

Child and Family Services Review
Round 3
Ohio Program Improvement Plan
Revised



Department of
Job and Family Services

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I. Child Welfare Services in Ohio

Vision

Ohio’s children, youth and vulnerable adults have a safe and permanent family that nurtures and promotes their overall well-being.

Mission

Through partnership with public and private agencies, we support the delivery of services to improve outcomes that promote safety and well-being.

Child welfare services in Ohio are delivered in a state-supervised, county-administered environment. The Ohio Department of Job and Family Services (ODJFS) is the designated state agency responsible for overseeing the operation of 88 county public children services agencies. Within ODJFS, the Office of Families and Children (OFC) is the designated work unit responsible for state level development of child welfare policies and procedures and oversight of children services programs.

County commissioners are responsible, under Ohio Revised Code (ORC) Section 307.981, for determining the administrative structure in which child welfare services are provided. Within a given county, child welfare services can be provided: (1) by a stand-alone agency in the county (Public Children Services Agency); (2) as part of the county department of job and family services (also known as a double combined agency); (3) as part of a county agency which includes the county department of job and family services and child support enforcement (triple combined agency); (4) as part of a county agency which includes the county department of job and family services and OhioMeansJobs (triple combined agency) ; or (5) as part of a quadruple combined agency which includes the county department of job and family services, child support enforcement, and OhioMeansJobs. The following [exhibit] presents a breakdown of the number of agencies representing the various structures for provision of child welfare services.

County Child Welfare Service Delivery Structure				
Stand-Alone Public Children Services Agency	Double Combined Agency <i>(County Department of Job and Family Services and Public Children Services Agency)</i>	Triple - Combined Agency <i>(County Department of Job and Family Services, Public Children Services Agency, Child Support Enforcement)</i>	Triple -Combined Agency <i>(County Department of Job and Family Services, Public Children Services Agency, OhioMeansJobs)</i>	Quadruple Combine Agency <i>(County Department of Job and Family Services, Public Children Services Agency, Child Support Enforcement, OhioMeansJobs)</i>
24	4	9	5	41

Under the provisions of ORC Section 329.40, two counties entered into written agreements to form a joint county department of job and family services and three counties established a joint county department of job and family services.

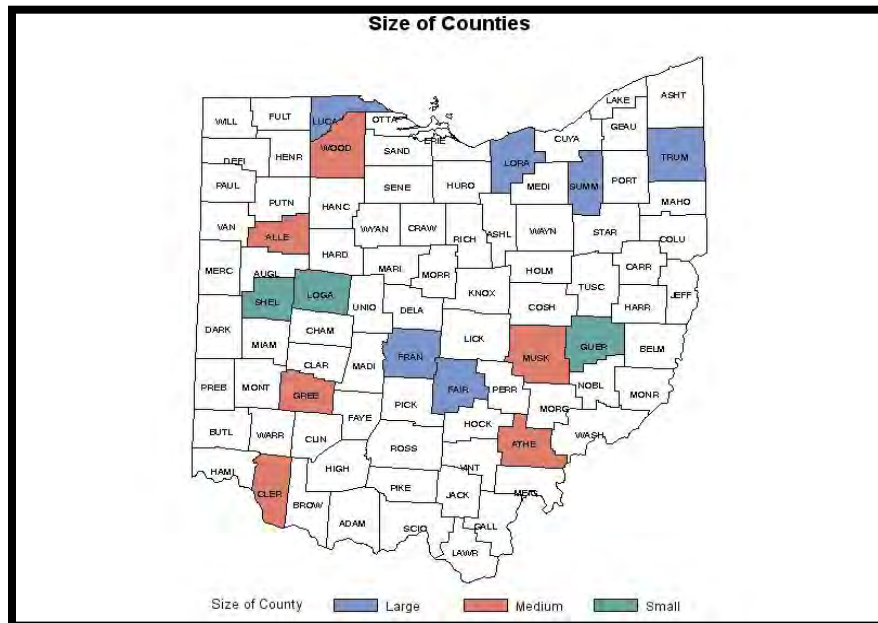
II. Round 3 of the Child and Family Services Review

Background

As a state supervised, county administered structure, Ohio chose to conduct its own Round 3 Child and Family Services Review (CFSR). The decision to conduct the review, was based on multiple factors, including wanting the results to: be based on a statistically valid sample consistent with the state case mix ratio and it could serve as the baseline where improvement would be measured in the same counties reviewed during the CFSR.

ODJFS selected a representation of counties for review that: reflected the wide range of demographics and county population sizes; contained a mixture of high and low poverty communities; were located in the Appalachian Region; included a title IV-E Juvenile Court; and participated in Ohio's IV-E Waiver Demonstration project (ProtectOhio).

The following counties were selected to be included in Ohio's review: Allen, Athens, Clermont, Fairfield, Franklin, Greene, Guernsey, Logan, Lorain, Lucas, Muskingum, Shelby, Summit, Trumbull, and Wood. The following graph depicts the size of these counties.



ODJFS, OFC has five technical assistance regions throughout the state and the review sample included three counties from each of these regions, ensuring a diverse and equitable geographic spread of counties.

In addition to partnering with the selected counties, counties within and outside the review sites were afforded the opportunity to partner with state staff to review cases and participate in case interviews. Both state and county staff received in-person training and were required to complete the *CFSR Online Training for States* as well as the certification exam at the end of the online training.

Based upon Ohio’s sampling methodology, the number of cases identified for each jurisdiction for review is presented below:

County	Total In-Home Cases	Total Foster Care Cases	Total Cases to be Reviewed
Allen	8	2	10
Athens	2	2	4
Clermont	2	5	7
Fairfield	8	4	12
Franklin	19	14	33
Greene	5	3	8
Guernsey	1	1	2
Logan	2	1	3
Lorain	8	3	11
Lucas	11	12	23
Muskingum	4	2	6
Shelby	1	1	2
Summit	17	16	33
Trumbull	4	4	8
Wood	1	1	2

Prior to the onset of the review a decision was made that focus of the PIP would center on the 15 CFSR counties and roll out of effective strategies throughout the state would occur after the PIP period. When statewide rollout begins, agencies will be paired with “like size counties” who can serve as a mentor.

CFSR Review Findings

The Final Report for Ohio’s Round 3 Child and Family Services Review was issued by the U.S. Department of Health and Human Services, Administration for Children and Families (HHS) on March 15, 2018. Findings from the review indicated Ohio was not in substantial conformity with any of the seven Safety, Permanency, and Well-Being Outcomes. Ohio also was not in substantial conformity with the following Systemic Factors:

- Case Review System (Permanency Hearings, Notice of Hearing and Reviews to Caregivers)
- Service Array and Resource Development (Array of Services, Individualizing Services)
- Foster and Adoptive Parent Licensing, Recruitment, and Retention (Criminal Background Check, State Use of Cross Jurisdictional Resources for Permanent Placements)

III. Response to CFSR Findings

Developing the CFSR Program Improvement Plan

Prior to release of the CFSR Round 3 Final Report, ODJFS, OFC, and the 15 CFSR counties reviewed CFSR findings and discussed the concerns that arose from the case reviews in preparation for program improvement planning.

Upon receipt of the Final Report, the PIP Planning Committee was re-convened to review strengths and areas of concern. The PIP Planning Committee was comprised of staff from: the participating 15 CFSR counties; ODJFS, OFC; the Supreme Court of Ohio (SCO); and the Ohio Child Welfare Training Program. Additionally, staff from ODJFS, OFC met with staff from the Ohio Department of Education (ODE), the Ohio Department of Health (ODH), the Ohio Department of Medicaid (ODM), the Ohio Department of Mental Health and Addiction Services (ODMAS), and the Ohio Department of Youth Services (ODYS) to review service concerns noted in the Final Report.

The PIP Planning Committee and state agency partners engaged in a process of understanding the causes of the identified problems so that strategies could be developed to address those problems. Based upon review of CFSR data, SACWIS data, the state's quality review data, and information obtained from focus groups established to evaluate Ohio's Comprehensive Assessment and Planning Model-Interim Solution (CAPMIS), a PIP was developed and submitted to HHS in June 2018.

Children's Bureau (CB) staff noted that although the plan was moving in the right direction, there was insufficient analyses of the root causes of identified problems. In response to those comments, Ohio worked with a consultant, recommended by CB staff, to assist with data collection and analysis. With the assistance of Jackie Smollar from the Capacity Building Center for States, the state conducted more in-depth analyses of SACWIS data, re-convened the PIP Planning Committee to identify potential concerns and causal factors, and implemented surveys of caseworkers, supervisors, and administrators in CFSR counties to further clarify possible root causes. Completed Surveys were received from the following individuals:

- Intake/assessment caseworkers – 187
- Ongoing (in home and out-of-home) caseworkers – 248
- One-caseworker model (both intake and ongoing) – 57
- Intake/assessment supervisors – 49
- Ongoing supervisors – 69
- Ongoing plus intake supervisors – 28
- Agency administrators – 30

In addition, the state's Court Improvement Program conducted a survey of attorneys and court personnel to identify court-related factors that may have an impact on outcomes for children and families in the child welfare system, particularly the timeliness of permanency. Completed Surveys were received from the following individuals:

- Court Administrators – 4
- Judges – 5
- Specialized Docket Member – 5
- Other Court Staff – 7
- Clerk – 8
- Magistrate – 11
- GAL/CASA – 15
- Defense Attorney – 16
- Prosecutor – 18
- Child Welfare Agency Attorney – 26
- Other – 30

The comprehensive data collection process resulted in identification of potential root causes for key practice concerns. Based on this information, the PIP Planning Committee met to review the primary casual themes that emerged from the root cause analysis and identify possible intervention strategies. When identifying possible strategies, it was determined there would be: (1) common strategies employed by all counties to address key practice concerns noted in the root cause analysis; and (2) county specific strategies to address CFSR items needing improvement. County specific strategies included: Ohio Accelerated Safety Analysis Protocol; Case Specific Consultation; Family Team Meetings; Family Group Decision Making; Motivational Interviewing; Ohio START; Thirty Days to Family Program; and Youth Centered Permanency Roundtables. If a county determined the above strategies were insufficient to improve performance, agencies could design a custom strategy.

