involving children and families, including training programs for judges and court personnel; and, the consideration of any other issues the advisory committee deems necessary to assist the Court and its staff regarding children and families in Ohio courts. SCO and DCY have blended CJA and CIP funds to implement strategies to improve the quality of legal representation for children and families involved in the child welfare system. Strategies include Ohio specific child welfare legal training through the National Association of Counsel for Children, a multi-disciplinary pilot project that includes both pre- and post- petition legal services, and an evaluation of the Ohio Court Appointed Special Advocate program.

The children services system and juvenile justice system have a mutual goal to improve outcomes for children and families. Cross-system collaboration and engagement increase communication and strengthen partnerships resulting in better, more informed decisions. In November 2020, Governor DeWine's Children Services Transformation (CST) Advisory Council issued their final report which identified juvenile justice system collaboration and engagement as critical components for successful transformation of the children services system. To this end, the agency embarked on a journey to explore community partnerships between our Public Children Services Agencies (PCSAs) and juvenile courts.

Meetings with PCSAs, and local juvenile courts would have been difficult to capture in a survey or through a listening session. In addition to discussing legal representation structures and court engagement, other topics were discussed that have a direct or indirect impact on court engagement and collaboration. Additional topics include workforce (i.e. recruitment and retention, unions), funding (i.e. levy, title IV-E, commissioners), placement issues (i.e. facilities, cost, unruly/delinquent) and even services (i.e. behavioral health services, community-based programs, and other supportive services).

Based on feedback collected, several themes emerged: communication, funding, legal needs, practice/procedures, prevention, recruitment/retention, and training (depicted in the graphic below). Of those, training was identified as the highest need or concern. This need is consistent with the priority need identified by the Children Services Transformation (CST) PCSA Legal Representation Structures Workgroup charged with reviewing legal representation structures throughout the state**.** They are also charged with partnering with the Public Children Services Association of Ohio, County Commissioners Association of Ohio, Ohio Prosecuting Attorneys Association, and Ohio Association of Juvenile Judges to evaluate county models for legal representation and determine best practices and opportunities for strengthened county partnerships that result in accountable, collaborative decision-making processes. Based on the review, the workgroup identified training and resource development as the top two priorities for the workgroup to address. As a result, the action steps outlined for these two priorities directly support the needs identified during court engagement visits.

Looking at the County Level

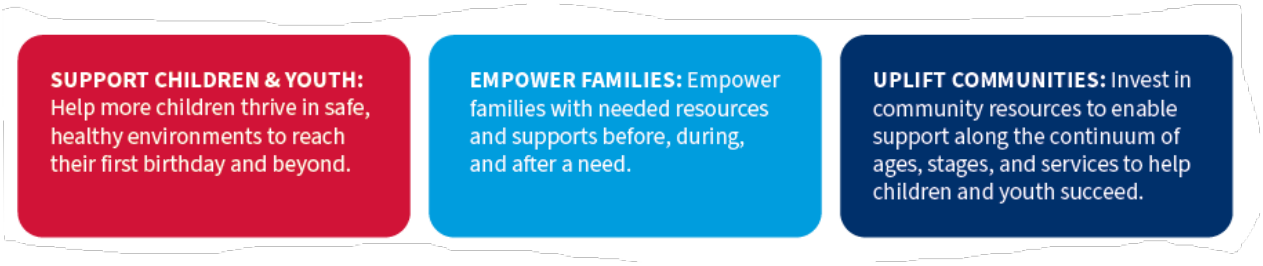
DCY also solicits information from public children services agencies for their views of how responsive their communities are in addressing the needs of children and families coming to the attention of their agency. The state's Child Protection and Oversight Evaluation (CPOE) 12, Phase 2 commenced January 2023 and concluded in September 2024. As part of the CPOE process and prior to the on-site case record review, public children services agencies (PCSA) complete a *PCSA Self-Assessment*. One area that agencies are asked to address is the Child and Family Service Plan Systemic Factor: Agency Responsiveness to the Community where they are asked to respond to the following statements and rank their response on a scale from Strongly Agree, Agree, Disagree and Strongly Disagree. Findings are presented in the table below.

Agency Responsiveness to the Community	Strongly Agree	Agree	Disagree	Strongly Disagree
The agency regularly partners with and seeks input from community stakeholders, families, and youth.	38	42	5	0
Community partners value their strong working relationship with the agency.	36	45	5	0
The community has a Family and Children First Council.	65	19	1	0
The community has wrap-around services.	38	32	12	3
Community partners meet regularly to discuss service intervention for shared families.	39	40	4	2
The agency values a strong working relationship with the Juvenile Court.	50	32	4	0
CASAs and/or GALs in the community effectively partner with the agency and Juvenile Court to achieve outcomes that are in the children's best interest.	23	48	13	2

As noted in the above table, child welfare involves a family's interface not only with the children services system, but also the court system. DCY has a rich history of collaboration with the Supreme Court of Ohio (SCO) demonstrated through the implementation of previous Child and Family Services Plans and CFSR Program Improvement Plans.

Looking Forward

Key policy changes proposed by the DCY in Ohio's SFY26/27 executive budget aims to streamline services, reduce barriers, and improve efficiencies. These changes support DCY's three primary goals (highlighted in the graphic below) and align with the budget request to better support Ohio children and families.



