

Ohio Citizen Review Panels



State Fiscal Year 2017-2018 Annual
Report

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Ohio CRP Annual Report

About This Report

These Ohio Citizen Review Panels (CRPs) are tasked with submitting an annual report to the Ohio Department of Job and Family Services (ODJFS) with recommendations for the improvement of the child protection system in Ohio. The CRPs complete an annual review and evaluation of an identified issue or concern raised about the child welfare system and make actionable and measurable recommendations to the state on how to improve this issue. The CRP program is prescribed by a federal statute detailed by the Child Abuse Prevention and Treatment Act (CAPTA). This report is the product of the Ohio CRPs' annual evaluation for the 2018 fiscal year. The report details each panel's topic, process for review, and development of the recommendations submitted to ODJFS on May 15, 2018.

Citizen Review Panels

Mandate/Function

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

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

The CAPTA legislation allowed for previous functioning boards or panels to take on the role of CRPs to meet the new mandate, causing a great deal of variation among states in the implementation of the program (Administration for Children and Families, 2013). CRPs throughout the United States review child fatalities and others review foster care cases. Some panels are county-based panels, while others are focused statewide.

Overview of Ohio CRPs/Purpose

In January 2016, ODJFS entered into a contract with The Ohio State University (OSU) to redesign the Ohio CRPs. Beginning in January 2016, OSU entered into a planning phase to prepare for three new panels. Each of the three new panels met for the first time in March 2017, and this report is the product of their first year of work.

The Children's Bureau, a division of the U.S. Department of Health & Human Services (HHS), recommends a focus on integrating *Safety*, *Permanency*, and *Well-Being* to guide the direction of child welfare practice and to improve the outcomes of both child welfare and system level outcomes. The panels were named accordingly. Ohio currently has three CRPs located in different parts of the state; the Safety Panel is located in Franklin County, the Permanency Panel is located in Athens County, and the Well-Being Panel is located in Hamilton County.

Each identified panel went through a strategic planning process to select a specific topic that fit within their panel's broad focus on *Safety*, *Permanency*, or *Well-Being*. All panels reviewed statewide data to make recommendations that are applicable statewide rather than narrowed to their respective geographic location. Panel members are volunteers and are not appointed or compensated for their work. They were strategically recruited to ensure the panels have equal representation among gender, race, age, and professional discipline.

Ohio CRP Mission Statement

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

Panel Membership and Professional Affiliation

Safety Panel located in Franklin County:

Sarah Cochey, CRP Chair, Youth Advocate Services
Tiffany Armstrong, CRP Vice-Chair, Ohio Department of Health, Help Me Grow Home Visiting
Rachel Binting, Columbus Public Health
Krystin Martin, Pickaway County Prosecutor's Office
Geraldine Pegues, Montgomery County Human Services Planning & Development Department
Pam Scott, Buckeye Ranch
David A. Williams, New Salem Baptist Church
Kathryn Wolf, The Center for Family Safety and Healing
Debbie Helldoerfer, Columbus Public Health

Permanency Panel located in Athens County:

Jenny Stotts, CRP Chair, Athens County CASA/GAL Program
Julie Toppins, CRP Vice-Chair, Equitas Health
Terry Cluse-Tolar, Ohio University
Kelly Cooke, My Sister's Place
Bridget Moore, The Ohio State University
Michele Papai, Hopewell Health Centers, Inc.
Terri Gillespie, Integrated Services
Brenda Wachenschwanz, Athens County Juvenile Court
Misty Harmon, The Ohio State University
Kaylyn Pryor, Ross County CASA Program

Well-Being Panel located in Hamilton County:

Tony Carter, CRP Chair, University of Cincinnati
Nicole Zistler, Vice-Chair, Indian Hill Middle School
Kimberly Budig, Dayton Children's Hospital
Helen Jones-Kelley, ADAMHS Board for Montgomery County
Randy Allman, Butler Behavioral Health Services
Jim Sarris, Child Advocate
Charlotte Caples, Hamilton County CASA Program
Mary Greiner, Cincinnati Children's Hospital Medical Center
Judith Harmony, Child Advocate and Child Welfare Research Investigator
Mary Anne Bressler, St. Anthony Church
Julie K. Wilson, Hamilton County Prosecutor's Office
Sarah Beal, Cincinnati Children's Hospital Medical Center
Sarah Habib, Mission2Move

Staff Support

OSU provides administrative support to the CRPs under contract with ODJFS. As mentioned above, OSU became involved with the Ohio CRPs in January 2016 to redesign the program and to create three new CRPs in Ohio, which began their work in March 2017. Again, this report is the product of the panels' first year of work ending in June 2018. OSU team members include representation of The Ohio State University College of Social Work and the Center for Human Resource Research (CHRR) at OSU. Katie Maguire Jack has worked with child protective services in research and evaluation capacities at the state and county levels since 2006 in both the State of Ohio and Wisconsin. Linda Helm is the University Partnership Title IV-E Child Welfare Training Program coordinator and has extensive experience working with Ohio public children services agencies (PCSAs). Sarah Parmenter, the project manager for the CRPs, is a University Partnership Program (UPP) graduate and former Ohio child welfare caseworker. OSU team members provide the following services to the CRP program:

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

Acknowledgements

We would like to thank Youth Advocate Services (YAS) for providing meeting space for the Safety Panel, and with special gratitude for Chairperson Sarah Cochey, who facilitated the space. We would like to thank O'Bleness Hospital as well for providing the meeting space for the Permanency Panel and Chairperson Jenny Stotts with the Athens County CASA/GAL Program for setting up the space. The panels would also like to thank the Southwest Ohio Regional Training Center (SWORTC) for providing meeting space for CRP meetings and case reviews for the Well-Being Panel. Thank you to The Institute for Human Services, Inc. (IHS) for assistance in obtaining data from E-Track, and to the Public Children Services Association of Ohio (PCSAO) for their continued support of CRPs. Finally, we would like to thank ODJFS for their assistance with data collection throughout the 2017–2018 CRP work year.

Acronyms

- AR- Alternative Response
- CAPTA- Child Abuse Prevention and Treatment Act
- CARF- Commission on Accreditation of Rehabilitation Facilities
- CRP- Citizen Review Panel
- CPS- Child Protective Services
- IHS- The Institute for Human Services
- ITNA- Individual Training Needs Assessment
- OCWTP- Ohio Child Welfare Training Program
- ODJFS- Ohio Department of Job and Family Services
- ORC- Ohio Revised Code
- PCSA- Public Children Services Agency
- PCSAO- Public Children Services Association of Ohio
- ROM- Results Oriented Management
- SACWIS- Statewide Automated Child Welfare Information System
- UPP- University Partnership Title IV-E Child Welfare Training Program

Executive Summary

Citizen Review Panels are charged with evaluating the impact of current child services procedures and practices upon children and families in the community and providing public outreach. CRPs are required to evaluate the extent to which a state is adhering to its CAPTA state plan. This evaluation involves examining the policies, practices, and procedures of state child welfare agencies. CRPs then make recommendations via an annual report to the state child welfare agency with the goal of improving the child protection system. Following the submission of these recommendations, the state has six months to respond in writing to the recommendations.

This report is the product of the Ohio CRPs' annual evaluation for the 2018 fiscal year. Ohio currently has three CRPs located in different parts of the state. The Safety Panel is located in Franklin County, the Permanency Panel is located in Athens County, and the Well-Being Panel is located in Hamilton County. Each identified panel went through a strategic planning process in 2017–2018 to select a specific topic that fit within their panel's broad focus on *Safety*, *Permanency*, or *Well-Being*. The following is a brief summary of each panel's topic, data collection methods, and final recommendations to ODJFS.

The Safety Panel located in Franklin County

The Safety Panel focused their work on the structure and organization of training for new child welfare caseworkers and supervisors in Ohio and the relationship to high turnover rates in Ohio. The panel gathered information from a number of sources including E-Track, IHS online resources, and a survey distributed to Ohio child welfare caseworkers and supervisors about their experiences with training as new hires. The results of the data analysis from these sources produced the following recommendations for improvement to the onboarding of new caseworkers and supervisors.

1. Create a resource library for online access to Core module resources

Throughout the panel's year of evaluation, they received a great deal of information about Core training and the concepts taught within each module. The panel recommends an online database of Core training materials be created for caseworkers to access as needed.

2. Create space for supervisor mentorship, roundtables, and other supports

While Supervisor Core is meant to teach concepts and theory, opportunities for hands-on activities and supervisor supports could be offered by IHS at the regional training centers as an ongoing effort to support and educate supervisors.

3. ODJFS to create guidelines for onboarding new workers

Based on survey results, it is clear that the onboarding of new workers varies by PCSA and by the current needs of PCSAs. The training for new workers is systemic and organized by IHS. The Safety Panel recommends ODJFS create a guideline of standards for onboarding new workers to include how soon cases should be assigned, what trainings need completed prior to being assigned a case, or prior to being sent out in the field, the definition of a full caseload, and potentially a plan for workers to slowly be assigned new cases with an increase in tenure.

4. Enhance SACWIS learning labs by utilizing online technology

The panel recommends ODJFS and IHS create greater access to SACWIS learning labs. The use of online technology to complete these learning labs, making them more accessible to workers who may not be able to spend the day away from the office is recommended.

5. Utilize online technology for Caseworker and Supervisor Core modules

Caseworkers and supervisors alike identified online trainings as desirable for some of the Core content taught in the new worker and supervisor trainings. Utilizing technology for at least some of the initial Core training may help to alleviate consequences of the current workforce crisis by allowing workers and supervisors to access training without travel time and absence from the office.

The Permanency Panel located in Athens County

The Permanency Panel located in Athens County tackled the issues surrounding the recruitment and retention of foster and kinship families in Ohio. The Permanency Panel used a number of sources of data to evaluate the recruitment and retention strategies for foster and kinship families used by PCSAs, but mainly focused their attention on a survey distributed to all PCSAs to evaluate this topic. The results of the data analysis produced the following recommendations for improvement.

1. Recruitment of part-time caregivers

The Permanency Panel suggests ODJFS consider adding another category of caregiver, such as a part-time caregiver, to be licensed similarly or even the same as foster parents. This group of caregivers could then be utilized specifically for respite of foster or kinship families. Due to tight restrictions on whom foster parents are allowed to utilize for child care for their foster children, this new type of caregiver may enhance the availability of respite.