While reflecting on their CFSR results and current data on the items, agencies used a uniform approach in selecting their strategy. This approach required them to use Figure 1 and evaluate each strategy on two dimensions - ease of implementation and impact on performance. If an agency determined a strategy was very easy to implement and would have a substantial impact on performance, the county circled the number 1 on Figure 1. On the other hand, if an agency determined a strategy was very difficult to implement and would have minimal impact on performance, they circled the number 9. After all ratings were established for each strategy, the agency selected the strategy with the lowest number, thereby committing themselves to implement the strategy.

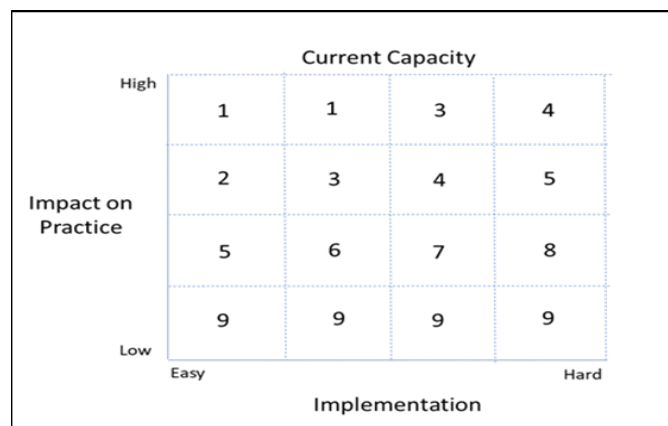


Figure 1

Key Findings of the Root Cause Analysis

The root cause analyses served as the foundation for identifying Goals, Strategies and Action Steps. This section summarizes the findings of Ohio's root-cause analysis process for Safety, Permanency and Well-Being Outcomes and Services and Case Review Systemic Factors.

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

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

CFSR findings for Safety Outcomes identified inconsistent practice pertaining to: (1) timeliness of initiation of assessments/investigations, particularly ensuring that all children in the family are seen face-to-face in a timely manner; (2) conducting accurate and adequate initial and ongoing safety and risk assessments; and (3) providing services to maintain children safely in their own homes.

Timeliness of initiation of assessment investigation: Results of an analysis of CFSR data indicated that six of 15 CFSR counties-initiated investigations in a timely manner, while the remaining nine counties did not. Survey respondents reported that inability to meet initiation timelines was primarily due to difficulty locating the family and/or all the children and time-management issues (due to caseload size). Comments suggested there were times when the number of reports requiring response exceeded the capacity of staff to respond in a timely manner.

Accurate and adequate risk and safety assessments and services to maintain children safely in their own homes: The CFSR findings pertaining to risk and safety assessments and services to maintain children in their own homes encompassed three concerns: whether safety and risk assessments are comprehensive, accurate and identify key service needs, whether there are services available to address those needs, and whether cases are being closed when risk and safety factors have not been adequately addressed.

When examining the adequacy and accuracy of family assessments, data from SACWIS indicated that in many cases, the number of times children and families are seen during the investigation/assessment process may not be sufficient to ensure development of comprehensive and accurate risk assessments. Data from January 1, 2018 to August 31, 2018 indicated that, for the CFSR counties, the median number of visits with the alleged child victim or child subject of the review had a range of 1-2, and the median number of total visits with the family was 2-4. Focus group information and comments from stakeholders suggested that the short time frame for completing the family assessment limits the number of contacts with children and families, particularly when family members are difficult to locate or there are time limitations regarding when the family can be seen. A concern was also noted that available staff to conduct assessments may not be sufficient, particularly when high numbers of reports are received at the same time.

Focus group information and comments from stakeholders and survey respondents indicated that the safety assessment tool in CAPMIS generally is not completed until after a decision about safety

has been made and it is burdensome to caseworkers because they have already made the safety decision. Stakeholders reported that the safety assessment tool is brief, and most caseworkers have it memorized so they can assess safety quickly in the field.

Safety Plans are used as a tool to prevent removal of children from the home. Ohio policy requires that a Safety Plan be developed if there are safety issues to address in the home. Analysis of CY 2017 SACWIS data for the 15 CFSR counties indicated that a small percentage of child abuse and neglect reports that were investigated/assessed (7 percent) resulted in the development of a Safety Plan.

A practice concern was raised about whether cases were being closed without risk factors being adequately addressed. An analysis of CY 2017 cases that closed at the intake/investigation stage found that in the 15 CFSR counties, many cases were closed (i.e., not transferred to ongoing) following the assessment/investigation stage even though the risk assessment indicated a "high risk". Further analysis of the data revealed that of the cases closed when the risk level was "high", 47 percent re-opened within 365 days of case closure.

Additional analyses of the data also found that 43 percent of cases from the 15 CFSR counties with a risk contributor of Substance Abuse were transferred for ongoing services. When Domestic Relations (Domestic Violence) was identified as a "Risk Contributor", 29 percent of the cases were transferred to ongoing for services. CFSR county percentages reflected Statewide percentages. Survey findings for caseworkers and supervisors indicated talking to victims and batterers about Domestic Violence was difficult and supervisors felt caseworkers had a difficult time talking to parents about Substance abuse.

Focus group participants, PIP Committee members, and survey respondents reported that the major determinants for the decision to transfer a case to ongoing pertained to the family's willingness to engage in a voluntary case with the agency, high or intensive Risk Assessment findings, and the strength of evidence for the prosecutor. Fifty-two percent of survey respondents indicated that the decision to transfer or not transfer a case is usually made by the caseworker's supervisor, even when there was a contradiction between the risk assessment and the decision to close. Only 19 percent of respondents indicated that a decision-making group made the decision on whether to transfer a case to ongoing services when the level of risk assessment and the decision do not correspond.

Services to maintain children safely in their own homes: Examination of service availability revealed that at least 25 percent of survey respondents indicated that specialized services (e.g., domestic violence services for batterers, mental health services for parents and children, substance abuse treatment services for parents and children, transportation) were usually or always difficult to access or were not available in the community, although "not available" was rarely noted. Respondent comments in the surveys and focus group participants indicated that even when services were available, there were often long waitlists for services and the quality of the service was deficient.

In summary, the primary causal themes that emerged from exploration of the concerns related to CFSR Safety Outcomes 1 and 2 are as follows:

- **Workload burden:** Workload burden underlies inconsistencies in timeliness of investigations and comprehensiveness of risk assessments and creates burnout.
- **Caseworker efficacy:** Caseworkers' experience of difficulties in talking to families about key risk concerns may contribute to inadequate risk assessments and/or needed services for families are not always available in the community.
- **Lack of group decision-making process and clear criteria for case closure:** Having only one person responsible for the decision to close a case or transfer it to ongoing services, even when there is a contradiction between the decision and the risk assessment findings, may contribute to premature case closure and possibly maltreatment recurrence.

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

CFSR results for Permanency Outcome 1 identified concerns regarding achievement of permanency in a timely manner.

Timeliness to Permanency: Analysis of Ohio's data from the Adoption and Foster Care Analysis and Reporting System (AFCARS) indicated that the state exceeded established National Standards on indicators assessing permanency in 12 months for children entering foster care, permanency in 12 months for children in foster care 12-23 months, and permanency in 12 months for children in foster care 24 months or more. Although national standards for timely permanency were met, CFRS case reviews found inconsistencies across cases regarding achieving permanency in a timely manner. In addition, according to an analysis of SACWIS data, in CY 2018, for children who exited custody, the median number of days to reunification was 230, the median days to adoption finalization was 917, the median days from permanent custody to adoption finalization was 331, and the median number of days from custody entry to permanent custody was 549.

Focus group participants, PIP Committee members, and child welfare survey respondents identified court-related factors as some of the reasons for delays in achieving permanency. These factors included the following:

- Continuances granted for hearings, often due to failure to serve parties, parties not showing up for hearings, families requesting legal representation at the hearing, and attorneys not being able to attend because of scheduling conflicts.
- Extensive time frames for scheduling permanent custody hearings.
- There is a current Ohio Supreme Court Time Standard of nine months between the motion for permanent custody and the journalized court order. This likely contributes to delays in permanency for some children.

Court survey respondents indicated that the most prevalent reasons for continuances were: service was not perfected on a party (70%), parent requested representation at hearing (47%), and attorney had a trial or hearing in another court (30%). Respondents to the court survey noted the top three reasons given for delays in PC hearings were: finding time on the docket (33%), service on a party (31%), and scheduling all parties for the hearing (31%).

Other factors noted as reasons for permanency delays were provided by CFSR agencies in their self-assessments. These factors included:

- Delays in accessing services (e.g., in-patient or out-patient substance abuse services) due to both wait-lists and parents not beginning services in a timely manner.
- Child's behavioral health needs requiring lengthy treatment.

In summary, the primary causal themes that emerged from the exploration of the concerns related to CFSR Permanency Outcome 1 are as follows.

- **Continuances and delays in scheduling key court hearings.** For the most part, court decisions are necessary for moving forward with permanency. When there are continuances granted in court hearings or delays in scheduling critical hearings, permanency can be delayed for several months.
- **Availability of needed services and families' willingness to participate in services.** When either services are not accessible, or families refuse to participate in services permanency can be delayed.

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

CFSR findings for Permanency Outcome 2 found that most counties had a high level of performance for items 7-11. Some individual county performance in one or more items impacted overall CFSR performance.