Conclusions

Results from the Round 3 CFSR Final Report indicated the following: for Item 31: "The agency responsiveness to the community system is functioning statewide to ensure that, in implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP." As a result, Ohio received an overall rating of Strength for Item 31 based on information from the statewide assessment. It was noted that "In the statewide assessment, Ohio described the involvement of stakeholders in the development of the Child and Family Services Plan (CFSP) and Annual Progress and Services Report (APSR). The agency was able to demonstrate the involvement of various groups and entities in establishing the agency's strategic direction, and in planning and program development."

DCY believes this item to be a Strength based on the agency's concerted efforts to sustain a high level of collaboration in its working relationships with public and private agency partners to improve outcomes for children and families. Ohio continues to demonstrate a strong commitment to cultivating avenues for collaboration with parents, youth and resource families. In a State-Supervised, County-Administered System, a strength has been to listen, respond and act based on information gleaned from a variety of sources to achieve measurable improvements in efficiency, effectiveness, performance, accountability, and outcomes at both the state and local program levels.

Key policy changes proposed by the DCY in Ohio's SFY26/27 executive budget aims to streamline services, reduce barriers, and improve efficiencies. These changes support DCY's three primary goals (highlighted in the graphic below) and align with the budget request to better support Ohio children and families.

Item 32: Coordination of CFSP Services with Other Federal Programs

For this item, provide evidence that answers this question:
How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to children and families' experience with service coordination between child welfare and other federal programs?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response

With passage of House Bill 33, the state of Ohio enacted, the Department of Children and Youth (DCY) which brought together services and programs from five existing state agencies to focus on the efficient and effective delivery of services to Ohio's children and their families. With many of the state's child-centered resources and programs housed within a single agency, Ohio families have a centralized resource to ask questions, find services, and receive support.

DCY administers programs and services from the following legacy agencies:

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

Below is a snapshot of programs and services that are now integrated within DCY. The full-service array can be found on DCY's Program Overview.

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

DCY continues to collaborate closely with other state agencies and local Public Children Services Agencies to ensure that the state's services under the CFSP are coordinated with services and benefits of other federal or federally assisted programs serving the same population.

These include, but are not limited to:

- Child Abuse Prevention and Treatment Act
- Federally and state-supported behavioral health services
- Individuals with Disabilities Education Program (IDEA)
- Maternal, Infant, and Early Childhood Home Visiting (MIECHV)
- Medicaid/Medicare
- Personal Responsibility and Education Program
- Social Services Block Grant (Title XX)
- Specialized programming for those with developmental disabilities
- State and federally supported child-care programs (e.g., Step Up to Quality, Head Start, Child Care Development Block Grant)
- Substance Abuse and Mental Health Services Administration (SAMHSA) funded projects
- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- Title 1 (education funding)
- Workforce Innovation and Opportunity Act

For children and youth who enter the foster care system, Ohio has made advances over the past several years to reduce silos and service gaps within and across state agencies and systems. Ohio's 2025 – 2029 CFSP – Ohio Healthcare Oversight and Coordination Plan highlights valuable insight into the provision and oversight of healthcare for children in substitute care. Over the past five years ongoing efforts have been made to improve care coordination and service quality. Initiatives such as the Health and Children Services Data Exchange RFP, CANS IT System Interface, the new Ohio SACWIS and Medicaid interface,

OCAF platform, and Care Coordination Portals are designed to improve coordination and communication among the Ohio Department of Medicaid (ODM), DCY, public children services agencies (PCSA), and private child placing agencies (PCPA). These improvements also strengthen data collection and ensure compliance with state policies and procedures.

More specifically, Ohio has selected the CANS tool to meet the functional assessment requirements for the Qualified Residential Treatment Program (QRTP). Access to CANS assessment information helps ensure youth are not placed in non-family foster home settings due to inappropriate diagnoses. To support this, DCY and ODM are developing an interface between the CANS IT System and Ohio SACWIS. While CANS assessors can currently view assessments within the CANS IT system, the new interface will allow Title IV-E agencies to view CANS information for children in custody directly through Ohio SACWIS.

Ohio's care coordination infrastructure is another example of ongoing efforts to streamline service provision and reduce service gaps. In December of 2023, ODM's Managed Care Entities (MCEs) opened their Care Coordination Portals (CCPs) to Medicaid recipients and legal guardians, providing access to care coordination and health information, including children in custody. Each MCE, including Aetna OhioRISE, have a CCP available through the MyOhio or OH|ID websites.

The ODM and DCY collaborated to provide Title IV-E agencies with streamlined access to these portals via a specialized user role in Ohio SACWIS and accessed using the State of Ohio single sign-on. Aetna's CCP, FamilyCare Central, has been accessible since fall of 2022.

ODM, DCY, and the MCEs have collaborated to ensure that the CCPs are structured to aid Title IV-E agencies to easily view healthcare information for children and youth in their custody, including:

- Prior authorization requests
- Medicaid-covered services (e.g., hospital stays, doctor visits, prescriptions)
- Contact information for managed care coordinators or care guides

Another example sits in DCY's Help Me Grow home visiting program. Benefit and service coordination exists with the Ohio Childhood Home Visiting Data System (OCHIDS), functionality for an OCHIDS ID to follow a child receiving home visiting services regardless of a change in caregiver preventing a gap in services.

