



Department of Health and Human Services

Administration For Children and Families

Region V

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Thomas J. Hayes, Director
Ohio Department of
Job and Family Services
30 East Broad Street
Columbus, OH 43215-3414

Dear Director Hayes:

This letter is in reference to the Ohio Child Welfare Program Improvement Plan (PIP), which was required because of the findings of the Ohio Child and Family Services Review conducted May 20-24, 2002. The initial version of the PIP was submitted, timely, on April 8, 2003, 90 days after you received the final CF SR report. After negotiations between our respective staffs, the Plan was resubmitted on October 23, 2003. We have reviewed the amended Plan and I am pleased to inform you that I have approved Ohio's PIP.

As we stated in the letter that transmitted the final report, the penalty applicable to the level of non-conformity found in the review will be suspended during the time period of the approved PIP. 45 CFR 1355.35(d) (4) requires that quarterly status reports be submitted describing the progress in implementing the program improvement measures. The PIP will be effective with the date of this letter and the first quarter will begin on that date. Quarterly progress reports will be due thirty days after the end of each quarter. As agreed, baseline data will be refined with the submission of your first two quarterly reports. Further, 45 CFR 1355.35(f) requires that the elements of the PIP be incorporated into the goals and objectives of the State's Child and Family Services Plan (CFSP) and progress in implementing the PIP is to be included in the annual reviews and CFSP progress reports.

We appreciate the time and effort that the staff from the Office for Children and Families, county staff, and the many stakeholders who were involved devoted to the development of the PIP. We especially commend Barbara Riley, Gwen Harris, and Joan Van Hull for their leadership. We believe that you have developed a comprehensive plan that will enhance safety, permanency, and well-being for children and families in Ohio. We look forward to working with you over the next two years.

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Enclosed is a copy of the approved plan. If you have questions, please contact Mary Doran, at (312) 886-4597 or MDORAN@acf.hhs.gov.

Sincerely,

Joyce A. Thomas
Regional Administrator

Enclosure

Cc: Barbara E. Riley, Deputy Director, ODJFS
Joan Ohl, Commissioner, ACYF
Susan Orr, Associate Commissioner, CB

Ohio Child and Family Services Review Program Improvement Plan



Ohio Department of Job and Family Services
Office for Children and Families

November 2003

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SYSTEMIC APPROACH TO CHILD WELFARE PRACTICE IN OHIO

ASSUMPTIONS

Ohio's Program Improvement Plan (PIP), developed in response to the federal Child and Family Services Review (CFSR) Final Report that was released January 31, 2003, focuses on achievement of positive outcomes for children and families. In order to identify which strategies to use in order to achieve positive outcomes for children and families, the Ohio Department of Job and Family Services (ODJFS) had to take into account that child welfare services are delivered in a state-supervised county-administered environment. The ODJFS is the designated state agency responsible for overseeing the operation of 88 public children services agencies (PCSAs), which are responsible for:

- Receiving and investigating reports involving any child alleged to be abused, neglected, or dependent.
- Providing protective services and emergency supportive services to allow children to remain in their own homes.
- Accepting temporary or permanent custody of children from the court.
- Providing out-of-home care for children who cannot remain at home, while providing services to the family directed at reunification.
- Recruiting and maintaining foster and adoptive parents.
- Placing children in adoption or other permanent living arrangements.
- Providing independent living services to assist children as they transition from being in agency custody to independence.

In addition, ODJFS had to be mindful of the following factors that will have a direct bearing on the successful achievement of any strategy, and ultimately the goals established:

- Differences in population size, demographics, community values and norms of the 88 counties.
- Fiscal and human resources are established at the county level.
- Services needed by families and children involved with PCSAs may be provided by other agencies, and the support for system change needs to be obtained from agencies at the state and county level that provide mental health, alcohol and drug addiction, mental retardation and developmental disabilities, and educational services. All of the services

are provided at the local level, not at the state and county level.

- Courts may be configured differently (e.g., combined juvenile and probate courts, separate juvenile courts) and may have diverse procedures for handling PCSA and private child placing agency (PCPA) actions.

UPDATE

The ODJFS, Office for Children and Families (OCF) and the 88 PCSAs take seriously the job of protecting Ohio's children and recognize that there are areas where improvements are needed. In fact, some improvements required as a part of Ohio's Program Improvement Plan (PIP), were implemented prior to the initial submission in April 2003 of Ohio's draft PIP to the United States Department of Health and Human Services (HHS). The following is a list of these improvements:

- Development of a safety assessment for utilization by PCSA caseworkers;
- Completing the integration of the federal standards into the existing PCSA county monitoring tool Child Protection Oversight and Evaluation (*CPOE*), in order to achieve greater consistency. CPOE evaluates the quality of child welfare services, identifies strengths and needs of Ohio's service delivery system, provides relevant reports, and evaluates program improvement measures that are in line with the CFSR;
- Roll-out of the Data Analysis Reporting Tool (DART) to assist PCSAs in easily analyzing their data and identifying the underlying populations;
- Working toward Children's Services accreditation by the Council on Accreditation (COA) in all 88 counties and the ODJFS, Office for Children and Families;
- Refining and implementing Ohio's Public Children, Adult and Family Services System Strategic Plan.

Barbara Riley, the Deputy Director for the ODJFS, Office for Children and Families (OCF), has been instituting a systematic approach for using data to drive decision-making. In April 2000, OCF Staff were pulled together to address the CFSR requirements. To continue this proactive stance, all monitoring and data analysis responsibilities for OCF were moved into one bureau, the Bureau of Outcome Management.

To maintain the focus on achievement of positive outcomes for children and families, the OCF Deputy Director continued to implement and plan concurrent initiatives. A Child and Family Services Review Executive Leadership Committee (CFSR ELC) was formed. The committee was comprised of state level PCSA directors, other state department directors or appointees, a Juvenile Court Magistrate, other court personnel, child welfare advocates, and ODJFS staff. This committee advised the OCF regarding implementation of the CFSR requirements. The committee also reviewed and made

recommendations for approval of the Statewide Assessment prior to submission to HHS. The actual hands-on development of the Statewide Assessment was completed by the ten CFSR ELC Subcommittees that were comprised of subject matter experts in the field of child welfare.

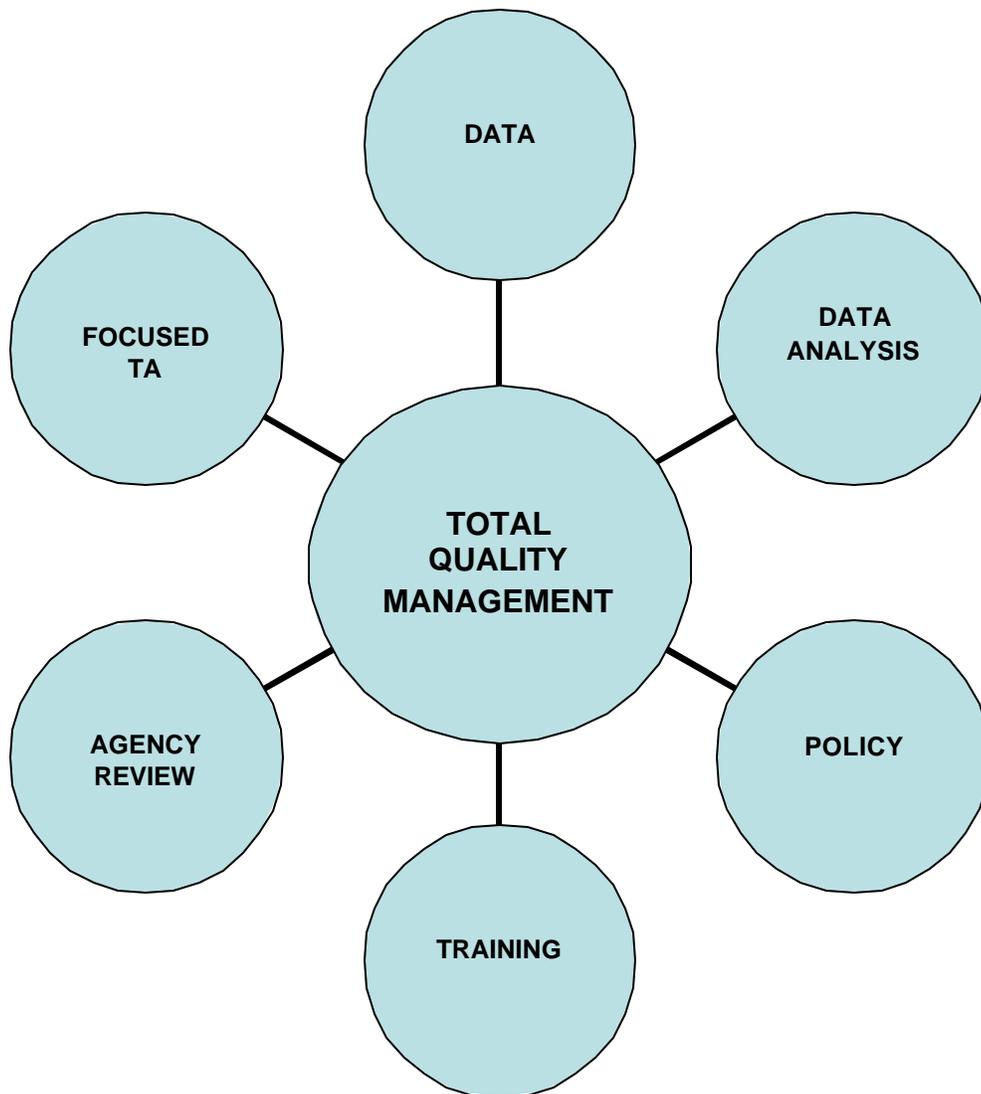
Prior to the release of the CFSR Final Report, the CFSR ELC was reconstituted into the ODJFS, Office for Children and Families Executive Leadership Committee (OCF ELC). The role of this ELC is to advise the OCF on the direction of child welfare/child care practice at the local level and participate on workgroups to create/revise policies to achieve the desired outcomes. The OCF ELC also assists the OCF in securing PCSA oversight and compliance with Ohio's PIP. This ELC has a more comprehensive goal and function than the CFSR ELC, which now serves as a subcommittee of the OCF ELC. This has allowed better utilization of scarce county and state resources. The OCF ELC has a similar membership structure as that of the CFSR ELC, e.g., county agency directors, child welfare advocates, stakeholders, and ODJFS staff. The ELC is jointly chaired by the Public Children Services Association of Ohio (PCSAO) Director and the OCF Deputy Director.

Another step in the systematic approach to using data to drive decision-making is the initiation of monthly meetings of OCF staff to monitor Ohio's achievement of the national standards. Staff will review and discuss the relationships between federal and state policies, data in FACSIS and DART, the CPOE data indicators, CPOE reports and agency approved Quality Improvement Plans (QIP). These discussions will be an initial step in building staff's capacity to conduct data analysis. Efforts are underway to post the relevant CFSR data on the ODJFS inner web, which will allow state and county staff to monitor compliance with the federal indicators. Applicable child welfare data will also be posted on the ODJFS internet website, that will be geared for public review, and satisfy the increasing media requests for data.

To keep the CFSR outcomes and measures in the forefront of the department's view, the CFSR data indicators are used for OCF's performance measures. Each of the sixteen ODJFS Deputy Directors has performance measures reflective of their respective offices. In May 2003, the ODJFS published the department's first overarching strategic plan. The ODJFS Strategic Plan established priorities and provided a quality framework for performance measurement and budgeting. The ODJFS Strategic Plan has five outcomes, objectives and measures (Refer to end of Section 1). The department will measure progress through the ODJFS Performance Center, which uses performance measures and analysis to improve productivity and ensure accountability.

The OCF Deputy Director's vision to use data to drive decision-making has laid the foundation for the ODJFS, Office for Children and Families' Framework for Total Quality Management. Following is a graphic depiction of the OCF Framework for Total Quality Management.

OCF FRAMEWORK FOR TOTAL QUALITY MANAGEMENT



PIP STRATEGIES: IMPLEMENTING FRAMEWORK FOR TOTAL QUALITY MANAGEMENT

Nineteen goals have been established to improve child welfare performance in order to achieve better outcomes for children and families with respective action steps, benchmarks and methods of measurement. In order to achieve the established goals, it was identified that a Total Quality Management strategy needed to be implemented, in

whole or in part, across Safety, Permanency, and Well-Being Outcomes. Below are the six strategies that comprise Ohio's approach to the Framework for Total Quality Management:

Data

In order to conduct any form of impact evaluation, ready access to data is crucial in order to guide decision-making and make mid-course corrections. Data on clients, families, incidents and resources is supported by Ohio's Family and Children Services Information System (FACSIS). FACSIS, which was established in 1986, does not provide automated decision-making support. It is an event driven system with limited integration of case information. FACSIS does provide data to meet the federal reporting requirements – AFCARS and NCANDS. The counties input of data into FACSIS is the first component in the Framework for Total Quality Management (FFTQM).

Data Analysis

A critical aspect of any planning process is the establishment of a method for conducting ongoing evaluation of the impact a policy or program has on achieving desired outcomes. The second component in the FFTQM is data analysis. FACSIS was not designed to provide analysis and reporting of the information at the county level. Data in the mainframe system is accessible for analysis and reporting at the state level. Access by state staff requires specific skills and knowledge of the system to write programs to extract data in the specific event order, and produce meaningful reports. To address this problem, a Business Intelligence software tool, COGNOS, was utilized. COGNOS, referred to as the Data Analysis Reporting Tool (DART) in Ohio, was developed and made available to PCSAs and ODJFS staff who need to examine, track, report and analyze data from HostFACSIS (mainframe FACSIS). Established data sets can be accessed at a statewide aggregate level or be analyzed down to an agency's specific case identifying information level (e.g., names, ages). This software tool gives users the flexibility to explore multiple combinations of data within a topical data set across two or more dimensions.

Data drawn from HostFACSIS and contained in DART is organized into cubes that allow users to see data on at least two dimensions. Each cube has reporting capabilities. The following thirteen cubes were developed based on the Child Protection Oversight and Evaluation (CPOE) outcome indicators:

- *Reports and Investigations* - measures the timeliness of investigation initiation and completion of reports of child abuse and neglect.
- *Recidivism of Child Abuse and Neglect Reports* - measures the recurrence of reports of child abuse and neglect.
- *Recidivism of Substantiated or Indicated Child Abuse and Neglect Reports* - shows differences between opened and unopened cases for substantiated

and indicated child abuse and neglect cases, as well as recidivism on closed cases.

- *Child Abuse and Neglect and Subsequent Removal* - determines the percentage of child abuse and neglect cases in which children are removed from their homes.
- *Duration of Temporary Custody **Not** Including PPLA* - illustrates the length of time children are in temporary custody status and excludes PPLA (Planned Permanent Living Arrangement) status.
- *Duration of Temporary Custody Including PPLA* - illustrates the length of time children are in temporary custody status and includes PPLA status.
- *Child Abuse or Neglect by Foster Parent* - tracks child abuse and neglect incidents by foster parents.
- *Duration of Placement* - measures how long children placed out of the home are in placement.
- *Moves by Degree of Restrictiveness* - measures moves in foster care from one degree of restrictiveness to another degree.
- *Custody Episodes Terminated* - measures length of time in custody and reasons for custody termination.
- *Permanent Custody* - tracks the length of time in permanent custody status.
- *Children Currently in Placement* - contains information on children currently in placement.
- *Child Reunification* - contains information on children who have been reunified within 12 months of their placement episode.

Each cube contains dimensions that are usually geographic, demographic, dates, or status related to case history. Data in DART can be manipulated in order to examine trends, as well as conduct entry and exit cohort analysis.

The information contained in DART will be used by State and county staff to monitor and evaluate quantitative performance on achievement of select PIP activities, develop focused technical assistance strategies, develop policy recommendations, develop alternative courses of action during PIP roll-out and implementation, and guide CPOE quality improvement efforts. This new technology has allowed data to be easily distributed to the counties.

Since DART is a new management tool extensive training of state and county staff will need to occur in order for staff to begin to use data to assist with decision making. Automated Systems trainers provided the initial training on the functionality and features

of the tool. Because users experienced difficulties utilizing DART as designed, it has become clear that additional training needs to be developed focusing on the strengths, weaknesses, and differences of each cube. In addition, training will have to cover the cube. Users will also need to learn how different data analysis tools and techniques can be used to improve child welfare practice. Training will also need to address the information needs of staff at various levels at the state and county level. Users will need to develop the ability to analyze data and information to help with decision making and advise decision-makers on how to best achieve the ASFA goals of safety, permanency and well being. The department will be requesting the assistance of the National Resource Center for Information Technology in Child Welfare in planning and implementing a training plan based on the needs of statewide users. This effort will take time to build this capacity, and therefore, time will need to be factored into the implementation of Ohio's PIP.

Policy

The third component in the FFTQM is Policy, which includes the Code of Federal Regulations, the Ohio Revised Code (ORC), the Ohio Administrative Code (OAC), best practice guidelines, procedure letters, and child welfare manuals, e.g., Family, Children and Adult Services Manual. An example of best practice guidelines is the PCSAO's *Child Protective Services Standards for Effective Practice*.

ODJFS issues policy directives to PCSAs through OAC rules. Some policies are based on federal and state law while others are based on best practice. Although ODJFS reviews all its rules every five years, CFSR findings indicate that there is a need to examine policies in order to determine if they need more clarity or if they are impeding effective service delivery. When conducting an evaluation of some ODJFS policies, the policies will be examined through a data driven lens, which includes examination of:

- Any qualitative or quantitative data available which might provide the department with guidance on the direction to take in amending or adopting a policy (e.g., examine pre-policy implementation data with post policy implementation data to see if there was a positive or negative impact). ODJFS has completed a time line of critical federal and state policies and will be examining historical CPOE and DART data to see if there was positive or negative movement in achieving the outcome indicator (e.g., more timely reunifications following enactment of H.B. 484).
- Any research done on the issue (e.g., Ohio preliminary research study on *Foster Care Reentries from 1990-2003* which indicates that since 1990 one out-of-four children have reentered foster care and these children were between the ages of 12-15)
- CPOE reports and data in DART.

Training

The fourth component in the FFTQM is training, which consists of OAC rule briefings, DART training, data analysis training, automated systems training, and training offered to caseworkers, supervisors, other PCSA/PCPA/PNA staff through the Ohio Child Welfare Training Program (OCWTP) and ODJFS sponsored training events. The DART training and data analysis training has already been addressed in the Data Analysis section of this document. The OAC rule briefings are not the same as the skill building approach to training offered through the OCWTP. For rule briefings, OCF staff that have the expertise related to the revised OAC rules provide an overview of rule changes to county and state staff and OCWTP trainers. This training is traditionally offered prior to the effective date of the rule, thus allowing the county time to develop implementation strategies.

Ohio law requires new caseworkers and supervisors to take prescribed training during their first year of employment. Caseworkers must take 90 hours of training and supervisors must take 60 hours. The training is standardized and this core training is designed to ensure that all new workers have the same basic knowledge about child welfare theory and practice and that they begin developing the necessary skills to work with children and families to achieve safety, permanency and well-being. The training is provided through the OCWTP.

One strategy that ODJFS is using to meet the goals identified in Ohio's PIP is a review and redesign of the OCWTP caseworker and supervisor core training curricula. This initiative was started in 2001. In the first two years (2001-2003), the OCWTP conducted a statewide training assessment to: identify trends and conditions of Ohio's child welfare agencies and practices; and gain information to assist in the redesign of the core training program. To date, findings from the statewide training assessment and the OCWTP's *Comprehensive Review of Core Curricula Report*, and the results from CPOE reviews and Ohio's Child and Family Service Review have been used to revise the core competencies to better address existing and emerging issues in child welfare practice with an emphasis on meeting the CFSR outcomes.

Competency based training addresses deficiencies in staff knowledge and skills. The statewide training assessment identified a number of areas where caseworker and supervisor knowledge and/or skills need to be strengthened, including:

- Casework practice
- Coaching and mentoring
- Cultural competency
- Ohio child welfare laws and rules (state policy) and their impact on practice
- Federal laws, e.g. MEPA and their impact on practice
- Federal or state initiatives (e.g. welfare reform, kinship care, Family Center Neighborhood Based) and their impact on practice

The level of staff skill and knowledge is not the only factor that affects staff performance. The statewide training assessment clarified issues identified in other OCWTP studies that indicated the following barriers exist when implementing best

practice procedures:

- Lack of supervisory time to coach staff as they work to transfer learning from the classroom to the workplace.
- Too few staff
- High caseloads.
- Local agency practice that inhibits or prohibits staff from implementing practice ideas learned in the classroom.
- High staff turnover
- New caseworkers who do not have a degree in social work.

The current core program includes a series of workshops on child welfare and/or supervision issues (e.g. separation, placement and reunification). Ohio's failure to achieve substantial compliance on the CFSR outcomes indicates that this might not be the most effective way to train new workers and supervisors. The goal of the core redesign is to develop a sequence of training interventions that result in the mastery of all core competencies and prepares caseworkers and supervisors to contribute to the achievement of CFSR outcomes. These training interventions may include pre-workshop activities, workshops, and post-workshop on-the-job training activities.

The OCWTP will be engaging in the following activities in the current two year cycle (2003-2005):

- Collaborate with PCSAs to develop a menu of core skill developmental interventions and resources that can be used in supervisors' day-to-day activities (e.g., incorporating transfer of learning strategies during case conferences and unit meetings).
- Secure formal endorsement from PCSAO for the OCWTP's skill building and transfer of learning efforts.
- Collaborate with the PCSAs to secure county specific plans to implement and evaluate skill building and transfer of learning activities.
- Collaborate with ODJFS to coordinate training interventions on rules, policies and forms that are properly sequenced with the caseworker core curriculum initiatives.

Additionally, the OCWTP will work to enhance the importance of program evaluation and make it an integral part of:

- evaluating the skill demonstration and skill transfer of staff;
- evaluating the effectiveness of OCWTP initiatives and trainers; and
- communicating the importance and effectiveness of training in helping staff reach skill demonstration and skill transfer.

To accomplish this, the OCWTP is continuing pre and post-testing of selected caseworker core workshops and will be revising the questions and process as needed; is considering adding imbedded evaluations and six month post-training evaluations; and is identifying those aspects of the program evaluation system that can support

measuring the State's progress in achieving the CFSR outcomes by complying with the activities outlined in the PIP.

The OCWTP has developed a timeline for core revision that will result in the first core module being field tested in the second quarter of 2004 with an identified cohort group. The group will complete a new training module every quarter ending with the second quarter of 2005. After the OCWTP completes the mapping of the revised competencies to the skill sets, the modules can be developed. As the core is being redesigned, OCWTP is continuing to provide existing workshop offerings.

The OCWTP and ODJFS will work collaboratively to develop or adapt key workshops needed to address issues that were raised in the PIP that would not otherwise be addressed in the rewrite of the core. Immediately after piloting, evaluating, and revising the workshops, OCWTP will work with PCSAO and ODJFS to promote statewide use of these workshops. Additionally, ODJFS will sponsor training events which address issues raised in the PIP.

Agency Reviews

The fifth component in the FFTQM is agency reviews. PCSAs may be accredited by COA. However, PCSAs will have a CPOE review and possibly a review by Children Services Licensing if the PCSA has foster homes, group homes or children residential care facilities. For PCPAs and PNAs, they will engage in a children services licensing review.

COA

ODJFS offered to reimburse agencies for a portion of cost incurred for accreditation of their programs by the COA for Child and Family Services. COA promotes standards; champions quality services for children, youth and families; and advocates for the value of accreditation. Nine PCSAs are currently accredited by COA. One of OCF's measures for the ODJFS Performance Center is to increase the number of public children services agencies seeking COA accreditation, by eight PCSAs.

CPOE

In May 1986, Ohio commenced a systematic process for monitoring and oversight of PCSAs' compliance with the ORC and OAC rules. Reviews were based on the federal Section 427 review. The review format also included a self-assessment component. These reviews were held at least every 18 months and were conducted by ODJFS staff. PCSAs were required to submit to ODJFS and implement a corrective action plan to correct findings of noncompliance.

In July 1997, ODJFS established rules for an evaluation system, which was based on modern quality methods such as continuous quality improvement, and the incorporation of automated child welfare process and outcome measures. The Child Protection Oversight and Evaluation (CPOE) system is designed to improve services and

outcomes for families and children by approaching solutions through partnership between the PCSA and ODJFS staff. The review process focuses on key delivery processes and essential client outcomes within a continuous quality improvement framework. CPOE allows PCSAs and the state to move toward a self-evaluating process, rather than a rule-based monitoring process. The PCSA strengths and opportunities for improvement are supported through the provision of technical assistance by ODJFS staff. CPOE reviews of a PCSA continued to occur every 18 months. During each of the 18-month review period, core indicators are reviewed.

The CPOE process utilizes core indicators which provide necessary information to support county practice and management. In each review stage, a core set of indicators is chosen. PCSAs also have the ability to evaluate past indicators or additional programmatic areas at their discretion.

The CPOE process is comprised of an ongoing set of activities. Joint assessment and enhancement planning by the PCSA and ODJFS are expected to promote the effective and efficient service delivery of child protection services (CPS). Critical operative concepts of CPOE include regular data collection, analysis and verification, and continuous feedback. The on-site activities focus on:

- Conducting data validation between the PCSAs case records and the PCSAs FACSIS system.
- The qualitative aspects and means of achieving and explaining the outcome indicator measures of the quality assurance system, and clarifying and adding to what the automated data may demonstrate.
- Planning, verification, and exploration of measures. The on-site review not only validates data, but the major activity is to better understand *why* the agency is measuring the way it is on the core selected indicators. There is also a discussion with hypothetical reasons and planning to prove or disprove the suppositions. This activity may include agency policy/practice, OAC rule compliance, administrative procedures, staffing issues, training issues, fiscal issues, court issues/practice, public attitude, case type and case documentation, and special data analysis.

The on-site review is designed to assist the PCSA and ODJFS to:

- Determine the validity of the data through the data validation process
- Identify the systemic, policy or practice areas of strength, weakness and concern for each core indicator
- Jointly develop strategies that affect positive improvement of the outcome indicators, and the PCSAs administrative and programmatic performance
- Identify any technical assistance needed to support the planned strategies for improvement

The on-site review process concludes with a detailed report of the activities and findings of the review. The report provides documentation of the review events and supported findings tailored to the needs of the PCSA and ODJFS program/ policy sections.

Quality Improvement Plans (QIPS) are created by PCSAs based upon findings contained in the final report and are focused on the individual county's identified areas of improvement, or areas that require effort to maintain progress. Any areas of concern that are addressed in the CPOE report are required to be included in the QIP and must be addressed by the PCSA. QIPS include steps for addressing effective change to the issues contained in the CPOE report and areas of strategic activity as prioritized by the PCSA. The QIPS are submitted to ODJFS and are then reviewed and accepted. ODJFS has the responsibility for monitoring the PCSAs progress in achieving the specific goals identified in the plan. Several PCSAs have incorporated their CPOE QIPS into their five-year strategic planning process.

The Stage IV CPOE Review, which ran from January 1, 2002 and ended June 31, 2003, incorporated new indicators, based on the national standards found in the federal Child and Family Services Review. This enhanced Ohio's existing evaluation process and allowed PCSAs to measure their performance against that of the state, other similar-sized agencies, and against the national standards. As with earlier CPOE reviews, ODJFS will continue to have the ability to conduct specific case record reviews, such as compliance with the "Multiethnic Placement Act as amended by Section 1808 of the Small Business Job Protection Action of 1996", Risk Assessment Activities and other initiatives.

CPOE Stage V review period started July 1, 2003 and will run through December 31, 2004. Below is a summary of the CPOE Stage V Review process:

Outcome Indicators:

- The outcome indicators being reviewed in Stage V are those related to the federal outcome indicators used in the Children and Family Services Review.

Indicator 2D: Six Month Recurrence of Maltreatment. (New Indicator) A county would be in substantial conformity with this indicator if, of all children who were victims of substantiated or indicated CA/N during the first six months of the period under review, 6.1% or fewer children had another substantiated or indicated report within six months.

Indicator 4C: Incidence of reports of CA/N while in Substitute Care. A county would be in substantial conformity with this indicator if, of all children in foster care during the period of review, the percentage of children who had a substantiated or indicated report of child abuse or neglect by a foster parent or facility staff is 0.57% or less. *(Children are counted in this indicator if they had a substantiated or indicated child abuse or neglect report where they are the foster child of the alleged perpetrator).*

Indicator 6C: Stability of foster care placements. This measures children who were in placement at the end of the semi-year and children who left placement during the semi-year who were in placement less than 12 months. A county would be in substantial conformity with this indicator if 86.7% or more of the children who have been in foster care less than 12 months from the time of the

latest removal had no more than two placement settings.