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

Well-Being Outcome 1 concerns identified in the CFSR case reviews pertained to inconsistencies in case practice regarding: (1) comprehensive assessments of parents, children, and family members and the provision of appropriate services; (2) parents' involvement in case planning; and (3) frequency and quality of contacts between caseworkers and parents and caseworkers and children.

Comprehensive assessments of parents, children, and family members and the provision of appropriate services: CFSR findings indicated inconsistent assessments of parents (and other relevant family members living in the family home) and provision of appropriate services. While this was sometimes an issue for assessments of children, it was less frequently a problem than assessments of needs and service provision for parents.

One issue explored to further understand this area of concern was the level of comfort caseworkers experience when talking to parents and children about specific topics. The decision to explore this area was based on the belief that caseworkers may not be conducting adequate assessments because they are not comfortable discussing sensitive topics with parents and children. Survey results indicate that at least 25 percent of caseworkers themselves or supervisors, reporting about the caseworkers they supervise, identified the following activities being either very difficult or somewhat difficult for them.

Percent Reporting Activities Very Difficult or Somewhat Difficult to Engage In						
Activity	Intake/ Assessment Caseworkers	Ongoing Caseworkers	Intake and Ongoing Caseworkers	Intake Supervisors	Ongoing Supervisors	Intake and Ongoing Supervisors
Talking to young children (age 3-5) about sexual abuse	-	-	58%	-	-	72%
Talking to 6-12-year-old children about sexual abuse	37%	56%	-	63%	81%	-
Talking to domestic violence perpetrators	-	-	50%	-	-	65%
Talking to young children (age 3-5) about physical abuse or neglect	-	-	43%	-	-	65%
Talking to adolescents about sexual abuse	43%	29%	-	55%	81%	-
Talking to children about parent's substance abuse	-	-	30%	-	-	55%
Talking to victims about domestic violence	-	-	30%	-	-	52%
Talking to children when there has been domestic violence in the family	-	-	27%	-	-	55%
Conducting home visits when domestic violence has been reported	-	-	30%	-	-	58%
Talking to children ages 6-12 about physical abuse and neglect	-	-	-	27%	43%	-
Talking to adolescents about physical abuse and neglect	-	-	-	-	-	35%
Talking to parents about substance abuse	-	-	-	-	-	35%
Talking to parents about their own history of trauma	-	-	-	50%	65%	-
Assessing the safety and well-being of infants or toddlers who are pre-verbal	-	-	-	-	-	55%

Fifty percent of caseworkers reporting having difficulty talking to perpetrators of domestic violence and 65% of supervisors felt their caseworkers had difficulty with this. Thirty percent of caseworkers reported having difficulty talking to victims of domestic violence, 52% of supervisors reported that caseworkers have difficulty talking to victims of domestic violence. Twenty-seven percent of caseworkers reported difficulty when talking to children about domestic violence in the family and 58% of supervisors felt that their caseworkers have difficulty with this. Thirty percent of caseworkers reported having difficulty talking to children about their parent's substance abuse and 55% of supervisors reported that their caseworkers had difficulty with this. This occurred despite their reporting that they received training in those areas as well as in general interviewing skills. In addition, close to 80 percent of survey respondents indicated that they would benefit from additional training in these areas as well as in motivational interviewing.

Another area explored that pertained to concerns about adequacy of assessments was the issue of key barriers to working with families. Survey results indicate that caseworkers, supervisors, and administrators believed that the severity/complexity of family problems is a considerable barrier to working with families (70% caseworkers, 95% supervisors, 100% administrators). The severity/complexity of family problems may affect not only the ability to assess needs, but also the ability to provide appropriate services. For example, families may have both substance abuse and mental health concerns for children as well as parents, and caseworkers may not be clear on how to address all the issues at the same time. Along with challenges surrounding working with specific populations, respondents noted that in some communities there was a lack of available community services for dual diagnosed children and parents.

Engagement of parents and children in case planning and caseworker contacts with parents and children: The second and third concerns noted under Well-Being Outcome 1 were that parents and children were not consistently engaged in case planning and caseworker contacts with parents and children were not of sufficient frequency and quality to achieve case plan objectives. Focus group participants and some PIP Committee members indicated that caseworkers may not be clear about what constitutes a quality contact with a parent or child and/or how to appropriately record the quality aspects of their contacts in the contact log for the case.

One issue that pertained to both concerns was variation in caseworker practice regarding individuals who should be involved in case planning and with whom caseworkers should have regular face-to-face contact. During focus group meetings and PIP Committee meetings, it was noted that there was confusion regarding who should be engaged in case planning and who should be visited (e.g., which children should be visited for an in-home case, which children should be visited where one child is in substitute care and other children remain in the home, who are other adults in the home who should be visited and included as a party to the case.)

For in-home cases, caseworkers appear to be unsure whether they are required to have monthly face-to-face contact with all children in the family rather than just the children who live in the home or who were the subject of the report. SACWIS data pertaining to contacts indicate that for the CFSR counties, 98 percent of children in custody had monthly contacts with caseworkers while 83 percent of children not in custody had monthly contacts with caseworkers. SACWIS data for

the period of CY 2018 indicated that the 15 CFSR counties meeting the monthly requirements for visits with adults associated with the child in custody was 71 percent while visits for adults associated with children not in custody was 85 percent.

Another issue that was applicable to both engagement in case planning and the frequency and quality, particularly the quality, of caseworker contacts with parents, pertained to the relationship between caseworkers and parents. When asked about the barriers to their ability to work effectively with parents, a high percentage of caseworkers and supervisors identified parents' unwillingness to seek or complete treatment (91% caseworkers and 96% supervisors), and parents' missing visits with their children (72% of caseworkers and 85% of supervisors).

Survey findings also revealed caseworkers believe that their ability to work effectively with parents is hampered by factors such as emotional exhaustion and burnout, due to workload burden and the complexity/severity of the family's and children's problems. The most frequent recommendations by caseworkers to make their efforts as a caseworker more effective were:

- Reduce caseload burden – Not only reducing the number of cases, but also paying attention to the difficulty of a case, the number of children in the case and the placement location of children when assigning cases. Also mentioned was a more equitable distribution of cases so veteran workers do not automatically get the most cases or the most challenging cases.
- Provide more support staff who can assist caseworkers for activities that do not require a caseworker.
- Address burnout. This includes more positivity from managers, not increasing the caseload burden when the worker is due for time off, more availability from the supervisor, and more opportunities for peer support.
- Reduce documentation requirements and timeframes for completion of tasks.

Almost one-half of caseworkers (49%) indicated that they received support from the agency when they experienced emotional exhaustion or burnout. In contrast, 90% of administrators surveyed said they provided support for staff experiencing emotional exhaustion or burnout.

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

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

available. Additionally, services to address the complex needs of families and children are not always available or sufficient.

- **High caseloads and excessive SACWIS data entry demands that result in emotional exhaustion and burnout.** Survey findings indicated that the concerns pertaining to assessment, engagement in case planning, and the quality of caseworker contacts may be attributed to the lack of time caseworkers have to work effectively with their families because they have too many cases and too many demands on them from the agency and the families, both of which often result in emotional exhaustion or burnout.
- **Lack of clarity regarding quality expectations for caseworker contacts with children and parents and how to report quality-related discussions in the contact logs.** Focus group participants and some PIP Committee members indicated that caseworkers may not be clear about what constitutes a quality contact with a parent or child and/or how to appropriately record the quality aspects of their contacts in the contact log for the case.
- **Lack of family willingness to engage in services.** Caseworkers and supervisors reported that a major barrier to working effectively with families is that families are not willing to engage in the services needed to address safety and risk concerns.

Systemic Factors

Case Review System

Based upon the results of the CFSR, delays were identified in permanency due to congestion in court calendars and continuances in the court hearing process. Additionally, CFSR results indicated that some continuances were due to cases being dismissed and refiled, which is due to an interpretation of the statutory framework of 90 days to adjudicate a case. The CFSR results also noted that some delays occurred when substance use disorder was a factor in order to provide a longer time for reunification. However, the CFSR final report indicated that Family Dependency Drug Courts showed promising practices for permanency.

In order to identify the causes of continuances, dismiss and refiling, and how substance use disorder affects visitation in cases, the Supreme Court of Ohio conducted a survey to understand the root causes of these delays. Additional questions were included on caregiver notification, practices in the Family Dependency Treatment Courts and identification of practices that may reduce delay. The Supreme Court also worked with Data Savvy Consultants to conduct a Quality Hearing Study to gain a better understanding of CFSR findings related to court hearing practices.

The survey was sent by the Supreme Court of Ohio (SCO) to the fifteen courts and prosecutor offices that participated in the CFSR. SCO worked with the Ohio Department of Job and Family Services to send the survey to the Public Child Welfare Agencies attorneys. There was a total of 120 respondents. The largest group of respondents were prosecutors or child protection agency attorneys, followed by court staff (which includes judges and magistrates), specialized docket team members or “other”, and defense attorneys, GALs, or CASAs.

The Quality Hearing Study reviewed Shelter Care and Annual Review/Permanency Hearings in 12 counties, nine of which were part of the CFSR. In the study, 341 hearings were observed. The observation tool used for the study was developed based upon best practices in the *Enhanced Resource Guidelines: Improving Practices in Child Abuse and Neglect Cases*, Court Improvement Hearing Quality practices, and statutorily required elements of a hearing (i.e. Indian Child Welfare Act, Reasonable Efforts).

Results of the survey indicated that the number one cause of delay to reach disposition was service not being perfected on a party. Other causes of delay identified were parents' requesting representation, attorneys having a hearing in another court, defense attorneys not being prepared to move forward, and parents having applied for representation, but the appointment had not been made by the hearing date. The survey indicated that the hearings most likely to be delayed were Adjudication and Termination of Parental Rights. The hearings identified as least likely to be delayed were the Shelter Care Hearing, Review Hearings, and the Annual Review Hearing. Findings from the Hearing Quality Study confirmed the survey results. Only five percent of the Shelter Care and Annual Review hearings were continued. The study also found that discussion of service was held in 66% of hearings and that the primary reason for continuances was to allow parents to meet with their attorney.