2. Counties submit plan for how resources and information are communicated to kinship families

The Permanency Panel requests counties submit a written plan for how they provide supports to kinship families. This could be any type of resources from paper instructions on filing for custody of a child, to where to access food and clothing supports, to how to sign up children for medical benefits, or supports provided to families such as financial or child care supports. Communication can be more accountable with clarification.

3. ODJFS assist with creating a clearinghouse for kinship family resources

As CPS continues to advocate for kinship placements before foster care placements, those resources available to families must be communicated. The panel recommends ODJFS assist in creating a clearinghouse for kinship family resources.

4. ODJFS create foster care recruitment toolkit to give Ohio cohesive branding and evidence based practices for recruitment available for counties to use

The Permanency Panel requests ODJFS create a toolkit for PCSAs to voluntarily use, that includes tips and branding materials for recruitment of foster families. With this toolkit, ODJFS can ensure PCSAs are using evidence based practices and are educated on those strategies most effective for branding and recruitment.

5. Counties submit plan for foster care recruitment

The Permanency Panel suggests ODJFS require counties to submit a formal recruitment plan for foster families. Centralization of counties' formal plans may assist agencies in using strategies that are evidence based and effective for recruitment. This is an opportunity for ODJFS to lead and support counties in effective recruitment.

The Well-Being Panel located in Hamilton County

The Well-Being Panel located in Hamilton County was interested in the timelines and availability of mental health services provided to children involved in the child welfare system as their focus for 2017–2018. The panel used the following three strategies to gather data, 1) complete SACWIS case reviews, 2) compile list of all Commission on Accreditation of Rehabilitation Facilities (CARF) accredited agencies in Ohio by county, and 3) distribute a survey to all 88 counties gathering information from PCSAs about how many referrals they make for mental health and substance use services and to whom they make these referrals. The results of the data analysis produced the following recommendations for improvement.

1. Request ODJFS add the following items in SACWIS as required fields to aid in data collection around mental health services for children:

- When a referral for services is made (include the date, who requested the referral, where the referral was sent, a drop down to identify the main concern for child)
- Date assessment was completed (include date, recommendations from the assessment, how often child needs seen, what type of service is recommended, diagnosis, who completed the assessment)
- Linkage of services (date of first appointment and provider)
- Place to document updates over time (changes in provider, termination of services, etc.)

2. Request ODJFS consider additions to ORC for mental health services guidelines for children in care, incorporated with the physical health standards in ORC.

The Ohio Revised Code includes time lines and standards for the medical care of children who come into the care of a PCSA, and inclusion of mental health standards would support a minimum level of care. There is language in ORC pertaining to juveniles who are adjudicated as “delinquent,” but there is no reference to general mental health standards of care for all other children who come into custody. The Well-Being Panel requests ODJFS consider making movements towards the inclusion of such standards in ORC to improve the mental health services provided to children in care.

3. Additional training for caseworkers in SACWIS to understand how to document those items most important to children’s mental health services with the current available tools

While the SACWIS learning labs paired with CORE trainings are not currently required, the Safety Panel made a recommendation to include more technology based trainings so SACWIS labs would be available without the geographic and time restrictions of in person training. The Well-Being Panel requests expanding this recommendation to include specific content be included in the SACWIS learning labs on documenting about the mental health services children receive and their progress in those services.

4. Request ODJFS assemble a task force to investigate the possibility of creating a standardized approach for how to make referrals for the appropriate mental health treatment for each child

Often throughout the SACWIS activity logs, caseworkers would write about receiving an update about services from a private foster care agency, or they wrote about receiving a document via fax, yet no summary of this was recorded in SACWIS. This also happened with the completion of referrals and was rarely documented in SACWIS. By assembling a taskforce to investigate how to assist PCSAs and their workers in appropriately making mental health referrals, ODJFS can help standardize the approach to mental health treatment for children in care.

Next Steps

During the 2018–2019 fiscal year, two more CRPs will be added to the Northeast and Northwest regions of Ohio. The addition of these CRPs will provide more geographically representative CRPs in Ohio covering all areas of the state. While the panels provide statewide recommendations to ODJFS in the annual report, the viewpoints and special interests existing in all parts of Ohio is an important piece to the evaluation of CPS in Ohio. The new panels will meet for the first time in March of 2019 for an initial training session and strategic planning meeting. The panels will then begin their first work year in March of 2019, and will submit their first annual report in May of 2020.

Strategic Plan Overview



STRATEGIC PLAN FOR THE OHIO CITIZEN REVIEW PANELS

Vision: Children in Ohio flourish in safe and stable families.

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

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

Action Items

Annual Meetings

Three Annual Reports

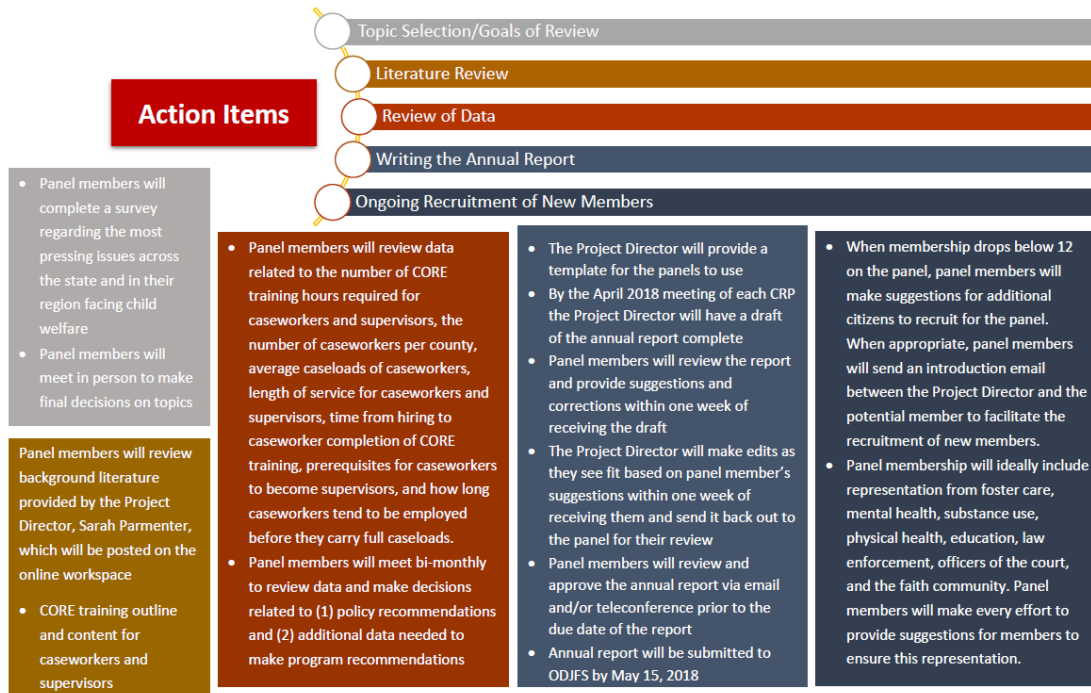
ODJFS Responses

- Annual meetings of all CRP members will be held in June each year to select topic areas for each panel to ensure the panels are jointly meeting the duties of the CRPs to review child welfare across the State of Ohio
- To reflect on successes and challenges from the previous year
- To share lessons learned by the panels to cross-pollinate ideas and improve panel work
- To review each other's annual reports and responses from ODJFS

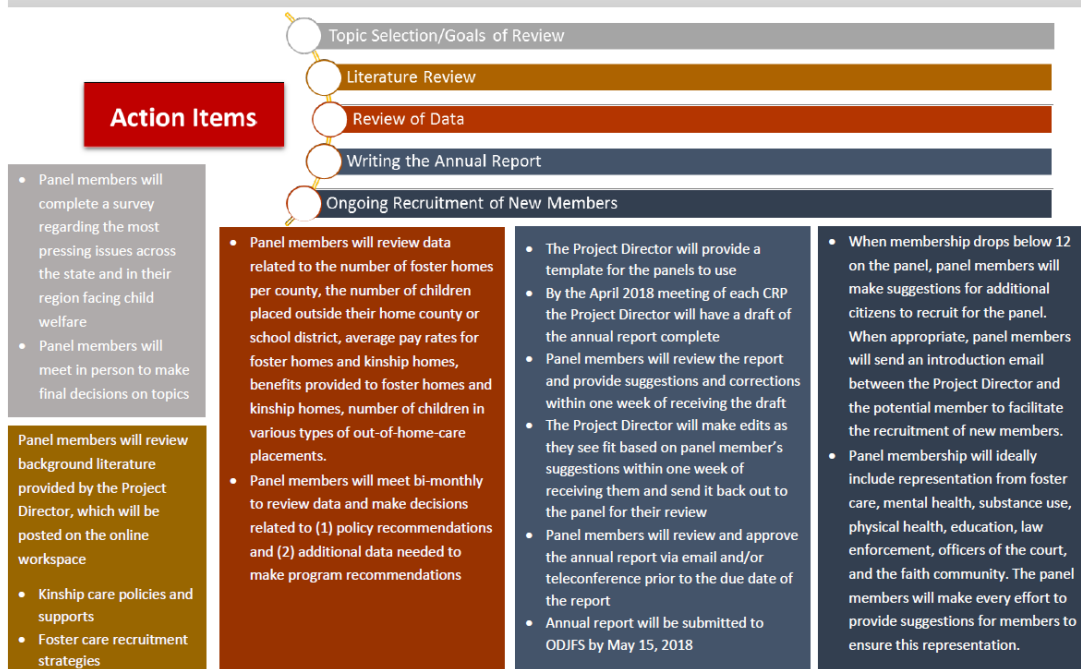
Each panel will submit an annual report to ODJFS summarizing its activities, analyses and recommendations.

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

Goal Two: The Safety Panel in Central Ohio will create actionable and measurable recommendations for the improvement of the structure and organization of training for child welfare caseworkers and supervisors in Ohio.



Goal Three: The Permanency Panel in Southeast Ohio will create actionable and measurable recommendations for the improvement of recruitment and retention of foster and kin families.



Goal Four: *The Well-Being Panel in Southwest Ohio will create actionable and measurable recommendations for the improvement of the quality and timeliness of mental health services for children involved with the child welfare system.*



Report 1: Safety Panel located in Franklin County

Executive Summary

The Safety Panel focused their work on the structure and organization of training for new child welfare caseworkers and supervisors in Ohio and the relationship to high turnover rates in Ohio. The panel gathered information from a number of sources including E-Track, IHS online resources, and a survey distributed to Ohio child welfare caseworkers and supervisors about their experiences with training as new hires. The results of the data analysis from these sources produced the following recommendations for improvement to the onboarding of new caseworkers and supervisors.