General Child Welfare Funding

As a state-supervised and county-administered child welfare system, all child welfare costs in Ohio are funded through a blend of federal, state and local funds. DCY allocates federal and state funds to county agencies, which can be used to support child welfare programs in their communities. Funds allocated include Title IV-B Part I and Part II, Title XX, TANF Title XX Transfer, TANF, Title IV-E Chafee, and state General Revenue Funds, which can be used as a portion of match for required federal funds. In addition, Title IV-E Foster Care and Adoption Funds are passed through to the county agencies as partial reimbursement for placement and administrative costs. Local commissioner appropriation and county-specific levy funds are used to match required federal funds or used to pay for children and/or services

not eligible under the federal funding streams. In SFY 2024, child welfare costs in Ohio equaled nearly $1.6 billion all funds. (Federal = $596M, State = $313M, Local = $690M).

Targeted Child Welfare Innovations

Ohio Benefits

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

Health Care Services

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

OhioRISE (Resilience through Integrated Systems and Excellence)

The Ohio Department of Medicaid (ODM), through a contract with Aetna Better Health of Ohio, launched the OhioRISE managed care plan in July 2022, which specifically focuses on child and youth behavioral health. Aetna contracted with Care Management Entities (CMEs) across the state to provide care coordination, linkage to services, flexible funds, and other services and supports to maintain youth with complex behavioral health needs in their homes. They also work with youth in PCSA custody to provide services and supports through a child and family team approach utilizing the high fidelity wrap around service model. Since the launch, and with support from other state partners, OhioRISE has increased capacity for Intensive Home-Based Treatment (IHBT) and opened three Psychiatric Residential Treatment Facilities (PRTF) with plans to open additional PRTFs in the future. Additionally, Ohio Mental Health and Addiction Services (OhioMHAS) is partnering with ODM to create a statewide model for Mobile Response and Stabilization services (MRSS). This supports youth in crisis ages 20 and under who are experiencing a behavioral health emergency. Currently, OhioRISE is serving approximately 44,000 youth across the state through these behavioral health services and care coordination.

Multi-System Youth Initiative

The State of Ohio's program to prevent custody relinquishment for youth with multi-system needs was created in SFY20 with the goal of preventing transfer of custody to the child protection system solely for

the purpose of obtaining funding to access treatment. The custody relinquishment prevention program is referred to as the Multi-System Youth (MSY) Program. The MSY Program is sponsored by the Ohio Family and Children First (OFCF) Cabinet, including the Ohio Departments of Children and Youth, Developmental Disabilities, Education and Workforce, Mental Health and Addiction Services, Medicaid, and Youth Services. A multi-agency team reviews MSY applications to provide technical assistance to local partners, and grant funding for individualized services and supports when requests meet the core principles of the program.

Since the MSY Program inception through February 28, 2025, needed services and supports have been provided to 1,850 youth from all of Ohio's 88 counties. In addition, 5,349 funding requests received and the team has provided technical assistance to help local teams navigate care for 158 children with complex needs.

Family and Children First

Ohio Family and Children First (OFCF) is a partnership of state and local government, communities and families that enhances child and family well-being by building community capacity, coordinating systems and services, and engaging families. OFCF's vision is for every child and family to thrive and succeed within healthy communities. There are frequent opportunities for collaboration by both the state and local family and children first council (FCFC) teams to ensure youth with multi-system needs received coordinated services and supports. Any youth with needs from at least two local systems can be referred to the local FCFC. FCFCs bring the youth, family and any partners together to develop a plan with measurable goals to address the needs of the youth and their family, with the goal of long-term self-advocacy and success. The individual family service coordination process is both family-focused and strengths based. FCFC service coordination provides the venue for families with multiple and complex problems to effectively address their needs through a process that creates a unique intervention/treatment environment which eliminates duplication and provides both traditional services and builds natural supports.

Child Care, Head Start, MIECHV, SAMHSA Funded Programs

With the creation of DCY through HB 33, child-serving programs across five existing state agencies were blended. Programs previously housed in different agencies are now streamlined into one child and family focused agency, including children services, childcare, Head Start, Maternal Infant Early Childhood Home Visiting (MIECHV), Early Intervention, early education programs, and SAMHSA funded programs. This has allowed for increased collaboration and decreased red tape between programs at the state level.

Children's Justice Act and Court Improvement Program

DCY has a rich history of collaboration with the Supreme Court of Ohio (SCO) demonstrated through the implementation of previous Child and Family Services Plans and Child and Family Services Review Program Improvement Plans. DCY continues to partner with the Court and other system stakeholders through the Supreme Court of Ohio's Advisory Committee on Children, Families, and the Courts and its Subcommittee on Responding to Child Abuse, Neglect and Dependency (CAND). Over the last several years, SCO and DCY have blended CJA and CIP funds to implement strategies to improve the quality of

legal representation for children and families involved in the child welfare system. Strategies include Ohio specific child welfare legal training through the National Association of Counsel for Children, multi-disciplinary pilot project that includes both pre-and post-petition legal services, and an evaluation of the Ohio Court Appointed Special Advocate program.