Indicator 7B: Foster care re-entries. A county would be in substantial conformity with this indicator if, of all children who entered foster care during the year under review, 8.6% or fewer of those children re-entered foster care within 12 months of a prior foster care episode.

Indicator 13A: Length of time to achieve reunification. A county would be in substantial conformity with this indicator if, of all children who were reunified with their parents or caretakers at the time of discharge from foster care, 76.2% or more children were reunified in less than 12 months from the time of the latest removal from the home. (*Reunification is defined as a child returned to the care giver from which custody was removed, custody is awarded to another relative and a voluntary agreement has expired.*)

Indicator 13B: Length of time to achieve adoption. A county would be in substantial conformity with this indicator if, of all children who exited foster care during the year under review to a finalized adoption, 32% or more of the children exited care in less than 24 months from the time of the latest removal from their home.

A questionnaire is used to help guide the outcome indicator discussion to focus in on specific *CFSR/PIP* concerns.

Data Validation:

To measure the accuracy of the data entered into the Family and Children Services Information System (*FACSIS*), data validation activities between the case record and the local *FACSIS* system are examined. Information on the events/activities used to derive the indicator measurements is compared between *FACSIS* and each selected sample case. Two discrete samples, an assessment/investigation sample and a placement sample, are pulled to encompass the *FACSIS* events. The compliance rate is 90% or greater for each element.

Case Record Review:

A review of case records is completed, to ensure compliance with *OAC* rules and federal requirements. The expected level of rule compliance is 90% or greater for each rule reviewed. A quality improvement plan is required for any rule that is less than the compliant rate. The case record review components are as follows:

- *Assessment/Investigation*-The Assessment/Investigation Case Record review has 16 review elements.
- *Substitute Care*- The Substitute Care Case Record review has 55 review elements for Stage V. This review looks at the Case Plan, Health and Education information, Visitation, Independent Living and *SARs*. (*Stage V has a more in-depth look at visitation and health and education information.*)

- Adoption- The Adoption Case Record review has 11 review elements.

In addition to the above, Stage V has the following additional review components:

- *In-Home Supportive Service Review and Protective Supervision Review* This review looks at the case plan, visitation, SARs and protective supervision extension/termination.
- *Supportive Service Tracking Sheet* This review looks at the services planned or provided and problems and outcomes identified for the substitute care, in-home supportive service and protective supervision sample populations.
- *Screening Procedure Review* This instrument gathers information regarding the county's screening procedures. (*This instrument is not meant to evaluate those procedures*).

Quality Improvement Plans (QIPs):

QIPs are required from PCSAs for each outcome indicator, data integrity, and case record review element that does not meet the established compliance standard. The QIP must include:

- *Factors contributing to non-conformity:* Factors which have prevented the PCSA from meeting compliance standards.
- *Goals:* A goal reflecting the measure/percent of improvement. For outcome indicators the goal will document the percentage of improvement needed, determined by the National Standard sampling error. The goal for data validation and case record review will document the percentage of improvement towards meeting the expected rate of compliance.
- *Action Steps.* Action steps which are designed to achieve the goal.
- *Benchmarks.* Specific activities needed to implement the strategy outlined in the action steps. Each benchmark shall contain a projected date of achievement.
- *Methods of Measurement.* Methods of measurement describe how each benchmark is to be evaluated.
- *Responsible Parties.* The name and position of the responsible party who can insure that sufficient progress is being made relative to the time frame, and serves as a liaison to upper management if necessary.
- *Goal Date Achievement.* The goal date of achievement documents the date each benchmark is achieved.

OCF, Bureau of Outcome Management field staff will schedule a review of the QIP with the PCSA to discuss the implementation of the QIP within four months of the plan's initial approval. The second review of the QIP will occur within ten months of the plan's approval. If after the second review of the QIP, the PCSA has not achieved any of the stated goals; those goals not achieved will be carried forward to the next CPOE stage review. Identifying contributing factors, action steps, and benchmarks will be examined

and revised as necessary. OCF, Bureau of Outcome Management field office staff will complete a written progress report on the implementation of the QIP after each review. Failure to comply with the QIP may result in the imposition of fiscal sanctions against the PCSA.

Children Services Licensing

The Children Services Licensing Section of the Bureau of Accountability and Regulation monitors and enforces compliance with OAC rules that govern PCSAs, PCPAs and private noncustodial agencies (PNA). The rules are considered minimum standards designed to provide safe, twenty-four hour out-of-home care for all children in Ohio when placement in out-of-home care has been deemed necessary. The OAC rules are written under the authority of Sections 5103.02- 5103.19 of the ORC. Meeting these standards is therefore required by state law and the OAC.

Private agencies are certified as one of the two types of private agencies, and then each function the agency wishes to do is certified. PCPAs are certified to accept temporary, legal and permanent custody of children and to place children for foster care or adoption. PNAs do not accept custody of children and do not place children for foster care and adoption; however, a PNA may be certified “to participate in the placement of children for foster care and /or adoption.” To participate means to facilitate a placement but not to make the actual placement decision.

The functions that both private agencies may be certified for are:

- to operate a children’s residential center(s)
- to operate a group home(s)
- to operate a residential parenting facility
- to operate or provide independent living arrangements
- to act as representative of ODJFS in recommending family foster homes for certification
- to act as representative of ODJFS in recommending treatment foster homes for certification
- to act as representative of ODJFS in recommending medically fragile foster homes for certification
- to act as representative of ODJFS in recommending pre-adoptive infant foster homes for certification

PCSAs are mandated by state law to find foster homes for children and has the responsibility for the care of these children. For that reason the only function a PCSA is certified for is to operate any of the three types of residential facilities for children. The foster home program of a PCSA is monitored and compliance measured but no agency certificate is issued.

The Children Services Licensing Section has standard operating procedures which are primarily mandated in OAC and the rest are contained in the *Children Services Licensing Procedure Manual*. The basic components of an onsite review are:

- Entrance interview
- Policy review
- Record review
- Interviews with agency staff
- Interviews with children in residential facilities
- Interviews with foster caregivers
- On-site inspection of residential facilities
- On-site inspection of foster homes
- Reconciliation interview
- Compliance summaries
- Findings of noncompliance summary
- Exit interview
- Corrective action plan
- Approval of corrective action plan and monitor implementation the plan

For a PCSA, the foster home program on-site review is completed every 18 to 24 months. The timeframe for this review is flexible in that there is at least 18 months and no more than 24 months between the last entrance date to the current entrance date. This 18-24 month window of time is usually referred to as entrance to entrance. For the certified functions of PCSAs, PCPAs and PNAs the on-site review is scheduled according to the certificate date. In the two-year certificate period, three on-site reviews, including at least one unannounced review, are completed. The reviews, while compliance, enforcement driven, is also performance and strength based. The reviews identify the areas where an agency is operating in substantial compliance (90%-100%) with the rules. The reviews also identify areas where improvement could be made (75-89% compliance). Agencies that are found to be in substantial compliance with the rules are often used as resources for agencies who are struggling to maintain compliance.

A corrective action plan (CAP) is required for record review noncompliance that is below 75% for each individual line item on the record review forms. Policies must be found in 100% compliance. There is also no percentage score for on-site physical site rule requirements, such as beds for children. This noncompliance must be immediately corrected. CAPs are designed to prevent future noncompliance and to correct current noncompliance. CAPs must be systemic and case specific and must include a time frame for correction of the noncompliance, no more than 30 days unless special approval is granted. Implementation of the CAP is monitored during each subsequent on-site review until compliance is achieved. If for some reason the agency fails to implement a CAP, denial or revocation of the agency's certificate may be initiated.

In addition to the regular on-site reviews, technical assistance is provided to agencies on implementation of the rules. Technical assistance may include a phone contact, letter, fax, and email, or an on-site visit. Technical assistance may cover an entire set of rules, such as how to start a treatment foster home program or be very narrow, such as how many hours of training does a treatment foster home need. Many times agencies use the Children Services Licensing Specialists as "sounding boards" for new procedures, ideas, or interventions. The Children Services Licensing Section will also participate in the "focused technical assistance" described below.

Focused Technical Assistance

The sixth component in the FFTQM is focused technical assistance. Focus technical assistance is provided to PCSAs with the highest percentage of noncompliance with the six core CPOE indicators and the non-core indicator on timeliness of initiating investigations of reports of child maltreatment. Data will be reviewed in DART to select the four agencies that have the greatest adverse impact on overall statewide performance for each indicator. The steps in the process of focused technical assistance include:

- Development of a county profile [e.g., whether a child welfare levy (a tax targeted to the Child Welfare Program) is in effect, CPOE reports, staffing patterns].
- Review and analyze the data in DART for each of the six core CPOE indicators and the non-core indicator on timeliness of initiating investigations of reports of child maltreatment. For each of the identified counties, conduct an analysis of trends, entry and exit cohort data, and longitude data.
- Contact the identified counties to mutually identify possible factors causing the county to fall below the state standard for the outcome.
- Form a team which has expertise to address some of the issues identified. Teams could consist of state staff or county staff that has expertise in: fiscal planning, management information systems, data analysis, program design, training and mentoring. Additionally, ODJFS may seek assistance from one of the Resource Centers for on-site technical assistance.
- Evaluation of focused technical assistance through evaluation of county data prior to and following technical assistance.
- Share initiatives and strategies learned from the focused technical assistance with PCSAs and PCPAs.

Data

Ohio's FFTQM begins with and ends its cycle with data. After all the components of the FFTQM are completed, the quality of the data that the counties input in the information system should improve, and take Ohio closer to achieving positive outcomes for children and families.

PROCESS

Goals and action steps contained in the PIP were developed by work teams comprised

of state and county staff. Teams focused on the items which were identified in the CFSR Final Report as needing improvement. Teams identified factors which contributed to substantial non-conformity, developed goals and action steps that could be implemented to address the problem, and determined how identified action steps would be measured. Following completion of their work, team leaders met to examine any overlap or conflicts between goals and action steps. Teams identified action steps which could be implemented within the two year time frame of the PIP that would have an impact on achieving substantial conformity. Additionally, long-term action steps which needed to be implemented in order to address some underlying problems which resulted in areas of non-conformity were also identified and contained in the PIP. Draft PIP documents were disseminated for review and comment to the: ODJFS, Office for Children and Families Executive Leadership Committee; ODJFS, CFSR Executive Leadership Committee; CFSR State Review Team Members; Public Children Services Association of Ohio; Public Children Service Agency Directors; Institute for Human Services, Ohio Child Welfare Training Program Statewide Coordinator; Ohio Child Welfare Training Program Regional Training Center staff; stakeholders; advocates and other state departments who serve children. Additionally, technical assistance was obtained from the National Child Welfare Resource Center for Organizational Improvement, the National Resource Center for Information Technology in Child Welfare, the National Resource Center on Children and the Law (ABA), the National Resource Center on Child Maltreatment, the National Resource Center for Foster Care and Permanency Planning, the National Resource Center for Special Needs Adoption, HHS Central Office and Region V Office.

ODJFS STRATEGIC PLAN



MISSION: To help Ohioans improve the quality of their lives.

VISION: To be the nation's leading family support and workforce development system.

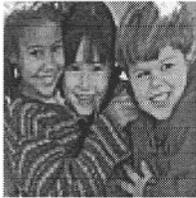
VALUES: Accountability – Compassion - Integrity- Respect- Teamwork

GOALS AND OBJECTIVES:

GOAL #1:	GOAL #2:	GOAL: #3	GOAL #4:	GOAL #5:
<p>Children will grow up safe and healthy.</p> <p>Objective 1A: Increase the percentage of safe through healthy children.</p> <p>Objective 1B: Decrease the percentage of children living in poverty.</p> <p>Objective 1C: Increase the percentage of children ready for school.</p> <p>Objective 1D: Increase access and availability of services contributing to the well being of children.</p>	<p>Youth will become responsible adults.</p> <p>Objective 2A: Increase the percentage of youth prepared to pursue a career.</p> <p>Objective 2B: Decrease the percentage of youth who participate in risky behavior</p>	<p>Individuals and businesses will realize their greatest degree of economic well being.</p> <p>Objective 3A: Individuals will get their first, next or better job.</p> <p>Objective 3D: Increase the number of employers who use our services.</p> <p>Objective 3C: Decrease the need to rely on temporary financial support.</p>	<p>Seniors and individuals with a disability or a - chronic illness will receive health care and supportive services that maximize their quality of life.</p> <p>Objective 4A: Reduce preventable hospitalizations for certain chronic illnesses.</p> <p>Objective 4B: Improve coordination and accountability across health and financial support systems.</p> <p>Objective 4C: Increase the number of people served by quality, cost effective home and community-based waiver programs.</p>	<p>ODJFS will achieve and maintain excellence in our workforce, organization, and products adherence to the quality principles.</p> <p>OHIO Job</p> <p>Objective 5A: Increase the capability and morale of our workforce.</p> <p>Objective 5B: Improve the productivity and accountability of our organization.</p> <p>Objective 5C: Improve the quality and effectiveness of our products and services.</p> <p>Objective 5D: Improve our relationships with our customers and co-producers.</p>

Office for Children and Families

Goals/Objectives



1. Children will grow up safe and healthy.



5. ODJFS will achieve and maintain excellence in our workforce, organization, services and products, and relationships through adherence to the quality principles.

GLOSSARY

ACT	Assertive Community Treatment are services provided by mental health providers for prevention, intervention and treatment services.
AFCARS	Adoption and Foster Care Analysis Reporting System is the federal reporting requirements for adoption and foster care.
ASFA	Adoption and Safe Families Act required states to provide children in foster care with a safe, permanent home in a timely manner.
BFS	Bureau of Family Services is a bureau within the Office for Children and Families that oversees the administration of child welfare and adult protective services.
BOM	Bureau of Outcome Management is a bureau within the Office for Children and Families that is responsible for Data Reporting, Data Analysis and Quality Control Programs.
CAFS	Community Alternative Funding System is using child welfare dollars as a flexible funding source.
CA/N	Child Abuse/Neglect is a term used to identify child abuse and/or neglect.
CAP	Corrective Action Plan used in the BAR Licensing Section, is a plan of action developed to respond to a deficiency or weakness.
CFSR	Child and Family Service Review is the Federal review of the state of child welfare.
CFSR ELC	Child and Family Service Review Executive Leadership Committee is the leadership committee selected to lead Ohio's effort throughout the Child and Family Service Review Process.
CPOE	Child Protection Oversight and Evaluation is the child welfare quality control program.
CPS	Child Protective Services is a term used to describe a wide range of social services coordinated and delivered on behalf of a child who is at risk or is being abused or has been abused or neglected.
CQI	Continuous Quality Improvement is the process of continually improving and informing each link or process within a system or organization.
CSI	Child Study Inventory is the comprehensive written account of information about a child in the custody of an agency.
CRP	Comprehensive Recruitment Plan is a plan used to recruit foster caregivers or prospective adoptive parents.
DART	Data Analysis Reporting Tool is a data mining tool used to analyze child welfare data.
EPSDT	Early and Periodic Screening, Diagnosis and Treatment provides prevention and treatment services to eligible youth.
FACSYS	Family and Children Services Information System is the data reporting system that captures child welfare information.
FAPM	Family Assessment and Planning Model is a new protocol

	designed to determine the safety and protection of a child.
FDMM	Family Decision Making Model is a strength based/family centered model used to determine the safety and protection of the child throughout the life of a case.
FRED	Foster Caregiver Resource Education Database is a computer system used to capture the education training requirements for foster caregivers.
FFTQM	Framework for Total Quality Management for OCF.
FFY	Federal Fiscal Year is October 1- September 30.
GAL	Guardian Ad Litem is a guardian appointed by the juvenile court to represent and protect the best interest of an alleged or adjudicated abused, neglected or dependent child.
IHCBS	Intensive Home and Community Based Services are services provided by mental health providers for prevention, intervention and treatment services.
JFS01443	ODJFS Form for gathering and updating a child's Educational and Medical History
JFS01616	ODJFS Form for gathering a child's Social and Medical History
MEPA	Multi-Ethnic Placement Act requires that race not be a factor in the placement making decision process except in limited circumstances.
NCWRC-LJI	National Child Welfare Resource Center on Legal and Judicial Issues provides expertise to agencies and courts on legal and judicial aspects of child welfare.
OAC	Ohio Administrative Code contains rules that provide direction to agencies on policy and practice issues.
OAPL	Ohio Adoption Photo Listing is a recruitment tool which features a listing and description of Ohio's children available for adoption and approved adoptive families in Ohio.
OCF	Office for Children and Families is the office within the Ohio Department of Job and Family Services that oversees child welfare services and child care services in Ohio.
OCF ELC	Office for Children and Families Executive Leadership Committee advises the Office for Children and Families on the direction of child welfare/child care practice at the local level.
OCWTP	Ohio Child Welfare Training Program provides child welfare training.
ODADAS	Ohio Department of Alcohol and Drug Addiction Services oversee the administration of drug and alcohol services.
ODE	Ohio Department of Education administers education services.
ODJFS	Ohio Department of Job and Family Services oversee the administration of employment and family services.
ODMH	Ohio Department of Mental Health oversees the administration of mental health services.
OFCF	Ohio Family and Children First was established to promote coordination and collaboration among state and local governments.

ORC	Ohio Revised Code are all statutes of a permanent and general nature of the state as revised and consolidated into general provisions, titles, chapters, and sections.
PCPA	Private Child Placing Agency is an agency certified by ODJFS to provide child welfare services.
PCSA	Public Children Service Agency is a county agency who is responsible for providing child welfare services.
PCSAO	Public Children Service Association of Ohio is an advocacy organization for Public Children Service Agencies.
PIP	Program Improvement Plan is the corrective action plan developed in response to the Child and Family Service Review.
PNA	Private Non-custodial Agency is an agency certified by ODJFS to provide child welfare services.
PPLA	Planned Permanent Living Arrangement is a planned placement for a child when it has been determined the child cannot return to his own home or placed for adoption.
QIP	Quality Improvement Plan is the corrective action plan developed in response to the Child Protection Oversight and Evaluation Final Report.
RTC	Regional Training Center are locations throughout Ohio were child welfare training.
SAMI	Substance Abusing Mentally Ill is used to define a mental health diagnosis.
SAR	Semi- Annual Administrative Review is a re-assessment of the case plan that occurs every 6 months.
SCO	Supreme Court of Ohio is the legal body that administers legal and judicial issues in Ohio.
SFY	State Fiscal Year is July1 through June 30.
TA	Technical Assistance is provided to support Ohio's goals and objectives.
TPR	Termination of Parental Rights is the termination of a parents' right to custody of a child.

SECTION II - PIP NARRATIVE

SAFETY OUTCOME S1:

CHILDREN ARE, FIRST AND FOREMOST, PROTECTED FROM ABUSE AND NEGLECT

ITEM 1. TIMELINESS OF INITIATING INVESTIGATIONS OF REPORTS OF CHILD MALTREATMENT.
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Ohio did not achieve substantial conformity with Safety Outcome 1. This determination was based on the finding that 84.4 percent of the cases reviewed were rated as having substantially achieved this outcome, which is less than the 90 percent required for a rating of substantial conformity. In addition, the State did not meet the national standard for either repeat maltreatment or maltreatment of children in foster care.

A. FACTORS CONTRIBUTING TO NON-CONFORMITY

Item 1 was assigned an overall rating of Area Needing Improvement based on the finding that in 17 percent of the applicable cases, the agency did not respond to a maltreatment report in a timely manner. However, responses that were not timely were found only for reports classified as “non-emergencies.”

Because Ohio is a state supervised, county administered child welfare system, interpretation of state policy on screening referrals and initiating reports of child maltreatment varies widely from county to county.

In recent meetings regarding this issue, county agency staff reported the major factors contributing to non-conformity include:

1. Variation across counties with respect to the screening process.
2. Definitions of child abuse and neglect are county specific; there is a disconnect between agency authority to intervene (Ohio Revised Code) and types of situations that agencies are expected to handle (community standards).

B. PROGRAM IMPROVEMENT IMPLEMENTATION PLAN

A two-pronged approach is being utilized to address the areas of non-conformity. First, there are action steps within the Program Improvement Plan that are intended to have a measurable impact on statewide practice within the next two years. These action steps will be initiated, and have interim goals that will be monitored for all 88 counties on a regular basis.

Second, there are action steps within the plan that are designed to strengthen Children's Protective Services (CPS) practice on a long-term basis. The intent of these activities is to create a foundation for lasting, systemic changes in practice across the continuum of child protective services. Not all of the systemic activities will have interim goals since these activities are more process oriented and the outcomes, initially, may be the completion of a task or project. Some of these systemic activities will enable the state to gather baseline data and establish standards to assist in monitoring the future impact of other activities outlined in the plan.

The action steps have been labeled to identify whether they are intended to have an immediate implementation and impact (short term) or create long term (systemic) changes to CPS practice.

- ➔ To improve the timeliness of initiating investigations of non-emergency reports of child maltreatment, the factors contributing to non-conformity will be addressed by:

Action Step A: - short term

Providing county specific, focused technical assistance to four (4) PCSAs with: the highest percentage of non-emergency reports of child maltreatment where the agency did not respond within the prescribed timeframes; and that have the greatest adverse impact on overall statewide performance.

- ➔ To respond to concerns about inconsistency in screening, classifying and initiating reports of child maltreatment, several inter-dependent activities have been outlined in Action Step B. Immediately following the on-site review, ODJFS requested and received technical assistance from the National Child Welfare Resource Center on Legal and Judicial Issues (NCWRC-LJI) to review state statute and policy related to the following:
 - County Agencies not accepting reports for investigation,
 - Definitions/categories used for classifying report outcomes after investigation/ assessment.

Specific concluding suggestions in the report submitted by the resource center were:

- Revise the Ohio Revised Code and Ohio Administrative Code to address problems in the fragmentation of child maltreatment

definitions among various sections of Ohio law and the lack of comprehensive statewide policies to guide counties in taking appropriate uniform action in screening reports of maltreatment.

- Provide uniform training for intake screeners and investigators and develop training materials using illustrative case types, factors in decision-making and sample scenarios.
- Upgrade the quality of the workforce and the professional backgrounds for staff that work in the area of intake/investigation/assessment.

The factors contributing to non-conformity and the suggestions outlined in the report submitted by the NCWRC-LJI will be addressed via: a) an Ohio Supreme Court Task Force charged with reviewing the NCWRC-LJI report and developing recommendations for changes to ORC/OAC; and b) convening a work group comprised of county and state staff to review CPOE Stage V findings and develop recommendations for changes in practice to be incorporated into the Task Force recommendations. Once recommendations have been submitted, an action plan for implementing the recommendations will be developed and the subsequent changes to statute, policy and practice will be incorporated into the statewide training program. The specific action step is listed below:

Action Step B: - systemic

Increasing consistency among counties in screening, classification and initiating reports of child maltreatment.

SAFETY OUTCOME S1:

CHILDREN ARE, FIRST AND FOREMOST, PROTECTED FROM ABUSE AND NEGLECT

ITEM 2A. REPEAT MALTREATMENT: RECURRENCE OF CHILD MALTREATMENT

	<u>National Standard</u>	<u>2000 State Percentage</u>	<u>2002 State Percentage</u>
Recurrence of Child Maltreatment	6.1%	8.59%	8.2%

A. FACTORS CONTRIBUTING TO NON-CONFORMITY

Item 2 was assigned an overall rating of Area Needing Improvement. Although there was no recurrence of maltreatment in 89 percent of the cases, data from the State Data Profile indicate that the State's incidence of repeat maltreatment for 2000 was 8.59 percent, which does not meet the national standard of 6.1 percent. Because the two measures are computed in different ways, it is necessary for both measures to meet specified criteria for an overall rating of Strength to be assigned to the item.

County interpretation of state policy on screening creates variation in how public children services agencies respond to reports of child maltreatment on open cases. In addition to this, counties have different systems for tracking and logging reports not accepted for assessment/investigation. Those counties using FACSIS (the current child abuse and neglect statewide information system) to track multiple reports of the same incident do not have a clear understanding of the impact this practice has on data indicators such as repeat maltreatment.

The final CFSR report stated that stakeholders expressed concern about public children services agency's approach to assessing risk. Although most of these stakeholders agreed that the agency's risk assessment methods permit a comprehensive portrait of family functioning, they suggested that the tools are complex and many caseworkers do not have the necessary level of expertise to use them effectively. Some of these stakeholders suggested that the high level of caseworker turnover in the agency further exacerbates the problem of incorrect use of the risk assessment tools. In addition, some stakeholders noted that there is a need for a separate safety assessment protocol to identify immediate threats of serious harm.

In recent meetings regarding this issue, county agency staff reported the major factors contributing to non-conformity include:

1. Unclear direction/expectation from ODJFS of how to handle reports on

- open cases.
2. Lack of definition for what constitutes a “new incident”; no clear direction on what is a new incident on an open case and what is not.
 3. Lack of skill in safety planning.

B. PROGRAM IMPROVEMENT IMPLEMENTATION PLAN

Ohio currently utilizes a comprehensive and sophisticated risk assessment process, the Family Decision Making Model (FDMM), to assess child safety and risk throughout the life of the case and identify the need for services. In a validity and reliability study conducted on the FDMM in 2001, it was determined that the tool was not valid and reliable after the Intake (investigation) period and that workers find the tool cumbersome and difficult to complete. A review by the National Resource Center on Child Maltreatment found weaknesses in the safety assessment and planning components of the FDMM and recommended development of a focused safety assessment and planning protocol as well as revisions to the existing risk assessment.

ODJFS began work on the development of the new protocol (the Family Assessment & Planning Model, or FAPM) in January 2002. The first phase of model development involved formation of workgroups comprised of county and state staff. The workgroups, with assistance and consultation from a staff member of the National Resource Center on Child Maltreatment/Child Welfare Institute, developed and/or revised the following tools for the model: Safety Assessment, revised Safety Plan, Family Assessment (formerly the FDMM risk assessment tool), Case Review and Reunification Assessment.

The tools were designed specifically for use at key decision-making points in a case:

- The Safety Assessment and Family Assessment is designed to be used predominantly during the first 30 days of the agency’s involvement to identify the primary safety and risk issues and prioritize service needs for the family. Completion of a Safety Assessment will be required for all new reports of child maltreatment received by the agency.
- The Safety Plan has been revised and re-formatted. Changes included adding information to inform the parent/guardian/custodian of their rights related to participating in the safety plan and making the tool easier to read. The purpose of the safety plan (to outline activities necessary to keep the child safe and prevent removal and identify the parties responsible for the activities outlined in the plan) did not change.
- The Case Review is a thorough re-assessment of safety and risk issues as well as an evaluation of the impact of services on addressing the concerns identified in the Family Assessment. In an effort to provide children and families with appropriate services in a timely manner, the Case Review will be completed every 90 days.

- The Reunification Assessment has been developed to help workers focus on the safety issues related to removal and reunification of children. Its use should assist workers in identifying when it is safe for a child to return home (even if the family is still working on some of the case plan activities), and identify what, if any, services are needed to support the reunification.

Development of the draft FAPM was completed in March, 2003. The next phase involves conducting a four (4) county pilot which began on July 1, 2003 and will continue through March 31, 2004. Invitations to participate in the pilot were sent to the twenty-two (22) counties that had representation on either the Safety or Risk Assessment Workgroups. The department received proposals from eight (8) counties and selected Greene, Hancock, Muskingum and Summit counties to participate. Due to a labor strike in Summit County, Lorain County was invited to participate in the pilot in September 2003. Staff in Summit County still plan to participate in the process evaluation of the model (e.g., applicability to practice, usability of tools in the field) once the strike has concluded.

There are several activities in the PIP related to the FAPM pilot. An outcome evaluation will be conducted at the conclusion of the pilot. However, because use of the new model will only immediately affect the four (4) counties involved, no major impact on the statewide indicators addressed in the PIP is anticipated until after the model is implemented statewide in 2006. Outcomes to be evaluated during the pilot include: repeat maltreatment; number of children in out-of-home care; number of children entering care during the pilot period; and number of children re-entering foster care.

- To reduce incidents of repeat maltreatment, the factors contributing to non-conformity will be addressed by:

Action Step A: - systemic

Increasing consistency among counties screening, classification and initiating reports of child maltreatment.

- New policy outlining criteria and requirements for documentation of duplicate report information will be developed. This step is important in order to obtain data so that the true numbers in counties can be identified. However, this could result in this outcome indicator moving in a negative direction.

Action Step B: - systemic

Reducing incidents of repeat maltreatment by identifying families in need of ongoing services and prioritizing service needs through use of the Family Assessment and Planning Model (FAPM).