The survey looked at the reasons to grant an extension of custody. Respondents identified the primary reasons as: parents being provided more time to make progress on the case plan, the agency approving out-of-state family, the agency had compelling reasons, and the agency needed more time to find a kinship placement. The primary delays identified in Termination of Parental Rights (TPR), were: finding the time on the docket, service not being perfected, and difficulty scheduling all parties for a hearing.

The hearing quality study identified several areas of practice in Ohio which could occur more consistently or could be improved statewide that would impact permanency and well-being outcomes for children and families. To assist with permanency outcomes, courts could have more discussion around relative placements, permanency goal and concurrent plans, visitation with parents and siblings, barriers to permanency, and steps to achieving permanency. To assist in achieving well-being outcomes, courts could increase discussion around changes needed to the case plan and the child's education and mental and physical health needs. Additionally, courts have an opportunity to improve engagement of families in the hearing process. This may include talking to the parent by name, allowing parents time to be heard and asking parents about the date/time of the next court hearing.

Based upon the results of the survey and hearing quality study, several strategies were identified to help educate and implement improved practices in the courts. These strategies will be based upon national best practices through such organizations as the American Bar Association (ABA) and the National Council on Juvenile and Family Court Judges (NCJFCJ); however, the practices will be adapted to meet Ohio rules and statutes and the organization of the court in which it is to be implemented. The results of the CFSR, survey, and hearing quality study will act as a baseline measure, and data will be collected following the implementation of the strategies to determine if practice was impacted by the implementation of the strategies.

Notice of Hearings

The SCO survey and study also looked at caregiver notification and opportunity to be heard in hearings. Survey respondents were asked the percent of time foster parents and caregivers were provided notice of hearing. Responses ranged from a low of 5 percent to a high of 100 percent of the time. However, eighty-five percent of the respondents indicated that foster parents and caregivers are provided notice of hearings at least 75 percent of the time. The Hearing Quality Study indicated that notice to foster parents or caregivers was rarely discussed at hearings (3% of hearings observed). It was found that foster parents were present in eight percent of Shelter Care and twenty-eight percent of Annual Review hearings.

In the CFSR agency survey, ongoing caseworkers, ongoing supervisors, and administrators were asked to indicate whether specific parties were invited and encouraged to attend court hearings. Key findings are as follows:

Notification of Hearings by Public Children Services Agencies		
Notifications	Ongoing Caseworkers	Ongoing Supervisors
Always invite and encourage caregivers who have legal or temporary custody to attend court hearings.	92%	93%
Always invite and encourage foster caregivers, pre-adoptive parents, and relative caregivers to attend court hearings. (Some respondents noted in the comments section that in their communities, the court does not allow these individuals to be in the courtroom, and therefore the caseworker would not necessarily encourage them to go since they would have to sit in the lobby.)	71%	70%
Invited and or/arranged for youth to attend court hearings when it is developmentally appropriate for the youth.	58%	61%

It should be noted that common comments made in response to inviting and/or arranging for youth to attend court hearings indicated the following:

- Unless there are charges for the child (truancy, delinquency) they would not be invited.
- Court does not want the child to attend dependency hearings.
- Youth are expected to be in school.
- Youth generally do not want to go.

Administrator responses were similar to those of caseworkers and supervisors.

Service Array and Resource Development

Services noted to be difficult (usually or always) to access (including if they were not available in the community) by at least 25% of respondents are presented in the following table.

Percent Reporting Services Difficult to Access				
Type of Service*	Intake/Assessment Caseworkers	Ongoing Caseworkers	Intake Supervisors	Ongoing Supervisors
Domestic violence services for batterers	37%	36%	55%	55%
Specialized mental health services for parents	26%	33%	41%	43%
Substance abuse treatment services for children	25%	<25%	36%	46%
Psychiatric services for children	<25%	29%	31%	38%
Specialized mental health services for children*	<25%	27%	<25%	<25%
Transportation to services**	<25%	33%	<25%	46%

*43% of supervisors of caseworkers with both intake/ongoing cases identified this as a difficult to access service, possibly because the one-worker model tended to be in more rural counties.

**76% of supervisors of caseworkers with both intake/ongoing cases identified this as a difficult to access service, probably because they tended to be in more rural counties.

Administrators were asked if they have ever scheduled meetings with key agencies to discuss concerns about access to services. Eighty percent of administrators indicated they had contacted local agencies providing mental health and substance abuse services and the county Family and Children First Council.² Contacts with managed care and Medicaid hotlines, the Ohio Department of Medicaid, and private agencies were less frequently noted (range from 10-28%).

² Ohio Family and Children First (OFCF), established in 1993, is a legislated partnership of state and local government, communities and families that enhances the well-being of Ohio's children and families by building community capacity, coordinating systems and services, and engaging families. Locally, the county commissioners establish the 88 county Family and Children First Councils (FCFC).

IV. Goals, Strategies, Action Steps, Measures

The causal themes resulted in establishment of four Goals by the PIP Planning Committee and ODJFS. The Strategies and Action Steps identified common strategies that would be implemented by all CFSR counties and included a menu of options that agencies would commit to use to impact their agency's performance on CFSR items. This PIP structure aligns with individualized county needs as a result of Ohio being a county administered state.

For many goals, the causal factors overlap and thus some strategies are applicable to achieving more than one goal. The Goals, Strategies and Action Steps are presented below.

Goal 1: Provide enhanced support to assist the workforce to effectively identify and address safety and risk issues, identify needed services, and ensure children's safety and well-being timely.
Theory of Change: If safety and risk issues are adequately assessed, this will enhance the identification of service needs and the ability to make appropriate decisions regarding the child's safety and well-being.
Outcomes and Systemic Factors Addressed: Safety Outcome 1, Safety Outcome 2, Well-Being Outcome 1, Well-Being Outcome 2, Well-Being Outcome 3, Systemic Factor- Service Array and Resource Development.
Strategy 1: Improve the percentage of timely intake initiations and timely initial face-to-face contacts with alleged child victims and child subjects of reports in accordance with Ohio policy.
Action Step 1: OFC will educate the CFSR counties on available SACWIS and ROM reports for monitoring intake initiations and initial face to face contacts.
Projected Implementation/Completed Timeframe: Quarters 1-2
Responsible Parties: OFC, 15 CFSR Counties
Action Step 2: OFC will enhance existing reports if needed to ensure CFSR counties have the information needed to effectively monitor intake initiations and initial face to face contacts.
Projected Implementation/Completed Timeframe: Quarters 2-8
Responsible Parties: OFC, 15 CFSR Counties

Goal 1: Provide enhanced support to assist the workforce to effectively identify and address safety and risk issues, identify needed services, and ensure children’s safety and well-being timely.

Action Step 3:

OFC and the CFSR county will analyze county specific data on a quarterly basis to identify performance trends and engage in discussions with each CFSR county on noted performance trends. OFC will utilize SACWIS reports to monitor county performance to determine the percentage of intakes initiated and the percentage of initial face-to face contacts completed in accordance with Ohio policy and to determine if improvement is occurring.

Projected Implementation/Completed Timeframe: Quarters 2-8

Responsible Parties: OFC, 15 CFSR Counties

Action Step 4:

OFC will work with the CFSR county in identifying barriers to improved performance and implement strategies that will be taken to improve performance.

Projected Implementation/Completed Timeframe: Quarters 2-8

Responsible Parties: OFC, 15 CFSR Counties

Action Step 5:

OFC and the CFSR county will monitor whether the strategies implemented resulted in improved performance.

Projected Implementation/Completed Timeframe: Quarters 2-8

Responsible Parties: OFC, 15 CFSR Counties

Strategy 2:

Develop a cohort of expert practitioners to partner in ongoing solution focused efforts of skill building and continuous quality improvement of engagement, assessment, and service delivery.

Action Step 1:

OFC staff will identify expectations for cohort participants and discuss this information with CFSR counties.

Projected Implementation/Completed Timeframe: Quarters 1-2

Responsible Parties: OFC, 15 CFSR Counties

Goal 1: Provide enhanced support to assist the workforce to effectively identify and address safety and risk issues, identify needed services, and ensure children’s safety and well-being timely.

Action Step 2:

CFSR counties will identify candidates from their agencies to participate in the cohort and procedures for adding new members to the cohort.

Projected Implementation/Completed Timeframe: Quarters 1-2

Responsible Parties: OFC, 15 CFSR Counties

Action Step 3:

OFC staff will work with cohort participants to develop an agreed upon team decision-making structure to be utilized at critical case junctures throughout the life of the case (e.g., transferring a case, closing a case) and identify methods for evaluating its effectiveness.

Projected Implementation/Completed Timeframe: Quarters 2-3

Responsible Parties: OFC, 15 CFSR Counties

Action Step 4:

The cohort of expert practitioners (which may include administrators, supervisors, and caseworkers) will lead the implementation of the agreed upon team decision-making structure.

Projected Implementation/Completed Timeframe: Quarters 3-5

Responsible Parties: OFC, 15 CFSR Counties

Action Step 5:

OFC and the cohort of expert practitioners will evaluate the team decision-making structure and then make necessary modifications based upon evaluation results.

Projected Implementation/Completed Timeframe: Quarters 4-8

Responsible Parties: OFC, 15 CFSR Counties

Action Step 6:

Develop a plan for statewide roll-out of the decision-making structure based upon whether the results were proven effective.

Projected Implementation/Completed Timeframe: Quarter 7

Responsible Parties: OFC, 15 CFSR Counties

Goal 1: Provide enhanced support to assist the workforce to effectively identify and address safety and risk issues, identify needed services, and ensure children’s safety and well-being timely.