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

Item 33: Standards Applied Equality

For this item, provide evidence that answers this question:
How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or childcare institutions receiving title IV-B or IV-E funds?

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to stakeholders' experience with state standards being applied equally?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response

DCY promotes quality and consistency in the application of standards across DCY certified agencies. Both private and public foster care agencies and residential agencies have minimum standards for certification/licensure which are defined in Ohio Revised Code (ORC) and Ohio Administrative Code (OAC). OAC 5180:2-5 covers the requirements for all foster homes in Ohio and OAC 5180:2-48 covers the requirements for adoption.

Ohio allows non-safety waivers for kinship only foster homes. The waiver request process is completed in Ohio SACWIS by the recommending agency. All waivers are reviewed and approved by policy staff at DCY to ensure standards are applied equally. Typical waiver requests and approvals include waiving training requirements; non-safety related paperwork and waivers related to sleeping arrangements. During SFY 2025, 857 individual waivers have been requested for 493 distinct kinship foster parents or applicants. 822 have been approved, 34 are pending and only 1 was rejected. The rejected waiver was related to a request to delay criminal background checks on a child in the home who turned 18. It was rejected as criminal background checks are considered safety related.

Reviews of all agencies recommending foster homes for certification/licensure or approving homes for adoptive placement are conducted annually and include a review of policies, record reviews, child interviews as appropriate, staff interviews, and foster or adoptive parent interviews.

The Foster Care and Adoptive Parent Recruitment Plan is a required Plan that must be completed by all foster and adoption agencies. This Plan is reviewed at initial certification of the agency and then annually to ensure the Plan meets the population needs in the service area. To ensure consistency in the reviews by Foster Care Licensing Specialists, a checklist that covers the relevant rule requirement is utilized. Foster Care Licensing Specialists work together to train new specialists to complete agency reviews, further promoting consistency. Foster Care Licensing Supervisors also accompany each specialist at least two times annually to ensure consistency and improve overall quality. Each Foster Care Licensing Specialist accompanies at least 1 specialist from another region each year to promote consistency across regions.

A Consistency team meets bi-weekly to review questions received from Foster Care Licensing (FCL) Specialists, ensuring the information shared aligns with policy and is consistent across the FCL regions. This also ensures that policy interpretations provided by the Policy, Program and Regulatory Standards (PPRS) team is consistent with information being provided by the FCL Team. The Consistency team includes FCL Supervisors, PPRS supervisor, PPRS policy developers, and the Quality Assurance (QA) Program Administrator.

Questions, answers, and interpretations are tracked on a shared spreadsheet accessible to the Consistency Team and the FCL Specialists. These are reviewed by the Consistency Team during monthly Program Meetings with FCL Specialists.

The Division of Regulatory Compliance implemented a Quality Assurance Plan to promote quality and consistency across all the programs. The QA administrator accompanies specialists annually to provide feedback and ensure consistent practice and quality assurance. They also contact at least two certified programs weekly to discuss monitoring experiences and standards application.

DCY meets regularly with PCSAO and OCA to address adoption consistency. Both organizations consist of adoption agencies that employ adoption assessors. Adoption agencies have access to technical assistance staff during on-site meetings to ensure consistent practice and quality assurance.

In July 2024, the FCL Bureau began monthly provider meetings called Compliance Chats to improve quality in DCY certified agencies and promote a consistent message. The meetings encourage stakeholder engagement, showcase quality practices, allow for Q&A, and involve FCL staff, PPR staff, and Systems staff. In April 2025, the Qualified Residential Treatment Program (QRTP) Monitoring Guide was released to promote transparency and consistency in monitoring.

Quarterly regional networking meetings are planned to promote networking, review rules, discuss monitoring, and gain stakeholder feedback on DCY practices.

Ohio has four stakeholder organizations that DCY seeks input from on practices and rules. They include the following:

- Ohio Youth Advisory Board: Provides feedback from the lived experience of current and former foster youth.
- Ohio Children's Alliance: Advocates for private foster care agencies and residential agencies.
- Public Children Services Association of Ohio: Advocates for 88 public children services agencies.
- Ohio Adoption Planning Group (OAPG): A stakeholder group of public and private adoption agencies and advocates.

Providers are encouraged to voice concerns on the application of licensing standards by contacting the FCL Supervisor, FCL Bureau Chief, or the DCY help desk to register their concerns.

Item 34: Requirements for Criminal Background Checks

For this item, provide evidence that answers this question:

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address all components of this question.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to stakeholders' experience with the criminal background check process?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response

Since 1993, section 2151.86 of the Ohio Revised Code (ORC) defines requirements related to criminal background checks completed for individuals who care for children in out-of-home care placements that align with federal law related to Title IV-E of the Social Security Act. Ohio statute requires criminal records checks to be completed for the following:

- A prospective adoptive parent at the time of the initial home study and prior to the adoption being finalized.
- A prospective foster caregiver at the time of the initial home study and prior to the agency recommending the person to be a foster caregiver.