- The Family Assessment tool in the FAPM will be used to accomplish this action step.

Action Step C: - short term

Providing county specific, focused technical assistance on repeat maltreatment to four (4) PCSAs with the highest percentage of repeat maltreatment (recurrence) incidents and that have the greatest adverse impact on overall statewide performance.

ITEM 2B. REPEAT MALTREATMENT: CHILD ABUSE AND/OR NEGLECT IN FOSTER CARE
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	<u>National Standard</u>	<u>2000 State Percentage</u>	<u>2002 State Percentage</u>
Child Abuse and/or Neglect in Foster Care	.57%	.59%	.59%

A. FACTORS CONTRIBUTING TO NONCONFORMITY

The State did not meet the national standard for the percentage of children experiencing maltreatment from caretakers while in foster care. The determination of Ohio's conformity with this national standard is based on Ohio's Calendar Year 2000 statewide aggregate data.

Ohio has always recognized that training for foster caregivers is important and essential to the demanding role they perform. For over ten years, ODJFS has mandated, in Ohio Administrative Code rule, training hours and topics for foster caregivers; however, the training provided has not always met the needs of the foster caregiver. Increasingly, children coming into care are presenting serious behavior and emotional problems that ten years ago would have been dealt with by placement into a residential facility or even a psychiatric facility. Now foster caregivers are expected to deal with these children, so they need appropriate skills. Training hours and topics need to be increased to a level that meets the needs of the foster caregivers.

No effective standards exist for persons working as youth care workers in residential settings. Youth care workers have historically been under-trained and under-compensated for the very demanding work they perform. The lack of professionalism offered to workers in the field result in staff being faced with challenging behaviors and situations from youth without possessing adequate skills or training. This may potentially result in overuse of physical restraints or physical abuse.

Residential child caring agencies do not uniformly review the critical incidents, including abuse and neglect that occur in their facilities. Current Ohio Administrative Code rules require the documentation of critical incidents, including any incidents of abuse/neglect and the notification of the custody-holding agency of such incidents. The rules also require agencies have a policy on the enforcement of children's rights and that all staff be trained in and implement the policy. In addition, the agency administrator is responsible for having any employee, college intern, or volunteer immediately report any allegation of abuse/neglect to the proper authorities. Also in rule is the requirement that monthly aggregate data be collected and reviewed regarding the use of restrictive treatment elements. An administrative review is required when PCSAs and Private Child Placing Agencies (PCPA) identify that there is an

unusually high number of restrictive treatments. This identification of this high number is not consistently implemented by agencies. A quality assurance/improvement process is needed to enforce a uniform review of critical incidents, including abuse/neglect, policy infractions, and restrictive treatments. This process will be referred to as Continuous Quality Improvement (CQI).

B. PROGRAM IMPROVEMENT IMPLEMENTATION PLAN

- To reduce the percentage of children experiencing maltreatment by caretakers while in substitute care, the following action step will be implemented:

Action Step A

Provide county specific, focused technical assistance to four (4) PCSA with: the highest percentage of children who were abused/neglected in a substitute care setting by a substitute provider; and that have the greatest adverse impact on overall statewide performance in protecting children in substitute care from abuse/neglect.

- In January 2003, Ohio Administrative Code rules were adopted mandating training hours and topics for foster caregivers. The rules increased the already mandated 12 hours of orientation/preservice and 12 hours of annual ongoing training and established three types of foster homes: preadoptive infant, family foster homes and specialized foster homes. Specialized foster homes consist of treatment foster homes and medically fragile foster homes. The behavior and intensity of needs of the foster child will determine the type of foster home the child will be placed. The different types of foster homes require an increased amount of training hours and topics. Agencies are also required to develop transfer of learning activities to measure what the foster caregiver learned from the training.

Improved training that meets the needs of the foster caregivers and better prepares them to deal with the foster child and additional pre-qualifications, such as experience, for certain types of foster caregivers are intended to improve the caregivers' intervention skills, thereby reducing the incidence of child abuse/neglect.

ODJFS has already started reviewing and approving foster caregiver training proposals and policies for PCSAs and private agencies. Onsite review of all agencies also commenced. The onsite reviews consist of a policy review, foster caregiver record review, interviews with agency staff, onsite visits to foster homes and interviews with the foster caregivers. One of the interview topics is the training received, including the effectiveness of the training. Corrective Action Plans (CAPS) which require case specific and systemic correction are required for agencies determined to be noncompliant with the rules.

Compliance with the rules will be measured at each onsite review and through provision of technical assistance. Compliance with the CAP will be measured at each subsequent onsite review until compliance is achieved.

The Foster caregiver Resource Education Database (FRED) will also be used to assess compliance with the rules. FRED, which was implemented statewide April 1, 2003, is a web (internet) based database that serves two purposes: a fiscal tracking tool for payment of training stipends and allowances and as a tracking tool for foster caregiver training. All agencies entered demographic information of their foster caregivers in the April 1, 2003 Phase 1 of FRED. Phase 2, which started October 1, 2003, involves entering all training episodes for each foster caregiver. Reports may be generated from FRED for the training records of individual foster caregivers or for a particular agency and will be useful in assessing compliance with the rules.

Agencies are required to complete an evaluation/assessment of the effectiveness of their training program by May 2005 and every two years thereafter. The evaluation/assessment will be discussed during the onsite reviews to look at the effectiveness of training. The review will address how the agency determined that the training was effective, what it did to develop the training and how the training was presented. Agencies will be asked to share their positive experiences with other agencies.

Action Step B

Monitor PCSAs and PCPAs compliance with new Ohio Administrative Code rules, which were effective January 1, 2003, requiring an increase in the mandated training hours and revisions to the mandated topics that included child maltreatment issues as a required topic for all foster caregivers.

- Currently the Ohio Administrative Code rules require 52 hours of training for a newly employed youth care worker in the first year of employment. Twenty of those hours must be in the first 30 days of employment and be in specific topics, including reporting child abuse and neglect. Youth care workers must also have a certificate in first aid or obtain certification within the first 6 months of employment. The first aid certification must be maintained. Youth care workers are also required to have 24 hours of ongoing training annually thereafter, with an annual review of acceptable methods of restraint. Youth care workers who will provide care for a youth expected to remain in substitute care until the youth's eighteen birthday must have training in independent living/life skills.

It is anticipated ODJFS will present proponent testimony to the Ohio legislature regarding HB 117 no sooner than January 2004. If the legislation is enacted, ODJFS will develop Ohio Administrative Code rules for the implementation of the bill. If the bill fails to be enacted, ODJFS will promulgate rules that require additional training for youth care workers, similar to that which recently went into effect for foster caregivers. The rules will require training of staff on the specific needs of the population served, such as mental health issues, substance abuse and juvenile justice topics. ODJFS will monitor implementation of these rules using the same procedures outlined in Action Step B, 3 and 4.

Action Step C

Support the passage of Ohio HB 117, which would require professional certification of youth care workers employed in residential facilities/group homes.

- ODJFS will draft rules that will require agencies operating a residential facility or group home to have a quality assurance and improvement process known as Continuous Quality Improvement (CQI) (title is proposed, actual title may be different as a result of the rule drafting process). Concurrent with the drafting of rules ODJFS will consult with other state agencies, PCSAs and private agencies regarding any established quality assurance and improvement process and incorporate these processes into the draft rules, as applicable. The CQI process would require a uniform review of the agency's performance, including but not limited to: critical incidents, policy infractions and the use of restrictive treatments, such as physical restraint. CQI will improve the agency's overall performance and reduce the risk of child maltreatment. Agencies will be required to routinely report this information, including performance improvement plans to ODJFS, Bureau of Accountability and Regulation. ODJFS will monitor implementation of these rules using the same procedures outlined in Action Step B, 3 and 4.

Action Step D

Promulgate Ohio Administrative Code rules requiring increased Continuous Quality Improvement (CQI) efforts targeting reduction of child maltreatment in residential facilities/group homes operated by PCSAs and private agencies and monitor compliance with rules.

SAFETY OUTCOME S2:

CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE

Ohio did not achieve substantial conformity with Safety Outcome 2. This determination was based on the finding that the outcome was substantially achieved in 83 percent of the cases reviewed, which is less than the 90 percent required for a rating of substantial conformity.

Although the two items assessed for this outcome were rated as a Strength individually, the number of cases in which both items were rated as a Strength was not sufficient to meet the 90 percent requirement for substantial conformity.

ITEM 3. SERVICES TO FAMILY TO PROTECT CHILD(REN) IN HOME AND PREVENT REMOVAL.
ITEM 4. RISK OF HARM TO CHILD(REN).

A. FACTORS CONTRIBUTING TO NON-CONFORMITY

Item 3 was assigned an overall rating of Strength because in 89 percent in the cases, reviewers determined that the agency had made diligent efforts to provide services to prevent children's placement in foster care while ensuring their safety in their homes. This determination is consistent with information provided in the Statewide Assessment regarding the development of safety plans for each child, followed by a comprehensive risk assessment.

Item 4 was assigned an overall rating of Strength because in 85 percent of the applicable cases, reviewers determined that ODJFS was consistently effective in its efforts to reduce risk of harm to children. Case reviews indicate that in most cases, the agency effectively manages risk by removing children from their homes, or by providing services while children remain in their homes. In the few cases in which reviewers determined that risk was not effectively managed, however, there was a significant lack of attention on the part of caseworkers to the potential for harm to the children.

In recent meetings regarding this issue, public children services agency staff reported the major factors contributing to non-conformity include:

1. Service needs are not always adequately assessed.
2. Identified services are not always provided.
3. Families do not always participate in recommended services.
4. Need for a separate and distinct safety assessment protocol.
5. Current risk assessment tools are too complex.
6. Need to enhance workers' skills in the effective use of assessment tools.

B. PROGRAM IMPROVEMENT IMPLEMENTATION PLAN

→ The areas of non-conformity will be addressed by:

Action Step A: - systemic

Strengthening workers' skills in the assessment of safety and risk in order to appropriately identify service needs for children and families through the use of the Family Assessment and Planning Model (FAPM).

- The Safety and Family Assessment tools in the FAPM (see Item 2 for description) will be used to accomplish this action step.

Action Step B: - systemic

Increasing the frequency of service reviews to ensure that services being provided are addressing the concerns identified in the safety and/or risk assessment through the use of the Family Assessment and Planning Model (FAPM).

- The Case Review tool in the draft FAPM (see Item 2 for description) will be used to accomplish this action step.

PERMANENCY OUTCOME P1:

CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATION

Ohio did not achieve substantial conformity with Permanency Outcome 1. This determination was based on the finding that 73.1 percent of the cases were rated as having substantially achieved Permanency Outcome 1, which is less than the 90 percent required for an overall rating of substantial conformity. In addition, the State did not meet the national standard for foster care re-entries, stability of foster placements, reunifications occurring within 12 months of entry into foster care, or adoptions occurring within 24 months of entry into foster care. Stakeholders suggested that barriers to setting and achieving permanency goals have arisen due to difference between the agency and the court.

ITEM 5. FOSTER CARE RE-ENTRIES.
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	<u>National Standard</u>	<u>2000 State Percentage</u>	<u>2002 State Percentage</u>
Foster Care Re-entries	8.6%	13.7%	13.1%

A. FACTORS CONTRIBUTING TO NON-CONFORMITY

Item 5 was assigned an overall rating of Area Needing Improvement because, although there was a re-entry into foster care in only one of nine cases for which this assessment was applicable, the data reported in the State Data Profile indicate that the rate of re-entry into foster care within 12 months is 13.7 percent, which does not meet the national standard of 8.6 percent.

In recent meetings regarding this issue, county agency staff reported the major factor contributing to non-conformity include:

1. The need for agencies to develop “reunification after care” plans to attempt to provide stability after the child is reunified whether or not the agency will continue to remain involved.

B. PROGRAM IMPROVEMENT IMPLEMENTATION PLAN

- To reduce the number of foster care re-entries within 12 months, the factors contributing to non-conformity will be addressed by:

Action Step A:

Reducing incidents of foster care re-entry by identifying and addressing safety concerns and/or service needs prior to/at the time of reunification through use of the model Reunification Assessment Protocol (a component of the Family Assessment and Planning Model)

Action Step B:

Providing county specific, focused assistance on foster care re-entries to four (4) PCSAs with: the highest incidents of re-entries, into foster care; and have the greatest adverse impact on overall statewide performance.

PERMANENCY OUTCOME P1:

CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATION

ITEM 6. STABILITY OF FOSTER CARE PLACEMENT.
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	<u>National Standard</u>	<u>2000 State Percentage</u>	<u>2002 State Percentage</u>
Stability of Foster Care Placement	86.7%	85.9%	84.5%

A. FACTORS CONTRIBUTING TO NON-CONFORMITY

Item 6 was assigned an overall rating of Area Needing Improvement because, although in 89 percent of the applicable cases, reviewers rated placement stability as a Strength, the State Data Profile indicated that 85.9 percent of all children in foster care for 12 months or less had no more than two placement settings, which does not meet the national standard of 86.7 percent. A key concern identified in the case review process pertained to a lack of appropriate placements for children with behavior problems. In general, the Statewide Assessment attributes many of the placement changes captured in the data to the practice of placing children on an emergency basis, usually in shelters, at the point of entry into the system and prior to making a more long-term placement decision.

In three out of four of the applicable cases reviewed in which there were more than two placements during the review period, the child's behavior was noted as the reason for the placement disruption. Furthermore, case records did not reflect the provision of services to the foster parents or relative caregivers to address the child's behavior or the appropriateness of the placement in the first place.

Some of the factors which are believed to contribute to non-conformity include:

1. Impact of Non-compliant Counties to the State's Compliance with this National Standard.

ODJFS will conduct a review of the data to identify the non-compliant counties to offer and provide focused technical assistance so these counties can achieve the national standard.

2. Agency philosophies and practices regarding placement planning may not be as conducive to maintaining the stability of foster care placements as they can be. Factors influencing this include:

- Child assessments not sufficiently in-depth or comprehensive enough to enable the agency to understand the child’s needs, make good placement matches, communicate those needs to the caregivers, and to coordinate appropriate services.
- Substitute caregivers’ strengths and limitations not sufficiently explored and/or documented to enable the agency to make better informed placement decisions.
- Routine use of emergency placements as opposed to supplemental case planning which allows appropriate placement options to be considered early-on during the initial intervention with the child in his/her own home.
- Lack of support provided to the child and the substitute caregiver during placement to prevent disruption.
- Agencies response to alleged incidents of child abuse or neglect involving substitute caregivers.

3. Limited placement resources

Although Ohio’s focus on “foster to adopt” homes has resulted in permanency for a great number of children, the resulting attrition of foster homes means that there are less temporary placement resources available to children in which the case plan goal is reunification. In addition, many of the children in care are behaviorally challenged or have mental health issues that require specialized treatment homes.

B. PROGRAM IMPROVEMENT IMPLEMENTATION PLAN

→ Ohio proposes to increase the stability of foster care placements by:

Action Step A

Providing county specific, focused technical assistance to four (4) PCSAs with: the highest percentage of children who have been in foster care less than 12 months who have experienced more than 2 placements moves; and that have the greatest adverse impact on overall statewide performance.

Action Step B

Assisting counties in determining the most appropriate placement for the child, providing support to maintain the child in that placement until the child can return home or be placed in another permanent setting by:

- Developing a best practice resource manual and disseminate to PCSAs.
- Coordinating a panel of presenters for workshops at PCSAO’s annual Child Welfare Conference to showcase best practices.
- Coordinating a panel of presenters for workshop at ODJFS’s Annual Foster and Adoption Conference to showcase best practices.

Action Step C

Sponsoring resource family attendance at annual conferences to help them gain information on meeting a foster child's needs.

Action Step D

Assist counties in the recruitment of resource families.

PERMANENCY OUTCOME P1:

ITEM 8. REUNIFICATION, GUARDIANSHIP, OR PERMANENT PLACEMENT WITH RELATIVES.
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CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATION

	<u>National Standard</u>	<u>2000 State Percentage</u>	<u>2002 State Percentage</u>
Length of Time to Achieve Reunification	76.2%	74.0%	73.0%

A. FACTORS CONTRIBUTING TO NON-CONFORMITY

This item was assigned an overall rating of Area Needing Improvement. Although this item was rated by reviewers as a Strength in 92 percent of the cases reviewed, data from the State Data Profile indicated that the percentage of reunifications occurring within 12 months of entry into foster for the state was 74.0% which does not meet the national standard of 76.2%. In addition, the Statewide Assessment reports that over the previous three years there has been an increase in the number of children reunified with their families within 6 and 12 months, which was attributed to the provision of intensive services to children and families; and that data from CPOE indicated that the rate of reunification within 12 months from the time of the most recent removal from home was 76%. The FY 2001 Data Profile shows the state to be at 74.2%, a slight improvement from the review period. This data discrepancy may be due to a failure on the part of the agency to enter data on discharge reason into AFCARS, which is the source for data reported in the state data profile.

Other factors contributing to non-conformity are:

1. Limited availability of mental health, drug and alcohol, and other identified service needs to families, which impacts agencies' ability to achieve timely reunification.
2. Lack of early identification and assessment of kinship resources in the case planning process.
3. Lack of involvement of the prospective caregiver in the permanency planning process.
4. Lack of early and appropriate assessment of the family's strengths.
5. Lack of timely determination of a permanency goal and implementation of concurrent case planning.
6. Lack of caregiver effort to comply with case plan.
7. Lack of adequate post-placement supports to permanent caregivers.

B. PROGRAM IMPROVEMENT IMPLEMENTATION PLAN

The goal for this item is to increase the percentage of timely reunification, guardianships or permanent placements with relatives within 12 months of entry into foster care by from 73.0% to 75.4%. The action steps which will be implemented to achieve this goal are:

Action Step A

Standardize or increase consistency of the use of concurrent case planning by PCSAs.

Action Step B

Standardize the process of apprising parents of their rights by provision of a pamphlet to parents on parental rights, inclusive of involvement in case plan process, to be provided by the worker at the time of initial contact (Refer to PIP Items 17, 18 and 25, and 20).

Action Step C

Participate in the OCWTP development of competencies for the early identification, assessment and involvement of kinship caregivers in the placement selection and case planning process (Refer to PIP Items 14 and 15).

Action Step D

Provide county specific, focused technical assistance to four (4) PCSAs: with the highest percentage of non-compliance in achieving reunification of a child within 12 months of removal from the home and that have the greatest adverse impact on overall statewide performance.

Action Step E

Services are accessible to families and children during placement and post-placement (Refer to Items 5 and 36).

PERMANENCY OUTCOME P1:

CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATION

ITEM 9.	ADOPTION.
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	<u>National Standard</u>	<u>2000 State Percentage</u>	<u>2002 State Percentage</u>
Length of Time to Achieve Adoption	32%	29.2%	28.2%

A. FACTORS CONTRIBUTING TO NON-CONFORMITY

Item 9 was assigned an overall rating of Area Needing Improvement because reviewers determined that ODJFS had not made diligent efforts to achieve adoptions in a timely manner in 50 percent of the applicable cases. In addition, the State did not meet the national standard for percentage of finalized adoptions within 24 months of removal from home. The Statewide Assessment notes that adoption delays may be attributed to a variety of causes including the difficulty in finding adoptive families for children with "significant problems." Other identified causes of delay were appeals of TPR petitions and the size of the court dockets.

Ohio has made significant strides in increasing overall adoptions, decreasing the number of children waiting for adoption, and increasing the speed in which adoptions of children entering the system are taking place. As of September 30, 2002, there were 3,511 children waiting for adoption as opposed to 3,641 who were waiting on September 30, 2001. The majority of children waiting are older, African-American, and part of a sibling group.

In a recent forum regarding the issue of length of time to achieve adoption, agencies reported major factors contributing to non-conformity involve:

- a. *Delays in transferring of cases from one unit to another after permanent custody is awarded* - Compartmentalization practiced by most agencies creates unintentional barriers for all staff who must be involved with a case at any given time. Limited resources necessitate that staff prioritize tasks and assume an array of job responsibilities. The safety of a child is paramount to the initial scheme of the casework process. As a result, once permanency is achieved, transferring the paperwork to the next unit can be delayed. There are no time frames mandated by the Ohio Revised Code or Ohio Administrative Code which would require an ongoing case to be transferred within a pre-determined period of time after receiving permanent commitment.
- b. *Failure to conduct supplemental case planning (concurrent case planning)*
- An effective concurrent process should include establishing primary and

secondary goals. Agencies that do not establish viable secondary goals lose valuable time in achieving a permanent home for the child.

- c. *Failure to complete required paperwork in a timely manner* - A delay occurs if the paperwork required to be provided to a prospective adoptive parent is not completed when the permanent commitment of the child is received. Ohio Administrative Code rules stipulate time frames that are not conducive to having the required paperwork completed at an earlier stage. Additionally, limited resources prevent effective collaboration between agency departments.
- d. *Delays in the court process* - Collaboration and partnerships between agencies and the court systems are not easily sustained, and as a result, an ineffective and sometimes adversarial relationship between agencies and the court occurs.

In addition to the above factors contributing to non-conformity, an analysis of administrative data suggests that a surge in children entering permanent custody in 1999 and 2000 (both years up 15% or more compared to either 1998 or 2001) taxed the system, and moving those children into adoptive placements is still depressing Ohio's performance statistics.

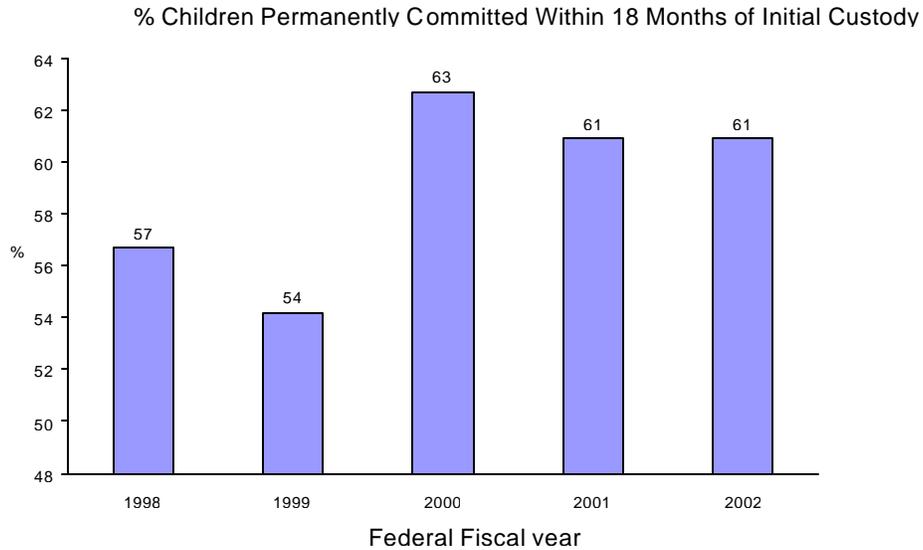
B. PROGRAM IMPROVEMENT IMPLEMENTATION PLAN

- ➔ To improve Ohio's current percentage on Length of Time to Achieve Adoption, the goals are centered on reducing the time from initial custody to permanent custody (PC) and reducing the time from PC to finalization. In order to accomplish these goals, ODJFS will engage in the following action steps.

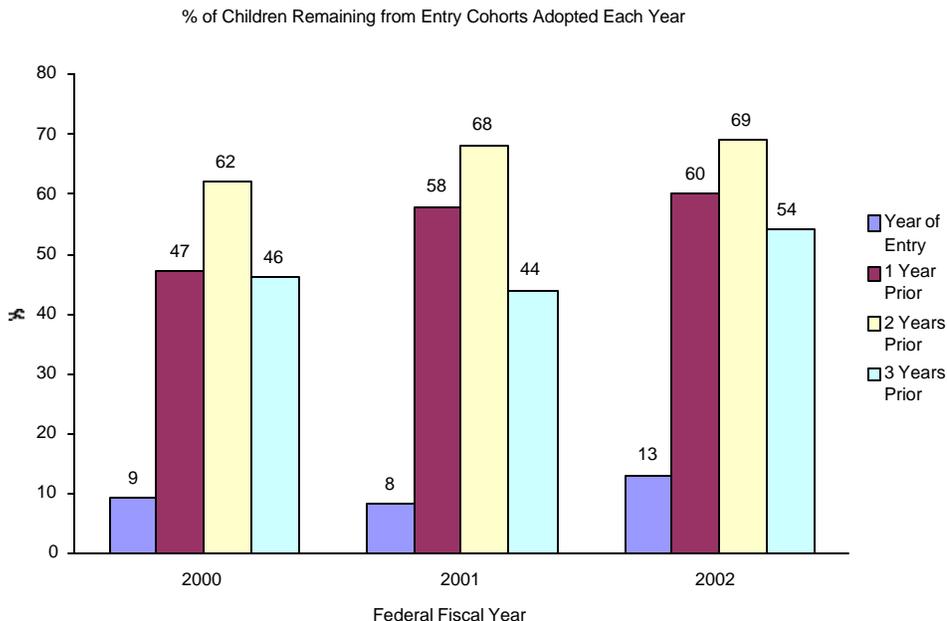
Action Step A

Improve relationship with courts in order to improve case flow through courts and enhance existing policies and procedures to decrease the length of time to achieve permanent custody. ODJFS' first focus encompasses strategies to decrease the length of time in filing TPR cases. Analyses of data over the past five years demonstrates that the percentage of children finalized within 24 months follows a pattern of increasing one year and decreasing the next year. While ODJFS does not fully understand the ups and downs in this performance indicator, the fluctuation relates to the length of time children who are eventually adopted are in the system prior to being permanently committed. The following graph shows how the influx of children who entered permanent custody in 1998 and 1999 may have overtaxed the system in 1999 and 2000. The figure examines the percent of children permanently committed within 18 months of initial custody. It is essentially impossible for an adoption to be finalized within 24 months for a child who spends more than 18 months in temporary custody. If many more children were being committed in 1999 and 2000, they must have been initially removed from their homes in 1998 and 1999. During those years, only 54-57% of children who were permanently committed were committed within 18 months. As the backlog of cases cleared the system, the percentage

committed within 18 months increased to the range of 61-63%, which may help to explain why Ohio's two best years, in terms of the 24 month indicator, has been since 2000.



The second graph shows a general pattern of improvement from 2000 to 2002 in the rates in which children are adopted. All of the children adopted in a given year constitute the exit cohort. However within this exit cohort, some children were adopted in the same Federal Fiscal Year they entered permanent commitment, some were adopted who were still waiting from the previous FFY, and some were waiting from two previous FFYs. The percentage of children remaining from each entry cohort who are adopted has generally gone up. For example, in 2000, 47% of the children still waiting from the previous FFY were adopted, but in 2001 that figure went up to 58% and in 2002 increased to 60%.



It is Ohio's working hypothesis that performance on this indicator went up in FFY 2000 because Ohio was successful in getting a larger percentage of children committed within 18 months of removal from the home; that it went down in FFY 2001 because this same indicator slipped a little bit; and that it went up again in FFY 2002 because this indicator stayed stable but Ohio's adoption rates for children who had been committed all went up, regardless of their entry cohort.

One important effect on Ohio's performance on this indicator is that Ohio has also emphasized the placement of children who are older, of minority descent and members of large sibling groups who have been in the custody of agencies for several years. As increased emphasis and success is realized in achieving permanency for harder to place children, there may be a directly negative impact on Ohio's ability to meet the 32% national standard.

It is also worth noting that the absolute number of children involved in Ohio's up and down swings are based on relatively few children. On the CFSR measure when the state decreased from 27% to 24.7% between FFY 2000 and FFY 2001, based on FACSIS data, the state went from having 481 children out of 1,731 adopted within 24 months to having 498 adopted out of 2,018. If one applies the 27% from 2000 to the 2,018 number in FFY 2001, there would have been 47 more children finalized. Although there was an overall increase in the number of children who were adopted within 24 months, because the total population also increased, the increase in placing children within 24 months is overlooked.

The method of using exit cohort data for this CFSR outcome may not be an accurate nor desirable measure when evaluating how states are improving the rate at which adoptions are occurring. Exit cohort analysis only considers those children adopted within a given period resulting in bias towards easy-to-place children. Consequently, this may produce pressure to focus on the new children entering permanent custody and to concentrate less on those children who have been waiting the longest. Children who are never adopted are not reflected in the indicator. ODJFS will continue to collect and analyze this type of data on a continuous basis and disseminate this to PCSAs.