1. Create a resource library for online access to Core module resources

Throughout the panel's year of evaluation, they received a great deal of information about Core training and the concepts taught within each module. The panel recommends an online database of Core training materials be created for caseworkers to access as needed.

2. Create space for supervisor mentorship, roundtables, and other supports

While Supervisor Core is meant to teach concepts and theory, opportunities for hands-on activities and supervisor supports could be offered by IHS at the regional training centers as an ongoing effort to support and educate supervisors.

3. ODJFS to create guidelines for onboarding new workers

Based on survey results, it is clear that the onboarding of new workers varies by PCSA and by the current needs of PCSAs. The training for new workers is systemic and organized by HIS. The Safety Panel recommends ODJFS create a guideline of standards for onboarding new workers to include how soon cases should be assigned, what trainings need completed prior to being assigned a case, or prior to being sent out in the field, the definition of a full caseload, and potentially a plan for workers to slowly be assigned new cases with an increase in tenure.

4. Enhance SACWIS learning labs by utilizing online technology

The panel recommends ODJFS and IHS create greater access to SACWIS learning labs. The use of online technology to complete these learning labs, making them more accessible to workers who may not be able to spend the day away from the office is recommended.

5. Utilize online technology for Caseworker and Supervisor Core modules

Caseworkers and supervisors alike identified online trainings as desirable for some of the Core content taught in the new worker and supervisor trainings. Utilizing technology for at least some of the initial Core training may help to alleviate consequences of the current workforce crisis by allowing workers and supervisors to access training without travel time and absence from the office.

Annual CRP activities

Schedules

The Safety Panel meets bimonthly from August to May of each work year. The 2017–2018 work year was slightly different from the meeting schedule planned for normal work years. In 2017, the Safety Panel met for the first time in March for an annual meeting involving all the CRPs in Ohio for a training and strategic planning event. This was the first year of work for all three of the newly redesigned Ohio CRPs. Following this annual meeting, the Safety Panel met for their first regular meeting in May of 2017. The Safety Panel meets bimonthly on the first Monday of the month from 12:00–2:00 pm at YAS in Columbus. Table 1 below displays the meetings attended during the 2017–2018 work year.

Table 1. Safety Panel Meeting Schedule

Monday, May 1, 2017
Monday, September 11, 2017
Monday, October 2, 2017
Monday, December 4, 2017
Monday, March 5, 2018
Monday, April 2, 2018

Changes to Panel Membership

The Safety Panel began the work year with 10 members and maintained that membership number steadily throughout the year despite some losses and additions. This panel made two early additions in membership in September/October of 2017, but only one of those members was retained and continues to be involved in panel activities. An additional member was lost in early 2018, and two more members were added around February 2018. This leaves the Safety Panel at nine members currently, the lowest membership number of any of the Ohio CRPs. A core group of CRP members has remained faithful to the Safety Panel and its members have committed themselves to the ongoing recruitment of new members. The panel plans to bring their membership up to at least 12 before the start of the next work year.

Successes, Challenges, Achievements

The Safety Panel encountered a number of challenges this work year, particularly when it came to obtaining data to inform their topic of evaluation. Specifically, the panel struggled to obtain data regarding caseload size for Ohio's child welfare caseworkers. This information was unavailable at the state level from ODJFS, and the panel's Caseworker Survey suffered from a low completion rate. Additionally, the panel encountered difficulty obtaining evaluative data from IHS regarding the Core training. The panel is aware that caseworkers are able to provide feedback to IHS regarding Core training, but the panel was unable to get a clear answer about the availability of this information. The panel also identified lower membership numbers as a notable challenge for this work year. The panel's membership fought to maintain their numbers, and new members were added and lost throughout the year.

Yet the Safety Panel also identified successes. Perhaps their biggest success came in getting specific feedback from workers and supervisors about the training of new hires through the survey the panel implemented. And, despite low membership numbers, the Safety Panel was marked by collaboration. All its members have been active participants in the reviewing process, get along well with each other, and regularly engage in productive dialogue about the topic at hand.

Background

The Safety Panel focused their work on understanding the structure and organization of training for new child welfare caseworkers and supervisors in Ohio and how this could influence the high turnover rates in this state. Building a stable and competent workforce appears to be a major challenge for child welfare agencies throughout the rest of the country, as well. The combination of worker turnover and a lack of qualified applicants has a direct impact on the quality of services provided to children and families through the child welfare system (Child Welfare Information Gateway, 2018).

In Ohio, new child welfare caseworkers and supervisors complete an initial, state-mandated training program called Core at regionalized training facilities over the course of 12 months. Core training is supplemented by training completed at the child welfare caseworker's local, county-specific agency. The panel focused on evaluating which modules of training are the most beneficial, whether the timing of the training is complementary to a new worker's assignment of cases, and how the state-mandated training compares with aspects of training received at the local PCSAs.

Data

The Safety Panel used a number of sources of data to evaluate the structure and organization of training for caseworkers in Ohio. They first requested data from ODJFS related to caseworker training requirements, salary, caseloads, and length of employment. The panels met with a representative from the OCWTP who provided members with an overview of the caseworker and supervisor Core training programs. Panel members also reviewed an in-depth overview of best practices for the training of new child welfare caseworkers and supervisors.

The panel also reviewed some data from IHS via E-Track to aid in the evaluation process. This information included the population of caseworker and supervisors employed at each PCSA, and training compliance rates by county. Some of the original requested information including the salary of caseworkers and supervisors, the length of employment, timelines to completing Core training, timeline to becoming a supervisor, or timeline to carrying a full caseload were not readily available in E-Track and not recorded by ODJFS at the state level.

To supplement the administrative data, the Safety Panel conducted a Qualtrics survey of caseworkers and supervisors in Ohio's PCSAs. The survey questions were mix of multiple choice and narrative response, and explored caseworker and supervisor tenure, the time to completion of Core training, how soon cases were assigned, opinions about the helpfulness of Core trainings, trainings provided by their PCSA, what other types of training they felt they needed, and any other general recommendations for the improvement of new caseworker and supervisor training in Ohio.

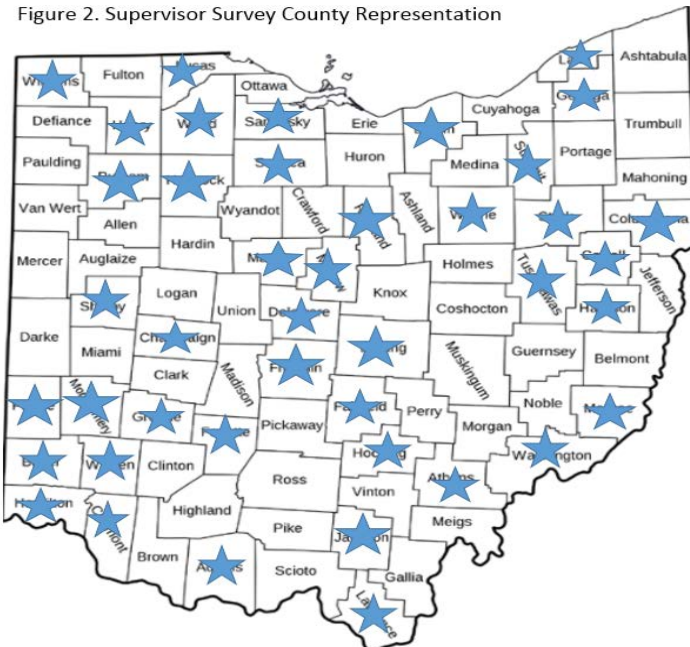
The survey was sent to all PCSA directors in Ohio by ODJFS. The directors were then asked to send the survey links onto their caseworkers for completion. The panel felt this distribution strategy was best for enhancing survey response and reaching all available participants. The survey was distributed at the end of January 2018 and participants had four weeks to respond to the survey. There were 527 participants that accessed the caseworker Qualtrics survey link, but many of these responses were blank. After cleaning through the data there were 488 valid responses that identified themselves by county. Based on data from E-Track in April 2017, the 488 caseworker responses to the survey represent a 15% response rate of the total population of caseworkers in Ohio. There were 229 respondents that accessed the supervisor survey, but after cleaning the data there were 188 valid responses. Based on the same E-Track data from IHS, this represents a 28% response rate of the total population of supervisors in Ohio.

Of Ohio's 88 counties, 40 counties were represented in the caseworker survey. Most notably missing is Cuyahoga County in which no caseworkers completed the survey. The other two major metros, Franklin County and Hamilton County, were both represented in the survey. It is unknown if caseworkers from those counties with no data received the link to the survey from their PCSA director. Figure 1 is a representation of those counties who had caseworkers fill out the survey.

Figure 1. Caseworker Survey County Representation

A map of Ohio showing all 88 counties. Blue stars are placed in the following counties: Adams, Allen, Ashtabula, Athens, Belmont, Brown, Butler, Cuyahoga, Darke, DeKalb, DeWitt, Franklin, Fulton, Gallia, Hamilton, Hancock, Harrison, Huron, Jackson, Jefferson, Knox, Lake, Licking, Madison, Mahoning, Marion, Medina, Meigs, Miami, Montgomery, Morgan, Morrow, Muskingum, Noble, Pickaway, Pike, Portage, Putnam, Richland, Ross, Shelby, Stark, Summit, Tipton, Trumbull, Van Wert, Warren, Washington, Wayne, Williams, Wood, Wyandot, and Young.

Figure 2. Supervisor Survey County Representation



Results

The Safety Panel reviewed a wealth of information during their work year, and the results of this data analysis are detailed here. Data provided by IHS from E-Track included the number of caseworkers and supervisors employed by each PCSA in April of 2017. E-Track also provided compliance numbers for caseworker and supervisor Core training and ongoing training by county. It is important to note at the outset that the vast majority of counties were near 100% in compliance with caseworker and supervisor Core training. This panel hypothesized this may be due to the large amount of time that workers and supervisors are given to complete the training.