Ohio Administrative Code (OAC) 5180:2-5-09.1, 5180:2-48-09 and 5180:2-48-10 identifies the frequency and manner by which criminal records checks are to be conducted for adoptive parents, foster caregivers and all adult household members. All required criminal records checks for a foster caregiver/adoptive parent must be conducted using section 2151.86 of the ORC as the reason fingerprinted. Criminal record checks are to be completed prior to an individual being recommended and licensed as a foster caregiver or adoptive parent, every four years from the last BCI check completed, and prior to when a foster caregiver or adoptive parent transfers from one agency provider to another agency provider. OAC rules also address requirements regarding criminal background checks for any new adult household members including a new paramour or when an existing household member turns 18. When a new adult household member enters the home, a criminal records check must be completed within 10 working days. For a minor household member in the home turning 18 the background check must be completed within 30 days of the minor turning 18 and every four years thereafter.

In January 2017, the State of Ohio implemented a process for criminal background checks to be submitted by foster care/adoption agency providers and reviewed by foster care licensing specialists. Providers submit newly received criminal background checks to KOFAX, a secured fax system, on a quarterly basis and the information is entered, reviewed and processed via the electronic FileNet system. Providers are required to submit newly received criminal background checks quarterly by March 31, June 30, September 30 and December 31. The FileNet system has been the system to process and contain criminal background checks for all private and public agencies required to have criminal checks completed on individuals pursuant to ORC law and OAC rules. To date, providers continue to submit required criminal background checks quarterly for compliance review by DCY foster care licensing staff. On a quarterly basis, providers are required to submit a spreadsheet with a list of individuals names and criminal check information pertaining to the criminal checks that were submitted for that quarter which is received by DCY foster care licensing specialists. In October 2022 the Ohio Department of Job and Family Services established a foster care licensing unit of five specialists and one manager to review, process and monitor quarterly submitted criminal background checks. The creation of this unit has ensured a more efficient and timelier review of the volume of required criminal checks submitted to the state. Foster care licensing specialists monitor quarterly criminal background check submissions which

include new agency employees, volunteers, interns and/or subcontractors, new foster caregivers or adoptive parents and/or BCI checks submitted four years from the prior BCI check completed in accordance with ORC 2151.86 and OAC rules.

In the period since Ohio implemented an electronic submission of all criminal checks for public and private agency employees, interns, volunteers and subcontractors, along with foster and/or adoptive parents and applicants, 88,618 criminal checks have been submitted through December 31, 2024.

The number of criminal checks processed during this time was 79,445 and 93% were found to be compliant. From July 1, 2023, through December 31, 2024, there were 12,215 criminal background checks processed and of those 11,422 (94%) were compliant. There were 599 noncompliant criminal checks reviewed and processed during this time, and of those noncompliant checks, 20% were foster caregiver/adoptive parent applicants, 30% licensed foster caregivers/adoptive parents, 39% childcare institution staff, and 11% other agency personnel.

Total Criminal Checks Processed from January 2017 through December 31, 2024	88,618
Total Criminal Checks Processed from July 1, 2023-December 31, 2024	12,215
Total Compliant Criminal Checks Processed from July 1, 2023- December 31, 2024	11,422
Total Noncompliant Criminal Checks Processed from July 1, 2023- December 31, 2024	599

Criminal checks identified as non-compliant with OAC rules 5180:2-5-09.1, 5180:2-48-09 and 5180:2-48-10 are cited within a foster care licensing complaint review, and agencies are either issued Technical Assistance or a citation requiring a Corrective Action Plan submitted to foster care licensing. If the area of noncompliance found could be corrected, then the agency is required to correct the noncompliance and submit the corrected information for review and approval. Information regarding the corrected criminal background check is recorded in the FileNet system and agency's complaint review.

In the 2024-2025 state biennium budget a request to establish statutory authority for DCY to directly receive BCI/FBI checks to determine eligibility, expedite approvals of background checks, as well as support agencies timelier with hiring employees and monitoring criminal checks prior to hire.

However, this proposal was not approved within the 2024-2025 state biennium budget. As a result, DCY decided to create a new licensing and monitoring system, Ohio Certification for Families and Children (OCAF), for agencies to submit BCI/FBI checks directly into the OCAF system for ease with submission and review. In January 2025, OCAF was put into operation for agencies to access. OCAF allows a more efficient process for agencies to submit required BCI/FBI results, expediting the submission to DCY and the assessment for compliance.

Effective May 1, 2025, criminal background checks for agency employees, interns, volunteers and subcontractors will be submitted via the OCAF system, with a plan, to include functionality for foster

caregivers and private adoptive parents to submit to OCAF for efficient submission, processing and review of all required criminal background checks.

The number of criminal checks processed for the period of July 1, 2023, through December 31, 2024, was 12,215. Of these, 11,422 (94%) were compliant. Criminal checks identified as non-compliant with OAC rules 5180:2-5-09.1, 5180:2-48-09 and 5180:2-48- 10 are cited within a foster care licensing complaint review, and agencies are either issued Technical Assistance or a citation requiring a Corrective Action Plan submitted to foster care licensing. If the area of noncompliance found could be corrected, then the agency is required to correct the noncompliance and submit the corrected information for review and approval. Information regarding the corrected criminal background check is recorded in the FileNet system and agency's complaint review.

A new licensing and monitoring system, Ohio Certification for Families and Children (OCAF), was created in 2024 where agencies could submit BCI/FBI checks directly into the system. In January 2025, OCAF was put into operation for agencies to access. OCAF allows a more efficient process for agencies to submit required BCI/FBI results, expediting the submission to DCY and the assessment for compliance.