Ohio has identified through previously completed surveys barriers that prevent TPRs from being filed in a timely manner. Ohio believes a multiparty effort involving courts, system administrators, public and private agency personnel and the Bureau of Family Services will result in positive changes. The prospect of a task force comprised of court, county and State personnel will develop a tracking tool to track TPR cases and compelling reasons that exist for not filing TPRs in a timely manner. Ohio will encourage the court system to explore the feasibility of implementing a continuance policy that discourages TPR delays and establishes a blanket priority "fast tracking" of TPR cases and appeals. Additionally, ODJFS would be in full support of court policy that decreases the length of time court judges and magistrates issue final decisions. Additionally, research by the newly hired Ohio Supreme Court Family Law Case Manager regarding delays attributed to the appeal process will be closely monitored. Analysis of the data will guide ODJFS in developing a plan to provide technical assistance to the counties with

the greatest number of appeals.

ODJFS believes that when PCSAs are provided with better data analysis of the average amount of time each county takes to obtain permanent commitment, the agency will have baseline data and can identify a variety of best practices and implement policies and procedures that enhance their efforts to decrease the length of time to PC. Information gathered from the FACSIS pilot will be relayed to the ODJFS Justice Services Administrator. The information gleaned will be shared with the Ohio Supreme Court to provide documentation which supports the need to decrease delays to PC and further encourage revamping, revising or addressing systemic state, court and county issues that impede TPR filings, lengthy appeals and delays in other court hearings.

The cumulative results of improved data and various PIP activities would further support the recommendation of court implementing activities that decrease TPR cases and appeals that complicate court dockets.

Increase communication and nurture positive relationships between county, state and court personnel will result in a decrease in the adversarial relationships between entities. From the analysis of data and provision of technical assistance resource guidelines will be developed that define court roles and establish best practices that expedite court processes. This will be completed in conjunction with the ODJFS Justice Services Administrator. A companion manual will be developed listing best practice models for PCSAs in regards to working with court.

Action Step B

Develop a best practices model for expediting permanency planning for children once an agency files a motion for permanent custody or once the court has granted an agency permanent custody. Internal practices of an agency may create unintentional barriers to locating permanent placements for children who are under the permanent custody of an agency.

Action Step C

Prevent delays in finalized adoptions due to lack of preparation of children and families.

- Subsidy guides will be developed and distributed to inform foster families of available supports and to assist in their understanding of their rights under the subsidy program. ODJFS has drafted an Adoption Guidebook that includes information regarding subsidy. Ohio Administrative rule mandates the use of the Adoption Guidebook and the distribution of the guidebook to adoptive families.
- Provide subsidy training to appropriate staff to enable staff to understand the intent of Adoption Assistance and to effectively negotiate subsidies.

Action Step D

All components of supplemental case planning (concurrent case planning) processes implemented by counties will consist of viable activities to implement secondary goals of case plans.

- Agencies that don't establish viable secondary goals lose valuable time in achieving a permanent home for the child. ODJFS plans to request the National Resource Center for Permanency Planning to assist Ohio in assuring that effective supplemental case planning is initiated. As specifically related to this item, the Resource Center would be requested to examine Ohio's foster care system and make recommendations on methods to evaluate and expedite foster-to-adopt homestudies.
- Ensure adoption case paperwork is completed expeditiously. Seek to revise Ohio Administrative Code rule to require earlier initiation of JFS 01616 "Social and Medical History" form and the Child Study Inventory (CSI). As previously mentioned, a delay occurs if the paperwork required to be given to the prospective adoptive parent is not completed in a timely manner. Revising the Ohio Administrative Code rule will establish the initiation of paperwork at an earlier time.
- Provide statewide training and/or provide training information on the JFS 01616 "Social and Medical History" and the Child Study Inventory (CSI). A training curriculum has been developed by ODJFS and will be used to train county staff statewide. Training evaluations will be used to evaluate the content of the trainings and identify counties that would benefit from technical assistance.

PERMANENCY OUTCOME P2:

THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS IS PRESERVED FOR CHILDREN

ITEM 14. PRESERVING CONNECTIONS.

ITEM 15. RELATIVE PLACEMENT.

A. FACTORS CONTRIBUTING TO NON-CONFORMITY

Ohio did not achieve substantial conformity with Permanency Outcome 2. This determination was based on the finding that the outcome was rated as substantially achieved in 84.6 percent of the cases, which is less than the 90 percent required for substantial conformity.

In addition, two items: Item 14. Preserving Connections and Item 15. Relative Placement were assigned an overall rating of Area Needing Improvement.

Item 14. Preserving Connections was assigned an overall rating of Area Needing Improvement because in 27 percent of the cases, reviewers determined that the agency did not make diligent efforts to maintain children's connections to family, community, and heritage while the child was in foster care.

Of those cases in which it was determined that the state did not make diligent efforts: three involved children in foster care whose relationships with extended relatives were not adequately preserved; three involved children in foster care who were placed outside of the county, and one involved a Native American child in foster care whose tribe had not been notified.

Without examination of the individual circumstances of the cases in which relationships with extended relatives were not preserved and the cases in which children in foster care were placed outside of the county, it would be difficult to determine specific factors contributing to non-conformity for these cases. However, agencies' failure to facilitate relationships with extended relatives could be linked to the following factors:

- Lack of clarity in the agency's policies regarding visitation and contacts with extended relatives while children are in care.
- Failure on the agency's part to document reasons in the case record that visitation/contact with extended relatives would not be in the child's best interest.
- Conflicting priorities in federal policy regarding placement with relatives and close proximity (The only relatives able to care for the child may live outside of the child's community/county. In addition, for families residing near county/state borders, placement in a neighboring county may actually be

closer in proximity to the child's original community).

Item 15. Relative placement was assigned an overall rating of Area Needing Improvement because reviewers determined that, in 16 percent of the cases, the agency had not made diligent efforts to locate and assess relatives as potential placement resources. A primary problem identified was that workers were not fully exploring paternal relatives as placement options. To support relative placements, the State has created the Kinship Care Services Planning Council to develop recommendations specifying the types of services that should be included as part of a Statewide program of supportive services to kinship caregivers.

Failure of an agency to explore paternal relatives could be impacted by a number of factors including but not limited to:

- Ohio Administrative Code rules primarily govern the agency's interaction with the custodial parent.
- The father's relationship may not be legally established through a paternity test or marriage.
- The father may not have had any prior relationship or involvement with the child; paternal relatives may not have had any prior relationship or involvement with the child.
- Special circumstances that were not adequately documented in the case record (e.g., domestic violence, child who is a product of rape).

B. PROGRAM IMPROVEMENT IMPLEMENTATION PLAN

Ohio proposes to increase the continuity of family relationships and connections increasing worker's skills in working with families whose children are in substitute care so they will be able to preserve primary connections of the child while the child is in foster care placement.

To achieve this goal, the following actions steps will be taken:

Action Step A

Provide training to local children services agencies to encourage workers to:

- \$ Explore visitation and placement with non-custodial parents (particularly fathers), unless it is not in the child's best interests.
- \$ Consider utilizing family group decision-making to engage parents and others in addressing the needs of children and allow children to remain in their own homes or be safely reunified.

Action Step B

Increase knowledge of local agency staff on the Indian Child Welfare Act (ICWA).

- \$ Present the requirements to seek written verification of a child's heritage and

membership with a tribe prior to placement.

Action Step C

Include in the best practice resource manual referenced under Item 6, examples of how agencies are effectively working with noncustodial fathers and extended relatives to assure that connections are preserved.

Action Step D

Incorporate into CPOE case record review instrument the monitoring the preservation of connections and relative placements.

CHILD AND FAMILY WELL-BEING OUTCOME WB1:

FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN'S NEEDS

ITEM 17. NEEDS AND SERVICES OF CHILD, PARENT, FOSTER PARENTS.

ITEM 18. CHILD AND FAMILY INVOLVEMENT IN CASE PLANNING.

ITEM 25. PROCESS FOR ENSURING EACH CHILD HAS A WRITTEN CASE PLAN TO BE DEVELOPED JOINTLY WITH THE CHILD'S PARENT(S) THAT INCLUDES THE REQUIRED PROVISIONS.

A. FACTORS CONTRIBUTING TO NON-CONFORMITY

Ohio did not achieve substantial conformity on Well-Being Outcome 1. This determination was based on the finding that the outcome was rated as substantially achieved for only 66 percent of the cases reviewed, which is less than the 90 percent required for a determination of substantial conformity.

A general finding of the CFSR process was that ODJFS is not consistent in its efforts to ensure that families have enhanced capacity to provide for their children's needs. For example, caseworkers did not consistently meet policy requirements for conducting visits with parents or guardians. In addition, the service needs of children, parents, and foster parents were not thoroughly assessed and/or services were not provided in 32 percent of the cases. Finally, the agency was not consistent in involving parents and children in the case planning process.

Item 17 was assigned an overall rating of Area Needing Improvement because in 32 percent of the cases, reviewers determined that ODJFS had not been effective in assessing service needs and/or providing appropriate services to children, parents, and/or foster parents. Specific problems identified in the case review process were unmet service needs, incomplete assessments, and lack of attention to fathers' service needs. Case reviewers noted that a key problem was that assessments were not sufficiently in-depth to uncover potential underlying problems, such as domestic violence or substance abuse. Information from stakeholders and the Statewide Assessment suggests that a key barrier to meeting service needs is a lack of comprehensive services in the State.

Specific problems identified in the case review process were unmet service needs, incomplete assessments, and lack of attention to fathers' service needs. Case reviewers noted that a key problem was that assessments were not sufficiently in-depth to uncover potential underlying problems, such as domestic violence or substance abuse. In 10 percent of the cases, the services received were not appropriate to the children's needs. Children or parents had identified service needs that were not met. These needs were either not assessed or not

assessed in sufficient depth. Information from stakeholders and the Statewide Assessment suggest that a key barrier to meeting service needs is a lack of comprehensive services in the State. For example, the need for mental health services was so great that a high percentage (estimated about 70 percent) of referrals made by the child welfare agency could not be addressed.

Item 18 was assigned an overall rating of Area Needing Improvement based on the finding that in 30 percent of the applicable cases, reviewers determined that ODJFS had not involved parents or children in the case planning process when it was appropriate to do so. According to the Statewide Assessment, it has been anecdotally reported by parents and foster parents in the State that they are not involved in developing the case plan and that case planning, for the most part, is a cookie-cutter approach. The Statewide Assessment indicated that parents have reported that they are afraid to use the court process to dispute the contents of the case plan, that their public defender is unhelpful, and that the agency is unresponsive to their input.

Ohio policy requires workers to include parent(s), children (when age appropriate), and caregivers in case plan development. However, some agencies believe the statutory time frames for case plan completion can impede a worker's ability to include all parties in case plan development. In addition, the format of the case plan document is confusing and difficult for families or other parties (e.g., children, foster parents) to understand.

Item 25 was rated as an Area Needing Improvement. Although State Code and Rule require that all children in foster care have a written case plan completed within a maximum allowable time of 60 days, State data for the past three years show that the number of children who had a case plan completed within the time was 86 percent. Also, despite the implementation of family case conferences in many public children services agencies (PCSAs), parents and foster parents reported that they are not involved in case planning and that case planning is, for the most part, pro forma.

In recent meetings regarding this issue, county agency staff reported the major factors contributing to non-conformity include:

- Training issue for workers on how to make the connection between concerns and services.
- Need for workers to enhance their skills necessary to engage families and help families connect the identified concerns with the recommended services.
- Workers have difficulty meeting with all required parties, writing the plan and getting the plan signed and filed by the mandated deadline.
- Lack of cooperation from families (often on advice of attorneys).
- Workers view of case plans as a mandate from the agency for the family to

follow rather than a cooperative agreement between the agency and family.

B. PROGRAM IMPROVEMENT IMPLEMENTATION PLAN

→ Items seventeen (17), eighteen (18) and twenty-five (25) are items within which an agency can hope to achieve the child and family well-being outcome. ODJFS will engage in the following action steps to work toward achieving this outcome:

Action Step A

Establish a baseline for outcomes in order to measure level of improvement. Case reviews will have to be completed and data gathered to establish a baseline. After the baseline has been determined, the factors contributing to non-conformity will be addressed.

Action Step B

Strengthening workers' skills in engaging families in the case planning and case plan review processes in order to increase parent, caregiver, and child involvement in case plan development and reassessment.

Action Step C

Inform parents, children and caregivers of the concerns identified in the assessment and their right to participate in development of case plan activities to address the identified concerns.

Action Step D

Revising case plan and Semiannual Administrative Review documents to be more understandable by families and caregivers (to be completed concurrently with Action Step B).

CHILD AND FAMILY WELL-BEING OUTCOME WB1:

FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN'S NEEDS

ITEM 20. WORKER VISITS WITH PARENT(S).

A. FACTORS CONTRIBUTING TO NON-CONFORMITY

Item 20 was assigned an overall rating of Area Needing Improvement because in 34 percent of the applicable cases, reviewers determined that visits with parents were not sufficiently frequent or of sufficient quality to promote the safety and well-being of the children or enhance attainment of permanency. However, in many cases worker contact with parents exceeded State requirements. According to the Statewide Assessment, Ohio guidelines for visitation between the caseworker and the parents, as of December 2001, requires that caseworkers establish face-to-face contact with parents in both foster care and in-home services cases on a monthly basis and that visits involve monitoring of case plan objectives.

Ohio Administrative Code rules only recently mandated the frequency of worker visits with parents for children in substitute care and court ordered protective supervision and the activities that must occur during worker visits. The true impact of the rule would not have been evident at the time of Ohio's on-site review which occurred only six (6) months after the effective date of the rule.

In recent meetings regarding this issue, county agency staff reported the major factors contributing to non-conformity include:

- Prior to December 1, 2001, ODJFS did not mandate frequency of worker visits between caseworkers and families for in-home and out-of home cases or that workers' address case plan objectives during the visits.
- Lack of documentation in case records to indicate the monitoring of case plan objectives (content and participants in the visit).
- Case plan document is too complex and too difficult for families to understand.
- Case plan structure is not designed to measure progress.

B. PROGRAM IMPROVEMENT IMPLEMENTATION PLAN

To achieve the child and family well-being outcome, ODJFS will engage in the following action steps:

Action Step A

Establish baseline for outcomes in order to measure level of improvement. Case

reviews will have to be completed and data gathered to establish a baseline. After the baseline has been identified, the factors contributing to non-conformity will be addressed.

Action Step B

Revising case plan rule for voluntary (no court order) cases to provide guidelines on frequency and purpose of workers visits with parent(s) and clarify expectations for visits with absent parent.

Action Step C

Developing tools to enhance worker skills in conducting outcome focused worker visits with parents, children and caregivers.

CHILD AND FAMILY WELL-BEING OUTCOME WB2:

CHILDREN RECEIVE APPROPRIATE SERVICES TO MEET THEIR EDUCATIONAL NEEDS

Ohio did not achieve substantial conformity with Well-Being Outcome 2 based on the finding that 83.8 percent of the cases reviewed were found to have substantially achieved this outcome, which is less than the 90 percent required for substantial conformity. The general finding of the CFSR process was that the agency was not consistent in assessing children's educational needs and providing appropriate services to meet those needs.

ITEM 21. EDUCATIONAL NEEDS OF THE CHILD.

A. FACTORS CONTRIBUTING TO NON-CONFORMITY

Item 21 was assigned an overall rating of Area Needing Improvement because reviewers determined that in 16 percent of the cases, the educational needs of children were not adequately addressed. The key problem identified pertained to cases in which children showed evidence of school-related behavioral problems, developmental delays, learning disabilities, and/or poor school performance yet no assessment of needs was completed and services were not provided.

Transitional educational placements; difficulty transferring Individualized Education Plans (IEPs) between school districts; inconsistent coordination of screenings, diagnoses and treatment interventions; and limited service capacity were also noted as contributing factors to noncompliance.

B. PROGRAM IMPROVEMENT IMPLEMENTATION PLAN

→ To improve consistency in the identification of needed services and continuity of care, ODJFS will:

Action Step A

Partner with the Ohio Department of Mental Retardation and Developmental Disabilities (MR/DD) to assist school districts which are/would like to become Community Alternative Funding System (CAFS) providers. For such school districts, dedicated funding is available to provide services for Medicaid-eligible children who are mentally retarded/developmentally disabled or who have specialized educational needs.

→ To better address identified difficulties/disabilities that interfere with a child's ability to learn, ODJFS will:

Action Step B

Provide information to PCSAs regarding student rights and how to request development of Individualized Education Plans (IEPs). The improved

documentation of needs and services via IEPs will assist the PCSAs and local school systems in the development of reasonable accommodations needed for academic success.

In 1992, *Ohio Family and Children First* (OFCF) was established to promote coordination and collaboration among state and local governments, local businesses, nonprofit organizations and parents. Several goals identified by OFCF relate to academic achievement. In 2002, the *Healthy Youth Initiative* originated out of OFCF to specifically address barriers to academic success and promote positive youth development. Partners in this effort include representatives from the Ohio Departments of: Education, Alcohol and Drug Addiction Services, Health, Mental Health, and Youth Services; The Ohio Family & Children First Council, The Ohio State University, The Center for Learning Excellence, the Ohio Community Service Council and the Safe Schools/Healthy Students Action Center.

- To develop a statewide network of integrated supportive services, ODJFS, Office for Children and Families, will:

Action Step C

Work with Ohio Family and Children First to promote an integrated network of educationally based supportive services.

- It is critical that the educational needs of children are met. In order to do this all persons involved with the child (the parent, the foster parent, and the worker) need to have updated information on the educational needs of the child. PCSAs are required to complete the JFS 01443, "Child's Education and Health Information" at the time a child is placed into substitute care and update the information at the time of a semi-annual administrative review, any time there is a placement change or any time there is a change in any of the educational information contained on the JFS 01443. In order to improve the completion and amendment of this form, ODJFS will:

Action Step D

Monitor completion of the JFS 01443, "Child's Education and Health Information".

- To better address the emotional and behavioral problems that often compromise a student's academic success, OCF, Bureau of Family Services will:

Action Step E

Support joint initiatives by the Ohio Department of Mental Health and the Ohio Department of Education which address emotional and behavioral problems that compromise student success. This would entail having school districts identify children with behavioral issues and referring them for the appropriate assessment (See Item 36, Action Step D).

CHILD AND FAMILY WELL-BEING OUTCOME WB3:

CHILDREN RECEIVE ADEQUATE SERVICES TO MEET THEIR PHYSICAL AND MENTAL HEALTH NEEDS

Ohio did not achieve substantial conformity with Well-Being Outcome 3. This determination was based on the finding that the outcome was rated as substantially achieved in only 69.8 percent of the applicable cases, which is less than the 90 percent required for a determination of substantial conformity.

In general, the CFSR process found that ODJFS was not consistently effective in meeting children's physical or mental health needs, although in most cases, these needs were adequately addressed. The key problems identified with respect to physical health services were that: health screening and services were delayed for some children; some children were not receiving preventive health care services; or some children were not receiving services to meet identified health needs. The key problems identified with regard to mental health services were that: some children had mental health needs but were not receiving services to address those needs; mental health services were delayed for some children; or the services were provided too infrequently to be effective.

ITEM 22. PHYSICAL HEALTH OF CHILD.

A. FACTORS CONTRIBUTING TO NON-CONFORMITY

Item 22 was assigned an overall rating of Area Needing Improvement based on the finding that in 17 percent of the applicable cases, reviewers determined that ODJFS was not adequately addressing the health needs of children in foster care and in-home services cases.

The number and accessibility of medical personnel who are willing to accept Medicaid payments is limited. This is especially true in regard to dental care providers. Inconsistent coordination of screenings, diagnoses, and treatment interventions as well as an under-utilization of inter-departmental programming also compromise Ohio's achievement of this goal.

B. PROGRAM IMPROVEMENT IMPLEMENTATION PLAN

→ Ohio proposes to address the physical health needs of children through the following action steps:

Action Step A

Clarifying PCSA and PCPA responsibilities for:

- Effectively assessing health care needs;
- Coordinating the provision of appropriate services to meet health care

- needs;
- Documenting services needed/provided and services needed but unable to be provided and the reason why.

Action Step B

Work with the Ohio Department of Health (ODH) to provide information to PCSAs regarding utilization of public oral health services. To accomplish this, staff from the Bureau of Family Services (BFS) will meet with ODH personnel to increase knowledge regarding the needs of families in the child welfare system; ODH will provide local providers with information regarding child welfare needs and analyze local capacity to provide oral health services through the monitoring of utilization reports; BFS staff will promote the utilization of public dental providers via awareness campaigns.

- To increase PCSA's awareness of available resources, ODJFS, OCF will:

Action Step C

Increase PCSAs awareness of available local health care services. OCF will work with Ohio Health Plans to obtain this information and provide PCSAs with updated resource listings to assist them in accessing needed services.

CHILD AND FAMILY WELL-BEING OUTCOME WB3:

CHILDREN RECEIVE ADEQUATE SERVICES TO MEET THEIR PHYSICAL AND MENTAL HEALTH NEEDS

ITEM 23. MENTAL HEALTH OF CHILD.

A. FACTORS CONTRIBUTING TO NON-CONFORMITY

Item 23 was assigned an overall rating of Area Needing Improvement because in 32 percent of the applicable cases, reviewers determined that children's mental health needs were not being adequately addressed by ODJFS. This determination is consistent with stakeholders' perceptions that there are problems in obtaining adequate mental health services for children. According to this information, when a child enters substitute care, part of the comprehensive HealthChek screening includes a psychological assessment of the child. However, evidence of this practice was not consistently found among the foster care cases reviewed for the CFSR.

Increasing the knowledge base of therapists who understand the issues of separation and loss that children experience as part of being in foster care or in an adoptive placement was identified as a need during the CFSR process.

In addition, psychological and mental health assessments were identified as two critical needs during the CFSR. Other identified gaps in services included: an accessible continuum of mental health treatment services, including wrap-around community-based services and services for dually- diagnosed substance abusing mentally ill (SAMI) clients (See Item 36).

Although basic mental health and substance abuse services are provided in each county, some counties are not able to maintain a full spectrum of care (e.g., detoxification, home-based, outpatient, inpatient and residential treatment). This is of great concern to the State because the lack of local services often limits the ability of family members to participate in treatment and consequently may negatively impact the effectiveness of treatment and the likelihood of reunification (See item 36).

B. PROGRAM IMPROVEMENT IMPLEMENTATION PLAN

→ Knowing that the first step to effective treatment is accurate assessment, ODJFS will:

Action Step A

Support Ohio Department of Mental Health (ODMH) efforts to increase the consistent utilization of assessment tools. Inter-departmental meetings will be held between ODJFS and ODMH to review the effectiveness of research-based

assessment tools. ODMH will promote the use of identified tools by treatment providers; and ODJFS will distribute information to PCSAs regarding tools which have been selected and promote their use for client assessments.

- In an effort to better address unique behavioral health care needs of children in out-of-home care and adoptive placements, ODJFS will:

Action Step B

Provide training to therapists, caseworkers, adoptive and foster parents regarding the special behavioral health care needs of children in out-of-home care and in adoptive placements. These presentations will be developed in accordance with identified needs and tailored to individual audiences. These workshops will be presented through various venues including ODJFS-sponsored trainings, conferences held by sister agencies, and advocacy group requests.

- Amended House Bill 484, Ohio's response to the Adoption and Safe Families Act, exceeded federal standards by specifying that child abuse or neglect associated with parental substance abuse and rejected treatment could be grounds for termination of parental rights. H.B. 484 also emphasized the need to provide timely and appropriate treatment necessary to facilitate family reunification. Since 1999, the Ohio General Assembly has allocated 4 million dollars annually to the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) for the provision of such programming at the local level (These dollars are passed through from ODADAS to local Alcohol and Drug Addiction Services or Alcohol, Drug Addiction and Mental Health Services boards for this purpose). To better meet the special needs of children in the child welfare system whose parents struggle with substance abuse, ODADAS expanded the use of these dollars to fund prevention and educational services during this past year. ODJFS and ODADAS will:

Action Step C

Promote the provision of specialized programming for children of parents who are addicted to alcohol or other drugs. These efforts include, but are not limited to, meetings with local service providers, prevention coalitions, board associations, and provider councils.

- To promote best clinical practices, ODJFS will work with the Ohio Departments of Mental Health (ODMH) and Alcohol and Drug Addiction Services (ODADAS) to disseminate information regarding statewide initiatives and research-based interventions. To maximize financial resources, ODJFS, ODMH and ODADAS will continue to:

Action Step D

Provide further technical assistance to PCSAs and local treatment providers regarding initiatives, best practice methods and funding resources for behavioral health care programming.

Action Step E to J
Refer to Item 36.

SYSTEMIC FACTOR 2:

ITEM 27. PROVIDES A PROCESS THAT ENSURES THAT EACH CHILD IN FOSTER CARE UNDER THE SUPERVISION OF THE STATE HAS A PERMANENCY HEARING IN A QUALIFIED COURT OR ADMINISTRATIVE BODY NO LATER THAN 12 MONTHS FROM THE DATE THE CHILD ENTERED FOSTER CARE AND NO LESS FREQUENTLY THAN EVERY 12 MONTHS THEREAFTER.

CASE REVIEW SYSTEM

A. FACTORS CONTRIBUTING TO NON-CONFORMITY

This item was assigned a rating of Area Needing Improvement because:

- C During interviews with stakeholders it was indicated that court rules do not always coincide with state law regarding ASFA requirements;
- C ODJFS only recently implemented a mechanism for collecting information regarding 12 month reviews and the statewide data regarding percentage of children who had hearings was not available;
- C Stakeholders suggested that courts were crowded and that courts had a tendency to focus more on parental rights than on the child's best interest.

The department asserts that the determination that court rules do not coincide with state law is based on factual error. Ohio Rules of Court – Rules of Superintendence for the Court of Ohio (Rule 5) permits courts to adopt local rules. Local rules must be filed with the Clerk of Courts and cannot supercede the Rules of Superintendence.

Copies of the rules on file for Clark, Franklin and Washington were reviewed for consistency with Ohio statute. No inconsistency or conflict was identified. Copies of these rules are available upon request for federal review.

B. PROGRAM IMPROVEMENT IMPLEMENTATION PLAN

- Ohio proposes to implement the following action steps to increase ODJFS' ability to identify the percentage of children who have had timely hearings (**Goal I**) by:

Action Step A

Developing a formal process for identifying courts that consistently exceed prescribed time frames for judicial hearings. A Task Force will be convened to design a TPR and hearing tracking tool which will be used by counties to document TPR and/or hearings that exceed prescribed time frames and compelling reasons for not filing TPR in a timely manner. Data collected from county tools will be analyzed and used to identify counties in which significant numbers of children's hearings are not held within prescribed timeframes. A formal process will be established with the Supreme Court of Ohio for county-specific court review and response.

Court-related comments are cited in Items 8,9,26, and 27 in the CFSR Final Report. These comments fall into the one of two general classifications: issues regarding **case processing**, the way cases proceed through the court system (**Goal II**); and, issues regarding **system interface**, the way the child welfare and legal systems interact at their points of intersecting jurisdiction (**Goal III**).

The CFSR Final Report attributes three **case processing issues** as the primary court-related causes for children not receiving timely hearings. The CFSR Final Report does not, however, offer evidence to support such findings. Ohio shall examine the efficacy of the state system of juvenile court processing and identify ameliorative steps for correction (**Goal II**) by examining each of these issues:

- An over-crowded docket is the most frequently suggested factor in an area being identified as needing improvement. No data to support this statement is provided, nor is there a suggestion as to why, if this is a valid concern, over-crowding of dockets has occurred (e.g., whether it results from specific case management practices rather than case numbers). To address this item, Ohio proposes to examine the efficacy of the state system of juvenile court case processing and identify ameliorative steps for correction by:

Action Step A

Determining if overcrowding of court dockets is contributing to Ohio's timeliness of reviews.

- Excessive continuances are cited as causing an area to be identified as needing improvement. Ohio Rules of Court-Rules of Superintendence for the Courts of Ohio (Rule 56) governs the granting of continuances. It is not possible to determine from the CFSR findings if "excessive" is in violation of Rule 56 or simply a perceptual issue, e.g., improper judicial practice or unrealistic expectation of procedural law. To address this item, Ohio proposes to examine the efficacy of the state system of juvenile court case processing and identify ameliorative steps for correction by:

Action Step B

Determining if comments regarding excessive continuances are a result of improper judicial practice or unrealistic expectations.

- The appellate process is cited as causing an area to be identified as needing improvement. The Supreme Court of Ohio has implemented a provision in the Ohio Rules of Court – Rules of Appellate Procedure (App. R.11.2) to streamline appeals involving the termination of parental rights and adoption issues. A copy of this rule is available for federal review. From the CFSR report, it cannot be determined if this item is cited as a result of improper judicial practice or unrealistic expectation of procedural law (e.g., violations in the processing of appeals or unrealistic expectations that appears be prohibited). To address this item, Ohio proposes to examine the efficacy of the state system of juvenile court

case processing and identify ameliorative steps for correction by:

Action Step C

Determining if comments regarding the appellate process are a result of improper judicial practice or unrealistic expectations.