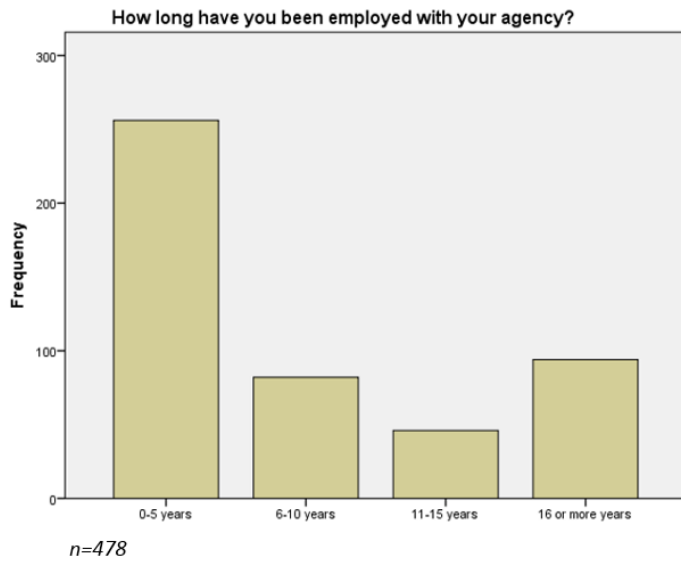
Initially, Ohio's child welfare caseworkers are required to take 102 hours of training divided into the eight different modules that comprise Core training. These trainings are taken at a caseworker's assigned regional training center and must be completed within 12 months of his or her hire date. An additional 30 hours of hands-on trainings called SACWIS learning labs are available to workers through specific training modules. However, these trainings are not mandatory for caseworkers across the board, and their completion is based on the individual PCSA's recommendations or requirements.

In order to complete Core, caseworkers must travel to the eight regional training centers in Ohio. Each training center has its own schedule for the Core modules. A review of the schedules for each center showed that Core training is scheduled for regular intervals throughout the year and can be completed within two to six months. In the event a worker is unable to attend a scheduled Core training date at a particular training center, they can travel to another location to satisfy the training requirement.

As indicated above, there were 488 valid responses to the caseworker survey with representation from 40 of 88 counties, though not every valid response completed each and every question contained in the survey.¹ Figure 3 displays the length of employment as a worker as indicated by survey participants. The majority of participants reported being employed with a PCSA for under 5 years, which is unsurprising given the high turnover rates reported by counties throughout the state.

¹ Missing data will be included in the discussion of each survey question result.

Figure 3. Length of Caseworker Employment

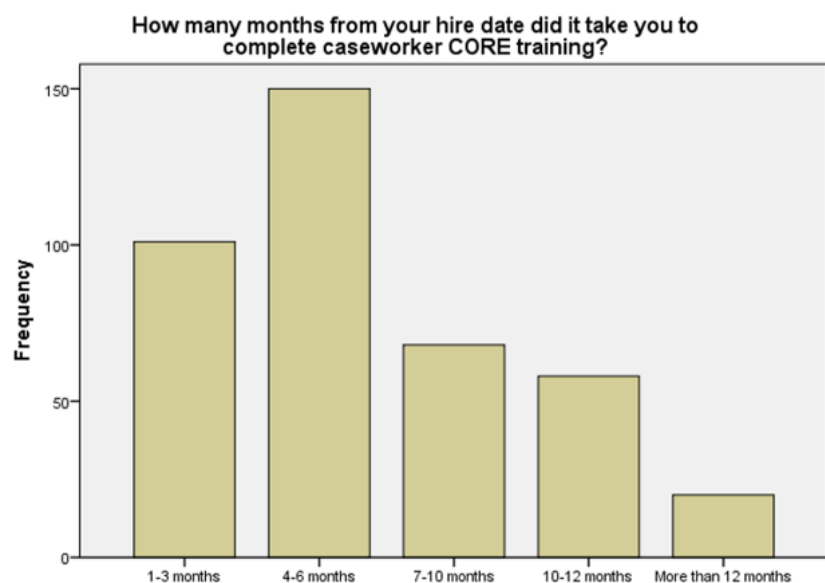


The majority of workers (92%) reported working in a specialized unit at their agency such as intake, ongoing, adoptions, etc. The great majority of respondents also reported working in intake (34%) and ongoing (29%) units when compared to the other categories of specialized units. It should be noted that the major metro counties have a higher population of workers than smaller counties which results in a greater number of workers completing the survey.

Figure 4 shows the majority of participants reported completing Core within four to six months of their hire date. This finding is understandable when compared to the compliance training data as well as the posted Core schedules from the regional training centers throughout the state. Moreover, some participants may have completed Core training through UPP when they were students.²

² UPP is a university-based caseworker recruitment and training program providing Core-equivalency training. Over half (51%) of the survey respondents reported participating in UPP. However, panel members and OSU theorize that this particular question on the survey was confusing, as it is unlikely that such a high quantity of respondents would have been UPP students.

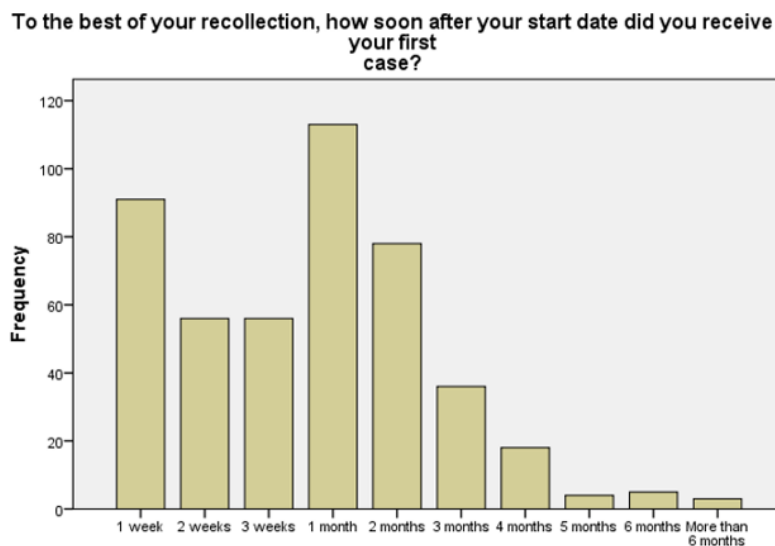
Figure 4. Caseworker Time to CORE Completion



n=397

As shown in Figure 5, workers reported receiving their first case within a month of their hire date. Some even reported receiving cases within one to three weeks of their hire date.

Figure 5. Time to First Case Assignment



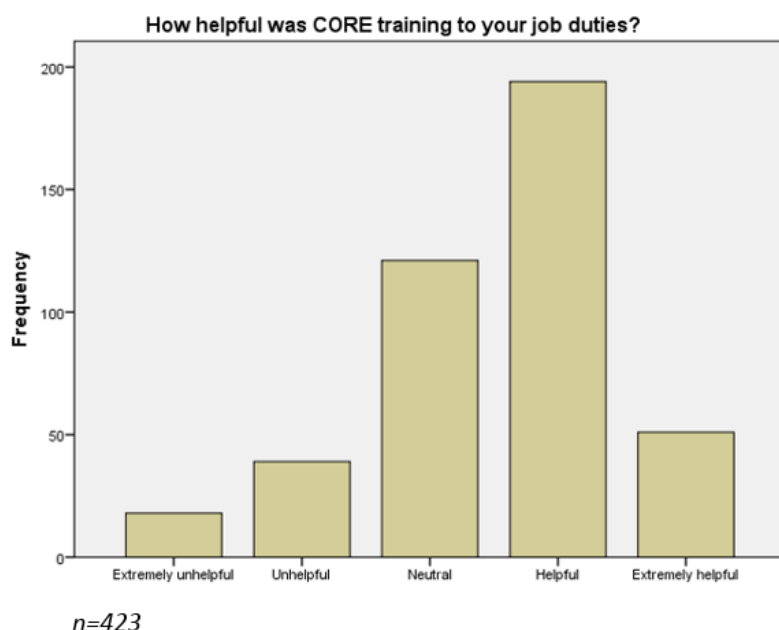
n=460

Caseworkers were also asked to recall how many cases they carried in their first month of work as a caseworker, but only 144 valid responses were received to this question. About 23% of workers reported receiving no cases in their first month of work, while another 12% reported having over 12 cases in their first month.

Participants were then asked to report their current caseload size, but this question likewise resulted in minimal responses. Only 84 valid responses were received.³ Of those responses, 20% of respondents reported having between 13 and 15 cases, with another 19% of participants reported having 10 and 12 cases, and 18% of survey respondents reporting having 0 cases on their caseload. This question had only 84 valid responses.

Figure 6 displays the results of survey participant's reflection on their feelings with Core training's helpfulness to their job duties. The majority of participants reported Core was "helpful" to their job duties. Participants were also asked to reflect on each individual Core module and its helpfulness to their job duties, but each result reflected a similar answer. Ultimately, most workers identified each module as "helpful" with a distribution similar to the overall question about Core as seen in Figure 6.

Figure 6. CORE Training Overall

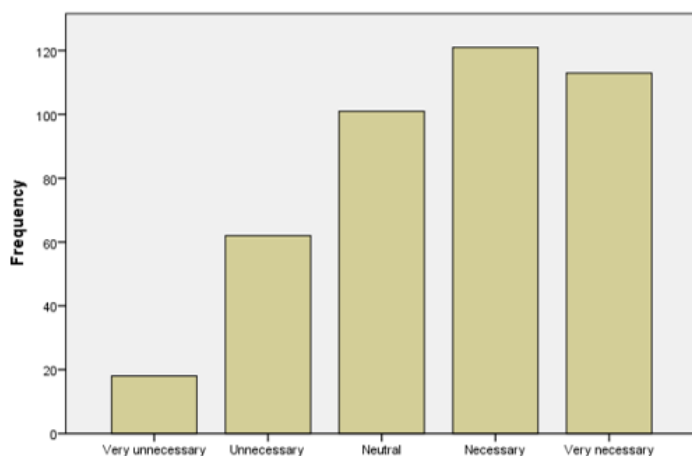


Caseworkers were then asked if they felt that completion of Core training was necessary prior to being assigned cases, and the majority of respondents identified this as being "necessary" or "very necessary" as referenced in Figure 7.

³ A cross-tabulation of this question analyzed by county did not identify any one specific county that was nonresponsive systematically. Panel members were unable to identify why this survey question went unanswered by such a large number of participants.

Figure 7. CORE Prior to Case Assignment

Do you feel the completion of CORE is necessary prior to being assigned cases?



n=415

The survey also asked participants to reflect on their experiences with the training schedules. Most caseworkers (72%) reported they did in fact complete their training at their assigned regionalized training center, and 84% of respondents indicated that the scheduled training dates were convenient for them.

From the literature review and conversations with IHS, there was no evidence to suggest that online trainings and other technologies are utilized in the onboarding of new workers at the training center. When the caseworker survey asked respondents if they felt there were parts of Core training that could be completed online, 60% responded “yes.” However when asked to specify which modules could be placed online, no single Core module was overwhelmingly identified. All of the results to that question were similar, with each module garnering between 66 and 100 votes for placement online.