In addition DCY's process for required criminal background checks to be submitted on an ongoing basis for review, other monitoring means for ensuring criminal background checks are completed for individuals approved, certified or hired to provide care to children in an out-of-home care placement setting, along with adult household members in a foster home or adoptive placement and/or a child in the home who turns 18 years of age, is through agency certification reviews conducted by a foster care licensing specialist.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

For this item, provide evidence that answers this question:
How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?

- What does the evidence show with respect to children and families' experience with ensuring a diversity of foster and adoptive parent homes?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response

DCY engages in a variety of strategies when recruiting foster and adoptive homes at both the state and county levels. Outlined below are state and county efforts that are occurring.

STATEWIDE RECRUITMENT

Treatment Foster Home Pilot

The Treatment Foster Home Pilot Program provides up front funding and coaching support to public children services agencies (PCSAs) to implement treatment foster care programs for recruitment and certification of treatment level foster parents. The increase in availability of treatment level foster homes connects foster children facing significant behavioral health challenges with foster families who are equipped to support children with complex needs in their homes and in their own communities.

The pilot builds on the Northwest Treatment Foster Care Partnership – a collaboration between Sandusky, Seneca, Ottawa, and Wyandot counties' PCSAs. The pilot concept is for PCSAs to provide support for foster families, including 24/7 on-call casework and crisis counseling, along with specialized training so that children with complex behavioral needs can stay in a home environment close to their communities. The pilot is focused on significantly reducing the number of foster children living in congregate care settings.

In May of 2024, 30 new PCSAs joined the pilot creating nine new PCSA partnerships. The pilot program was expanded in December of 2024, adding eight new PCSAs and creating an 11th partnership. As the longest running partnership formed in 2021, the Northwest Treatment Foster Care program has licensed 12 new treatment foster homes with over 50 foster youth served. The partnership estimates to be saving approximately $100,000 for each child in placement costs each year. As of March 2025, two additional partnerships have licensed an additional three homes with two youth served, including child specific recruitment for children in congregate settings.

It Takes Heart Campaign

The It Takes Heart Campaign (ITH) is a statewide marketing campaign aimed at recruiting new resource and adoptive homes. To ensure strategies for recruitment and awareness are regionally appropriate, Ohio has been divided into 12 service delivery areas (SDAs). All the strategies used for the ITH campaign have been developed using data provided by DCY, public and private stakeholder input, market research data, and feedback from current and former foster youth and resource families. This data, which is analyzed on an ongoing basis, provides insights into the specific needs of each SDA allowing the campaign to be intentionally targeted to meet those needs. The ITH campaign is driven by target market data. It looks at identifying groups of people who are statically likely to have an interest in foster care or

are statistically likely to be demographically/geographically similar to foster youth's homes of origin. The resulting marketing campaigns use design imagery and photography based on the demographics of each target group or ad region and reflect the needs of children in care.

The data analysis provides opportunity to reach out and connect with potential foster and adoptive families using the most efficient digital channels as well as traditional advertising. Using data driven strategies has led to demonstrated increases in recruitment reach, allowing information to get to many potential foster and adoptive families who reflect the children in need of homes. The campaign is working to create a more comprehensive, standardized tracking process to better track movement from interest in becoming a resource home to certification.

Planned advertising initiatives include digital advertising (Google, Facebook/Instagram, X, StackAdapt, Microsoft), movie theater advertising, gas station advertising, billboards, bulk mailers, and television ads. The campaign also creates monthly blogs related to foster care, adoption, and kinship care that are posted on the Foster Care and Adoption website to help encourage interested people to take that first step to become caregivers. Ongoing Strategy Sessions are held for all public and private agencies to share information on ways to maximize marketing and recruitment efforts. Additionally, recruitment strategy packets have been developed for public and private agencies to utilize to support their own recruitment efforts.

For FY2025 thus far the following Table provides information on visitors to the *It Takes Heart* website:

Type of Interest	**SFY 2025 Q1**	**SFY 2025 Q2**	**SFY 2025 Q3**	**April - May**
Visitors to ITH Site	124,130	116,477	95,568	61,030
Inquiry Forms Submitted	940	979	1,005	715
Digital Ad Views	6.5 million	8.1 million	5.8 million	6.6 million

DCY contracts with the Child Care Resource & Referral agencies to support the recruitment and retention of foster, kinship, and adoptive homes. The Children Services Hubs (Hubs), located in Ohio's 12 Service Delivery Areas, collaborate with public and private adoption agencies within their respective regions to support families who are interested in becoming or already are licensed foster homes. Every other year each Hub completes a needs assessment and operational plan which are submitted to DCY.

Families that are interested in becoming licensed to provide foster care, kinship care, or adopting contact their local Hub for assistance in determining if foster care is the right fit for their family, selecting an agency, and navigating the licensing process. They can also assist the families by connecting them with resources and community support.

In the last year DCY has focused on addressing barriers and better supporting foster families through

coordinating settings where parents can gather. This allows them to share their stories and experiences to develop a community where they can support each other through Parent Cafés or Family Support Groups. This is also a place where families and the Hubs can share resources and supports available within the community.