- A limited number of comments reflected stakeholders' perceptual issues regarding court functioning. For example, court structure was cited in the CFSR Final Report as impacting on timeliness of reviews. The CFSR Final Report did not identify whether the studied courts' structures contribute in a positive or negative manner, nor provide any statistical validation of this statement. Still, it is not felt that this or other personal experiences should simply be discounted because they have not yet been studied. To address this item, Ohio proposes to examine the efficacy of the state system of juvenile court case processing and identify ameliorative steps for correction by:

Action Step D

Identifying state trends or system barriers that contribute to extended case processing.

In July 2003 the Supreme Court of Ohio created the position "Family Law Case Manager" (FLCM). Under the terms of the job description, this position's duties include:

- Reviewing required quarterly court statistical reports to identify jurisdictions that have pending cases that exceed designated time frames.
- Identifying state trends or system barriers that contribute to extended case processing.
- Provide on-site analysis to courts that substantively exceed state-imposed time frames.
- Responding to requests for assistance from courts that have self identified.

This position was filled by the Supreme Court of Ohio in 7/03 with the acquisition of an employee who brought extensive direct experience in Ohio's juvenile and probate court systems. The new FLCM's breadth of knowledge regarding Ohio's family law courts eliminated much of the usual "acclimation phase," allowing the FLCM to initiate assigned activities after an uncommonly short training period.

The FLCM's first focus was on establishing contacts in partner state agencies and local courts. In addition to informational meetings with inter-agency peers, he attended significant number of events to publicly discuss his new role in Ohio's Family Law program. He also assumed membership on a number of state-level boards and work groups to ensure continued visibility of and coordination with SCO and ODJFS joint activities.

The FLCM's early on-site activities have focused in three venues:

1. Appellate Districts
Study began in Ohio's twelve appellate courts where the FLCM gathered data from each court regarding the appellate process of child abuse cases. He currently is analyzing the results and preparing report for each of the courts.
2. Family Case Processing
The first court to work with the FLCM is Cuyahoga County Juvenile Court. The FLCM is examining all aspects of court functioning. During the process currently underway, the FLCM is interviewing all levels of court employees, as well as entities that interface with the court, such as the public children services agency, members of the local bar, and the Office of the County Prosecutor. Cuyahoga County Juvenile Court has welcomed the FLCM and is eager to address any issues that may be highlighted as a result of this study.
3. Model Court
SCO finalized its agreement with its newest "Model Court," (Hamilton County was first designated as a "Model Court" in DATE) Lucas County (Toledo) in August 2003. Formal designation was received from the National Council on Juvenile and Family Court Judges (NCJFC) in September 2003. The FLCM and representatives from Lucas County Juvenile Court recently attended an initial planning session for model courts sponsored by NCJFJ and the ABA.

The FLCM continues to also be responsible for the other duties identified in the job description. In addition to working with courts that self-identify or are identified through review of SCO data, ODJFS and SCO shall jointly establish a formal process for public children services agencies to identify jurisdictions that consistently exceed prescribed time frames. Courts that are identified through this method, self-referral or other SCO-initiated reports, will be contacted by the Family Case Flow Manager or other appropriate SCO staff. This contact is not in any way to be considered a disciplinary action. At this point, the purpose of contacting a court is to determine the validity of the numbers and, if accurate, to offer on-site technical assistance in addressing the issue. There are many elements that can contribute to protracted court proceedings. It will be the Case Flow Manager's responsibility to work directly with court personnel to pinpoint the causative factors and to jointly effect corrective action. The Case Flow Manager also will be responsible for helping to seek appropriate support when lack of court resources is an issue.

The Family Law Case Manager can offer a range of services to address issues that are identified, including:

- Referral of inherent system barriers to Supreme Court of Ohio Chief Justice Thomas J. Moyer's *Advisory Committee on Families, Children and the Courts* for recommended action. This can include statutory or administrative change initiated by the Supreme Court of Ohio.
- Assignment of a visiting judge to address temporary case backlog.
- Provision of on-site technical assistance from the Supreme Court of Ohio to address case management issues.

- Development of educational programs through the Supreme Court of Ohio's Judicial College and other Judicial and Court Services Division staff.
- Paired assignment to a "mentor court."
- Support of a pilot program to implement an innovative and/or alternative approach to handling cases.

→ Issues related to **system interface** often are more reflective of a mutual lack of understanding of roles, responsibilities and appropriate expectations than the effectiveness of the systems. These issues are best addressed through education and cross training. At the foundation of any such effort must be acknowledgment of, and respect for, the different roles that the court, legal bar, child welfare agency, and service providers each play when intervening on the behalf of children. Working in partnership does not necessarily result in agreement or even perfect outcome; it will result in the most effective system functioning. Ohio proposes to address systemic barriers that impede effective interface of the child welfare and legal system (**Goal III**) by implementing the following action steps:

Action Step A

Establish "best practice" guidelines for courts' handling of dependency cases.

Action Step B

Utilize the Supreme Court of Ohio Advisory Committee to implement initiatives that impact on judicial systems. Proposed Guardian Ad Litem (GAL) Standards will be presented to the Advisory Committee for adoption and training curriculum with the GAL Standards will be developed, with training following adoption of the curriculum.

Action Step C

Increase judicial opportunities for family law education.

**SYSTEMIC FACTOR 5:
SERVICE ARRAY**

ITEM 36. THE SERVICES IN ITEM 35 ARE ACCESSIBLE TO FAMILIES AND CHILDREN IN ALL POLITICAL JURISDICTIONS COVERED IN THE STATE'S CFSP.

A. FACTORS CONTRIBUTING TO NON-CONFORMITY

Ohio is in substantial conformity with the factor of Service Array. However, item 36 was rated as an Area Needing Improvement because unstable and disparate funding from county to county, and insufficient availability of service such as mental health and substance abuse treatment, negatively affect Ohio's ability to deliver needed services to children and families.

Although basic mental health and substance abuse services are provided in each county, most counties are not able to maintain a full spectrum of care (e.g., detoxification, home-based, outpatient, inpatient and residential treatment). The lack of local services often limits the ability of family members to participate in treatment and consequently may negatively impact the effectiveness of treatment. In rural areas and in Appalachian areas in particular, the necessity to travel long distances to access services and the correlating need for transportation services present significant challenges to efforts on the part of local child welfare agencies to access services for children and families.

There is a scarcity of mental health and drug and alcohol services in many counties which negatively impacts the agency's ability to reunify families in a timely manner. Inaccessibility of services, waiting lists for services and crowded court dockets were identified as key barriers to timely reunifications.

A number of service gaps were identified in the CFSR including: family preservation, medical examinations, mental health and substance abuse assessment and treatment, dental care, housing, therapeutic foster care, wrap-around community-based services, transitional services for the MR/DD population, specialized treatment resources for adult and youth sexual abusers, services for dually-diagnosed substance-abusing mentally ill (SAMI) clients, child care and transportation.

B. PROGRAM IMPROVEMENT IMPLEMENTATION PLAN

→ In September 2003, the Governor's Office identified mental health service provision to families involved in the child welfare system as an administrative priority. ODJFS will continue to work with the Ohio Departments of Alcohol and Drug Addiction Services (ODADAS), Mental Health (ODMH), and advocacy groups to:

Action Step A

Identify behavioral health care treatment capacity, gaps in services and needs for specialized programming.

- To better assess the effectiveness of behavioral health care treatment services, ODJFS will:

Action Step B

Serve in an advisory capacity on program evaluation projects conducted by ODADAS and ODMH to assess the effectiveness of behavioral health care treatment services. ODJFS, Bureau of Family Services, will continue to participate on the *ODADAS Outcome Framework Initiative Task Force* which has been convened to improve the consistency of locally delivered service provision and evaluate the efficacy of chosen interventions. The Task Force consists of representatives from various State departments, local ADAS/ADAMHS Boards, advocacy groups, prevention and treatment providers. Similarly, ODMH maintains several outcome-based quality assurance projects. These include: The *Ohio Mental Health Consumer Outcomes System - Adult Symptom Distress Reports*, and *Ohio Scales* which measures youth-based levels of functioning.

- ODJFS, Office of Ohio Health Plans - Medicaid will work with the ODMH to jointly:

Action Step C

Work with ODMH and Ohio Health Plans to expand the continuum of mental health care services. ODJFS will request federal approval to provide these services. Once approved, ODMH, ODJFS and constituent representatives will meet to develop ACT and IHCBS programming. ODJFS, OCF, Bureau of Family Services and ODMH will then conduct joint cross-systems training with PCSAs and local mental health providers regarding effective utilization of these services.

- To better address the emotional and behavioral problems that often compromise a child's academic success, ODJFS, Bureau of Family Services, will continue to:

Action Step D

Support the Ohio Department of Mental Health-Ohio Department of Education partnership designed to provide assessment, intervention and treatment services within the school system. *The Ohio Mental Health Network for School Success* is co-sponsored by the Ohio State University Center for Learning Excellence, the Substance Abuse and Mental Health Services Administration (SAMHSA), ODMH and ODE. Through this project, regional collaborative networks have been developed to identify local needs and opportunities to provide a continuum of supportive services. Membership of the regional networks includes: families, educators, mental health boards, mental health providers and other community partners.

- As noted in the Statewide Assessment, local providers often perceive that confidentiality laws create barriers to necessary inter-system communication. To address this problem, ODJFS, OCF, Bureau of Family Services, and ODADAS

will continue to:

Action Step E

Provide training to PCSAs and treatment providers regarding issues associated with federal confidentiality laws. This training was developed by the Legal Action Center (LAC) of New York. In the spring of 2001, legal professionals from child welfare and substance abuse fields were trained as trainers by the LAC. This corps of trainers continues to serve as a resource to local communities throughout Ohio.

- To increase consistency regarding placements of children in the child welfare system and assess a child's clinical needs, ODJFS, OCF, will:

Action Step F

Work with the Public Children's Services Association of Ohio (PCSAO) to improve consistency in purchasing services among PCSAs.

- To provide financial resources for eligible children who are mentally retarded/developmentally disabled, ODJFS - Ohio Health Plans, and the Ohio Department of Mental Retardation/Developmental disabilities will:

Action Step G

Encourage the establishment of multi-disciplinary teams and other collaborative models for assessments, case planning, and the monitoring of service provision to address issues which require involvement of multiple agencies (e.g., domestic violence, mental health, education substance abuse, mental retardation/developmental disabilities).

Action Step H

Through partnership with MR/DD, provide assistance to school districts desiring to become Community Alternative Funding System (CAFS) providers (See Item 21, Action Step A).

- Due to the limited number of private dental providers who accept Medicaid, ODJFS and ODH will:

Action Step I

Work with the ODH to provide information to PCSAs regarding the utilization of public dental health services (See Item 22, Action Step D).

- To improve provision of services to children in the child welfare system, ODJFS, Bureau of Family Services, will:

Action Step J

Provide further training to therapists, caseworkers, adoptive, and foster parents regarding the special behavioral health care needs of children in out-of-home care and in adoptive settings (See Item 23, Action Step B).

- Given the preponderance of parental substance abuse within the child welfare system, ODJFS, OCF, Bureau of Family Services, and ODADAS will:

Action Step K

Promote the provision of specialized programming for children of parents who are addicted to alcohol or other drugs. In addition, ODJFS and ODADAS will continue providing technical assistance to local communities to increase utilization of resources and promote effective programming for families in the child welfare system who struggle with substance abuse (See Item 23, Action Step C).

SYSTEMIC FACTOR 7:

FOSTER AND ADOPTIVE PARENT LICENSING, RECRUITMENT, AND RETENTION

Ohio is in substantial conformity with the systemic factor of Foster and Adoptive Parent Licensing, Recruitment, and Retention.

ITEM 44. THE STATE HAS IN PLACE A PROCESS FOR ENSURING THE DILIGENT RECRUITMENT OF POTENTIAL FOSTER AND ADOPTIVE FAMILIES THAT REFLECT THE ETHNIC AND RACIAL DIVERSITY OF CHILDREN IN THE STATE FOR WHOM FOSTER AND ADOPTIVE HOMES ARE NEEDED.

A. FACTORS CONTRIBUTING TO NON-CONFORMITY

Item 44 is rated as an Area Needing Improvement. Although Ohio has proper policies and procedures in place and has programs and initiatives to recruit potential foster and adoptive families that reflect the ethnic and racial diversity of the children for whom homes are needed, there are still not enough homes for those children.

According to the CF SR Final Report, Ohio is in non-conformity with federal Diligent Recruitment requirements as Ohio's pool of foster and adoptive families do not reflect the ethnic and racial diversity of the children for whom homes are needed. As noted in Ohio's Statewide Assessment, 51 percent of the children in temporary custody and 55 percent of the children in permanent custody were classified as minority, while 27 percent of the adoptive families approved within the past six years with open studies were of minority descent. According to AdoptOHIO Performance measures, 3,511 children were available for adoption as of September 30, 2002. The majority of available children were African-American and had no identified adoptive resource.

In comparison, of the total number of prospective adoptive parents in FFY 2001, 2,090 were African-American while 8,518 were classified as White. Race data were missing for 3,352 persons included in the overall pool. Hence, one of the most important things learned during a statewide forum on diligent recruitment is that ODJFS has to analyze and maintain administrative data. Further, we suspect that many Caucasian families included in Ohio's pool are not really available to adopt. If a Caucasian family wishes to adopt a young, Caucasian child with no special needs, they generally face a long wait. After a while, they may decide to adopt internationally or remove themselves from the pool for other reasons. However, we often do not have good data on the availability of long-waiting families.

Other factors interfering with conformity include jurisdictional issues, lack of knowledge and resources, and worker biases that impact the state supervised-county administered system. County agencies, especially those where the

majority of children in care are classified as Caucasian, at times overlook diligent recruitment responsibilities and their role in developing diverse families for children within and outside county borders. Some agencies reportedly are not sure how to recruit needed families. Cultural differences and misunderstandings that arise in training and throughout the process (e.g., language, ideas about discipline) add to the issue as they send erroneous messages. Many prospective minority parents reportedly see or feel discrepancies in the way families are treated. Some workers are misinterpreting challenges from African-American families as opposition or evidence of unfitness. Some African-American families may lack knowledge of the process to be followed. The location of preservice training may be inconvenient for some African-American families, which communicates the message that foster or adoption is not meant for them. In addition, community partnerships are insufficiently utilized by agencies to assist in diligent recruitment efforts. Fear of the Multiethnic Placement Act as amended has resulted in the closing of some community-based units that diligently worked to build trust in minority communities. Lastly, lack of competent services to families who have adopted previously deters parents from adopting again.

B. PROGRAM IMPROVEMENT IMPLEMENTATION PLAN

- To increase the number of African-American families applying and being approved for adoption by 5%, ODJFS will ensure diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed. The State of Ohio must recruit and retain more approved minority applicants in its foster and adoptive resource pool. Specifically, Ohio must work to increase the number of African-American parents who apply and ultimately adopt until the overall pool of family resources reflects the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed. In order to do such, Ohio will:
- C Implement procedures to better assure child and family information in FACSIS is accurate and up-to-date;
 - C Provide market analysis information to counties to assist counties in driving effective recruitment campaigns;
 - C Implement a Comprehensive Recruitment Plan requirement;
 - C Use portions of state-available funds to help counties in their recruitment and retention efforts;
 - C Promote “Best Practices” relative to recruiting and retaining African-American families; and
 - C Offer training and technical assistance to counties, their networks and mental health providers serving adoptive families.

Action Step A

Implement procedures to better assure FACSIS information regarding resource families is accurate and up-to-date. To demonstrate performance improvement, Ohio must implement procedures to better assure the FACSIS information regarding families is accurate and up-to-date. This information includes the date of the homestudy application, the date of approval, placement of a child with the family and finalization. It is more difficult to work with FACSIS data for prospective parents and adoptive parents than it is to work with FACSIS data for children. A parent can enter the FACSIS system and still be listed several years later even though they may have abandoned their plans to adopt, because there are no inherent reporting requirements on parents. In recent analysis of the FACSIS information pertaining to adoptive applicants and approved parents it was noted that the number of families waiting to adopt has grown the fastest of the three categories (Adopted in Period, Waiting-Recent, Waiting-Dated.) The Waiting Dated category includes parents who have been approved or known to have applied anytime within the three years prior to the beginning of the FFY, but for whom there are no coded events, which suggests that they may have left the system.

ODJFS will provide data listing the families registered as active with FACSIS and provide focused technical assistance to assure the families listed are a true representation of the actual families who are available and waiting.

To illustrate a true reflection of Ohio's pool of available foster and adoptive parents, ODJFS must gather information relative to the race(s) of 3,352 families that are identified by FACSIS but have key data missing on exception reports.

Simultaneously, as information is ascertained, ODJFS shall work to decrease the number of families "waiting" in FACSIS longer than two years with neither a termination code nor an updated homestudy.

To do so, ODJFS will:

- C Compile a statewide list of all open families in FACSIS relative to each county agency.
 - C Share respective lists with each county agency for verification.
 - C Close out inactive and outdated familial information on file with FACSIS within 90 days from date of the verification request.
 - C Continue to enter new foster and adoption applicants per occurrence.
- ➔ ODJFS has compiled an Adoption Performance Report for federal fiscal year 2002. The report was written by the Adoption Section Quality Assurance Vendor and distributed to agencies at quarterly statewide managers' meetings. Using Census Data and other Market Research Analyses counties were given a synopsis of adoptive placement performance information per county and

statewide.

Per the report, Ohio notes a substantial increase in the number of finalized adoptions for FFY 2000 to FFY 2001. This increase is based on enhanced recruitment efforts for foster to adopt families, and the effective utilization of placement data and adoption incentives to agencies. Given the PIP measures, the Semiannual Adoption Reports will now include familial information on the population of African-Americans per county community.

Action Step B

Provide market analysis to county agencies to be used to drive agency efforts to recruit minority applicants. ODJFS will closely monitor statewide data on the number of minority applicants and those with approved studies, by county and statewide. This information will then be compiled and presented to counties in Semiannual Reports beginning FFY 04.

Using benchmarks and market analysis information, county partners will begin work to increase the number of minorities in the applicant pool until the pool of adoptive families is reflective of the ethnic and racial diversity of children in the state for whom homes are needed.

→ In pursuit of a pool a resources that reflect the diversity of waiting children, ODJFS requires adoption agencies in Ohio, both public and private, to develop a comprehensive recruitment plan. Plans identify the agency's recruitment of families reflecting the diversity of waiting children for whom foster and adoptive homes are needed. Comprehensive recruitment plans include:

- A description of the characteristics of children available for adoption, including age, gender, race, culture, and ethnicity of the children, and their developmental, emotional, and physical and cultural needs;
- Specific strategies to reach all parts of the community;
- Diverse methods of disseminating both general and child specific information and recruitment activities;
- Strategies for assuring that all prospective parents have access to the homestudy process, including location and hours of services that facilitate access to all members of the community;
- Procedures for assuring that all prospective parents will receive information regarding adoption procedures within seven days of inquiry;
- Strategies for training staff to work with diverse cultural, racial, and economic communities;
- Strategies for dealing with linguistic barriers;

- Procedures for the provision of adoption homestudy services and preservice training to families in other counties;
- Nondiscriminatory fee structures;
- Procedures for a timely search for prospective parents for a child in the permanent custody of the agency, including the use of exchanges, OAPL, AdoptOhio web page and other interagency efforts;
- Procedures for a timely search of prospective adoptive families.

Any agency licensed or certified by ODJFS submits copies of its recruitment plan to ODJFS for approval. ODJFS conducts a review of the recruitment plan to identify any area of the plans that authorize practices inconsistent with the requirements of the federal law. If noncompliance is identified, the agency is notified and a compliance action plan is developed. In SFY 02, ODJFS reviewed recruitment plans for all public agencies and randomly checked private agencies to ensure statewide compliance with MEPA and its diligent recruitment requirements.

Action Step C

Require each adoption agency to implement a Comprehensive Recruitment plan that includes community partnership efforts, use of market analysis information, and cultural competence training for staff. Recognizing the need to ensure *implementation* of the recruitment plans, ODJFS proposed agencies document implementation of their comprehensive recruitment plans and diligent recruitment efforts through completion of the “MEPA Compliance Self-Assessment Report”. As part of the Self-Assessment Compliance Report agencies must now document:

- How the agency implemented the recruitment plan during in the previous SFY and indicate diligent efforts including community partnerships engaged to recruit foster and adoptive parents that reflect the diverse population of children in foster care in the state;
- How the agency keeps track of inquiries and their disposition; specify whether the log (or alternative method) indicate that follow-up occurred with each caller and are equally timely for all callers; indicate whether the log shows an under representation of applicants from any specific racially identifiable area; and if so, does the agency have a strategy for dealing with this issue? Agencies are then asked to provide a copy of the medium through which information is tracked;
- List the number individuals who inquired, applied and/or who are prospective adoptive parents enrolled or who have completed preservice orientation during the calendar year by their race and ethnicity;

- Describe how all inquirers are given information on the characteristics of waiting children in foster care within the county and state;
- If applicants for foster care or adoptive parenting are screened prior to orientation or training, describe what screening criteria are used and for what purpose;
- Indicate the procedures used to locate/select potential, appropriate families for a particular child; what factors are taken into consideration when making the final selection among the appropriate families; and how does the agency ensure that the selection process is in compliance with MEPA; and finally describe how diligent recruitment requirements are integrated into training curricula for foster and adoptive staff in all areas of the agencies.

The Recruitment Plan required for the PIP will be focused on involving increased commitment from community partners to assist in the recruitment efforts.

→ The federal Executive Memorandum on adoption which challenged all states to double the number of adoptions by the year 2002 has allowed Ohio to qualify for federal incentive payments. Ohio has received over one million dollars for each of the last two federal fiscal years. Ohio received \$1.5 million for adoptions the increase in adoptions in FFY 2001 and will receive \$1.1 million for the increase in FFY 2002. Federal funding received is based on availability of federal funds.

The Incentive Funds have been utilized to enhance adoptive parent recruitment efforts, train staff and adoptive parents and to expand post adoptive resources. Specific examples of utilization of the funds include an allocation of \$450,000 to the six largest counties to develop innovative recruitment strategies, funding the Statewide Adoptive Family Retreat held in Athens; development of adoptive libraries in county agencies, and sponsoring families' attendance at annual foster care and adoption conferences.

Action Step D

Assist counties to create self-sustaining recruitment and retention activities. In FFY 2002 funds were provided to the three largest counties for Child Specific Recruitment and to 25 counties who had applied for funds for faith based initiatives. Due to Ohio's increase in adoptions in FFY 2001, monies will continue to be made available for Child Specific Recruitment and faith based initiatives in FFY 2004.

Action Step E

Identify and promote best practices; examine policies and requirements; and identify ways of removing barriers for African-Americans completing the home study process. ODJFS will convene a statewide Recruitment Advisory Committee which will collect best practices in terms of recruitment of African American families. Those strategies that have been determined to be effective will be disseminated to agencies in a written document and presented at the

statewide adoption and foster care conference.

- Many mental health therapists have not received training in the developmental issues of adoption. ODJFS will:

Action Step F

Develop the capacity of mental health providers that will understand adoption issues and provide support to finalized adoptive families which will encourage African-American adoptive families to refer to others to become foster/adoptive families.

SECTION III - PIP MATRIX

**OHIO CHILD AND FAMILY SERVICES REVIEW
PROGRAM IMPROVEMENT PLAN MATRIX**

SAFETY OUTCOME S1: Children are, first and foremost, protected from abuse and neglect

Item 1. *Timeliness of initiating investigations of reports of child maltreatment.*

GOAL: In two years, improve the timeliness of initiating investigations of non-emergency reports of child abuse and neglect from 77% 2002 DART baseline data to 80%.

ACTION STEPS	BENCHMARKS TOWARD ACHIEVING GOAL	METHOD OF MEASURING IMPROVEMENT	RESPONSIBLE PARTY	DATE BENCHMARKS ACHIEVED
<p>A. Provide county specific, focused technical assistance to the four (4) PCSAs with: the highest percentage of non-emergency reports of child maltreatment where the agency did not respond within the prescribed timeframes; and that have the greatest adverse impact on overall statewide performance.</p>	<ol style="list-style-type: none"> 1. Based upon data from the DART Managed Report: <i>24 hour Investigation Initiation</i> prepare a county specific data report and summary on compliance with the 24-hour response timeframe over the past 24 months for 88 counties by 12/03. 2. Conduct an analysis of the data report to identify and select four (4) public children service agencies with the highest percentage of non-emergency reports, where the agency did not respond within the prescribed timeframes and that have the greatest impact on overall statewide performance by 1/04. 3. Work with the four identified agencies to: develop hypotheses or reassess their CPOE Stage V hypotheses for why the agency is not responding in a timely manner; and develop focused TA strategies that outline state/county specific activities and timelines by 3/04. 	<ul style="list-style-type: none"> • County data report and summary on initiation of investigations within 24 hours of receipt of report by county. • Analytical report documenting four counties response times for non-emergency reports. ▪ Site visit report documenting TA strategies. 	<p>Bureau of Family Services Bureau of Outcome Management 88 PCSAs</p>	<ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6. 7. 8.

ACTION STEPS	BENCHMARKS TOWARD ACHIEVING GOAL	METHOD OF MEASURING IMPROVEMENT	RESPONSIBLE PARTY	DATE BENCHMARKS ACHIEVED
	<p>4. Implement focused TA in each of the 4 agencies by 5/04.</p> <p>5. Analyze DART Managed Report: <i>24-hour Investigation Initiation</i> data to determine if there was a 3% level of improvement in the 4 targeted agency's level of compliance with the non-emergency response time frames commencing 10/04.</p> <p>6. By 11/04, disseminate information via regional and statewide meetings to PCSA staff on the results of TA strategies used by the four agencies to improve their response time for non-emergency reports.</p> <p>7. Based upon data from the DART Managed Report: <i>24 hour Investigation Initiation</i>, prepare a county specific data report and summary on compliance with the 24-hour response timeframe in 2004 for all 88 counties by 5/05.</p> <p>8. Mail the data report and summary to each county by 5/05.</p>	<ul style="list-style-type: none"> • Site visit reports documenting provision of TA and its results. • Analytical report documenting level of improvement by agencies in complying with non-emergency response time frames. • State and regional meetings held. • County data report and summary on initiation of investigations within 24 hours of receipt of report by county. • Dissemination of data report and summary. 		

ACTION STEPS	BENCHMARKS TOWARD ACHIEVING GOAL	METHOD OF MEASURING IMPROVEMENT	RESPONSIBLE PARTY	DATE BENCHMARKS ACHIEVED
<p>B. Increase consistency among counties in screening, classification and initiating reports of child maltreatment.</p>	<ol style="list-style-type: none"> 1. Develop review tool for CPOE Stage 5 to obtain information on county specific screening procedures by 7/03. 2. Convene a work group to develop recommendations for revisions to the Ohio Revised Code (ORC) and Ohio Administrative Code (OAC) rules related to screening and alternative response systems by 8/03. 3. Conduct case reviews in 15 counties during on-site CPOE reviews to document screening procedures and response timeframes by 12/03. 4. Analyze CPOE Stage V data by 1/04. 5. Develop OAC rule containing specific criteria for screening and classifying reports of child maltreatment by 9/05. 6. Provide briefings on rule changes to PCSAs via transmittal letters and presentations at regional and statewide meetings by 1/06. 7. Integrate criteria for screening and classification of reports into the contents of the Ohio Child Welfare Training Program training workshops by 4/06. 8. Analyze DART Managed Report: <i>24-hour Investigation Initiation</i> data to determine impact of rule change on timeliness of response to reports of child maltreatment by 11/05. 9. Evaluate whether workshop offerings 	<ul style="list-style-type: none"> • Screening Review Tool. • Workgroup convened. • Analytical report containing information on screening review tool results. Specific analysis which provides information on screening procedures and response timeframes used. • Disseminate analytical report of CPOE Stage V Review Tool results to workgroup to incorporate into recommendations for changes to ORC/OAC. • Effective date of rule. • Transmittal letter, attendance sheets, and agenda for briefings. • Curriculum contains screening and classification information. • Analytical report comparing response times prior to and following implementation of the rule. 	<p>Bureau of Family Services Bureau of Outcome Management PCSA representatives Office of Legal Services Ohio Child Welfare Training Program</p>	<ol style="list-style-type: none"> 1. 7/1/03 2. 8/11/03 3. 4. 5. 6. 7. 8. 9.