Action Step 7:

OFC staff will hold quarterly ongoing meetings (statewide, regional, virtual) with the cohort(s) to assist with building of assessment and engagement skills.

Projected Implementation/Completed Timeframe: [Quarters 2-8](#)

Responsible Parties: OFC, 15 CFSR Counties

Strategy 3:

Subject matter experts from OFC will provide ongoing consultation/collaboration with each CFSR county on their individual strengths and needs in instituting a joint continuous quality improvement process.

Action Step 1:

OFC will analyze county specific data to identify performance trends and engage in discussions with each CFSR county on noted performance trends.

Projected Implementation/Completed Timeframe: [Quarters 1-2](#)

Responsible Parties: OFC, 15 CFSR Counties

Action Step 2:

Each county will complete a review of its strengths, needs, and internal processes and procedures.

Projected Implementation/Completed Timeframe: [Quarters 1-2](#)

Responsible Parties: OFC, 15 CFSR Counties

Action Step 3:

OFC will meet with each county to jointly develop a plan with tailored strategies to meet their unique needs.

Projected Implementation/Completed Timeframe: [Quarters 1-4](#)

Responsible Parties: OFC, 15 CFSR Counties

Action Step 4:

OFC staff will provide collaborative coaching and consultation to assist in:

- Identifying specific strategies to reduce risk and improve safety, permanency, and well-being of children and families.
- Understanding SACWIS functionality related to assessment and service delivery.
- Understanding data reporting tools and how they can inform practice and case decision-making.

Goal 1: Provide enhanced support to assist the workforce to effectively identify and address safety and risk issues, identify needed services, and ensure children’s safety and well-being timely.

- Enhancing supervisor’s ability to develop the workforce’s competence in family engagement during assessment and service delivery throughout the life of a case.

Projected Implementation/Completed Timeframe: Quarters 1-8

Responsible Parties: OFC, 15 CFSR Counties

Action Step 5:

OFC and CFSR counties will determine methods for evaluating practice improvement which would occur on a quarterly basis.

Projected Implementation/Completed Timeframe: Quarters 1-8

Responsible Parties: OFC, 15 CFSR Counties

Strategy 4:

Establish and provide a common foundation for effective assessment and service delivery.

Action Step 1:

OFC and each county team will work together to identify what is needed to establish a common foundation for effective risk and safety assessment and service delivery.

Projected Implementation/Completed Timeframe: Quarters 1-3

Responsible Parties: OFC, 15 CFSR Counties

Action Step 2:

As needs are identified, develop a tailored plan to provide training, coaching, and consultation to all administrators, supervisors, and caseworkers on the Assessment of Safety, Safety Planning, Strengths and Needs, and Case Planning.

Projected Implementation/Completed Timeframe: Quarters 1-4

Responsible Parties: OFC, 15 CFSR Counties

Action Step 3:

OFC and CFSR counties will determine methods for evaluating practice improvement.

Projected Implementation/Completed Timeframe: Quarters 1-4

Responsible Parties: OFC, 15 CFSR Counties

Goal 1: Provide enhanced support to assist the workforce to effectively identify and address safety and risk issues, identify needed services, and ensure children’s safety and well-being timely.

Strategy 5:

Address key service gaps regarding specific service needs pertaining to safety and risk concerns.

Action Step 1:

OFC, under the auspices of the Governor’s Office of Children’s Initiatives and the Ohio Family and Children First Cabinet, will partner with state level agencies/coalitions to develop procedures for addressing the service needs of families being served by child welfare to enhance care coordination and improve access to services.

Projected Implementation/Completed Timeframe: Quarter 1

Responsible Parties: OFC, 15 CFSR Counties

Action Step 2:

CFSR counties will continue to monitor service availability at the local level and communicate needed services to OFC.

Projected Implementation/Completed Timeframe: Quarters 1-8

Responsible Parties: OFC, 15 CFSR Counties

Action Step 3:

OFC will establish and maintain avenues for bi-directional communication (i.e., both to and from state and local partners) about the service needs of families served by the child welfare system.

Projected Implementation/Completed Timeframe: Quarters 1-8

Responsible Parties: OFC, 15 CFSR Counties

Strategy 6:

Utilize and evaluate promising approaches to improve casework practices regarding safety and risk assessment and service delivery.

Menu options for counties based upon what programs they would implement/or continue to implement to improve practice.

Option 1: Accelerated Safety Analysis Protocol Project

Action Step 1:

Specified agencies will participate in the Ohio Accelerated Safety Analysis Protocol Project (ASAP) which uses pre-defined data indicators to identify high risk cases. Cases are then reviewed by staff trained in a coaching and consultation model. If any concerns are noted during

Goal 1: Provide enhanced support to assist the workforce to effectively identify and address safety and risk issues, identify needed services, and ensure children’s safety and well-being timely.

the review, Ohio ASAP staff and the assigned caseworker/supervisor team holds a staffing to develop a shared understanding of the risk and safety issues and interventions that are appropriate to address the identified issues.³

Projected Implementation/Completed Timeframe: Quarters 1-8

Responsible Parties: OFC, Franklin

Action Step 2:

OFC will facilitate a selection process to solicit additional counties for participation in the Ohio ASAP project.

Projected Implementation/Completed Timeframe: Quarters 1-2

Responsible Parties: OFC

Action Step 3:

Implementation of Ohio ASAP will commence, and ongoing technical assistance will occur.

Projected Implementation/Completed Timeframe: Quarters 2-8

Responsible Parties: OFC, Franklin and selected additional counties

Action Step 4:

OFC will assess fidelity to the model through formal fidelity reviews provided by Ohio’s ASAP vendor (four fidelity reviews to be held during the two-year PIP period).

Projected Implementation/Completed Timeframe: Quarters 1-8

Responsible Parties: OFC, Franklin, and ASAP counties

Action Step 5:

OFC will adjust the strategy as needed based upon fidelity review results.

Projected Implementation/Completed Timeframe: Quarters 1-8

Responsible Parties: OFC, Franklin, and ASAP counties

Action Step 6:

Mechanisms will be identified for gathering aggregate lessons learned and sharing with other counties.

³ Refer to Appendix A for a description of the Accelerated Safety Analysis Protocol Project.

Goal 1: Provide enhanced support to assist the workforce to effectively identify and address safety and risk issues, identify needed services, and ensure children’s safety and well-being timely.

Projected Implementation/Completed Timeframe: Quarters 1-7

Responsible Parties: OFC, Franklin, and ASAP counties

Option 2: Case Specific Consultation

Action Step 1:

Specified agencies will support caseworkers’ sense of efficacy by providing access to expert **case-specific consultation** pertaining to substance abuse, domestic violence, mental health, and other special concerns.

Projected Implementation/Completed Timeframe: Quarters 2-8

Responsible Parties: OFC, Muskingum, Lucas

Action Step 2:

OFC will work with specified counties to secure expert clinicians to provide consultation on domestic violence, substance abuse, mental health, and other specialized topics.

Projected Implementation/Completed Timeframe: Quarters 2-8

Responsible Parties: OFC, Muskingum, Lucas

Action Step 3:

Once the expert clinicians are established, monthly calls and/or onsite meetings will be held between caseworkers/supervisors and experts on specific cases concerning topics of interest to caseworkers.

Projected Implementation/Completed Timeframe: Quarters 3-8

Responsible Parties: OFC, Muskingum, Lucas

Action Step 4:

Mechanisms will be identified for gathering aggregate lessons learned and sharing with other counties.

Projected Implementation/Completed Timeframe: Quarters 4-8

Responsible Parties: OFC, Muskingum, Lucas

Goal 2: Enhance the overall strength and health of the child welfare workforce.

Theory of Change:

A strong and healthy workforce is necessary to ensure that caseworkers can function effectively in their jobs and are able to respond to the needs of children and families appropriately.

Outcomes and Systemic Factors Addressed:

Safety Outcome 2, Permanency Outcome 1, Permanency Outcome 2, Well-Being Outcome 1

Strategy 1:

Make available remote tools that caseworkers can utilize to record information quickly, leading to caseworkers having time to engage with children and families.

Action Step 1:

Create an interface that will ingest activity log narrative information from Traverse Mobile into Ohio SACWIS.

Projected Implementation/Completed Timeframe: Quarters 1-2

Responsible Parties: OFC

Action Step 2:

Conduct an analysis on the Traverse integration and best practices moving forward such as a real-time interface that allows for expansion of the mobile solution to include additional child welfare work items. Possible additions, requested by PCSA representatives, include:

- Individual Child Care Agreement
- Safety Plan
- Safety Assessment

Projected Implementation/Completed Timeframe: Quarter 4

Responsible Parties: OFC, County Representatives

Strategy 2:

Utilize an evidence-based strategy to address agency culture and climate, employee turnover and low staff morale.

Action Step 1:

Implement the **QIC-WD Coach Ohio** intervention which consists of training all front-line supervisors in the Atlantic Coast Child Welfare Implementation Center (ACCWIC) Coaching in Child Welfare training program. Supervisors are also provided with a practice schedule to ensure that the skills learned in the training are effectively implemented.⁴

⁴ Refer to Appendix A for a description of the QIC-WD Coach Ohio Intervention.

Goal 2: Enhance the overall strength and health of the child welfare workforce.

Projected Implementation/Completed Timeframe: Quarters 1-8

Responsible Parties: Summit County, OFC, QIC-WD Team

Action Step 2:

Front line supervisors and caseworkers will participate in 24 weeks of one-hour sessions of Resilience Alliance, a curriculum designed to promote resilience and reduce secondary trauma among supervisors and caseworkers.

Projected Implementation/Completed Timeframe: Quarters 1-8

Responsible Parties: Summit County, OFC, QIC-WD Team

Action Step 3:

OFC will continue to work with the QIC-WD team to assess the impact of the Coach Ohio Intervention.