As part of their recruitment and retention efforts, the Hubs host and attend various events throughout Ohio sharing the need, information, and process for foster and adoptive parents. The support offered by the Hubs contributed to the 1,346 newly licensed homes in Calendar Year (CY) 2024 and the 420 new homes in CY 2025.

Youth Centered Permanency Roundtables (YCPRTs) provide older youth most at risk of aging out of foster care opportunities to find youth-driven solutions and resources not otherwise provided by county agencies. YCPRTs empower the youth to be involved in planning for their future and serve as a partner in the process of finding permanency. YCPRT through ongoing youth prep and YCPRT meetings increase the number of identified supports for youth served through the circles of support tool, mobility mapping, and family search and engagement work. The number of connections at meetings is our main recruitment effort to get these identified supports at the table and to consider potential caregiving. Foster parents, placement staff, Wendy's Wonderful Kids recruiters, and other professionals are engaged to cultivate support toward both relational and legal permanency. Twice and many youths served by YCPRT moved to less restrictive placements than their comparison group. The annual data continues to demonstrate that youth served by YCPRT are more likely to exit care to permanency rather than aging out. YCPRTs are implemented in 13 counties with a plan to expand to up to 10 additional counties in State Fiscal Years 26 and 27.

Wendy's Wonderful Kids

Wendy's Wonderful Kids (WWK), the Dave Thomas Foundation for Adoption, supports the hiring of adoption professionals, known as recruiters, who are dedicated to finding permanent families for the longest-waiting children in foster care. Wendy's Wonderful Kids adoption professionals use an evidence-based, child-focused recruitment model to find the right family for every child on their caseload. This is achieved through case mining, interviews, and child specific recruitment to identify connections for children. A rigorous, five-year national evaluation revealed that children referred to the program are up to 3x more likely to be adopted. Since the inception of WWK, they have served over 4,743 children and have found permanent homes for over 1,809 children. Since January 1, 2025, WWK has served over 311 youth and matched 154 youth and completed 107 adoptions. WWK supports permanent connections to youths. WWK located permanent connection through file mining a case. WWK has Identified 4,771 potential families, including 2,104 relatives, in Ohio as well as other states.

COUNTY RECRUITMENT

Recruitment Plans

DCY requires each agency that provides foster care services to prepare a recruitment plan, pursuant to OAC 5180:2-5-13 which outlines how they will conduct targeted recruitment for families to meet the characteristics of children in their care.

The general criteria used to determine when the agency will conduct child-specific recruitment strategies for a child and the type of specific recruitment techniques the PCSA, Private Child Placing Agency, or Private Non-custodial Agency will utilize when child- specific recruitment is warranted.

Additionally, for agencies that engage in the provision of adoption services they prepare an Adoption Recruitment Plan, pursuant to OAC 5180:2-48-05 that addresses the following areas:

- Strategies that will be used to reach all parts of the community.
- Methods of disseminating both general and targeted recruitment.
- Strategies for ensuring that all prospective adoptive applicants will receive information regarding adoption procedures within seven days of inquiry.
- Strategies for assuring that all applicants have access to the homestudy process, including location and hours of services that facilitate access to all members of the community.
- Strategies for training staff to work with a variety of communities.
- Strategies for dealing with linguistic barriers between the PCSA, Private Child Placing Agency, or Private Non-custodial Agency and the prospective adoptive applicant(s).
- A description of the characteristics of children in permanent custody or permanent surrender of the agency.
- Identification of the type of specific recruitment techniques the PCSA or Private Child Placing Agency will utilize when child specific recruitment is warranted.
- Fee structure.

Children in Care and Foster/Adoptive Parents Demographic Data

All foster and adoption recruitment strategies developed and implemented are grounded in knowing, on an ongoing basis, what the demographic characteristics of children in temporary or permanent custody of the state, including for the children for whom foster and adoptive homes are needed. The following tables provided information on Ohio's children and youth.

2025 Recruitment Data.

Children and Youth in Temporary Custody

Age Range of Children in Temporary Custody as of May 1, 2025

Age Range	Count of Children	Percentage
Less than 1 Year	1,046	10.61%
1 to 3 Years	2,040	20.69%
4 to 6 Years	1,563	15.85%
7 to 9 Years	1,374	13.94%
10 to 12 Years	1,201	12.18%
13 to 15 Years	1,594	16.17%

Age Range	Count of Children	Percentage
16 to 18 Years	1,036	10.51%
19 to 21 Years	5	0.05%
Total	9,859	100.00%

Race Value of Children in Temporary Custody as of May 1, 2025

Race Value	Count of Children	Percentage
White	5,120	51.93%
Black/African American	3,146	31.91%
Asian	26	0.26%
Alaskan Native/ American Indian	7	0.071%
Native Hawaiian/ Pacific Islander	4	0.04%
Multiple Races	1,484	15.05%
Unable To Determine	72	0.73%
Total	9,859	100.00%

As evidenced in the information presented in the above tables, the largest number of children in temporary custody are ages 1-3 (20.69%) followed by children between the ages of 13-15 (16.17%), and youth between the ages of 4-6 (15.85%). The racial makeup of children and youth in temporary custody are primarily White (51.93%) and Black/African American (31.91%).