ACTION STEPS	BENCHMARKS TOWARD ACHIEVING GOAL	METHOD OF MEASURING IMPROVEMENT	RESPONSIBLE PARTY	DATE BENCHMARKS ACHIEVED
	<p>present screening and classification information by 9/06.</p>	<ul style="list-style-type: none"> Evaluation reports prepared. 		

SAFETY OUTCOME S1: Children are, first and foremost, protected from abuse and neglect

Item 2A. Repeat maltreatment.

GOAL: In two years, reduce incidents of repeat maltreatment from 8.2% 2002 NCANDS baseline data to 7.3%.

ACTION STEPS	BENCHMARKS TOWARD ACHIEVING GOAL	METHOD OF MEASURING IMPROVEMENT	RESPONSIBLE PARTY	DATE BENCHMARKS ACHIEVED
A. Increase consistency among counties in reporting duplicate report information in order to improve accuracy of statewide data on repeat maltreatment.	<ol style="list-style-type: none"> 1. By 9/04, develop and implement OAC rule defining duplicate reports and outlining criteria and requirements for documentation of duplicate report information. 2. By 12/04, provide briefings to county agency supervisory staff on new policy. 	<ul style="list-style-type: none"> • Effective date of rule. • Transmittal letter, attendance sheets, and agenda for briefings. 	Bureau of Family Services 88 PCSAs	<ol style="list-style-type: none"> 1. 2.
B. Reduce incidence of repeat maltreatment by identifying families in need of ongoing services and prioritizing service needs through use of the Family Assessment and Planning Model (FAPM).	<ol style="list-style-type: none"> 1. Identify counties to participate in a pilot of the draft FAPM and provide training on the model to all pilot sites by 10/03. 2. Run baseline data on repeat maltreatment for each pilot county by 12/03 and monitor monthly thereafter through 3/04. 3. Conduct an evaluation on the use of the FAPM and the impact of the model on recurrence rates by 6/04. 4. Conduct statewide briefings on evaluation findings and finalized FAPM via regional presentations by 10/04. 	<ul style="list-style-type: none"> • Training completed. • Baseline and monthly data reports for each of the pilot counties. • Analytic report containing information on incidents of repeat maltreatment prior to and following pilot implementation. • Transmittal letter, attendance sheets, and agenda for briefings. 	Bureau of Family Services Pilot PCSAs	<ol style="list-style-type: none"> 1. 10/16/03 2. 3. 4.
C. Provide county specific, focused technical assistance on repeat maltreatment to four (4) PCSAs with the highest percentage of repeat maltreatment (recurrence) incidents and that have the greatest adverse impact on overall statewide performance.	<ol style="list-style-type: none"> 1. Based on data from DART CPOE Outcome Indicator 2D: <i>Six Month Recurrence of Maltreatment</i> prepare a county specific data report and summary of repeat maltreatment rates and characteristics of recurrent families over the past 24 months 	<ul style="list-style-type: none"> • County data report and summary on recurrence of child maltreatment by county. 	Bureau of Family Services Bureau of Outcome Management	<ol style="list-style-type: none"> 1. 2. 3.

ACTION STEPS	BENCHMARKS TOWARD ACHIEVING GOAL	METHOD OF MEASURING IMPROVEMENT	RESPONSIBLE PARTY	DATE BENCHMARKS ACHIEVED
	<p>for 88 counties by 1/04.</p> <p>2. Reproduce Fact Sheet on <i>Repeat Maltreatment</i> for all 88 counties by 1/04.</p> <p>3. Conduct an analysis of the data report to identify and select four (4) agencies with the highest percentage of repeat maltreatment and that have the greatest adverse impact on overall statewide performance by 2/04.</p> <p>4. Work with the four (4) identified agencies to: develop hypotheses or reassess their CPOE Stage V hypotheses for the agency's high rate of recurrence; and develop focused technical assistance strategies that outline county/state specific activities and timelines by 4/04.</p> <p>5. Implement focused TA in each of the four agencies by 6/04.</p> <p>6. Analyze DART Outcome Indicator 2D: <i>Six Month Recurrence of Maltreatment</i> to determine if there are fluctuations in the percentages in the 4 targeted agency's commencing 12/04 and every month thereafter.</p> <p>7. By 11/04, disseminate information via regional and statewide meetings with PCSA staff on the results of the TA strategies used by the four agencies' to reduce incidents of repeat maltreatment.</p> <p>8. Based upon data from DART CPOE Outcome Indicator 2D: <i>Six Month Recurrence of Maltreatment</i>, prepare a county specific data report and summary on recurrence rates in 2004 for all 88 counties by 5/05.</p>	<p>\$ Dissemination of data reports.</p> <p>\$ Analytical report documenting four agency's recurrence rates.</p> <p>\$ Site visit report documenting TA strategies.</p> <p>\$ Site visit reports documenting provision of TA and its results.</p> <p>\$ Analytical report documenting recurrence rates of child maltreatment.</p> <p>\$ State and regional meetings held.</p> <p>\$ County data report and summary on recurrence rates of child maltreatment.</p>	88 PCSAs	<p>4.</p> <p>5.</p> <p>6.</p> <p>7.</p> <p>8.</p>

SAFETY OUTCOME S1: Children are, first and foremost, protected from abuse and neglect

Item 2B. Repeat maltreatment.

GOAL: In two years, Ohio will meet the national Standard of .57% indicated or substantiated abuse and/or neglect by substitute caregivers in substitute care settings.

ACTION STEPS	BENCHMARKS TOWARD ACHIEVING GOAL	METHOD OF MEASURING IMPROVEMENT	RESPONSIBLE PARTY	DATE BENCHMARKS ACHIEVED
<p>A. Provide county specific, focused technical assistance (TA) to the four (4) PCSAs with the highest percentage of children who were abused/neglected in a substitute care setting by a substitute care provider and that have the greatest adverse impact on overall statewide performance in protecting children in substitute care from abuse/neglect.</p>	<ol style="list-style-type: none"> 1. Based upon data from DART on CPOE Outcome Indicator 4 C: <i>Incidence of Reports of CA/N (Child Abuse/ Neglect) While in Substitute Care</i> prepare a county specific data report and summary on PCSAs and applicable PCPAs with the highest percentage of children in substitute care who are abused/neglected by the substitute caregiver and that have the greatest overall adverse impact on statewide performance over the past 12 months for 88 counties by 12/03. 2. Conduct an analysis of the data report to identify and select four agencies with the highest percentage of children in substitute care who are abused/neglected by a substitute care provider and that have the greatest adverse impact on statewide performance by 1/04. 3. Work with the four (4) identified agencies to: develop hypotheses or reassess their CPOE Stage V hypotheses for why the agency has a high percentage of children in substitute care that are abused/neglected by a substitute caregiver; and develop focused TA strategies that outline state/county specific activities and timelines by 2/04. 4. Implement focused TA in each of the 4 	<ul style="list-style-type: none"> • County data report and summary on PCSAs with the highest percentage of children in substitute care who are abused by the foster parent, group home staff or residential care facility staff. • Analytical report documenting the four agencies who have the highest percentage of children in substitute care who have been abused/neglected by a caregiver. • Report documenting TA strategies. • Reports documenting provision of TA and its results. • Analytical report documenting level of reduction of the number of children in substitute care who are abused by the substitute 	<p>Bureau of Accountability and Regulations Bureau of Outcome Management PCSAs Applicable PCPAs</p>	<ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6. 7. 8.

ACTION STEPS	BENCHMARKS TOWARD ACHIEVING GOAL	METHOD OF MEASURING IMPROVEMENT	RESPONSIBLE PARTY	DATE BENCHMARKS ACHIEVED
	<p>agencies by 4/04.</p> <p>5. Analyze data in DART on CPOE Outcome Indicator 4C: <i>Incidence of Reports of CA/N (Child Abuse/ Neglect) While in Substitute Care</i> in the 4 targeted agencies to determine if there was a 2% level of reduction in the number of children in substitute care who are abused/neglected by the substitute caregiver commencing 9/04 and every month thereafter.</p> <p>6. By 10/04 disseminate information via regional and statewide meetings with PCSA/PCPA staff on the results of the TA strategies used by the four agencies to reduce the incidence of reports of CA/N in substitute care.</p> <p>7. Based upon data from DART on Outcome Indicator 4C: <i>Incidence of Reports of CA/N While in Substitute Care</i> prepare a county specific data report and summary on compliance with CPOE Indicator 4C in 2004 for all 88 counties by 5/05.</p> <p>8. Mail the data report and summary to each county by 5/05.</p>	<p>caregiver.</p> <ul style="list-style-type: none"> • State and regional meetings held. • County data report and summary on the incidence of reports of CA/N by the substitute caregiver. • Dissemination of data reports to the counties. 		
<p>B. Monitor PCSAs and PCPAs compliance with new Ohio Administrative Code rules, which were effective January 1, 2003, requiring an increase in the mandated training hours and revisions to the mandated topics that included child maltreatment issues as a required topic for all foster caregivers.</p>	<ol style="list-style-type: none"> 1. Review of training proposals and policies commenced 4/03 and is ongoing. 2. Onsite review of agencies' foster caregiver training records, which includes a sampling of newly certified and currently certified foster caregivers, commenced 6/03 and is ongoing. 3. Written corrective action plan (CAP) required for those not in compliance (under the 75% level for each item reviewed) with 1 and 2 submitted within 10 working days of on-site review exit interview. 4. Agencies will complete a written evaluation/assessment of the effectiveness of their training program by 5/05 and every two years thereafter. 	<ul style="list-style-type: none"> • Measure compliance level of each agency through regularly scheduled onsite reviews. Onsite reviews generate a compliance report for these measurements. • Measure compliance level (compliance must be at 100%) of each agency through focused technical assistance reviews 2 times a year, and generate a compliance report from these measurements. • Measure compliance with any CAP at each subsequent on-site 	<p>Bureau of Accountability and Regulation PCSAs Applicable PCPAs</p>	<ol style="list-style-type: none"> 1. 2. 3. 4.

ACTION STEPS	BENCHMARKS TOWARD ACHIEVING GOAL	METHOD OF MEASURING IMPROVEMENT	RESPONSIBLE PARTY	DATE BENCHMARKS ACHIEVED
		review, until compliance is achieved. <ul style="list-style-type: none"> • Use of "FRED" system to assess compliance of agencies with the required training hours and topics. • Written evaluation/assessment discussed during onsite reviews and technical assistance reviews with each agency regarding effectiveness of the training program. 		
C. Support the passage of Ohio HB 117 that would require professional certification of youth care workers employed in residential facilities/group homes.	<ol style="list-style-type: none"> 1. Ohio HB 117 has passed the House of Representatives and is currently in the Ohio Senate, assigned to the Health Human Services and Aging Committee. Proponent testimony to be presented to the Ohio Senate in January 2004 or later, contingent on the hearing date to be set by the Ohio Senate. 2. Draft rules implementing requirements of HB 117 upon enactment of HB. 117. 3. If HB 117 does not pass, draft OAC rules that would require additional training hours and topics for youth care workers by 10/04. 	<ul style="list-style-type: none"> • Copy of testimony. • Draft rules, submit for clearance process and for public hearings. • Proposed rules submitted to JCARR. • Effective date of rules. 	Legal Services Bureau of Accountability and Regulations	<ol style="list-style-type: none"> 1. 2. 3.

ACTION STEPS	BENCHMARKS TOWARD ACHIEVING GOAL	METHOD OF MEASURING IMPROVEMENT	RESPONSIBLE PARTY	DATE BENCHMARKS ACHIEVED
<p>D. Promulgate Ohio Administrative Code rules requiring increased continuous quality improvement (CQI) efforts targeting reduction of child maltreatment in residential facilities/group homes operated by PCSAs and private agencies and monitor compliance with the rules.</p>	<ol style="list-style-type: none"> 1. Consult with other state agencies, such as Ohio Department of Youth Services (ODYS) and a minimum of 5 PCSAs and private agencies, regarding their already established CQI process and incorporate their process into draft rules, as applicable, by 2/04. 2. Amend OAC rules to require CQI efforts regarding child maltreatment in agency operated residential facilities/group homes by 7/04. 3. Review required CQI policies of each agency within 3 months of effective date of the rules. 4. By 3/05 or within 6 months of effective date of the rules, whichever occurs first, monitor policy implementation. 5. Written corrective action plan (CAP) required for those not in compliance with policy implementation. 	<ul style="list-style-type: none"> • Report of CQI process used by other entities. • Effective date of rules. • Compliance level report of each agency through a paper review and approval of the policies. • Measure compliance level of each agency during regularly scheduled onsite reviews, minimum of 3 onsite reviews in a 24-month period. Onsite reviews will generate a compliance report. • Measure compliance level of each agency through technical assistance reviews, minimum of 2 times a year, which generates a compliance report. • Corrective Action Plan. • Measure compliance level with CAP at each subsequent onsite review, until compliance is achieved. 	<p>Bureau of Accountability and Regulations</p>	<ol style="list-style-type: none"> 1. 2. 3. 4. 5.

SAFETY OUTCOME S2: Children are safely maintained in their homes whenever possible and appropriate

Item 3. Services to family to protect child(ren) in home and prevent removal.

Item 4. Risk of harm to child(ren).

GOAL: In two years, improve the assessment of risk of harm to children through the use of new assessment tools.

ACTION STEPS	BENCHMARKS TOWARD ACHIEVING GOAL	METHOD OF MEASURING IMPROVEMENT	RESPONSIBLE PARTY	DATE BENCHMARKS ACHIEVED
<p>A. Strengthen workers' skill in the assessment of safety and risk in order to appropriately identify service needs for children and families through the use of the Family Assessment and Planning Model (FAPM).</p>	<ol style="list-style-type: none"> 1. Identify counties to participate in a pilot of the draft FAPM and provide training on the model to all pilot sites by 10/03. 2. Run baseline data on recurrence and foster care re-entries and frequency in case plan amendments by 12/03 and monitor monthly thereafter. 3. Conduct an evaluation on whether caseworkers are appropriately identifying and providing services to children and families by 6/04. 4. Conduct statewide briefings on evaluation findings and finalized FAPM via regional presentations by 10/04. 	<ul style="list-style-type: none"> • Training completed. • Baseline and monthly data reports for each of the pilot counties. • Analytic report containing information on incidents of repeat maltreatment prior to and following pilot implementation. • Transmittal letter, attendance sheets, and agenda for briefings. 	<p>Bureau of Family Services Bureau of Outcome Management</p> <p>5 PCSAs</p>	<ol style="list-style-type: none"> 1. 10/16/03 2. 3.
<p>B. Increase the frequency of service reviews to ensure that services being provided are addressing the concerns identified in the safety and/or risk assessment through the use of the Family Assessment and Planning Model (FAPM).</p>	<ol style="list-style-type: none"> 1. Identify counties to participate in a pilot of the draft FAPM and provide training on the model to all pilot sites by 10/03. 2. Run baseline data on recurrence and foster care re-entries and frequency in case plan amendments by 12/03 and monitor monthly thereafter. 3. Conduct an evaluation on whether caseworkers are appropriately identifying and providing services to children and families by 6/04. 4. Conduct statewide briefings on evaluation 	<ul style="list-style-type: none"> • Training completed. • Baseline and monthly data reports for each of the pilot counties. • Analytic report containing information on incidents of repeat maltreatment prior to and following pilot implementation. 	<p>Bureau of Family Services Bureau of Outcome Management</p> <p>5 PCSAs</p>	<ol style="list-style-type: none"> 1.

ACTION STEPS	BENCHMARKS TOWARD ACHIEVING GOAL	METHOD OF MEASURING IMPROVEMENT	RESPONSIBLE PARTY	DATE BENCHMARKS ACHIEVED
	findings and finalized FAPM via regional presentations by 10/04.	\$ Transmittal letter, attendance sheets, and agenda for briefings.		

PERMANENCY OUTCOME P1: Children have permanency and stability in their living situation

Item 5. Foster care re-entries.

GOAL: In two years, reduce the number of children re-entering foster care within 12-months from 13.1% 2002 AFCARS baseline data to 11.75%.

ACTION STEPS	BENCHMARKS TOWARD ACHIEVING GOAL	METHOD OF MEASURING IMPROVEMENT	RESPONSIBLE PARTY	DATE BENCHMARKS ACHIEVED
<p>A. Reduce incidents of foster care re-entry by identifying and addressing safety concerns and/or service needs prior to/at the time of reunification through use of the Reunification Assessment Protocol (a component of the Family Assessment and Planning Model).</p>	<ol style="list-style-type: none"> 1. Identify counties to participate in a pilot of the draft FAPM and provide training on the model to all pilot sites by 10/03. 2. Run baseline data on re-entries into foster care for each pilot county by 12/03 and monitor monthly thereafter through 3/04. 3. Conduct an evaluation on the use of the FAPM and the impact of the model on re-entries into foster care rates by 6/04. 4. Conduct statewide briefings on evaluation findings and finalized FAPM via regional presentations by 10/04. 	<ul style="list-style-type: none"> • Training completed. • Baseline and monthly data reports for each of the pilot counties. • Analytic report containing information on re-entries into foster care prior to and following pilot implementation. • Transmittal letter, attendance sheets, and agenda for briefings. 	<p>Bureau of Family Services 5 PCSAs</p>	<ol style="list-style-type: none"> 1.
<p>B. Provide county specific, focused technical assistance on foster care re-entries to four (4) PCSAs with: the highest percentage of re-entries of children into foster care; and that have the greatest adverse impact on overall statewide performance.</p>	<ol style="list-style-type: none"> 1. Based on data from DART on CPOE Outcome Indicator 7B: <i>Foster Care Re-entries</i>, prepare a county specific data report and summary on foster care reentry rates over the past 24 months for 88 counties by 7/04. 2. Conduct an analysis of the data report to identify and select four agencies with the highest percentage of foster care re-entries and that have the greatest adverse impact on overall statewide performance by 9/04. 3. Work with the four (4) agencies to: develop hypotheses or reassess their CPOE Stage V hypotheses on the agency's high foster 	<p>\$ County data report and summary on foster care re-entry rates by county.</p> <p>\$ Analytical report documenting four agency's foster care re-entry rates.</p> <p>\$ Site visit report documenting TA strategies.</p>	<p>Bureau of Family Services Bureau of Outcome Management</p>	<ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6.

ACTION STEPS	BENCHMARKS TOWARD ACHIEVING GOAL	METHOD OF MEASURING IMPROVEMENT	RESPONSIBLE PARTY	DATE BENCHMARKS ACHIEVED
	<p>care re-entry rates; and develop focused technical assistance strategies that outline county/state specific activities and timelines by 11/04.</p> <p>4. Implement focused technical assistance in each of the 4 agencies by 1/05.</p> <p>5. Analyze DART Outcome Indicator 7B data to determine if there was a 2% decrease in the four identified agency's foster care re-entry rates commencing 6/05.</p> <p>6. By 7/05, disseminate information via regional and statewide meetings to PCSA staff on the results of the TA strategies used by the four agencies to decrease their foster care re-entry rates.</p> <p>7. Based upon data from DART Outcome Indicator 7B: <i>Foster Care Re-entries</i>, prepare a county specific data report and summary on foster care re-entry rates in 2005.</p>	<p>\$ Site visit reports documenting provision of TA and its results.</p> <p>\$ Analytical report documenting level of improvement by agency's in reducing foster care re-entry rates.</p> <p>\$ State and regional meetings held.</p> <p>\$ County data report and summary on foster care re-entry rates by county.</p>		7.

PERMANENCY OUTCOME P1: Children have permanency and stability in their living situation

Item 6. *Stability of foster care placement.*

GOAL: In 2 years, increase the stability of children in foster care placements from 84.5% 2002 AFCARS baseline data to 86.4%.

ACTION STEPS	BENCHMARKS TOWARD ACHIEVING GOAL	METHOD OF MEASURING IMPROVEMENT	RESPONSIBLE PARTY	DATE BENCHMARKS ACHIEVED
<p>A. Provide county specific, focused technical assistance to four (4) PCSAs with: the highest percentage of children who have been in foster care less than 12 months who have experienced more than 2 placement moves; and that have the greatest adverse impact on overall statewide performance.</p>	<ol style="list-style-type: none"> 1. Based upon data from DART CPOE Outcome Indicators 6A: <i>Number of Moves a Child Experiences in an Out-of-Home Placement Episode</i>, 6B: <i>Number of Moves in Out-of-Home Placement by Degree of Restrictiveness</i>, and 6C: <i>Stability of Foster Care Placements</i> identify, by county, the highest percentage of children who have been in foster care less than 12 months and who have experienced more than 2 placement moves for 88 counties by 3/04. 2. Conduct an analysis of the data report to identify and select four(4) agencies with the highest percentage of children who have been in foster care less than 12 months and who have experienced more than 2 placement moves and that have the greatest adverse impact on overall statewide performance by 4/04. 3. Work with the four (4) identified agencies to: develop hypotheses or reassess their CPOE Stage V hypotheses for why the agency has a high percentage of children who have been in foster care less than 12 	<ul style="list-style-type: none"> • County data report and summary on highest percentage of children who have been in foster care less than 12 months and who have experienced more than 2 placement moves by county. • Analytical report documenting four agencies with the highest percentage of children and who have been in foster care less than 12 months who have experienced more than 2 placement moves. ▪ Report documenting TA strategies. • Site visit reports documenting 	<p>Bureau of Family Services PCSAs Bureau of Outcome Management</p>	<ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6. 7. 8.

ACTION STEPS	BENCHMARKS TOWARD ACHIEVING GOAL	METHOD OF MEASURING IMPROVEMENT	RESPONSIBLE PARTY	DATE BENCHMARKS ACHIEVED
	<p>months and who have experienced more than 2 placement moves by 5/04.</p> <p>4. Implement focused TA in each of the 4 agencies by 6/04.</p> <p>5. Analyze DART data from CPOE Outcome Indicator 6C: <i>Stability of Foster Care Placements</i> to determine if there was a .5% level of improvement in the 4 identified agencies compliance with CPOE Outcome Indicator 6C by 12/04 and quarterly thereafter.</p> <p>6. By 1/05, disseminate information via regional and statewide meetings to PCSA staff on the results of the TA strategies used by the four agencies to improve stability of foster care placements.</p> <p>7. Based upon data from DART on Outcome Indicator 2 C: <i>Stability of Foster Care Placements</i>, prepare a county specific data report and summary on compliance in 2003 for all 88 counties by 5/05.</p> <p>8. Mail the data report and summary to each county by 5/05.</p>	<p>provision of TA and its results.</p> <ul style="list-style-type: none"> • Analytical report documenting level of improvement by agency's in reducing the number of placement moves. • State and regional meetings held. • County data report and summary of stability of foster care placements by county. • Dissemination of data reports. 		
<p>B. Assist counties in determining the most appropriate placement for the child, providing support to maintain the child in that placement until the child can return home or be placed in another permanent setting:</p> <ul style="list-style-type: none"> • Develop a best practice resource manual and disseminate to PCSAs. • Coordinate a panel of presenters for workshops at PCSAO's annual Child Welfare Conference to showcase best practices. • Coordinate a panel of presenters for workshop 	<p>1. Review DART CPOE Outcome Indicator 6C: <i>Stability of Foster Care Placements</i> to identify counties which meet or exceed the national standard for stability of foster care placements by 3/04.</p> <p>2. Survey specific counties exceeding the national standard regarding model practices(e.g., model assessments, one child or sibling group per foster home, concurrent case planning, goal</p>	<ul style="list-style-type: none"> • County data report and summary of counties which meet or exceeds the national standard of stability of foster care placements. • Compile survey results. 	<p>Bureau of Outcome Management 88 PCSAs Bureau of Family Services OCWTP</p>	<p>1. 2. 3. 4. 5.</p>

ACTION STEPS	BENCHMARKS TOWARD ACHIEVING GOAL	METHOD OF MEASURING IMPROVEMENT	RESPONSIBLE PARTY	DATE BENCHMARKS ACHIEVED
<p>at ODJFS' Annual Foster and Adoption Conference to showcase best practices.</p>	<p>specific resource family recruitment, preventive and crisis intervention service models to maintain placements) by 4/04.</p> <p>3. Review model assessments and innovative agency practices of Ohio counties by 5/04.</p> <p>4. Research and review model practices of other states and national initiatives by 5/04.</p> <p>5. Prepare and disseminate best practice resource manual by 9/04.</p> <p>6. Present workshop at PCSAO's annual Child Welfare Conference by 9/04.</p> <p>7. Present workshop at ODJFS Annual Foster and Adoption Conference by 11/04.</p>	<ul style="list-style-type: none"> • Analysis of survey results of model practices which help to increase the stability of a foster care placement. • Compilation of findings from county/state/national reviews. • Best practice resource manual. • Collect and review evaluation sheets from conference participants and compile results to determine effectiveness of training. • Collect and review evaluation sheets from conference participants and compile results to determine effectiveness of training. 		<p>6.</p> <p>7.</p>
<p>C. Sponsor resource family attendance at annual conferences to help them gain information on meeting a foster child's needs.</p>	<p>1. 400 resource families will participate in training events by 3/04 and 6/04.</p>	<ul style="list-style-type: none"> • Collect and review evaluation sheets from conference participants and compile results to determine effectiveness of training. 	<p>Bureau of Family Services</p>	<p>1.</p>

ACTION STEPS	BENCHMARKS TOWARD ACHIEVING GOAL	METHOD OF MEASURING IMPROVEMENT	RESPONSIBLE PARTY	DATE BENCHMARKS ACHIEVED
D. Assist counties in the recruitment of resource families.	<ol style="list-style-type: none"> 1. Distribute materials to PCSAs for use in recruiting resource families during Foster Care Month and throughout the year by 3/04 and 3/05. 2. Develop and implement a statewide marketing campaign for foster caregivers and adoptive parents. 3. Conduct a survey on the effectiveness of materials to recruit individuals as resource families by 11/04. 	<ul style="list-style-type: none"> • Dissemination of materials. • Statewide marketing campaign. • Analyze survey results to determine effectiveness of recruitment materials. 	Bureau of Family Services	<ol style="list-style-type: none"> 1. 2. 3.

PERMANENCY OUTCOME P1: Children have permanency and stability in their living situation

Item 8. *Reunification, guardianship, or permanent placement with relatives.*

GOAL: In two years, i ncrease the percentage of timely reunifications, guardianships or permanent placements with relatives within 12 months of entry into foster care from 73.0% 2002 AFCARS baseline data to 75.4%.

ACTION STEPS	BENCHMARKS TOWARD ACHIEVING GOAL	METHOD OF MEASURING IMPROVEMENT	RESPONSIBLE PARTY	DATE BENCHMARKS ACHIEVED
<p>A. Standardize or increase the consistency of the use of concurrent case planning by PCSAs.</p>	<ol style="list-style-type: none"> 1. Propose legislation to change discretionary “supplemental planning” to “concurrent case planning” in ORC by 9/04. 2. Based on passage of legislation, revise OAC rules and implement clearance process to mandate the use of concurrent case planning (Note: A date cannot be established until legislation is enacted). 3. Provide rules briefing to counties regarding revised rules planning (Note: A date cannot be established until legislation is enacted). 4. By 12/03 request 10 days of technical assistance from the National Resource Center for Permanency Planning to assist Ohio in developing strategies on the utilization of concurrent case planning, developing a best practice guidance, and designing and implementing a statewide skill-building meeting on concurrent case planning. 5. Develop concurrent case planning best practice guidance by 4/04. 6. Provide Training of Trainer sessions to child welfare case managers on concurrent case planning by 8/04. 7. Work with OCWTP Statewide Training Coordinator to integrate concurrent 	<ul style="list-style-type: none"> • Secure a sponsor to advocate for the legislation. • Copy of testimony. • Legislative educational and advocacy meetings. • Legislation enacted. • Effective date of rule. • Briefing agenda and handouts. • National Resource Center for Permanency Planning TA is approved and dates scheduled. • Dissemination of guidance. • Training materials, agenda, and training evaluations. 	<p>Bureau of Family Services</p>	<ol style="list-style-type: none"> 1. 2. 3.