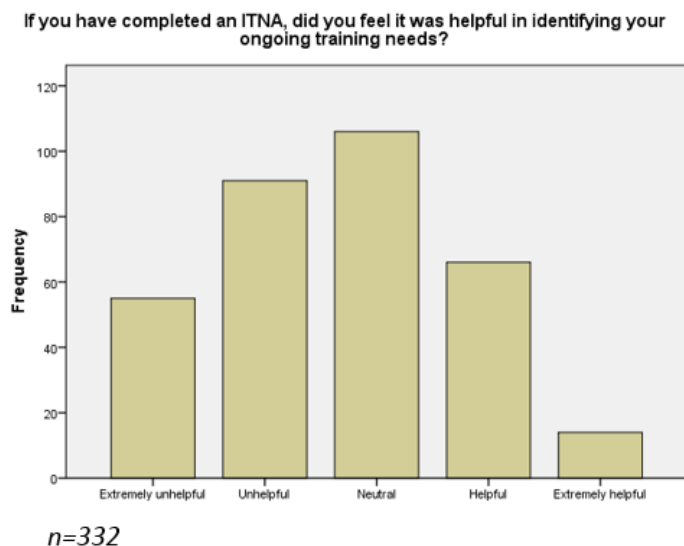
Caseworkers were also asked if location, caseload sizes, availability, and competing job duties were barriers to completing Core. Respondents indicated that the size of caseload and competing job duties were the two main barriers (24% and 36%, respectively).

Part of the survey included questions designed to learn about what PCSAs were doing, beyond Core training, to assist new caseworkers in acclimating to the job. Most participants, 87%, indicated that their agency does provide some type of additional training for new workers. Caseworkers were then asked to select what type of additional training is provided by their PCSA, but an error led to incomplete results⁴.

⁴ It was intended that respondents would select all responses that applied, but an error in the survey only allowed workers to select one answer.

Participants were asked if they had completed an ITNA to assist in identifying their ongoing training needs, and 71% reported “yes.” Although Figure 8 shows a large majority of participants reported a “neutral” answer when asked if the ITNA was helpful in identifying their ongoing training needs.

Figure 8. ITNA Completion



In the narrative portion of the survey, caseworkers provided qualitative information about the use of ITNAs. Several participants noted concerns about the length of the ITNA, its clarity, and a lack of local courses available to address those training needs identified.

Participants were asked to list additional topics about which they felt they needed more training prior to taking on a caseload. Table 3 shows the most frequent responses to this question.

Table 3. Additional topics caseworkers felt they needed more training on prior to taking a caseload

Personal safety
Basic child care
More about SACWIS
Court expectations
Understanding how county, state, and federal CPS work together
Approach to cases with substance and mental health concerns
Coping with stress/secondary trauma
More on CAPMIS tools
De-escalation techniques
How to complete court paperwork
Time management skills
Interviewing and engaging families
Training on resources available in my community
Approach to DV cases
Practice with testifying in court
Real day in the life of a caseworker
More county specific training

Finally, the survey asked caseworkers to note general improvements needed for Core training and new caseworker training in general. This resulted in a total of 123 responses. Of those, 22 requested more time for shadowing prior to being assigned cases; 15 mentioned the need for mentoring from more senior caseworkers; seven respondents requested more SACWIS training; and five mentioned a need for training on self-care and identifying secondary trauma. Moreover, 23 responses cited the need to delay case assignments or to limit a new caseworker's caseload until they have more time to fully understand the ins and outs of the job, and 13 responses sought more agency specific trainings. The following are a couple opinions expressed by workers in the survey that panel members felt were a good summary of the narrative responses expressed in the survey:

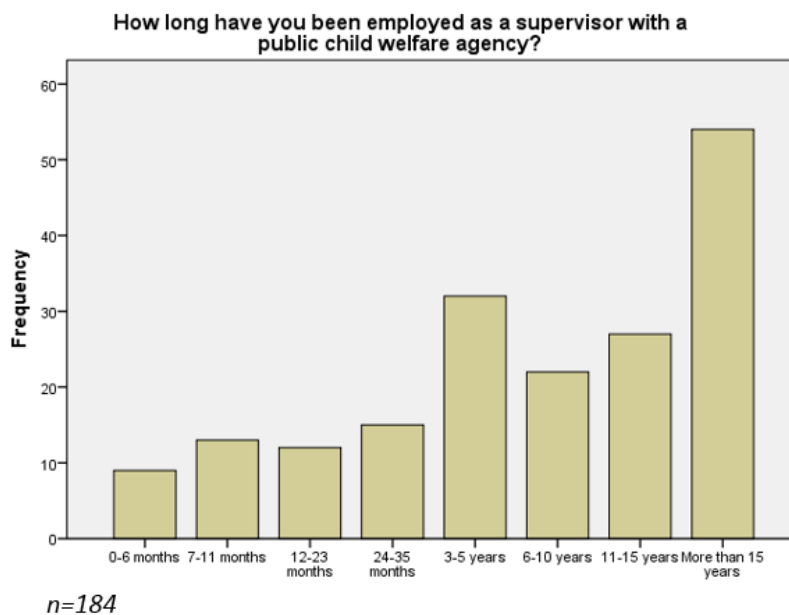
- *"ODJFS should provide wording that they want for every drop down box and fill in box in every tool we are required to use."*
- *"For long-term worker retention, agencies should have a Field Training program where workers are afforded the opportunity to learn the job before being assigned full caseloads. CORE should be practical information applicable to the job - most of it is not. Much of what is learned at CORE is done differently in practice at your respective agency."*

- *“I feel that CORE in Ohio was fine for me, because I have 5 years Child Welfare Experience. However, for new workers with no experience and being required to carry several cases, I can see how it would be difficult to manage and feel overwhelming.”*
- *“I learned more by shadowing a seasoned worker than sitting in classes.”*

Supervisors were sent a separate survey link to evaluate their own experiences with supervisor Core as well as their thoughts on the caseworker Core. There were 188 valid responses to this survey, though (again) not every valid response completed each and every question contained in the survey.⁵

This survey similarly began by asking about length of service. Figure 9 shows the range in tenure of responding.

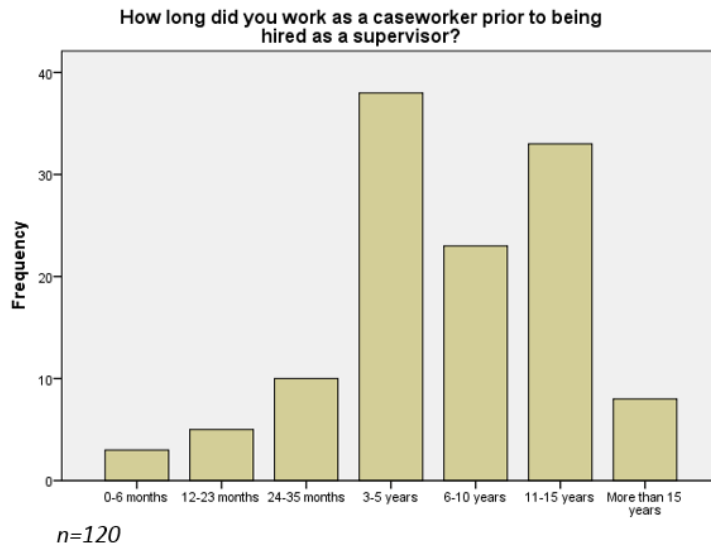
Figure 9. Length of Supervisor Employment



Anecdotal evidence suggested “good” caseworkers are sometimes hired as supervisors rather quickly after starting with an agency. This inspired panel members to ask a follow-up question—how long had supervisors worked as a caseworker. Figure 10 shows that most of respondents reported working as a caseworker for three to five years before becoming a supervisor.

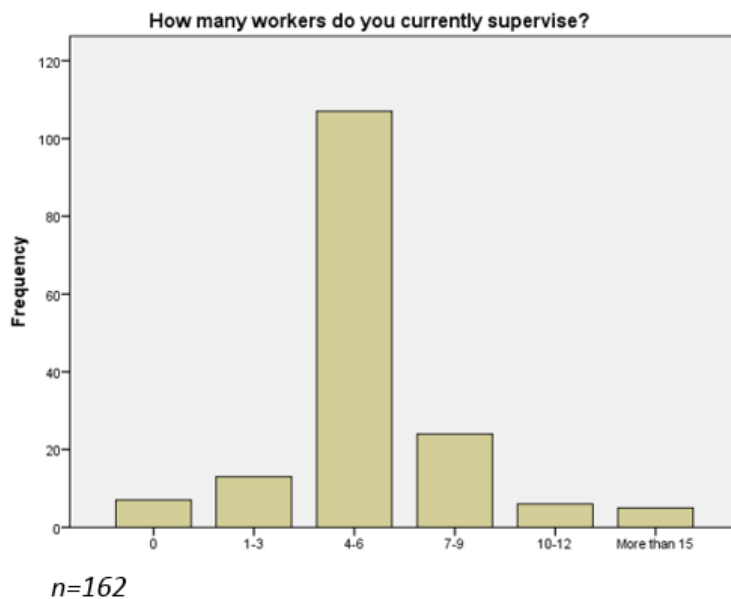
⁵ Missing data will be included in the discussion of each survey question result.

Figure 10. Length of Caseworker Employment Prior to Employment at a Supervisor



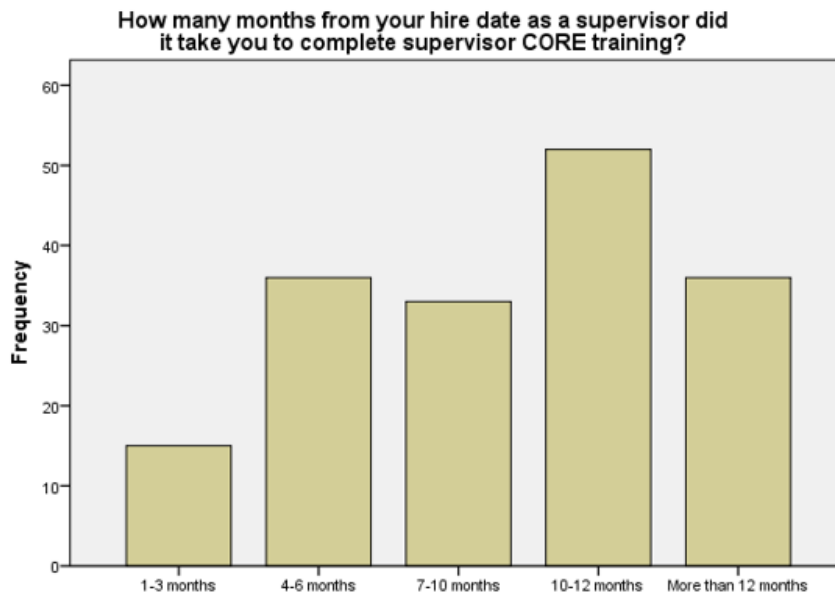
The large majority (93%) of supervisors reported they completed the caseworker Core training prior to becoming a supervisor. Similar to the caseworker survey, the great majority of respondents (91%) reported their agency has specialized working units. As shown in Figure 11, most respondents indicated they supervise between four to six workers.