Children and Youth in Permanent Custody or Permanent Surrender

Age Range of Children in Permanent Custody or Permanent Surrender as of May 1, 2025

Age Range	Count of Children	Percentage
Less than 1 Year	51	1.35%
1 to 3 Years	666	17.57%
4 to 6 Years	477	12.58%
7 to 9 Years	469	12.37%
10 to 12 Years	558	14.72%
13 to 15 Years	773	20.39%
16 to 18 Years	721	19.02%

Age Range	Count of Children	Percentage
19 to 21 Years	76	2.00%
Total	3,791	100.00%

Race Value of Children in Permanent Custody or Permanent Surrender as of May 1, 2025

Race Value	Count of Children	Percentage
White	2,008	52.97%
Black/African American	1,206	31.81%
Asian	6	0.16%
Alaskan Native/ American Indian	0	0.00%
Native Hawaiian/ Pacific Islander	2	0.05%
Multiple Races	553	14.59%
Unable To Determine	16	0.42%
Total	3,791	100.00%

As evidenced above, the largest number of children in permanent custody are between the ages of 13- 15 (20.39%) followed by youth ages 16-18 (19.02%) and ages 1-3 (17.57%). The racial makeup of children and youth in permanent custody or permanent surrender is primarily White (52.97%) and Black/African American (31.81%).

Foster care and adoption agencies as indicated above are required to develop and implement a comprehensive recruitment plan that details diligent recruitment for families that reflect the demographics of the children for whom homes are needed. These recruitment plans are submitted to and reviewed by DCY to ensure compliance with applicable federal and state laws and rules.

Public and private agencies strive to reflect their county and surrounding area demographics in their recruitment plans. Their recruitment plans address the specific demographics of their area, communities where they are actively engaged and the children in their care. Many agencies utilize the PCSAO Factbook for information on child welfare demographics. Each agency targets populations based on the individual needs of children in their custody.

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

For this item, provide evidence that answers this question:

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide.

Please include quantitative data that specify the percentage of all home study requests received to facilitate a permanent foster or adoptive care placement that are completed within 60 days.

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to stakeholders' experience with the Interstate Compact on the Placement of Children process overall?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response

Ohio utilizes a variety of resources to identify potential foster or adoptive families in state as well as across state lines to achieve permanency for youth.

IT Takes Heart Website
Ohio partners with public children's services agencies (PCSA) to create and maintain a web-based adoption profile listing for children available for adoption on *It Takes Heart*. This site supports recruitment efforts for all families seeking to adopt. The Ohio Adoption Profiles provide direct connections to the agency responsible for the available youth, allowing adoptive families to gain additional information about children.

Wendy's Wonderful Kids
Wendy's Wonderful Kids (WWK), the Dave Thomas Foundation for Adoption, supports the hiring of adoption professionals, known as recruiters, who are dedicated to finding permanent families for the longest-waiting children in foster care. Wendy's Wonderful Kids adoption professionals use an evidence-based, child-focused recruitment model to find the right family for every child on their caseload. This is achieved through case mining, interviews, and child specific recruitment to identify connections for

children. A rigorous, five-year national evaluation revealed that children referred to the program are up to 3x more likely to be adopted. Since the inception of WWK, they have served over 4,743 children and have found permanent homes for over 1,809 children. Since January 1, 2025, WWK has served over 311 youth and matched 154 youth and completed 107 adoptions. WWK supports permanent connections to youths. WWK located permanent connection through file mining a case. WWK has Identified 4,771 potential families, including 2,104 relatives, in Ohio as well as other states.

Interstate Compact on the Placement of Children

The Interstate Compact on the Placement of Children (ICPC) is decentralized in Ohio except when there are requests for residential placements in other states**.** OAC 5180:2-52-04 identifies that the PCSA director or their designee will serve as the assistant deputy compact administrator (ADCA) for the agency in carrying out responsibilities involving the Interstate Compact on the Placement of Children (ICPC). ICPC is used to seek permanent placements for children with individuals/families who have been identified as a possible relative placement source or adoptive families.

State Use of Cross Jurisdictional Resources for Permanent Placements

Stakeholders believe that the state's performance in this area is better than the data suggest although the state has some data quality issues for this item. Stakeholders said that barriers to timeliness include the completion of background checks; health or substance abuse concerns in the home being assessed; receipt of case information from other counties; lack of a statewide reminder system to alert counties to due dates; difficulty in obtaining adult child references and fire inspections; county staffing capacity; and the lengthy foster parent licensing process.

To address the findings DCY engaged in the following activities:

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

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

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

- *Ohio SACWIS ICPC-NEICE Tips* document.

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

Homestudy Requests from Other States

During SFY 2023, there were 748 requests for home studies received from another state to facilitate a permanent placement. Of those, 238 (31.82%) home studies were completed within 60 days or less. Additionally, 153 (20.45%) of the 748 records were terminated prior to 60 days, without completion of the home study, indicating that the sending state may have withdrawn the request. After subtracting 153 from the total records leaving 595, the percentage completed within 60 days (numerator) increases to 40%.

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

Appendix: CFSR State Data Profile

[The State Data Profile is available from the state or the Children's Bureau upon request, and is posted at https://acf.gov/cb/data-research/data-and-statistics-cfsr-statewide-data-indicators.]