Projected Implementation/Completed Timeframe: Quarters 4-8

Responsible Parties: QIC-WD Team

Action Step 4:

Based upon preliminary evaluation results, CFSR counties and OFC will assess the feasibility and validity of this approach being rolled-out statewide.

Projected Implementation/Completed Timeframe: Quarter 7-8

Responsible Parties: QIC-WD Team, OFC, 15 CFSR Counties

Goal 3: Improve caseworker engagement with parents and children.

Theory of Change:

Improving caseworker’s effectiveness in engaging parents and children will result in overall enhanced outcomes for children and families regarding safety, permanency, and well-being.

Outcomes Addressed:

Safety Outcome 1, Safety Outcome 2, Permanency Outcome 1, Permanency Outcome 2, Well-Being Outcome 1

Strategy 1:

Address challenges experienced by caseworkers in determining who is to be interviewed, participate in the development of the case plan, provided with services, and visited by caseworkers.

Action Step 1:

Develop guidance on quality and frequency of caseworker face-to-face contacts with parents, other adults who are party to the case, and children.

Projected Implementation/Completed Timeframe: Quarters 1-3

Responsible Parties: OFC, 15 CFSR Counties

Action Step 2:

Provide counties with consultation in documenting quality visits and monitoring frequency of face-to-face contacts.

Projected Implementation/Completed Timeframe: Quarters 1-8

Responsible Parties: OFC, 15 CFSR Counties

Action Step 3:

A select number of cases will be identified for review by OFC and county agency to determine level of improvement.

Projected Implementation/Completed Timeframe: Quarters 2-7

Responsible Parties: OFC, 15 CFSR Counties

Action Step 4:

Obtain county feedback and develop any necessary policy changes to address modifications to visitation rules.

Projected Implementation/Completed Timeframe: Quarters 1-8

Responsible Parties: OFC, 15 CFSR Counties

Goal 3: Improve caseworker engagement with parents and children.

Strategy 2:

Update the Comprehensive Assessment and Planning Model (CAPM) to promote critical thinking while engaging families and streamlining the system to capture results of the critical thinking.

Action Step 1:

Introduce the newly developed SACWIS functionality and policy surrounding the Family Case Plan and Case Review, Visitation Plan and Semi-annual Administrative Review (SAR) via regional presentations and learning labs to assist agencies in preparation for deployment in Ohio SACWIS. Develop and distribute SACWIS reports to assist agencies to identify and prepare cases for the phased in implementation process for the new Family Case Plan, Case Review, Visitation Plan and SAR.

Projected Implementation/Completed Timeframe: Quarters 3-4

Responsible Party: OFC

Action Step 2:

Create a roadmap of activities to address remaining elements to assist in the advancement and development of policies and SACWIS functionality to incorporate CAPM.

Projected Implementation/Completed Timeframe: Quarters 1-8

Responsible Parties: OFC, 15 CFSR Counties

Action Step 3:

Obtain feedback to identify any necessary policy changes to address modifications to CAPM.

Projected Implementation/Completed Timeframe: Quarters 1-8

Responsible Parties: OFC, 15 CFSR Counties

Action Step 4:

Design and develop policy and model changes to support the CAPM road map.

Projected Implementation/Completed Timeframe: Quarters 5-8

Responsible Parties: OFC, 15 CFSR Counties

Action Step 5:

Initiate design and development for any necessary SACWIS changes.

Projected Implementation/Completed Timeframe: Quarters 5-8

Goal 3: Improve caseworker engagement with parents and children.

Responsible Parties: OFC, 15 CFSR Counties

Strategy 3:

Utilize and evaluate promising approaches to improve casework practices regarding engaging families.

Menu options for counties based upon what programs they would implement/or continue to implement to improve practice. (Refer to pages 39-40 to identify county implementation of strategies.)

Option 1: Family Group Decision Making

Action Step 1:

Specified agencies will implement **family group decision making** (FGDM) at their agencies.⁵

Projected Implementation/Completed Timeframe: **Quarters 1-8**

Responsible Parties: OFC, Fairfield

Action Step 2:

OFC will work with Fairfield County to establish methods for evaluating the effectiveness of FGDMs in achieving improved performance.

Projected Implementation/Completed Timeframe: **Quarters 1-2**

Responsible Parties: OFC, Fairfield

Action Step 3:

Based upon evaluation findings coaching and technical assistance on fidelity to the model will be provided.

Projected Implementation/Completed Timeframe: **Quarters 2-8**

Responsible Parties: OFC, Fairfield

Action Step 4:

Mechanisms will be identified for gathering aggregate lessons learned and sharing with other counties.

Projected Implementation/Completed Timeframe: **Quarters 2-8**

⁵ Refer to Appendix A for a description of Family Group Decision Making.

Goal 3: Improve caseworker engagement with parents and children.

Responsible Parties: OFC, Fairfield

Option 2: Family Team Meetings

Action Step 1:

Specified agencies will implement or continue to utilize **family team meetings** at their agencies.⁶

Projected Implementation/Completed Timeframe: **Quarter 1-8**

Responsible Parties: OFC, Athens, Clermont, Fairfield, Franklin. Greene, Guernsey, Lorain, Lucas, Muskingum, Shelby, Summit, Trumbull.

Action Step 2:

OFC will work with counties to establish methods for evaluating the effectiveness of FTMs in achieving improved performance through use of FTMs.

Projected Implementation/Completed Timeframe: **Quarters 1-2**

Responsible Parties: OFC, Athens, Clermont, Fairfield, Franklin. Greene, Guernsey, Lorain, Lucas, Muskingum, Shelby, Summit, Trumbull.

Action Step 3:

Based upon evaluation findings coaching and technical assistance on fidelity to the model will be provided.

Projected Implementation/Completed Timeframe: **Quarters 2-8**

Responsible Parties: OFC, Athens, Clermont, Fairfield, Franklin. Greene, Guernsey, Lorain, Lucas, Muskingum, Shelby, Summit, Trumbull.

Action Step 4:

Mechanisms will be identified for gathering aggregate lessons learned and sharing with other counties.

Projected Implementation/Completed Timeframe: **Quarter 2-8**

Responsible Parties: OFC, Athens, Clermont, Fairfield, Franklin. Greene, Guernsey, Lorain, Lucas, Muskingum, Shelby, Summit, Trumbull.

⁶ Refer to Appendix A for a description of Family Team Meetings.

Goal 3: Improve caseworker engagement with parents and children.

Option 3: Motivational Interviewing

Action Step 1:

Specified agencies will implement motivational interviewing strategies to engage parents and children and assist in motivating families to make changes.

Projected Implementation/Completed Timeframe: Quarter 2-8

Responsible Parties: OFC, Allen, Guernsey, Lorain, Muskingum, Wood

Action Step 2:

OFC will work with counties to establish methods for evaluating the effectiveness of motivational interviewing in improving performance using motivational interviewing.

Projected Implementation/Completed Timeframe: Quarter 1-2

Responsible Parties: OFC, Allen, Guernsey, Lorain, Muskingum, Wood

Action Step 3:

Based upon evaluation findings coaching and technical assistance on fidelity to the model will be provided.

Projected Implementation/Completed Timeframe: Quarter 2-8

Responsible Parties: OFC, Allen, Guernsey, Lorain, Muskingum, Wood

Action Step 4:

Mechanisms will be identified for gathering aggregate lessons learned and sharing with other counties.

Projected Implementation/Completed Timeframe: Quarter 3-8

Responsible Parties: OFC, Allen, Guernsey, Lorain, Muskingum, Wood

Goal 4: Ensure that children achieve permanency in a timely manner.

Theory of Change:

Agency and court practices encompassing engaging families, ensuring family service needs are met, arriving at timely permanency goals will reduce court delays and enhance the achievements of timely permanency for children.

Outcomes and Systemic Factors Addressed:

Permanency Outcome 1, Permanency Outcome 2, Well-Being Outcome 1, Systemic Factor-Case Review System, Systemic Factor - Service Array and Resource Development

Strategy 1:

Utilize and evaluate promising approaches to improve casework practices regarding achieving timely permanency.

Menu options for counties based upon what programs they would implement/or continue to implement to improve practice. . (Refer to pages 39-40 to identify county implementation of strategies.)

Option 1: 30 Days to Family

Action Step 1:

Implement the 30 Days to Family Program, a short-term intensive intervention that moves children from foster care to safe kinship placements in the shortest time possible using extensive family finding to identify kinship.⁷

Projected Implementation/Completed Timeframe: Quarters 1-8

Responsible Parties: OFC, Allen, Fairfield, Lorain, Lucas, Summit, Wood

Action Step 2:

Work with the evaluator, OFC, PolicyWorks, LTD, to determine the effectiveness of the program.

Projected Implementation/Completed Timeframe: Quarters 1-8

Responsible Parties: OFC, Allen, Fairfield, Lorain, Lucas, Summit, Wood

Action Step 3:

Based upon evaluation results provide necessary consultation along with recommendations regarding the effectiveness of the program on improved performance.

Projected Implementation/Completed Timeframe: Quarters 1-8

⁷ Refer to Appendix A for a description of the 30 Days to Family Program.

Goal 4: Ensure that children achieve permanency in a timely manner.

Responsible Parties: OFC, Allen, Fairfield, Lorain, Lucas, Summit, Wood

Option 2: Ohio START

Action Step 1:

Continue to expand the Ohio START (Sobriety, Treatment, and Reducing Trauma), which provides a wraparound approach to support families struggling with co-occurring child maltreatment and substance abuse that includes frequent home visits and mentorship from individuals who have experienced substance abuse recovery and the child protection system.⁸

Projected Implementation/Completed Timeframe: Quarters 1-8

Responsible Parties: PCSAO, OFC, Athens, Fairfield, Franklin (Pilot), Lorain, Summit, Trumbull

Action Step 2:

Work with the Public Children Services Association of Ohio (PCASO) and its evaluators from The Ohio State University College of Social Work and the Ohio University Voinovich School of Leadership and Public Affairs to determine the effectiveness of the approach and ensuring fidelity to the model.