Figure 11. Number of Workers Supervised



The next part of the survey sought to assess the supervisor Core training. Figure 12 shows the majority of respondents reported taking anywhere from 10 to 12 months to complete the supervisor Core training.

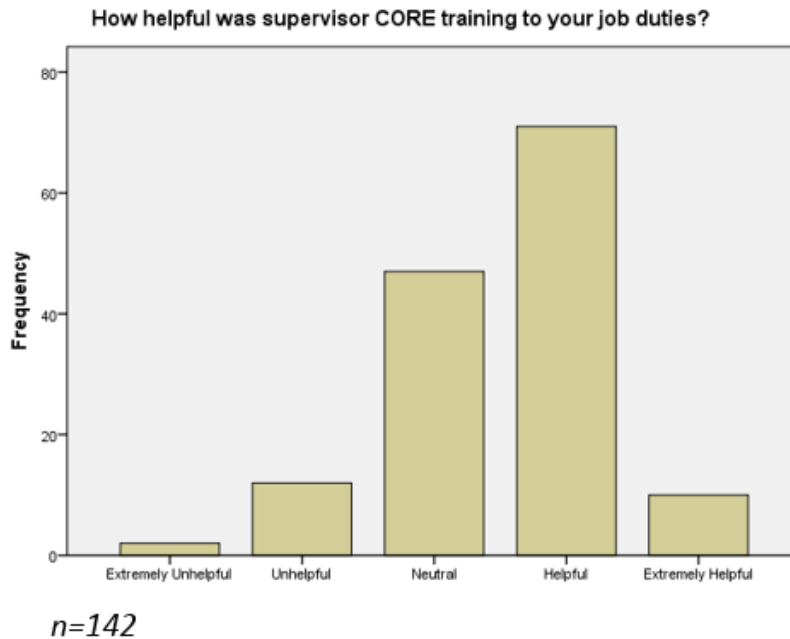
Figure 12. Supervisor Time to CORE Completion



n=172

Similar to the caseworker survey, the vast majority of participants stated they felt Core training was “helpful” to their job duties as displayed in Figure 13. Over half of respondents (60%) reported taking all of their Core training at their assigned regional training center, and most respondents (87%) said the training dates were convenient.

Figure 13. Supervisor CORE Overall



Supervisors were also questioned about barriers to completing their Core training. Respondents identified competing job duties and obligations to workers as the biggest barriers (44% and 28%, respectively).

The use of technology and online training also appears to be absent from the supervisor Core modules. When supervisors were asked if there were parts of Core that could be completed online, 61% said “yes.” And again, when the supervisor survey asked respondents to specify which modules could be placed online, there was no single overwhelming Core module they identified that could be placed online. Each module received between 20 and 52 votes for “could be placed online.”

Respondents were asked to list additional topics about which they needed training before taking on their duties as a supervisor. Table 4 summarizes some of the answers provided by respondents.

Table 4. Additional topics supervisors felt they needed more training on prior to becoming a supervisor

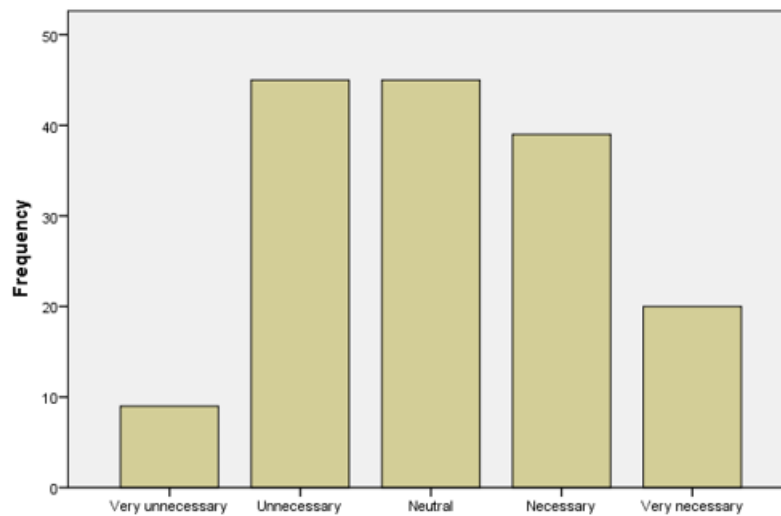
Communication skills
Teaching time management skills
How to set expectations
Interpreting rules
County agency specific trainings on rules
Real world preparation
Shadowing of more senior supervisors
Conflict management
Discipline
Documenting supervision
Specific supervision tasks rather than broad topics as in CORE
How to be a middle manager
How to teach SACWIS
Managing overworked and burnt out staff
Encouraging critical thinking of caseworkers

Supervisors were also asked for general recommendations to improve supervisor Core training. In total, 53 narrative responses were received. Of those, 12 called for more hands-on activities and real-life problem solving scenarios, and six requested more ongoing training/refreshers courses/ongoing supports for supervisors to come together and discuss problems. The need for mentoring for supervisors appeared in seven responses, and five responses requested condensing the Core training into a shorter time frame or into a single conference attended by all new supervisors. Finally, three responses called for more agency specific trainings regarding new supervisor training.

The final section of the supervisor survey asked respondents to comment on the caseworker Core training from their perspective of having taken caseworker Core and also what they observe in their workers. Respondents were asked if they felt the completion of caseworker Core was necessary prior to being assigned cases, and Figure 14 depicts the varied results.

Figure 14. Supervisor Opinion of Caseworker CORE

Do you feel the completion of caseworker CORE is necessary prior to workers being assigned cases?

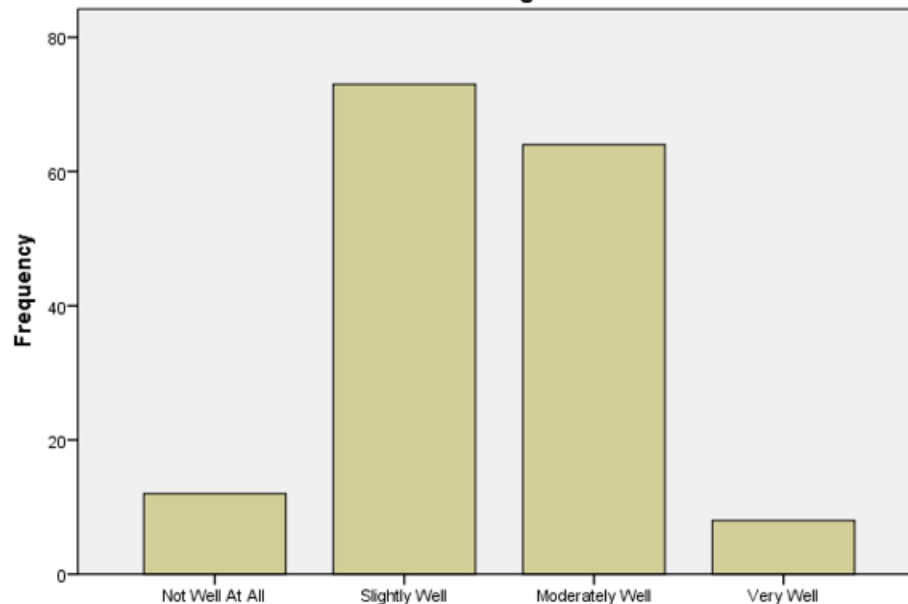


n=158

Furthermore, when respondents were asked how well their caseworkers were prepared to handle a caseload after the completion of Core, and the majority stated only “slightly well,” as displayed in Figure 15.

Figure 15. Supervisor Opinion of Caseworker Preparation for Case Assignment after Completion of CORE

How well are caseworkers prepared to manage a caseload after the completion of CORE training?



n=157

Supervisors were also asked about their workers' barriers to completing caseworker Core (47%), and respondents identified competing job duties and casework crisis as the biggest barriers (34%).

About 94% of respondents to the supervisor survey overwhelming stated that their agency provides training to new workers outside of the regionalized Core trainings. Respondents were then asked to identify what kinds of other trainings are offered to new workers at their PCSA. Table 5 provides a summary of the responses about different trainings offered by PCSAs.

Table 5. Types of New Worker Trainings offered by PCSAs	Frequency:
Shadowing	76%
Orientation	72%
Mentors	43%
Caseworker in Training	30%
Training Groups	29%

A final survey question for supervisors asked for general recommendations to improve the caseworker Core training. There were 42 total narrative responses for this question. Eight of the responses requested more time for caseworkers to shadow tenured workers, and seven called for more hands-on learning activities in Core. Additionally, six responses spoke about the need to delay the assignment of a worker's first case to allow them more time to learn. Four responses indicated the timeline of Core being a problem and requested it be shortened, while three requested more SACWIS training for workers. Finally, two responses spoke about the need for mentors for new workers and two more responses indicated the need for more agency specific training. One respondent summarized the recommendations for improvement with the following note:

"None of my staff that have ever completed CORE have ever been able to take a case or complete any assessment tools (safety plan, safety assessment, or family assessment) following training and I have had to sit down with the workers while they complete the items or show them an example of what information is needed and should be captured in these tools."

Conclusions

The results of review the conducted by Safety Panel that were most influential in the construction of the panel's recommendations are highlighted here. Most caseworkers identified Core training being helpful to their job duties in child welfare, but the majority also reported the completion of Core being necessary or very necessary prior to being assigned their first case. When supervisors were asked the same question about the completion of caseworker Core, supervisors were almost equally split between the sides of this scale. The narrative responses from both the caseworker and supervisor surveys to overall recommendations for improving training both mentioned the need for more shadowing time for new workers. These responses also suggested the delay of first case assignments or limiting of caseloads for new workers.