ACTION STEPS	BENCHMARKS TOWARD ACHIEVING GOAL	METHOD OF MEASURING IMPROVEMENT	RESPONSIBLE PARTY	DATE BENCHMARKS ACHIEVED
	planning guidance and training curricula into core caseworker and supervisory workshops by 1/05.			
B. Standardize the process of apprising parents of their rights by provision of a pamphlet to parents on parental rights, inclusive of involvement in case plan process, to be provided by the worker at the time of initial contact. (Refer to PIP Items 17, 18 & 25, and 20.)	<ol style="list-style-type: none"> 1. Develop and disseminate a pamphlet to parents on parental rights, inclusive of involvement in case plan process by 4/04. 2. Draft OAC rules and initiate clearance process to mandate the use of the pamphlet by 4/04. 3. Provide rules/revisions briefings to counties regarding revised rules by 10/04. 	<ul style="list-style-type: none"> • Dissemination of pamphlet. • Effective date of rule. • Briefing agenda and handouts. 	Bureau of Family Services PCSAs PCPAs	<ol style="list-style-type: none"> 1. 2. 3.
C. Participate in the OCWTP development of competencies for the early identification, assessment and involvement of kinship caregivers in the placement selection and case planning process. Refer to PIP Items 14 and 15.	<ol style="list-style-type: none"> 1. Develop competencies by 11/03. 2. Develop content in workshops based on competencies by 4/05. 	<ul style="list-style-type: none"> • Dissemination of competencies. • Provision of workshops. 	Bureau of Family Services 88 PCSAs	<ol style="list-style-type: none"> 1. 2.
D. Provide county specific, focused technical assistance (TA) to four (4) PCSAs with: the highest percentage of non-compliance in achieving reunification of a child within 12 months of removal from the home; and that have the greatest adverse impact on overall statewide performance.	<ol style="list-style-type: none"> 1. Based upon data from DART CPOE Outcome Indicator 13A: <i>Length of Time to Achieve Reunification</i> prepare a county specific data report and summary on compliance with achieving reunification within 12 months of removal from the home by 1/04. 2. Conduct an analysis of the data report to identify and select four (4) agencies with the highest percentage of non-compliance in achieving reunification of children within 12 months of removal from the home and that have the greatest adverse impact on overall statewide performance by 2/04. 3. Work with the four(4) agencies to: develop hypotheses or reassess their CPOE Stage V hypotheses for why the agency is not in compliance with achieving reunification of children within 12 months of removal from the home and develop focused TA 	<ul style="list-style-type: none"> • County data report and summary on foster care re-entry rates by county. • Analytical report documenting four counties' compliance in achieving reunification of a child within 12 months of removal from the home. • Site visit report documenting TA strategies. 	Bureau of Outcome Management Bureau of Family Services PCSAs PCPAs	<ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6. 7. 8.

ACTION STEPS	BENCHMARKS TOWARD ACHIEVING GOAL	METHOD OF MEASURING IMPROVEMENT	RESPONSIBLE PARTY	DATE BENCHMARKS ACHIEVED
	<p>strategies that outline state/county specific activities and timelines by 3/04.</p> <p>4. Implement focused TA in each of the 4 agencies by 5/04.</p> <p>5. Analyze DART Outcome Indicator 13A: <i>Length of Time to Achieve Reunification</i> to determine if there was a 3% level of improvement by the 4 identified agencies in achieving reunification of children within 12 months of removal from the home commencing 11/04 and every month thereafter.</p> <p>6. By 11/04, disseminate information via regional and statewide meetings to PCSA staff on the results of the TA strategies used by the four identified agencies in achieving reunification of children within 12 months of removal from the home.</p> <p>7. Based upon data from DART CPOE Outcome Indicator 13A: <i>Length of Time to Achieve Reunification</i>, prepare a county specific data report and summary on reunification rates in 2004 for all 88 counties by 5/05.</p> <p>8. Mail data report and summary to each county by 5/05.</p>	<ul style="list-style-type: none"> • Site visit reports documenting provision of TA and its results. • Analytical report documenting level of improvement in achieving reunification of a child within 12 months of removal from the home. • State and regional meetings held. • County data report and summary of achieving reunification of a child within 12 months of removal from the home by the agency. • Dissemination of data reports. 		
<p>E. Services are accessible to families and children during placement and post-placement. Refer to Items 5 and 36.</p>				

PERMANENCY OUTCOME P1: Children have permanency and stability in their living situation

Item 9. Adoption.

GOAL: In two years Ohio will increase the percentage rate of finalized adoptions from 28.2% 2002 AFCARS baseline data to 31.1%.

ACTION STEPS	BENCHMARKS TOWARD ACHIEVING GOAL	METHODS OF MEASURING IMPROVEMENT	RESPONSIBLE PARTY	DATE BENCHMARKS ACHIEVED
<p>A. Improve relationship with courts in order to improve case flow through courts and enhance existing policies and procedures to decrease the length of time to achieve permanent custody.</p> <ul style="list-style-type: none"> • Decrease the length of time to filing TPR cases. 	<ol style="list-style-type: none"> 1. Compile and disseminate a report of county specific analysis of length of time from initial custody to permanent custody and the barriers cited by 12/03. 2. Convene a Task Force comprised of county, state and court personnel to design TPR tracking tool which includes TPR delays, compelling reasons for not filing TPRs and other hearings that exceed the deadlines by 7/04. 3. Develop a Tracking tool for counties to document TPR delays, compelling reasons for not filing TPR in a timely manner, and other hearings that exceed the deadlines by 10/04. 4. Disseminate Tracking tool to all county agencies with instructions on how to submit the tool to ODJFS by 10/04. 5. Review and analyze the tracking tool on a quarterly basis, develop and disseminate the analysis to PCSAs and courts beginning 1/05 and quarterly thereafter to determine if the percentage rate of more timely TPRs 	<ul style="list-style-type: none"> • Adoption Performance Report. • Task Force convened. • Tracking Tool. • Dissemination of tracking tool. 	<p>Justice Services Administrator Bureau of Family Services Court Representatives Bureau of Outcome Management</p>	<ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6. 7. 8. 9.

ACTION STEPS	BENCHMARKS TOWARD ACHIEVING GOAL	METHODS OF MEASURING IMPROVEMENT	RESPONSIBLE PARTY	DATE BENCHMARKS ACHIEVED
<ul style="list-style-type: none"> • Decrease the number of appeals resulting from TPR cases. • Increase communication and nurture 	<p>increases.</p> <ol style="list-style-type: none"> 6. Bureau of Family Services will utilize data from report in #1 to determine two counties that are not filing TPR timely. Technical assistance will be provided by 12/04. 7. Meet with court judges and magistrates to explore the feasibility of implementing a continuance policy that discourages TPR delays, establishes fast tracking of TPR cases, and a draft policy that decreases the length of time court judges and magistrates issue final decisions by 12/04. 8. By 10/04 increase the percentage of children adopted who were permanently committed within 18 months of their initial custody by .25 percent over the previous year. 9. By 10/05 increase the percentage of children adopted who were permanently committed within 18 months of their initial custody by .25 percent over the previous year. <ol style="list-style-type: none"> 1. Based on data from Family Law Case Manager provide technical assistance to the 3 largest counties (See Item #27 regarding results of analysis) by 12/04. <ol style="list-style-type: none"> 1. Develop Resource Guidelines that include information defining courts' roles and 	<ul style="list-style-type: none"> • Analysis of tracking tool. Specific analysis which provides documentation of trends, issues impacting goal. Dissemination of analytical report to PCSAs. • Recommendation of judges and magistrates recorded. • DART Report indicating the percentage of children permanently committed in 18 months and the impact of this timely PCC on the CFSR goal of finalizing within 24 months. • Reports produced by Family Law Case Manager. • Site visit reports documenting provisions of TA and its results. • Resource Guidelines completed. 	<p>Justice Services Administrator Bureau of Family Services Court Representatives Bureau of Outcome Management</p> <p>Justice Services</p>	<p>1.</p>

ACTION STEPS	BENCHMARKS TOWARD ACHIEVING GOAL	METHODS OF MEASURING IMPROVEMENT	RESPONSIBLE PARTY	DATE BENCHMARKS ACHIEVED
positive relationships between county, state and court personnel in an effort to decrease adverse relationships between entities.	establishes best practices that expedite court processes by 9/05. (See Item 27) 2. Establish and disseminate best practices models to counties in conjunction with court review systems guidelines by 9/05. (See Item 27)	<ul style="list-style-type: none"> Dissemination of Best Practice Models. 	Administrator Bureau of Family Services Court Representatives Bureau of Outcome Management	1. 2.
B. Develop a best practices model for expediting permanency planning for children once an agency files a motion for permanent custody or once the court has granted an agency permanent custody.	1. Conduct survey of counties to determine method and timeframe for expediting permanency planning for children for whom agencies have permanent custody and identify best practices among counties by 2/04. 2. Analyze the information and produce a Adoption Permanency Planning Protocol and distribute to counties by 4/04. 3. Revise Ohio Administrative Code rule and implement Clearance process to mandate agencies to have a policy for expediting permanency planning for children in the permanent custody of the agency by 5/04. 4. Provide training to counties regarding revised rule by 10/04. 5. By 12/04, develop methods for monitoring compliance with new policies for CPOE Stage VI. 6. By 1/05 all counties will include the policy in their agency policies.	<ul style="list-style-type: none"> County surveys. Adoption Permanency Planning Protocol. Effective date of rule. Rules overview. CPOE Stage VI instrument. Review of policies. 	Bureau of Family Services 88 PCSAs	1. 2. 3. 4. 5. 6.
C. Prevent delays in finalized adoptions due to lack of preparation of children and families.	1. Finalize the subsidy guide that informs foster families of their rights and available supports by 12/03. 2. Place the subsidy guide on the AdoptOHIO website by 12/03. 3. By 3/04, 100% of counties will inform families	<ul style="list-style-type: none"> Subsidy guide posted on web site. 	Public and Private Agency Directors Rules Coordinator Bureau of Outcome Management	1. 2. 3.

ACTION STEPS	BENCHMARKS TOWARD ACHIEVING GOAL	METHODS OF MEASURING IMPROVEMENT	RESPONSIBLE PARTY	DATE BENCHMARKS ACHIEVED
	<p>of revised adoption subsidy guidelines available on the website.</p> <p>4. OCWTP and Institute for Human Services trainers invited to Adoption rule trainings by 10/03.</p> <p>5. Identify competencies needed to assist caseworkers in preparing prospective families and children for adoption by 3/04.</p> <p>6. By 12/03, 50% of state hearings related to adoptions are reviewed by Adoption Section to evaluate if patterns are occurring in certain regions, etc.</p> <p>7. By 3/04, provide technical assistance to 5 counties with the highest number of state hearings related to adoptions.</p>	<ul style="list-style-type: none"> • Quality Assurance Evaluations from parent surveys to determine if persons interested in adoptions used the subsidy guide on the web and how it impacted their adoption decision. • Workgroup reports from Institute for Human Services. • Competencies identified. • Internal report regarding State Hearings shared with Office of Legal Services. Internal report will be an analysis of the impact of State Hearings on length of time to adoption. • Site visit reports documenting provisions of TA and its results. 	<p>Bureau of Family Services OCWTP</p>	<p>4.</p> <p>5.</p> <p>6.</p> <p>7.</p>
<p>D. Components of supplemental case planning (concurrent case planning) processes implemented by counties will consist of viable activities to implement secondary goals of case plans.</p> <ul style="list-style-type: none"> • Define the advantages of utilizing supplemental case planning (concurrent case planning). • Define the advantages of utilizing foster to adopt placements with counties. 	<p>1. By 12/03 request 10 days of Technical Assistance from the National Resource Center for Permanency Planning to assist Ohio in determining increased efficiency and transitioning foster parents to adoptive parents and in supplemental case planning (concurrent case planning). To be conducted in tandem with Item 8.</p> <p>2. Implement recommendations developed by the National Resource Center by 7/04.</p> <p>3. By 6/05, conduct reviews in two counties, including Franklin, and one other medium sized county to evaluate the use of supplemental case planning (concurrent</p>	<ul style="list-style-type: none"> • National Resource Center for Permanency Planning is approved and dates scheduled. • Internal reports documenting progress in meeting recommendations. • Site visit reports documenting provisions of TA and its results. 	<p>Bureau of Family Services PCSAs</p>	<p>1.</p> <p>2.</p> <p>3.</p>

ACTION STEPS	BENCHMARKS TOWARD ACHIEVING GOAL	METHODS OF MEASURING IMPROVEMENT	RESPONSIBLE PARTY	DATE BENCHMARKS ACHIEVED
<ul style="list-style-type: none"> Ensure adoption case paperwork is completed expeditiously. 	<p>planning) and assure that viable activities to implement the secondary goals of the case plan are included.</p> <ol style="list-style-type: none"> By 9/03 revise OAC rule: <ol style="list-style-type: none"> To require an initial Social and Medical History form be completed prior to termination of parental rights. To require agencies to complete the Child Study Inventory 30 days after an agency receives permanent commitment or permanent surrender of children. To require agencies to use a disclosure form which documents all the preliminary placement activities prior to an adoptive placement. By 6/04 and quarterly thereafter analyze effect of rule changes by reviewing length of time between permanent custody and adoptive placement to determine if the length of time has decreased. 	<ul style="list-style-type: none"> Effective date of rules. <p>\$ Analysis of data to determine impact of rule changes on practice.</p>	<p>Bureau of Family Services PCSAs</p>	<ol style="list-style-type: none">

PERMANENCY OUTCOME P2: The continuity of family relationships and connections is preserved for children

Item 14. *Preserving connections.*

Item 15. *Relative placement.*

GOAL: Increase worker’s skills in working with families whose children are in substitute care placement so they will be able to preserve primary connections of the child while the child is in foster care placement.

ACTION STEPS	BENCHMARKS TOWARD ACHIEVING GOAL	METHOD OF MEASURING IMPROVEMENT	RESPONSIBLE PARTY	DATE BENCHMARKS ACHIEVED
<p>A. Provide training to local children services agencies to encourage workers to:</p> <ul style="list-style-type: none"> • Explore visitation and placement with non-custodial parents (particularly fathers), unless it is not in the child’s best interests. • Consider utilizing family group decision-making to engage parents and others in addressing the needs of children and allow children to remain in their own homes or be safely reunified. 	<ol style="list-style-type: none"> 1. By 7/04 request 10 days of Technical Assistance from the National Resource Center in conducting workshops on involving fathers in case planning and engaging in family group decision making. 2. Offer Training of Trainers (TOT) workshops at the Quarterly Child Welfare Managers meetings by 10/04. 	<ul style="list-style-type: none"> • Seek approval for 10 days of TA and schedule dates. • Number of caseworkers and administrators trained. • Evaluation results are tabulated. 	<p>Bureau of Family Services</p>	<ol style="list-style-type: none"> 1.
<p>B. Increase knowledge of local agency staff on the Indian Child Welfare Act (ICWA).</p> <ul style="list-style-type: none"> • Present the requirements to seek written verification of a child’s heritage and membership with a tribe prior to placement. 	<ol style="list-style-type: none"> 1. Present an overview of ICWA requirements related to the placement of Native American children at the Adoption and Foster Care Conference by 11/03. 2. Update and disseminate protocol for contacting Tribal representatives by 1/04. 3. Based upon FACSIS data identify children categorized as Native American and conduct a survey of counties where children are receiving services to determine if the identified children are American Indian as defined by ICWA and of the children verified as American Indian 	<ul style="list-style-type: none"> • One ICWA presentation has been conducted. • Dissemination of protocol to PCSAs/PCPAs. • Analytical report summarizing agency compliance with protocol. 	<p>Bureau of Family Services PCSAs PCPAs</p>	<ol style="list-style-type: none"> 1. 2. 3. 4.

ACTION STEPS	BENCHMARKS TOWARD ACHIEVING GOAL	METHOD OF MEASURING IMPROVEMENT	RESPONSIBLE PARTY	DATE BENCHMARKS ACHIEVED
	<p>determine agency's compliance with the protocol by 4/04 and yearly thereafter.</p> <p>4. Provide TA to counties that are not following the protocol by 5/04.</p>	<ul style="list-style-type: none"> Report on TA. 		
<p>C. Include in the best practice resource manual referenced under Item 6, how agencies are effectively working with non-custodial fathers and extended relatives to assure that connections are preserved.</p>	<p>1. Refer to benchmarks for the best practice resource manual under Item 6.</p>	<ul style="list-style-type: none"> Refer to the methods of measuring improvement for the resource manual under Item 6. 	<p>Bureau of Family Services 88 PCSAs</p>	<p>1.</p>
<p>D. Incorporate into CPOE case record review instrument monitoring the preservation of connections and relative placements.</p>	<p>1. Review items included in CPOE Stage 5 to determine additional items to include in the CPOE Stage VI instrument which assesses agency inclusion of information in the case plan regarding preservation of connections and exploration of placement of children with relatives by 12/04.</p> <p>2. Review data from CPOE Stage VI to determine level of inclusion of information on the case plan regarding preservation of connections and exploration of placement of children with relatives by 6/05.</p>	<ul style="list-style-type: none"> CPOE Stage VI monitoring instrument. Analytical report documenting agency inclusion of information on the case plan regarding preservation of connections and exploration of placement of children with relatives. 	<p>Bureau of Family Services</p> <p>Bureau of Outcome Management 88 PCSAs</p>	<p>1.</p> <p>2.</p>

CHILD AND FAMILY WELL-BEING OUTCOME WB1: Families have enhanced capacity to provide for their children's needs

Item 17. Needs and services of child, parent, foster parents.

Item 18. Child and family involvement in case planning.

Item 25 Process for ensuring each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions.

GOAL: In two years, increase parent, child and caregiver participation in case planning by 3%.

ACTION STEPS	BENCHMARKS TOWARD ACHIEVING GOAL	METHOD OF MEASURING IMPROVEMENT	RESPONSIBLE PARTY	DATE BENCHMARKS ACHIEVED
A. Establish a baseline for outcomes in order to measure level of improvement.	1. Conduct case record reviews in 44 counties and establish the baseline by 6/04.	\$ Information from CPOE Stage V establishing baseline on family participation in identification of service needs and case planning.	Bureau of Family Services Bureau of Outcome Management	1.
B. Strengthen workers' skills in engaging families in the case planning and case plan review processes in order to increase parent, caregiver, and child involvement in case plan development and reassessment.	1. Develop discussion guides to assist workers in engaging families in discussion of case plan activities by 6/04. 2. Make guides available to PCSA staff through Family and Children Services Manual Procedure Letter by 10/04. 3. Conduct statewide briefings via presentations at statewide and regional meetings on the purpose and use of the guides by 1/05. 4. Work with the OCWTP Statewide Training Coordinator to integrate guides into the "engagement of client" component of the OCWTP Case Planning and Family Centered Casework Core Workshop by 4/05. 5. Work with the OCWTP Statewide Training Coordinator to develop and offer refresher and skill enhancement training related to engagement of clients during the interviewing process by 5/05. 6. Evaluation of whether workshops present	\$ Discussion guides completed. • Procedure letter posted on ODJFS InnerWeb and Internet. • Attendance sheets and agendas for briefings. \$ Curriculum contains discussion guide information. \$ Workshop developed and presented on "engagement of clients". \$ Evaluation report prepared.	Bureau of Family Services Ohio Child Welfare Training Program 88 PCSAs	1. 2. 3. 4. 5. 6.

ACTION STEPS	BENCHMARKS TOWARD ACHIEVING GOAL	METHOD OF MEASURING IMPROVEMENT	RESPONSIBLE PARTY	DATE BENCHMARKS ACHIEVED
	discussion guide information by 10/05.			
C. Inform parents, children and caregivers of the concerns identified in the assessment and their right to participate in development of case plan activities to address the identified concerns.	<ol style="list-style-type: none"> 1. Develop summary tools to help the family and caregivers link safety and risk assessment concerns to case plan activities developed by 10/04. 2. Make summary tools available to PCSA staff through Family and Children Services Manual Procedure Letter by 4/05. 3. Provide briefings via presentations at regional and statewide meetings on new tools to PCSAs by 6/05. 4. Survey parents, children, foster parents and other relevant parties about their participation and involvement in case plan development to determine if there has been a 3% increase in participation by 12/05. 5. Tabulate and analyze survey results by 4/06. 	<ul style="list-style-type: none"> \$ Summary tools developed. \$ Procedure letter posted on ODJFS InnerWeb and Internet. \$ Attendance sheets and agendas from briefings. \$ Survey completed. \$ Report on survey results prepared. 	Bureau of Family Services 88 PCSAs	<ol style="list-style-type: none"> 1. 2. 3. 4. 5.
D. Revise case plan and Semiannual Administrative Review documents to be more understandable by families and caregivers (to be completed concurrently with Action Step B).	<ol style="list-style-type: none"> 1. Convene work group to complete revisions to tools by 5/04. 2. Revise case plan and SAR tools by 10/04. 3. Provide revised tools to PCSA staff through Family and Children Services Manual Transmittal letter by 4/05. 4. Provide briefings on changes to county PCSAs via presentations at regional and statewide meetings by 6/05. 5. Implement use of new tools by 7/05. 6. Survey parents, children, foster parents and other relevant parties about whether the tools (forms) are understandable and user-friendly by 12/05. 7. Tabulate and analyze survey results by 4/06. 	<ul style="list-style-type: none"> • Work group convened. • Revised case plan and SAR tools. • Attendance list, briefing agenda and handouts. • Survey results tabulated and disseminated. 	Bureau of Family Services 88 PCSAs	<ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6. 7.

CHILD AND FAMILY WELL-BEING OUTCOME WB1: Families have enhanced capacity to provide for their childrens needs

Item 20. Worker visits with parent(s).

GOAL: In two years, increase frequency of worker visits with all parties listed on the case plan by 3%.

ACTION STEPS	BENCHMARKS TOWARD ACHIEVING GOAL	METHOD OF MEASURING IMPROVEMENT	RESPONSIBLE PARTY	DATE BENCHMARKS ACHIEVED
A. Establish baseline for outcomes in order to measure level of improvement.	1. Conduct case record reviews in 15 counties and establish baseline by 2/04.	\$ Information from CPOE Stage V establishing baseline for worker visits.	Bureau of Family Services Bureau of Outcome Management 88 PCSAs	1.
B. Revise case plan rules for voluntary (no court order) cases to provide guidelines on frequency and purpose of worker visits with parent(s) and clarify expectations for visits with absent parent.	1. Revise case plan rules for clearance by 6/04. 2. Provide briefings on rule changes to PCSAs via transmittal letters and presentations at regional and statewide meetings by 9/04. 3. Work with the OCWTP Statewide Training Coordinator to integrate guidelines into the "Case management" component of the OCWTP Case Planning and Family Centered Casework Core Workshop by 12/04. 4. Work with the OCWTP Statewide Training Coordinator to develop and offer refresher and skill enhancement training related to review of case plan services as an integral component of case management by 5/05. 5. Evaluate of whether workshops present discussion guide information by 10/05. 6. Conduct case reviews during on-site CPOE process to document frequency and topics discussed during worker visits by 12/05.	\$ Effective date of rules. \$ Transmittal letter posted on ODJFS InnerWeb and Internet; attendance sheets and agendas for briefings. \$ Curricula contains information on frequency and purpose of worker visits with parents. \$ Workshop developed and presented that includes content on "review of case plan services as an integral component of case management". \$ Evaluation report prepared. \$ County data report and summary of frequency of worker visits.	Bureau of Family Services Ohio Child Welfare Training Program 88 PCSAs	1. 2. 3. 4. 5. 6.

ACTION STEPS	BENCHMARKS TOWARD ACHIEVING GOAL	METHOD OF MEASURING IMPROVEMENT	RESPONSIBLE PARTY	DATE BENCHMARKS ACHIEVED
<p>C. Develop tools to enhance worker skills in conducting outcome focused worker visits with parents, children and caregivers.</p>	<ol style="list-style-type: none"> 1. Develop discussion tools to assist workers in conducting focused discussions during worker visits with families and children by 6/04. 2. Make tools available to PCSA staff through Family and Children Services Manual Procedure Letter by 10/04. 3. Conduct statewide briefings via presentations at statewide and regional meetings on the purpose and use of the tools by 1/05. 4. Work with the OCWTP Statewide Training Coordinator to integrate tools into the Acase management component of the OCWTP Case Planning and Family Centered Casework Core Workshop by 12/04. 5. Work with the OCWTP Statewide Training Coordinator to develop and offer refresher and skill enhancement training related to conducting worker visits by 5/05. 6. Evaluation of whether workshops present discussion guide information by 10/05. 	<p>\$ Discussion tools developed.</p> <p>\$ Procedure letter posted on ODJFS InnerWeb and Internet.</p> <p>\$ Attendance sheets and agendas from briefings.</p> <p>\$ Curricula contains information addressing outcome focused worker visits with parents, children and caregivers.</p> <p>\$ Workshop developed and presented that includes content on outcome focused worker visits.</p> <p>\$ Evaluation report prepared.</p>	<p>Bureau of Family Services Ohio Child Welfare Training System 88 PCSAs</p>	<ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6.

CHILD AND FAMILY WELL-BEING OUTCOME WB2: Children receive appropriate services to meet their educational needs

Item 21. Educational needs of the child.

GOAL: Enhance the delivery of services needed to help children achieve academic success that is commensurate with their abilities.

ACTION STEPS	BENCHMARKS TOWARD ACHIEVING GOAL	METHOD OF MEASURING IMPROVEMENT	RESPONSIBLE PARTY	DATE BENCHMARKS ACHIEVED
A. Partner with the Ohio Department of Mental Retardation and Developmental Disabilities (MRDD) to assist school districts which are/would like to be Community Alternative Funding System (CAFS) providers.	1. Ohio Health Plans (ODJFS- Medicaid) to work with MR/DD to annually monitor the number of local school districts which are certified as CAFS providers by 12//04 and provide TA (as requested).	<ul style="list-style-type: none"> Number of school districts with Medicaid provider agreements. 	Ohio Health Plans and MR/DD in conjunction with the Bureau of Family Services	1.
B. Provide information to PCSAs regarding student rights and how to request development of Individualized Education Plans (IEPs).	<ol style="list-style-type: none"> Create and distribute informational packets by 8/04. Conduct a survey of PCSAs regarding use of IEPs by 7/05. 	<ul style="list-style-type: none"> Distribution of information. Utilization survey results issued. 	Bureau of Family Services in conjunction with the Public Children's Services Assn of Ohio (PCSAO) Ohio Department of Education	1. 2.
C. Work with Ohio Family and Children First to promote an integrated network of educationally-based supportive services.	<ol style="list-style-type: none"> Meet with representatives of ODMH, ODH, ODADAS, ODE and others to develop resource and data collection mapping by 12/03. Meet with representatives of ODMH, ODH, ODADAS, ODE and others to identify potential inter-systemic programming by 12/04. Distribute information to PCSAs by 3/05. 	<ul style="list-style-type: none"> <i>Healthy Youth Initiatives</i> Subcommittee's reports. Dissemination of information. 	Ohio Family and Children First in conjunction with Bureau of Family Services	1. 2. 3.
D. Monitor completion of JFS 01443, Education Services.	1. Increase the completion of JFS 01443, <i>Education and Medical Form</i> by 10%.	<ul style="list-style-type: none"> Review of CPOE reports and QIPS 2 times during the 18 month cycle. 	Bureau of Outcome Management	1.

ACTION STEPS	BENCHMARKS TOWARD ACHIEVING GOAL	METHOD OF MEASURING IMPROVEMENT	RESPONSIBLE PARTY	DATE BENCHMARKS ACHIEVED
E. Support joint initiatives by ODMH and ODE which address emotional and behavioral problems that compromise student success (See Item 36, Action Step D).			ODJFS ODMH ODE	

CHILD AND FAMILY WELL-BEING OUTCOME WB3: Children receive adequate services to meet their physical and mental health needs

Item 22. *Physical health of child.*

GOAL: Strengthen inter-system collaboration to better meet the physical health needs of children in the child welfare system.

ACTION STEPS	BENCHMARKS TOWARD ACHIEVING GOAL	METHOD OF MEASURING IMPROVEMENT	RESPONSIBLE PARTY	DATE BENCHMARKS ACHIEVED
<p>A. Clarify PCSA and PCPA responsibilities for:</p> <ul style="list-style-type: none"> • effectively assessing health care needs • coordinating the provision of appropriate services to meet health care needs • documenting services needed/provided and services needed but unable to be provided and the reasons why. 	<ol style="list-style-type: none"> 1. Review Ohio Administrative Code rules governing health care to determine whether revision is required and prepare a report regarding findings by 3/04. 2. Review Stage V CPOE reports by 7/1/04 to determine compliance with health care requirements. Agencies who are not-in-compliance with health care requirements will contain as part of their Quality Improvement Plan (QIP) action steps for addressing non-compliance. QIPs will be developed within 30 days of receipt of the CPOE final report. 3. Meet with agencies who are not-in-compliance with health care requirements 4 months after approval of the QIP and 6 months after approval of the QIP to assess progress in complying with health care requirements. 	<ul style="list-style-type: none"> • Report of OAC rule review. • CPOE Reports (case record reviews). • Private agency licensing review reports. • TA reports. 	<p>Bureau of Family Services Bureau of Outcome Management</p>	<ol style="list-style-type: none"> 1. 2. 3.
<p>B. Work with the Ohio Department of Health (ODH) to provide information to PCSAs regarding utilization of public oral health services.</p>	<ol style="list-style-type: none"> 1. By 12/03 meet with Ohio Department of Health, Bureaus of Oral Health and Family and Community-Based Services to determine current capacity of care by geographical regions. 2. Distribute information regarding availability of dental care providers to PCSAs by 6/04. 	<ul style="list-style-type: none"> • ODH utilization reports. • Information disseminated. 	<p>Bureau of Family Services Ohio Department of Health</p>	<ol style="list-style-type: none"> 1. 2.