Projected Implementation/Completed Timeframe: Quarters 1-8

Responsible Parties: PCSAO, OFC, Athens, Fairfield, Franklin (Pilot), Lorain, Summit, Trumbull

Action Step 3:

Adjust the strategy based upon evaluation results, after consultation with the national organization that is evaluation START for fidelity purposes.

Projected Implementation/Completed Timeframe: Quarters 5-8

Responsible Parties: PCSAO, OFC, Athens, Fairfield, Franklin (Pilot), Lorain, Summit, Trumbull

Option 3: Youth Centered Permanency Roundtables

Action Step 1:

Continue to support Youth Centered Permanency Roundtables to examine barriers to attaining permanency and increase permanent connections for the youth.⁹

Projected Implementation/Completed Timeframe: Quarters 1-8

⁸ Refer to Appendix A for a description of the Ohio Start Program.

⁹ Refer to Appendix A for a description of Youth Centered Permanency Round Tables.

Goal 4: Ensure that children achieve permanency in a timely manner.

Responsible Parties: OFC, Athens, Fairfield, Guernsey, Muskingum, Trumbull

Action Step 2:

Identify baseline for length of time youth were in care by age and how long youth were in care. Evaluate data on a quarterly basis.

Projected Implementation/Completion Timeframe: **Quarter 2-8**

Responsible Parties: OFC, Athens, Fairfield, Guernsey, Muskingum, Trumbull

Action Step 3:

Determine the effectiveness of utilizing Youth Centered Permanency Roundtables to achieve permanency for children.

Projected Implementation/Completed Timeframe: **Quarters 2-8**

Responsible Parties: OFC, Athens, Fairfield, Guernsey, Muskingum, Trumbull

Strategy 2:

Work with 2 counties to implement targeted strategies, based upon statewide findings and areas identified by each county, to reduce court delays throughout the child welfare court case process from shelter care through Termination of Parental Rights. The targeted strategies will combine trainings and formal court processes created in collaboration with the public children services agency and other stakeholders (See chart on page 40).

Options for counties based upon what programs they would implement/or continue to implement to improve practice.

Action Step 1:

Identify counties to complete a walk-through of the child welfare case process from shelter care through Termination of Parental Rights.

Projected Implementation/Completed Timeframe: **Quarter 1**

Responsible Parties: SCO, OFC, Summit, Franklin

Action Step 2:

Complete and review a system walk through to identify areas of delay that may impact permanency outcomes.

Projected Implementation/Completed Timeframe: **Quarter 1-3**

Responsible Parties: SCO, OFC, Summit, Franklin

Goal 4: Ensure that children achieve permanency in a timely manner.

Action Step 3:

Based on statewide results and court specific areas of delay, implement targeted strategies to reduce delays.

Strategy options listed below.

Projected Implementation/Completed Timeframe: Quarter 1-6

Responsible Parties: SCO, OFC, Summit, Franklin

Option 1:

Implement a process to meet ORC 2151.424 to provide caregivers with notification and an opportunity to be heard.

Projected Implementation/Completed Timeframe: Quarter 2-4

Responsible Parties: SCO, OFC, Summit, Franklin

Option 2:

Implement a collaborative process to more quickly provide service to parties in alignment with statutory requirements and Juvenile Rule of Procedure 16.

Projected Implementation/Completed Timeframe: Quarter 2-4

Responsible Parties: SCO, OFC, Summit, Franklin

Option 3:

Based upon identified needs, provide training for attorneys based on ABA and NACC standards, with the possibility of implementing a parent representation program.

Projected Implementation/Completed Timeframe: Quarters 3-6

Responsible Parties: SCO, OFC, Summit, Franklin

Option 4:

Based upon identified needs, provide Child Abuse, Neglect, and Dependency trainings for judicial officers, based upon NCJFCJ training.

Projected Implementation/Completed Timeframe: Quarters 3-6

Responsible Parties: SCO, OFC, Summit, Franklin

Option 5:

Based upon need, implement an Abuse, Neglect, Dependency (AND) mediation program.

Goal 4: Ensure that children achieve permanency in a timely manner.

Projected Implementation/Completed Timeframe: Quarters 3-6

Responsible Parties: SCO, OFC, Summit, Franklin

Action Step 4:

Evaluate strategies to identify if the strategy impacted court delays.

Projected Implementation/Completed Timeframe: Quarter 6-8

Responsible Parties: SCO, OFC, Summit, Franklin

Action Step 5:

Evaluate permanency outcomes to see if improvement was noted and if court delay was reduced.

Projected Implementation/Completed Timeframe: Quarter 6-8

Responsible Parties: SCO, OFC, Summit, Franklin

Strategy 3:

Based upon research into the effects of bench cards and training on bench cards, a bench guide and a court report will be created that can be utilized to increase best practices at hearings.¹⁰

Action Step 1:

Work with the Hearing Project Workgroup to create the bench guide and court report. addressing practices that need more consistency statewide and those with a correlation to better outcomes. These areas may include, but are not limited to, ICWA inquires, parental engagement, permanency goal, barriers to permanency, normalcy, well-being measures, and reasonable efforts findings.

Projected Implementation/Completed Timeframe: Quarters 1-3

Responsible Parties: SCO, OFC, Workgroup members

Action Step 2:

Upon approval of tools, begin offering training on how to use the tools. Focus on the 12 counties that participated in the Quality Hearing Study.

Projected Implementation/Completed Timeframe: Quarters 3-6

Responsible Parties: SCO, OFC, 12 counties from the study

¹⁰ J. R. Russell and A. Summers, “An Overview of the Courts Catalyzing Change Preliminary Protective Hearing Bench Card Study.” *Juvenile and Family Court Journal*, 64 (2): 1-16.

Goal 4: Ensure that children achieve permanency in a timely manner.

Action Step 3:

Identify counties from the Quality Hearing Study to complete a follow-up evaluation on hearing observations.

Projected Implementation/Completed Timeframe: [Quarters 6-8](#)

Responsible Parties: SCO, OFC, 12 counties from the study

County Menu Option Strategies

As noted above, the 15 CFSR counties were asked to identify a menu of options they would use to impact their agency’s performance on CFSR items. The following table presents county menu options identified.

County Menu Options			
Menu Options	County Currently Implementing	County Implementing During PIP	County Expressed Interested in Implementing
Ohio Accelerated Safety Analysis Protocol Project (ASAP)	Franklin	-	Fairfield Guernsey Lorain Lucas Muskingum Trumbull
Case Specific Consultation	-	-	Muskingum Lucas
Family Group Decision Making	Fairfield	-	Lucas
Family Team Meetings	Athens Clermont Fairfield Franklin Greene Guernsey Lorain Lucas Muskingum Shelby Summit Trumbull Wood	-	-
Motivational Interviewing	-	-	Allen Guernsey Lorain Muskingum Wood
Ohio START	Athens Fairfield Franklin (pilot) Summit Trumbull	Lorain	Greene Lucas
QIC-WD Coach Ohio	Summit	-	-
Youth Centered Permanency Roundtables	Athens Clermont Fairfield	-	Greene

County Menu Options			
Menu Options	County Currently Implementing	County Implementing During PIP	County Expressed Interested in Implementing
	Guernsey Muskingum Trumbull		
30 Days to Family Program	Allen Fairfield, Summit	Lorain Lucas Wood	-
Walk- through the child welfare court case process and implement strategies to reduce court delays.	-	Franklin Summit	-
Develop and train on bench cards and monitor implementation through court hearing observations.	-	Allen Clermont Fairfield Franklin Greene Hancock Lorain Lucas Montgomery Scioto Stark Summit	-

Methods of Measuring Improvement

OFC and the 15 CRSR counties will be monitoring improvement for the Safety, Permanency and Well-Being Outcomes through review of the following SACWIS and ROM Reports on a quarterly basis. OFC quality assurance staff will review the reports and meet with the 15 CFSR counties to discuss the effectiveness of their interventions on the outcomes for children and families. The following table identifies the report, a description of the report and the associated Outcome which will be monitored to determine improved performance.

Reports Used to Measure Improvement

Safety Outcome 1

Intake Assessment Lifecycle Report

Description: This report is designed to track important measures for child abuse, neglect and dependency intakes from the point of screen-in until intake completion. The focus will be on tracking important intake due dates, completion dates, and timely compliance of these activities.

Intake Assessment/Investigation Face-to-Face Contact Report

Description: This report will track the face-to-face contacts for each ACV/CSR, AP/ASR, Parent, Custodian and Caretaker role listed on CA/N, Dependency, and FINS Stranger Danger Intake records. The report will display the report initiation and intake participant face-to-face contact data throughout the life of the investigation/assessment.

Safety Outcome 2

Intake Assessment Lifecycle Report

Description: This report is designed to track important measures for child abuse, neglect and dependency intakes from the point of screen-in until intake completion. The focus will be on tracking important intake due dates, completion dates, and timely compliance of these activities.

Agency Safety Plan Report

Description: This report provides an overview of the Safety Plans for the selected agency, supervisor and worker.

Agency Safety Plan Contacts Report

Description: This report identifies pertinent information about the safety plan, such as when the last contact occurred and when the next contact is due, where applicable.

Case Reopening Report

Description: This report displays cases that closed and then reopened within the selected time period.

Family Assessment Risk Contributor Report

Description: The report displays the risk contributors for the family assessments, per case for a selected time period, as well as the risk levels and final case decisions. The report includes risk assessment statistics on the second tab.