In both surveys, the majority of caseworkers and supervisors reported there are portions of caseworker and supervisor Core training that could be completed online. Caseworkers and supervisors did not identify by a large majority which specific modules they felt could be completed online, but the narrative responses also indicate that respondents to both surveys called for more hands-on training as well. Caseworkers and supervisors alike requested Core include more time to deal with real life case scenarios and more practice with SACWIS.

Similar to the caseworker survey, supervisors overwhelmingly stated they felt their Core training was helpful to their job duties, but the narrative responses demonstrated supervisors were asking for more. They requested more ongoing training or round table opportunities to discuss real life scenarios with other supervisors and more tenured supervisors. A majority of supervisors reported their Core material could also be completed online, but narrative responses from them also suggested shortening the Core training or condensing it into a conference.

Another interesting finding from the caseworker survey had to do with the ITNAs completed by caseworkers to identify their ongoing training needs. A majority of caseworkers gave a neutral response when asked if the ITNA was helpful in identifying their ongoing training needs, and the second most popular response was the ITNA is unhelpful in identifying training needs. The narrative responses from both caseworkers and supervisors provided some substance to this survey item. Caseworkers reported the ITNAs were difficult to use and difficult to interpret. One respondent reported they and their supervisor felt the ITNA was "busy-work," and that they would feel more comfortable relying on their supervisor to help identify specific training needs. There were also some narrative responses stating those training needs identified by the ITNA were not available anywhere near their agency. While the ITNAs are not addressed in this panel recommendations, the panel discussed possibly returning to this topic in the future. Due to the prevalence of concern about ITNAs being reported in the surveys the panel felt they could not ignore this topic completely but also did not feel they had enough information to comment on improvements to this process.

Recommendations

1. Create a resource library for online access to CORE module resources

Throughout the panel's year of evaluation, they received a great deal of information about Core training and the concepts taught within each module. While the panel did not feel they had the expertise to comment on any changes being made to content of Core training or even to the order in which concepts should be taught, there was still a large concern about those workers headed into the field with no training at all. The workforce crisis has pushed workers into the field who are not necessarily prepared, and the survey results demonstrate caseworkers' concerns about this issue. This conversation led the Safety Panel to consider a recommendation about how the materials for Core trainings are accessible. Caseworkers may leave Core training with paper resources received during the training, but there is no online space for them to return to the material for reference if needed. While some PCSAs may have their own database of resources, there is no such available resource for Core materials.

The panel recommends an online database of Core training materials be created for caseworkers to access as needed. This would allow caseworkers to access materials from Core modules they may need in practice as a reminder or even before they have taken the training. It would also allow supervisors to ask their workers to reference a certain training resource if they feel a refresher of information is needed. Providing workers with access to training materials at any time they are needed can assist workers in ensuring the ongoing safety of families on their caseload.

2. Create space for supervisor mentorship, roundtables, and other supports

Throughout the survey, supervisors repeatedly asked for more time talking to other supervisors about how to handle real world problems within their units and agencies rather than just receiving training about being a manager. While Core is meant to teach concepts and theory, caseworkers have some access to hands-on, real-world experience in applying these concepts. Supervisors have no additional space for hands-on activities and discussion about problems within their units. Even supervisors who were not new to being a manager requested a space for regular roundtables or discussion as part of their ongoing training needs. While mentorship of supervisors cannot be regulated by ODJFS due to the individual nature and policies of PCSAs, some type of training could be offered by IHS at the regional training centers as an ongoing training to satisfy this need. Giving supervisors the opportunity to discuss the dynamics occurring in families beyond their own workers' caseloads helps inform them of how to be better prepared to maintain safety of their workers and their workers' families.

3. ODJFS to create guidelines for onboarding new workers

Based on survey results, it is clear that the onboarding of new workers varies by PCSA and by the needs of that PCSA on a given day. Some workers reported receiving cases on their first day, while others reported slowly being assigned cases throughout a training period. Certainly those PCSAs with more resources have the flexibility to allow workers to slowly get acclimated to the job, while smaller counties may need a new workers to take a case right away. The panel was unable to identify any ODJFS guideline regarding the onboarding of new workers. The training for new workers is systemic and organized by IHS, but no guidelines for the best way to onboard workers seems to exist in Ohio.

The Safety Panel recommends ODJFS create a guideline of standards for onboarding new workers to include how soon cases should be assigned, what trainings need completed prior to being assigned a case, or prior to being sent out in the field, the definition of a full caseload, and potentially a plan for workers to slowly be assigned new cases with an increase in tenure. While a guideline is not a requirement for PCSAs to follow, the emphasis placed on such a document with evidence based strategies could be helpful for PCSAs when considering how to treat and train new workers. This recommendation directly impacts worker retention and also enhances the safety of Ohio families. If we are able to ensure that the components of Core most relevant for safety are provided to workers before they even begin interaction with families, this will have a two-fold benefit: our families will be better served and safer, and our workers will feel more competent, confident, and safer.

4. Enhance SACWIS learning labs by utilizing online technology

Currently the SACWIS learning labs that accompany Core trainings are not a requirement of Core, and some agencies do not require their workers to complete the additional labs. Some narrative responses from the survey indicate due to the demands of caseloads and other agency responsibilities, some workers are not encouraged to attend the additional hands-on trainings. The panel recommends ODJFS and IHS consider the use of online technology to complete these learning labs, making them more accessible to workers who may not be able to spend the day away from the office. By placing these trainings online and possibly making them live interactive sessions, the learning labs may reach more workers who are requesting more hands-on learning activities with SACWIS and other training components. These hands-on training opportunities that are directly applicable to a caseworker's daily work can serve to enhance the safety of children and families on their caseload.

5. Utilize online technology for Caseworker and Supervisor Core modules

Caseworkers and supervisors alike identified online trainings could be used for some of the Core content taught in the new worker and supervisor trainings. Utilizing technology for at least some of the initial Core training may help to alleviate consequences of the current workforce crisis. Throughout the survey, workers and supervisors called for the delay of initial case assignment to allow workers time to complete some training, shadowing, and get acclimated to the job. The use of online trainings could allow workers to get into training faster before they have full caseloads and are trying to juggle caseload responsibilities with time away from the office. The Safety Panel does not feel they have the expertise to comment on which trainings could or should be offered online, but they feel safe in strongly suggesting introducing technology into the Core training modules for new caseworkers and supervisors.

Report 2: Permanency Panel located in Athens County

Executive Summary

The Permanency Panel located in Athens County tackled the issues surrounding the recruitment and retention of foster and kinship families in Ohio. The Permanency Panel used a number of sources of data to evaluate the recruitment and retention strategies for foster and kinship families used by PCSAs, but mainly focused their attention on a survey distributed to all PCSAs to evaluate this topic. The results of the data analysis produced the following recommendations for improvement.

1. Recruitment of part-time caregivers

The Permanency Panel suggests ODJFS consider adding another category of caregiver, such as a part-time caregiver, to be licensed similarly or even the same as foster parents. This group of caregivers could then be utilized specifically for respite of foster or kinship families. Due to tight restrictions on whom foster parents are allowed to utilize for child care for their foster children, this new type of caregiver may enhance the availability of respite.

2. Counties submit plan for how resources and information are communicated to kinship families

The Permanency Panel requests counties submit a written plan for how they provide supports to kinship families. This could be any type of resources from paper instructions on filing for custody of a child, to where to access food and clothing supports, to how to sign up children for medical benefits, or as supports provided to families such as financial or child care supports. Communication can be more accountable with clarification.

3. ODJFS assist with creating a clearinghouse for kinship family resources

As CPS continues to advocate for kinship placements before foster care placements, those resources available to families must be communicated. The panel recommends ODJFS assist in creating a clearinghouse for kinship family resources.

4. ODJFS create foster care recruitment toolkit to give Ohio cohesive branding and evidence based practices for recruitment available for counties to use

The Permanency Panel requests ODJFS create a toolkit for PCSAs to voluntarily use, that includes tips and branding materials for recruitment of foster families. With this toolkit ODJFS can ensure PCSAs are using evidence based practices and are educated on those strategies most effective for branding and recruitment.

5. Counties submit plan for foster care recruitment

The Permanency Panel suggests ODJFS require counties to submit a formal recruitment plan for foster families. Centralization of counties' formal plans may assist agencies in using strategies that are evidence based and effective for recruitment. This is an opportunity for ODJFS to lead and support counties in effective recruitment.

Annual CRP activities

Schedules

The Permanency Panel meets bimonthly from August to May of each work year. The 2017–2018 work year was slightly different from the meeting schedule planned for normal work years. In 2017 the Permanency Panel met for the first time in March 2017 for an annual meeting involving all the CRPs in Ohio for a training and strategic planning event. This was the first year of work for all three of the newly redesigned Ohio CRPs. Following this annual meeting, the Permanency Panel met for their first regular meeting in May 2017. The Permanency Panel meets bimonthly on the first Tuesday of the month from 12:30pm to 2:30pm at O’Bleness Hospital in Athens, OH. The following is a list of all meeting dates for the panel from May 2017 to April 2018:

Table 1. Permanency Panel Meeting Schedule:

Tuesday, May 18, 2017
Tuesday, September 5, 2017
Tuesday, October 3, 2017
Tuesday, December 5, 2017
Tuesday, February 6, 2018
Tuesday, April 3, 2018
Tuesday, May 18, 2017
Tuesday, September 5, 2017

Changes to Panel Membership

The Permanency Panel began the work year with 11 members and maintained that membership number steadily throughout the year, ending the year with 10 members. This panel lost two of the original members in 2017 due to a job move and other conflicting responsibilities. The chair person was able to recruit one new member in December 2017, and that member has been retained and continues to be involved in CRP activities. Similar to the Safety panel, the Permanency panel plans to bring their membership to at least 12 before the start of the next work year.

Successes, Challenges, Achievements

The Permanency Panel was effective in narrowing the scope to a manageable topic area. They identified a challenge to the chosen area of focus as ODJFS and PCSAs have not been in the habit of collecting data on the recruitment and retention practices of agencies in Ohio. Some of the data collection may have been limited by that. For example, many survey questions were answered anecdotally, rather than with quantitative data, so the panel might have missed something impacting a PCSA's recruitment practices or barriers to recruitment.

Background

The Permanency Panel tackled the issues surrounding the recruitment and retention of foster and kinship families in Ohio as their focus for 2017–2018. The panel identified this issue as problematic throughout the state of Ohio, but also as a problem greatly affecting the Southeastern parts of Ohio in which this panel is located. Members were able to discuss their personal experiences with the lack of foster homes available in their region of the state and were interested in how ODJFS and PCSAs are trying to remedy the problem. The panel planned to examine how the current recruitment and retention practices utilized by PCSAs are working and provide suggestions for innovative approaches to improvement.