ACTION STEPS	BENCHMARKS TOWARD ACHIEVING GOAL	METHOD OF MEASURING IMPROVEMENT	RESPONSIBLE PARTY	DATE BENCHMARKS ACHIEVED
C. Increase PCSAs' awareness of available local health care services.	<ol style="list-style-type: none"> 1. ODJFS local HealthChek coordinators will compile a listing of available local services by 9/04. 2. Distribute information to PCSAs regarding available local health care resources by 12/04. 	<ul style="list-style-type: none"> • Compilation of information. • Distribution of information. 	Bureau of Family Services Ohio Health Plans (ODJFS- Medicaid) Public Children Services Association of Ohio	<ol style="list-style-type: none"> 1. 2.

CHILD AND FAMILY WELL-BEING OUTCOME WB3: Children receive adequate services to meet their physical and mental health needs

Item 23. *Mental health of child.*

GOAL: *Enhance the accessibility of mental health services provided to children and families in the child welfare system.*

ACTION STEPS	BENCHMARKS TOWARD ACHIEVING GOAL	METHOD OF MEASURING IMPROVEMENT	RESPONSIBLE PARTY	DATE BENCHMARKS ACHIEVED
<p>A. Support Ohio Department of Mental Health’s (ODMH) efforts to increase the consistent utilization of assessment tools.</p>	<ol style="list-style-type: none"> 1. Convene initial meeting with ODMH to review research-based assessment tools (e.g., Ohio Scales) by 12/03. 2. Information regarding available, recommended assessment tools will be jointly (ODMH, ODJFS) compiled and distributed to PCSAs and local mental health providers by 6/04. 	<ul style="list-style-type: none"> • Number of inter-agency meetings. • Distribution of information on assessment tools by type and geographical location. 	<p>Ohio Department of Mental Health Office for Children and Families, Bureau of Family Services</p>	<ol style="list-style-type: none"> 1. 2.
<p>B. Provide training to therapists, caseworkers, adoptive and foster parents regarding the special behavioral health care needs of children in out-of-home care and in adoptive placements.</p>	<ol style="list-style-type: none"> 1. Include specialized, issue-specific workshops in ODJFS sponsored training and other conferences (initiating at the Adoption Conference in 11/03; on-going thereafter). 	<ul style="list-style-type: none"> • Number of workshops provided annually. • Evaluation of workshops provided. 	<p>Office for Children and Families, Bureau of Family Services</p>	<ol style="list-style-type: none"> 1.
<p>C. Promote the provision of specialized programming for children of parents who are addicted to alcohol or other drugs.</p>	<ol style="list-style-type: none"> 1. Review local board expenditures for these services by 1/04 (on-going thereafter). 2. Provide written materials and technical assistance to local providers regarding specific funding for this programming by 1/04 (on-going thereafter). 	<ul style="list-style-type: none"> • Review quarterly ODADAS 484 expenditure reports. • Distribute information packets and provide technical assistance sessions. 	<p>Office for Children and Families, Bureau of Family Services Ohio Department of Alcohol and Drug Addiction Services</p>	<ol style="list-style-type: none"> 1. 2.

ACTION STEPS	BENCHMARKS TOWARD ACHIEVING GOAL	METHOD OF MEASURING IMPROVEMENT	RESPONSIBLE PARTY	DATE BENCHMARKS ACHIEVED
D. Provide further technical assistance to PCSAs and local treatment providers regarding initiatives, best practice methods and funding resources for behavioral healthcare programming.	1. Convene initial meeting with ODMH, the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) and local advocacy groups regarding requests for information and training opportunities by 12/03 (on-going thereafter).	<ul style="list-style-type: none"> Number and type of assistance provided to local communities. 	ODJFS (Medicaid, OCF- Bureau of Family Services) ODADAS ODMH Advocacy Groups	1.
E. Identify behavioral healthcare treatment capacity, gaps in services and needs for specialized programming (See Item 36, Action Step A).				
F. Serve in an advisory capacity on program evaluation projects conducted by ODADAS and ODMH to assess the effectiveness of behavioral healthcare treatment services (See Item 36, Action Step B).				
G. Work with ODMH and Ohio Health Plans to expand the continuum of mental healthcare services (See Item 36, Action Step C).				
H. Support the partnership designed to provide assessment, intervention and treatment services within the school system (See Item 36, Action Step D).				
I. Provide training to PCSAs and treatment providers regarding issues associated with federal confidentiality laws (See Item 36, Action Step E).				
J. Work with the Public Children Services Association of Ohio(PCSAO) to improve consistency in purchasing of services among PCSAs (See Item 36, Action Step F).				

SYSTEMIC FACTOR 2: Case review system

Item 27. *Provides a process that ensures that each child in foster care under the supervision of the state has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.*

GOAL I: To increase ODJFS' ability to identify the percentage of children who have had timely hearings.

ACTION STEPS	BENCHMARKS TOWARD ACHIEVING GOAL	METHOD OF MEASURING IMPROVEMENT	RESPONSIBLE PARTY	DATE BENCHMARKS ACHIEVED
<p>A. Develop a formal process for identifying courts that consistently exceed prescribed time frames for judicial hearings (Reference Item 9).</p>	<ol style="list-style-type: none"> 1. Convene a Task Force comprised of county, state and court personnel to design TPR tracking tool which includes TPR delays, compelling reasons for not filing TPRs, and other hearings that exceed the deadlines by 7/04. 2. Develop a Tracking Tool for counties to document TPR delays, compelling reasons for not filing TPRs in a timely manner, and other hearings that exceed the deadlines by 10/04. 3. Disseminate Tracking Tool to all county agencies with instructions indicating how to submit the tool to ODJFS by 10/04. 4. By 1/04, establish formal process with Supreme Court of Ohio for county-specific court review and response prior to general distribution. 5. Prepare and disseminate quarterly data reports beginning 1/05 and quarterly thereafter. 6. Review and analyze the tracking tool on a quarterly basis, develop and disseminate the analysis to PCSAs and courts beginning 1/05 and quarterly thereafter. 	<ul style="list-style-type: none"> • Task Force convened. • Tracking Tool. • Dissemination of Tracking Tool. • Process accepted by judicial leadership; uses of reports clearly delineated and established in writing. • First quarter data reports received. • Reports disseminated to 88 courts • ODJFS & Supreme Court of Ohio are able to identify counties in which significant 	<p>Bureau of Family Services Ohio Supreme Court</p>	<ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6.

ACTION STEPS	BENCHMARKS TOWARD ACHIEVING GOAL	METHOD OF MEASURING IMPROVEMENT	RESPONSIBLE PARTY	DATE BENCHMARKS ACHIEVED
		numbers of children's hearings are not held within prescribed time frames.		

SYSTEMIC FACTOR 2: Case review system

Item 27. *Provides a process that ensures that each child in foster care under the supervision of the state has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.*

GOAL II: *To examine the efficacy of the state system of juvenile court case processing and identify ameliorative steps for correction.*

ACTION STEPS	BENCHMARKS TOWARD ACHIEVING GOAL	METHOD OF MEASURING IMPROVEMENT	RESPONSIBLE PARTY	DATE BENCHMARKS ACHIEVED
<p>A. Determine if overcrowding of court dockets is contributing to Ohio’s timeliness of reviews.</p> <p>B. Determine if comments regarding excessive continuances are a result of improper judicial practice or unrealistic expectations.</p> <p>C. Determine if comments regarding the appellate process are a result of improper judicial practice or unrealistic expectations.</p> <p>D. Identify state trends or system barriers that contribute to extended case processing.</p>	<p>1. Gain cooperation of the Supreme Court of Ohio by 2/03.</p>	<p>\$ Joint analysis of CFSR report; collaboratively develop action plan; SCO administrative commitment for collaboration</p> <p>\$ Joint development of position description and delineation of approach Family Case Manager is to take in on-site court analysis.</p>	<p>Bureau of Family Services</p> <p>Justice Services Administrator (JSA)</p> <p>Supreme Court of Ohio (SCO)</p>	<p>1. 2/03</p> <p>2. 7/03</p> <p>3. 9/03</p> <p>4.</p> <p>5.</p>
	<p>2. Post position for Family Law Case Manager by 4/03; hire by 7/03.</p>	<p>\$ Create the position of Family Law Case Manager (FLCM).</p> <p>\$ Interview and hire.</p>	<p>SCO</p>	<p>6.</p> <p>7.</p>
	<p>3. Courts are made aware of Family Law Case Manager and process of on-site analysis through written report and training events by 9/03.</p>	<p>• Dissemination of information of FLCM.</p>	<p>JSA; PCSA; SCO; courts</p>	
	<p>4. Establish formal reporting procedure for PCSAs to identify courts that consistently exceed time frames by 12/03.</p>	<p>\$ PCSAs identify any jurisdiction where there is a pattern of exceeding timeframes.</p>	<p>SCO; courts</p>	
	<p>5. SCO works with courts that self-identify interest in on-site case processing analysis commencing 12/03.</p>	<p>\$ FLCM provides on-site case flow analysis to courts that are identified.</p> <p>\$ Analysis identifies causative</p>	<p>SCO; JSA</p>	

ACTION STEPS	BENCHMARKS TOWARD ACHIEVING GOAL	METHOD OF MEASURING IMPROVEMENT	RESPONSIBLE PARTY	DATE BENCHMARKS ACHIEVED
	<p>6. Analyze causative factors and provide TA or administrative support by 1/04.</p> <p>7. By 12/05, SCO gather court data which identify courts that are routinely exceeding prescribed time frames.</p>	<p>factors; SCO provides technical assistance or administrative support to address.</p> <p>\$ Courts identify interest; FLCM begins on-site work.</p> <p>\$ FLCM works with one court per quarter to identify efficacy of case processing.</p> <p>\$ Data elements, and pre-testing sources, that are needed to make determination are identified.</p> <p>\$ Ohio selected to receive SANCA grant.</p> <p>\$ Reporting process changed to reflect new requirements.</p> <p>\$ SCO receives new reports beginning with the reporting period 1/06 – 3/06.</p>	<p>JSA; SCO; courts</p> <p>SCO; court</p> <p>SCO</p> <p>SCO; Family Services</p> <p>SCO</p> <p>SCO</p>	

ACTION STEPS	BENCHMARKS TOWARD ACHIEVING GOAL	METHOD OF MEASURING IMPROVEMENT	RESPONSIBLE PARTY	DATE BENCHMARKS ACHIEVED
	<p>3. Establish "model court(s)" intended to implement the best practice guidelines established by the National Council of Juvenile Court Judges (NCJFCJ) and American Bar Association (ABA) by 9/03.</p> <p>4. Sponsor national "Family Court Forum" in collaboration with NCJFCJ and other appropriate entities to highlight Ohio's innovative programs and initiate implementation of best practice guidelines by 10/05.</p>	<p>participate.</p> <ul style="list-style-type: none"> • Identify model court. • Establish model court. • Identify if additional courts are appropriate and willing by 2/04. <ul style="list-style-type: none"> • Participate on NCJFCJ planning committee. • Solicit co-sponsors. • Hold event. 	<p>American Bar Association</p> <p>SCO JSA</p> <p>JSA SCO NCJFCJ</p>	<p>3. First court confirmed by NCJFCJ 9/13/03 (Lucas).</p> <p>4.</p>
<p>B. To utilize SCO Advisory Committee to implement initiatives that impact on judicial systems.</p>	<p>1. Implement Guardian Ad Litem(GAL) Standards by 7/05.</p>	<ul style="list-style-type: none"> • Present proposed standards to Advisory Committee. • Advisory Committee adopts 		<p>1.</p>

ACTION STEPS	BENCHMARKS TOWARD ACHIEVING GOAL	METHOD OF MEASURING IMPROVEMENT	RESPONSIBLE PARTY	DATE BENCHMARKS ACHIEVED
		<p>and present implementation plan.</p> <ul style="list-style-type: none"> • Develop training curriculum in compliance with GAL Standards. • Offer training on statewide basis. • Implement provisions of plan. • Present new standards at Family Court Forum. 		2.
C. To increase judicial opportunities for family law education.	1. Sponsor national "Family Court Forum" in collaboration with NCJFCJ and other appropriate entities to highlight Ohio's innovative programs and initiate implementation of best practice guidelines by 10/05.	<ul style="list-style-type: none"> • Participate on NCJFCJ planning committee. • Solicit co-sponsors. • Hold event. • By 6/04 increase the number of Family Law Courses provided through the Ohio Judicial College to a minimum of 31. <ul style="list-style-type: none"> ▪ Have a representative of the Ohio Department of Job and Family Services present issues of criticality, and identify resources for technical assistance, to newly elected/appointed juvenile and probate judges. ▪ By 6/04, develop and distribute a minimum of five issues of quarterly bulletin on Family Law issues jointly developed by the Ohio Department of Job and Family Services and the Supreme Court of Ohio. At a minimum, the bulletin will be distributed to all common pleas judges, 	JSA SCO NCJFCJ	1.

ACTION STEPS	BENCHMARKS TOWARD ACHIEVING GOAL	METHOD OF MEASURING IMPROVEMENT	RESPONSIBLE PARTY	DATE BENCHMARKS ACHIEVED
		magistrates, and court administrators, and all public children services agencies.		

SYSTEMIC FACTOR 5: Service array

Item 36. The services in item 35 are accessible to families and children in all political jurisdictions covered in the state's Child and Family Services Plan.

GOAL: Enhance accessibility of local supportive services throughout the state.

ACTION STEPS	BENCHMARKS TOWARD ACHIEVING GOAL	METHOD OF MEASURING IMPROVEMENT	RESPONSIBLE PARTY	DATE BENCHMARKS ACHIEVED
A. Identify behavioral healthcare treatment capacity, gaps in services and needs for specialized programming.	<ol style="list-style-type: none"> 1. Convene initial meeting with representatives from: the Ohio Department of Mental Health(ODMH), the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) and advocacy groups regarding data to be collected by 1/04 (on-going thereafter). 2. Convene initial meeting with agency representatives to discuss trends by 7/04 (on-going thereafter). 	<ul style="list-style-type: none"> • Compilation of data collection reports by ODJFS, ODMH, ODADAS and advocacy groups. • Trend reports. 	ODMH ODADAS Advocacy groups Bureau of Family Services Public Children Services Association of Ohio	<ol style="list-style-type: none"> 1. 2.
B. Serve in an advisory capacity on program evaluation projects conducted by ODADAS and ODMH to assess the effectiveness of behavioral healthcare treatment services.	Hold reviews regarding outcome evaluation projects conducted by: <ol style="list-style-type: none"> 1. ODADAS Outcomes Initiatives Task Force by 12/03 (on-going thereafter); 2. ODMH by 6/30/04 (on-going thereafter). 	<ul style="list-style-type: none"> • ODADAS and ODMH outcome evaluations. 	Bureau of Family Services Ohio Department of Alcohol and Drug Addiction Services Ohio Department of Mental Health	<ol style="list-style-type: none"> 1. 2.
C. Work with ODMH and Ohio Health Plans to expand the continuum of mental healthcare services.	<ol style="list-style-type: none"> 1. Request federal approval for Medicaid funding change by 7/04. 2. Develop Assertive Community Treatment (ACT) and Intensive Home and Community-Based Services (IHCBS) programming (conditioned on Federal approval). 3. Upon federal approval and program development, conduct cross-systems training regarding services. (Note: A date cannot be established given dependence on federal approval) 	<ul style="list-style-type: none"> \$ Proposed Amendment to the Medicaid State Plan submitted for Federal approval. \$ Establishment of the ACT and IHCBS programs. \$ Number and location of cross-systems training sessions provided. 	Ohio Health Plans (ODJFS- Medicaid) Ohio Department of Mental Health Bureau of Family Services	<ol style="list-style-type: none"> 1. 2.

ACTION STEPS	BENCHMARKS TOWARD ACHIEVING GOAL	METHOD OF MEASURING IMPROVEMENT	RESPONSIBLE PARTY	DATE BENCHMARKS ACHIEVED
D. Support the Ohio Department of Mental Health – Ohio Department of Education partnership designed to provide assessment, intervention and treatment services within the school system.	1. OCF participates in annual statewide forums of the <i>Ohio Mental Health Network for School Success</i> .	<ul style="list-style-type: none"> • Meeting dates. 	Bureau of Family Services ODE ODMH	1.
E. Provide training to PCSAs and treatment providers regarding issues associated with federal confidentiality laws.	<ol style="list-style-type: none"> 1. Provide training sessions as requested and initiating by 4/04 (on-going thereafter). 2. Conduct evaluations to determine the effectiveness of workshops provided. 	<ul style="list-style-type: none"> • Number of sessions provided to local communities (e.g., PCSAs, ADAS/ADAMHS Boards, treatment providers). • Workshop evaluations. 	Bureau of Family Services Ohio Department of Alcohol and Drug Addiction Services Ohio Department of Mental Health	1. 2.
F. Work with the Public Children’s Services Association of Ohio (PCSAO) to improve consistency in purchasing services among PCSAs.	<ol style="list-style-type: none"> 1. Convene meetings with representatives of PCSAs to review current standards for purchasing services by 10/03. 2. Develop Standardized Levels of Care/Service Matching Tools by 3/04. 3. Agreement with consultant to test the validity/reliability of the selected matching tool is finalized by 10/04. 4. Consultant begins evaluation of the validity/reliability of the selected service matching tool by 12/05 (on-going thereafter). 	<ul style="list-style-type: none"> • Number of meetings. • Development of Service Matching Tools. • Contract finalized with consultant. • Consultant’s report. 	ODJFS- Office for Children and Families Public Children’s Services Association of Ohio	1. 2. 3. 4.
G. Encourage the establishment of multi-disciplinary teams and other collaborative models for assessments, case planning, and the monitoring of service provision to address issues which require involvement of multiple agencies (e.g. domestic violence, mental health, substance abuse, mental retardation/developmental disabilities)	<ol style="list-style-type: none"> 1. The following multi-disciplinary training has been provided for a minimum of 40 caseworkers and police officers: <ol style="list-style-type: none"> a. Forensic Interviewing <ul style="list-style-type: none"> ▪ By 1/04 for 14 Northeastern Ohio counties. ▪ By 6/05 for 10 Southeastern Ohio counties b. Team Investigation Techniques by 4/04 for 14 Northeastern Ohio counties. c. Investigation of Internet Crimes Against Children by 5/04 for 10 Southeastern Ohio counties. 	<ul style="list-style-type: none"> • Number of Multi-disciplinary training offered and number of individuals trained. • Training evaluations completed by participants. • The establishment of certified multi-disciplinary Child Advocacy Centers that provide comprehensive, child-focused assessment and treatment. • The establishment of two additional Family Drug Courts in 	Bureau of Family Services Ohio Network of Child Advocacy Centers	1. 2. 3. 4.

ACTION STEPS	BENCHMARKS TOWARD ACHIEVING GOAL	METHOD OF MEASURING IMPROVEMENT	RESPONSIBLE PARTY	DATE BENCHMARKS ACHIEVED
	<ul style="list-style-type: none"> d. Domestic Violence by 6/04 for 16 Northwestern Ohio counties. 2. The Ohio Network of Child Advocacy Centers has accomplished the following deliverables pursuant to its contract with the Department: <ul style="list-style-type: none"> a. Develop and disseminate technical assistance materials for communities interested in establishing a child advocacy center by 6/04. b. A minimum of two programs become associate members of the National Children's Alliance by 6/04 and two more by 6/05. c. One community has been assisted in initiating the planning stage by June 2004 and another one by 6/05. d. One member moves from associate to full membership status with the National Children's Alliance by June 2004 and another one by 6/05. 3. The state team promoting the Family Drug Court concept (representatives from ODJFS, the Judicial Conference, the Ohio Supreme Court, and ODADAS) have made available videos and other information to counties to market the concept of Family Drug Courts throughout the state by 6/04. 4. The establishment of two additional Family Drug Courts in the state by 6/05. 	the state.		
H. Through partnership with MR/DD, provide assistance to school districts desiring to become Community Alternative Funding System providers (See Item 21, Action Step A).				
I. Work with the ODH to provide information to PCSAs regarding the utilization of public dental health services (See Item 22, Action Step D).				
J. Provide further training to therapists, caseworkers, adoptive and foster parents regarding the special				

ACTION STEPS	BENCHMARKS TOWARD ACHIEVING GOAL	METHOD OF MEASURING IMPROVEMENT	RESPONSIBLE PARTY	DATE BENCHMARKS ACHIEVED
behavioral health care needs of children in out-of-home care and in adoptive settings (See Item 23, Action Step B).				
K. Promote the provision of specialized programming for children of parents who are addicted to alcohol or other drugs (See Item 23, Action Step C).				

SYSTEMIC FACTOR 7: Foster and adoptive parent licensing, recruitment, and retention

Item 44. *The state has in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed.*

GOAL: Increase the number of African-American families applying and being approved for adoption by 5% once the FACSIS data has been determined to be accurate.

ACTION STEPS	BENCHMARKS TOWARD ACHIEVING GOAL	METHOD OF MEASURING IMPROVEMENT	RESPONSIBLE PARTY	DATE BENCHMARKS ACHIEVED
<p>A. Implement procedures to better assure FACSIS information regarding resource families is accurate and up-to-date.</p>	<ol style="list-style-type: none"> 1. Compile a statewide list of all open families (families who have been registered as having applied for adoption) in FACSIS relative to each county agency by 1/04. 2. Distribute respective lists with each county agency for verification by 3/04. 3. Provide technical assistance to counties regarding updating FACSIS information by 12/04. 4. Decrease the inactive and outdated familial information on file with FACSIS by 50% by 12/04. 5. Provide quarterly report to agencies with missing demographic data (especially race) and track the entry of new data by 6/04. 6. 50% of adoptive family data in FACSIS will have complete information regarding race by 12/04. 7. Incorporate findings, data and instructions regarding accurate data in to Bureau of Automated Systems FACSIS Training for counties by 6/05. 8. 50% of families in FACSIS longer than two years will have an indication of an updated homestudy completed or an indication of placement activity having 	<ul style="list-style-type: none"> • FACSIS Reports on families registered by counties completed. • Distribution of reports to public and private agencies. • Site visit reports on technical assistance and results. • Analyze the improvement in data of open adoptive families as compared to initial baseline report in (A) (#1) • Analysis of quarterly reports to determine if the number of complete codes are increasing and if the number of African-American families registered is increasing. • Analysis of quarterly reports to determine if the accurate data demonstrates an increase in active African-American families. 	<p>Bureau of Family Services Bureau of Outcome Management 88 PCSAs</p> <p>Bureau of Automated Systems Bureau of Family Services (Benchmark 5 only)</p>	<ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6. 7. 8.

ACTION STEPS	BENCHMARKS TOWARD ACHIEVING GOAL	METHOD OF MEASURING IMPROVEMENT	RESPONSIBLE PARTY	DATE BENCHMARKS ACHIEVED
	occurred by 3/05.			
<p>B. Provide market analysis to county agencies to be used to drive agency efforts to recruit minority applicants.</p>	<ol style="list-style-type: none"> 1. Contract with Quality Assurance Vendor to begin conducting market analysis by 4/04. 2. Compile market analysis information by 6/04. 3. Establish statistical benchmarks per county, and statewide relative to recruiting minority families by 6/04. 4. Share market analysis and benchmarks with county partners by 8/04. 5. Provide technical assistance to enhance counties' abilities to use data to drive recruitment efforts by 10/04. 	<ul style="list-style-type: none"> • Contract with Quality Assurance vendor is in effect. • Market analysis is completed. • Analysis of county benchmarks established for recruitment. • Review and analysis of statewide data on the number of minority applicants and those with approved studies, by county and statewide, on a semiannual basis. • Share benchmarks with counties and obtain and document reactions towards achievement of the benchmark. • Site visits, technical assistance group meetings, reports and document ongoing results to determine the increase in the number of African-American families who apply for adoption. 	<p>Bureau of Family Services Bureau of Outcome Management 88 PCSAs</p>	<ol style="list-style-type: none"> 1. 2. 3. 4. 5.

ACTION STEPS	BENCHMARKS TOWARD ACHIEVING GOAL	METHOD OF MEASURING IMPROVEMENT	RESPONSIBLE PARTY	DATE BENCHMARKS ACHIEVED
C. Require each adoption agency to implement a Comprehensive Recruitment plan that includes community partnership efforts, use of market analysis information, and cultural competence training for staff.	<ol style="list-style-type: none"> 1. Require counties to indicate all of their diligent recruitment efforts that are focused on developing a pool of families reflective of the diversity in the children's population in their MEPA Compliance Self-Assessment Report beginning 4/04. 2. If necessary, incorporate new requirements of the Comprehensive Recruitment Plan in OAC rule 5101:2-48-05 by 2/05. 3. Provide technical assistance to counties on the MEPA Compliance Self-Assessment Report, specifically as it relates to the documentation of diligent recruitment by 7/05. 	<ul style="list-style-type: none"> • Submission of MEPA Self-Assessment Reports. • Clearance of rule, extent of comments, effective date of rule. • Site visits results of technical assistance and reports of results of group meetings on technical assistance. 	Bureau of Family Services 88 PCSAs	<ol style="list-style-type: none"> 1. 2. 3.
D. Assist counties to create self-sustaining recruitment and retention activities.	<ol style="list-style-type: none"> 1. Allocate 100% of Adoption 2002 Incentive funds for recruitment and retention programs beginning 9/03. 2. Evaluate the programming regarding the impact on the diverse pools of families waiting for children and expect the 5 largest counties to be engaged in either establishing new or improving previous self-sustaining recruitment and retention activities. 3. Based on evaluation, merge results with activities specified in Action Step E. 	<ul style="list-style-type: none"> • Agency Outcome Reports which detail use of funds, including the outcomes and evaluative components to determine if an increase in recruitment and retention of African-American families occurred. • Analysis of the programs that agencies have developed and their impact on the recruitment and retention of African-American families. 	Bureau of Family Services Bureau of Outcome Management 88 PCSAs	<ol style="list-style-type: none"> 1. 2. 3.

ACTION STEPS	BENCHMARKS TOWARD ACHIEVING GOAL	METHOD OF MEASURING IMPROVEMENT	RESPONSIBLE PARTY	DATE BENCHMARKS ACHIEVED
<p>E. Identify and promote best practices; examine policies and requirements; and identify ways of removing barriers for African-Americans completing the home study process.</p>	<ol style="list-style-type: none"> 1. Reconvene Apeer based@ recruitment advisory group by 11/03 and quarterly thereafter. 2. Compile a Best Practice in Recruitment Document and develop a training to provide to agencies and post to web by 11/04. 3. Conduct a recruitment of minority families track at the Adoption and Foster Care conference by 11/03 and 11/04. 4. Amend OAC rule 5101:2-48-05 if necessary to ensure that state recruitment policy does not impede identified best practices in promoting effective techniques in recruiting minority families by 2/05. 5. Provide training on rules subsequent to their effective date by 5/05. 	<ul style="list-style-type: none"> • Quarterly meeting attendance sheets and staff representation of public and private agencies and meeting notes. • Best Practices Book completed and training completed with evaluations that determine openness to practice change. • Recruitment track conducted and evaluations to indicate the training's impact on practice. • Effective date of rule. • Overview of rules completed and assessment of the rule changes on practice 	<p>Bureau of Family Services 88 PCSAs</p>	<ol style="list-style-type: none"> 1. 2. 3. 4. 5.
<p>F. Develop the capacity of mental health providers that will understand adoption issues and provide support to finalized adoptive families which will encouraged African American adoptive families to refer others to become foster/adoptive families.</p>	<ol style="list-style-type: none"> 1. Convene training for central Ohio mental health professionals who counsel adoptive families after finalization during the annual Adoption/Foster Care Conference in 11/03 and 11/04. 2. Convene quarterly regional training for mental health professionals who counsel adoptive families after finalization beginning in 5/04. 	<ul style="list-style-type: none"> • Mental Health Institutes conducted; through evaluations assess level of knowledge, pre and post training of mental health professionals. • Parent survey to determine impact that quality of provision of mental health services has on increasing the number of African American families who apply to adopt. 	<p>Bureau of Family Services 88 PCSAs</p>	<ol style="list-style-type: none"> 1. 2.