(Federal) Recurrence of Maltreatment

Description: This report provides the following information: Of all children who were victims of a substantiated or indicated report of maltreatment during a 12-month target period, what percent were victims of another substantiated or indicated maltreatment allegation within 12 months of their initial report?

Reports Used to Measure Improvement

(Federal) Maltreatment in Foster Care

Description: This report provides the following information: Of all children in foster care during a 12-month target period, what is the rate of victimization per 100,000 days of foster care?

CPS Report Recurrence by Report Type

Description: This report provides the following information: Of all children with a screened-in CPS report of maltreatment during a 12-month target period (regardless of finding), what percent had another screened-in report within 12 months from the date of the initial report?

Permanency Outcome 1

Identified Fathers Report

Description: The Identified Fathers Report displays information regarding all active child participants on open ongoing cases, excluding children in permanent custody and permanent surrender.

Ongoing and Adoption Case Activities Report

Description: This is a point-in-time report designed to track important case activities and due dates for all active Ongoing, Ongoing Alternative Response, and Adoption cases.

(Federal) Permanency in 12 Months-

Description: This report provides the following information: Of all children who enter foster care in a target 12-month period, what percent discharged to permanency within 12 months of entering foster care?

(Federal) Permanency in 12 Months for Children in Foster Care 12-23 Months

Description: This report provides the following information: Of all Children in foster care on the first day of a 12- month period who had been in foster care (in that episode) between 12 and 23 months, what percent discharged from foster care to permanency within 12 months of the first day of the 12-month period?

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

Description: This report provides the following information: Of all children in foster care on the first day of a 12- month period who had been in foster care (in that episode) 24 months or more, what percent discharged from foster care to permanency within 12 months of the first day of the 12-month period?

(Federal) Placement Stability

Description: This report provides the following information: Of all children who enter foster care in a 12-month target period, what is the rate of placement moves 1,000 per day of foster care?

Reports Used to Measure Improvement

(Federal) Re-Entry to Foster Care

Description: This report provides the following information: Of all children who enter foster care in a 12-month target period and discharged within 12 months to reunification, living with a relative(s), or guardianship, what percent re-entered foster care within 12 months of discharge?

Adopted in Less than 12 Months of TPR

Description: This report provides the following information: Percent of children that became legally free for adoption (TPR) 12 months ago who were discharged to a finalized adoption in less than 12 months of becoming legally free (TPR).

Well-Being Outcome 1

Case Reopening Report

Description: This report displays cases that closed and then reopened within the selected time period.

Comprehensive Visitation Report

Description: The report displays needed and completed visitation information for children and adults being served on an ongoing basis. The report provides a detailed and a summary view.

Family Assessment Risk Contributor Report

Description: The report displays the risk contributors for the family assessments, per case for a selected time period, as well as the risk levels and final case decisions. The report includes risk assessment statistics on the second tab.

Ongoing and Adoption Case Activities Report

Description: This is a point-in-time report designed to track important case activities and due dates for all active Ongoing, Ongoing Alternative Response, and Adoption cases.

Appendix A
Description of PIP Menu Option Strategies

Description of PIP Menu Option Strategies

- **Family Group Decision Making-Family Group Decision Making (FGDM):** FGDM's are meetings for families involved with child welfare that are convened by an independent coordinator. The meetings value the family group as the expert on their own family and as a key decision-making partner. The family group is given time to meet without a children services representative or the coordinator to develop a plan to address the presenting problems. Preference is given to the family's plan if the plan addresses the presenting problems. Follow-up processes that include additional FGDM meetings and assessment of progress are held. Referring agencies support the family by assisting with providing services and the resources necessary for plan implementation.
- **Family Team Meetings (FTM):** - FTMs are collaborative meetings that are held for the purpose of supporting and educating parents, sharing information, and jointly making decisions. The goal of FTMs is to empower and strengthen families while keeping children safe and planning for their ongoing stability, care, and protection. FTMs provide an opportunity for the parents, family, family supports, community service providers, and natural supports to be involved in the building of partnerships to increase the likelihood of having a realistic, achievable plan that will lead to better and more lasting outcomes for their children. The following parties typically attend FTMs: parents; relatives; substitute caregivers; the assigned caseworker and/or supervisor; additional supportive persons; and an independently trained facilitator. FTMs can be implemented to assist with preventing children from entering agency custody, decreasing length of stay in placement, increasing the use of kinship caregivers, reducing length of case opening, shortening time to reunification or permanency, and reducing future children services involvement.
- **Ohio Accelerated Safety Analysis Protocol Project (Ohio ASAP):** Ohio ASAP is a real-time quality improvement approach where currently open intake/assessment high-risk cases are prioritized. The Ohio ASAP reviewer reviews the entire case history and utilizes a safety focused review tool to identify whether a staffing is needed to address safety related issues. If needed, the staffing is held. The staffing is designed to be a support to the caseworker and supervisor. At the staffing a joint action plan is developed to address outstanding safety related issues. Action items are established, and the Ohio ASAP reviewer monitors those items to ensure they are completed. The case is reviewed again prior to the completion of the investigation and every 90 days thereafter if the case is transferred to an ongoing case. The goal of the staffing is to create a partnership with the caseworker and supervisor. The staffing is designed to be a collaborative process where there is a shared responsibility for high-risk cases. Caseworkers and supervisors then utilize the skills developed in the staffing sessions on all their cases.
- **Ohio START:** Ohio Attorney General Mike DeWine announced the Ohio START Pilot Program on March 22, 2017. The Ohio START (Sobriety, Treatment, and Reducing Trauma) program was originally designed to assist children and families victimized by the opioid

epidemic. Ohio START brought together children's services, juvenile courts, and behavioral health treatment providers to support families struggling with cooccurring child maltreatment and substance abuse. The program is administered by the Public Children Services Association of Ohio (PCSAO). The Ohio Department of Mental Health and Addiction Services, Casey Family Programs, UnitedHealthcare Community Plans of Ohio, HealthPath Foundation of Ohio and PhRMA joined with the Ohio Attorney General in investing in promising strategies for Ohio START in Ohio.

The Attorney General allocated \$3.4 million from his office's Victims of Crime Act fund to pay for the pilot, served seventeen counties in southern and central Ohio (Athens, Brown, Clinton, Fairfield, Fayette, Franklin, Gallia, Hamilton, Highland, Hocking, Jackson, Lawrence, Meigs, Pickaway, Ross, Vinton, and Warren). The program is currently being implemented in thirty-two counties throughout the state (Ashtabula, Athens, Brown, Butler, Carroll, Clinton, Delaware, Erie, Fairfield, Fayette, Franklin, Gallia, Hardin, Hamilton, Highland, Hocking, Jackson, Lorain, Lawrence, Meigs, Mercer, Morrow, Ottawa, Pickaway, Richland, Ross, Seneca, Stark, Summit, Trumbull, Warren, and Vinton).

A key element of this program is family peer mentors who are paired with a child welfare caseworker to provide intensive case management services. Ohio START emphasizes a wraparound approach for at-risk parents that includes frequent home visits and mentorship from people who have lived experience with recovery and the child protection system.

The overall goal of this program is to stabilize families harmed by parental drug use so that both children and their parents can recover and move forward with abuse-free and addiction-free lives. In Kentucky, evaluators found mothers who participated in START achieved sobriety at nearly twice the rate of mothers treated without START (66 percent and 37 percent, respectively). Children in families served by START were half as likely to be placed in state custody as compared with children in a matched control group (21 percent and 42 percent, respectively).

Additional counties will be added as resources allow.

- **The QIC-WD Coach Ohio intervention:** Ohio is implementing an intervention called Coach Ohio as part of the Quality Improvement Center for Workforce Development research project. Coach Ohio combines coaching training utilizing the Atlantic Coast Child Welfare Implementation Center (ACCWIC) for all supervisors in six experimental counties (Summit, Hamilton, Montgomery, Champaign, Knox, and Wayne) and 24 weeks of one-hour Resilience Alliance (RA) Sessions for all caseworkers and supervisors in the experimental counties. RA is designed to reduce symptoms of secondary trauma. The interventions will strengthen the workforce, leading to workers being more responsive interactions to families and ultimately improved outcomes. Additional counties cannot begin to implement Coach Ohio until after the research project concludes.

- **The 30 Days to Family Program:** 30 Days to Family® is an intense short-term intervention developed by the Foster & Adoptive Care Coalition to:

1. Increase the number of children placed with relatives when they enter the foster care system
2. Ensure natural and community supports are in place to promote stability for the child.

The program model features two major elements: family finding and family support interventions. The goals of the program are to place at least 70% of youth with safe and appropriate relative caregivers, identify at least 80 relatives per case, and identify at least one back-up relative placement for 75% of youth served. The program also seeks to address the relative's needs, maintain sibling connections, and identify family and community supports to assist with the relative placement. The program is currently being piloted in 12 Ohio counties. Additional counties are added as resources allow.

- **Youth Centered Permanency Roundtables:** Permanency Roundtables (PRT) are professional case consultations that provide support to the caseworkers while taking a comprehensive look at the child's situation and address barriers to attain legal permanency and/or increase permanent connections for the child. The three goals of each PRT are to: (1) expedite legal permanency for the child; (2) stimulate thinking and learning about ways to accelerate permanency; and (3) identify and address systemic barriers to timely permanency. PRTs in Ohio are Youth-Centered, and thus differ from PRT implementation in some other states. It is an explicit aim of the initiative that not only will the youth in question benefit, but that the process will promote system change by spreading practices discussed during the PRTs. In 2017, the PRT initiative was evaluated by an external evaluator. The evaluation, the first in-depth analysis in the nation of the Youth-Centered PRT focus employed in Ohio, demonstrates the efficacy of the model for agencies that struggle with achieving permanency for older long staying foster youth. The full evaluation can be found at: <http://ohioprt.org/forms/files/70.pdf>.