Data

The Permanency Panel used a number of sources of data to evaluate the recruitment and retention strategies for foster and kinship families used by PCSAs. The panels first met with two representatives from Athens County Children Services who provided a presentation on their county specific resources and strategies for recruiting and retaining foster families. They also provided the panel with information about the resources available for support for kinship families. The panel made note that Athens County has a levy and is one of the most resource rich counties in the southeastern part of the state, but their job is to generalize to the whole state for the CRP evaluation. To supplement the information from Athens County, a comprehensive literature review of best practices for recruitment and retention of foster and kinship families was also completed.

ODJFS also provided the panel with Results Oriented Management (ROM) reports detailing the number of foster homes per county and licensing entity, number and percentage of children in care placed outside their home county, foster care counts, removal rates, and current placement rates by placement type. ODJFS also was able to provide several excel spreadsheets with other information collected at the state level such as number of licensed foster families and licensing agency, demographics for foster parents, and the specifics of what age groups foster families are willing to accept organized by address.

Due to a lack of existing data on the recruitment and retention methods used by PCSAs in Ohio, the Permanency Panel distributed a survey to all 88 Ohio counties. ODJFS agreed to send out the surveys. The directors were then asked to fill out the survey or send it on to an employee who may best fill it out. The panel felt this distribution strategy may be the best for enhancing survey response and reaching all available participants.

The survey was distributed in early December of 2017, and participants were allowed to complete responses through January of 2018. The survey allowed participants to enter and begin the survey and respond at a later time for completion and submission. Survey questions included a mix of multiple choice and narrative response questions. There were 16 survey responses total, representing 16 counties, but it is worth noting that there were 48 additional viewings of the survey that were blank responses. The following counties completed the survey Ashtabula, Athens, Carroll, Clermont, Columbiana, Coshocton, Erie, Franklin, Fulton, Highland, Knox, Licking, Medina, Montgomery, Richland, and Sandusky. Figure 1 displays a picture representation of those counties who completed the survey.

Figure 1. Foster Care Recruitment and Retention Survey County Representation



Results

The Permanency Panel began their data analysis with a literature review. A general review of the literature on best practices for recruitment of foster families included agencies responding in a timely manner to inquiries of prospective foster parents and being able to provide accurate information that fully explains the application and training process. Foster parents should also receive competency-based pre-service training, which clearly defines the requirements and challenges of foster care. Agencies should convey a message of the impact foster parents have on the children and their families while exercising caution with "rescuing" messages. Targeted recruitment has also proven to be an effective strategy in attracting the right kinds of families for the particular kinds of children and teens an agency has in its care. Finally, the engagement of the community in recruiting foster parents is also viewed as a best practice. The most successful recruitment efforts were those where the community took ownership for meeting the needs of children in care (Lutz, 2002).

Some of the best practices for the retention of foster families included the use of flexible funds for prom dresses, after-school activities, or tutoring, offering respite care on a regular basis, both formal and informal. Support visits from agencies were also encouraged as a way to address problems before they escalate. Offering in-service trainings that are creative and engaging as well as providing child care at meetings, having opportunities to network with other foster and kin families, and having immediate trainings available for those populations of children with special needs were seen as best practices. Success was also seen in the retention of foster and kin families that were regularly recognized for their work through awards, public ad campaigns, and the general sharing of success stories in the community (Harbert, Tucker-Tatlow, & Hughes, 2015).

The panel also reviewed the data provided by ODJFS which gave some context to the current state of foster care in Ohio. The panel viewed data detailing the current number of children in placement by placement type as displayed in Figure 2.

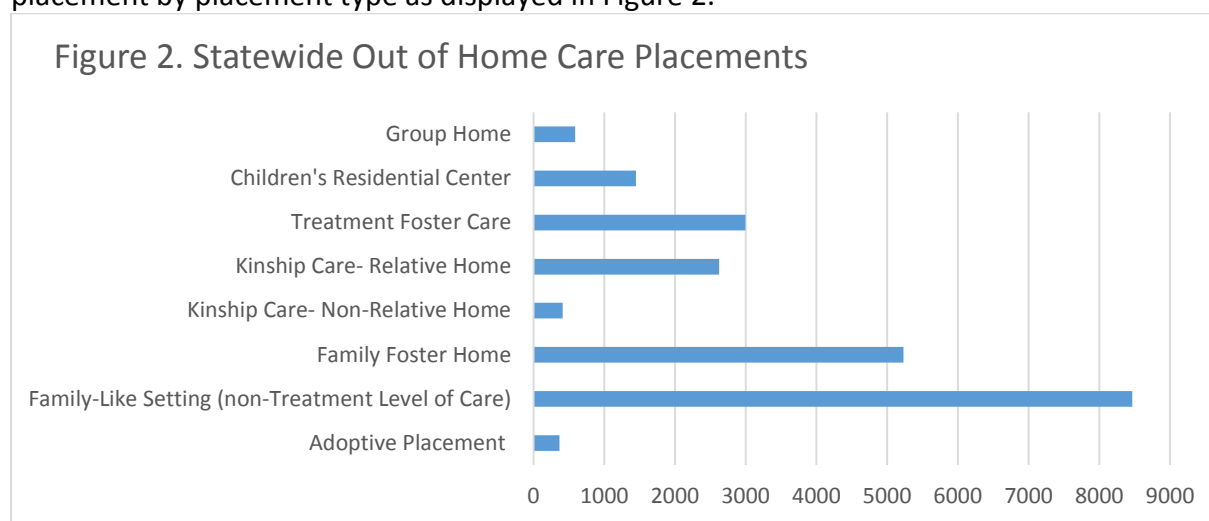
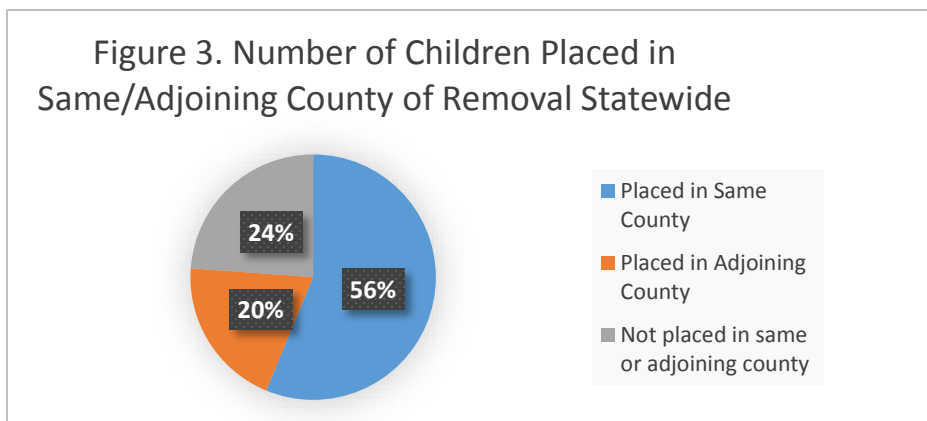


Figure 3 shows the majority of children in placement in Ohio are placed in the same or adjoining county from which they were removed.



Another finding that was not a surprise to panel members was that there were more providers willing to accept younger children as compared to those over the age of 13. Some counties had no providers willing to accept teenagers. These results can be seen in Figure 4 and 5.

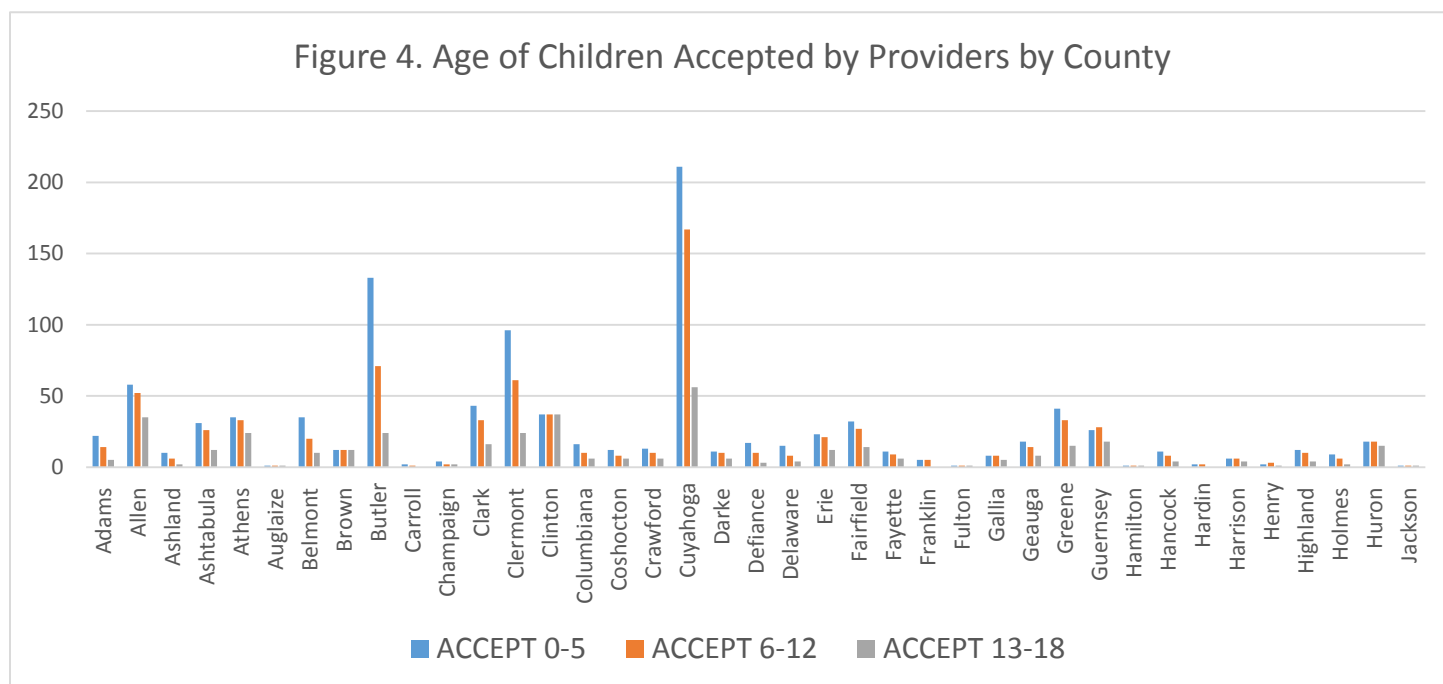
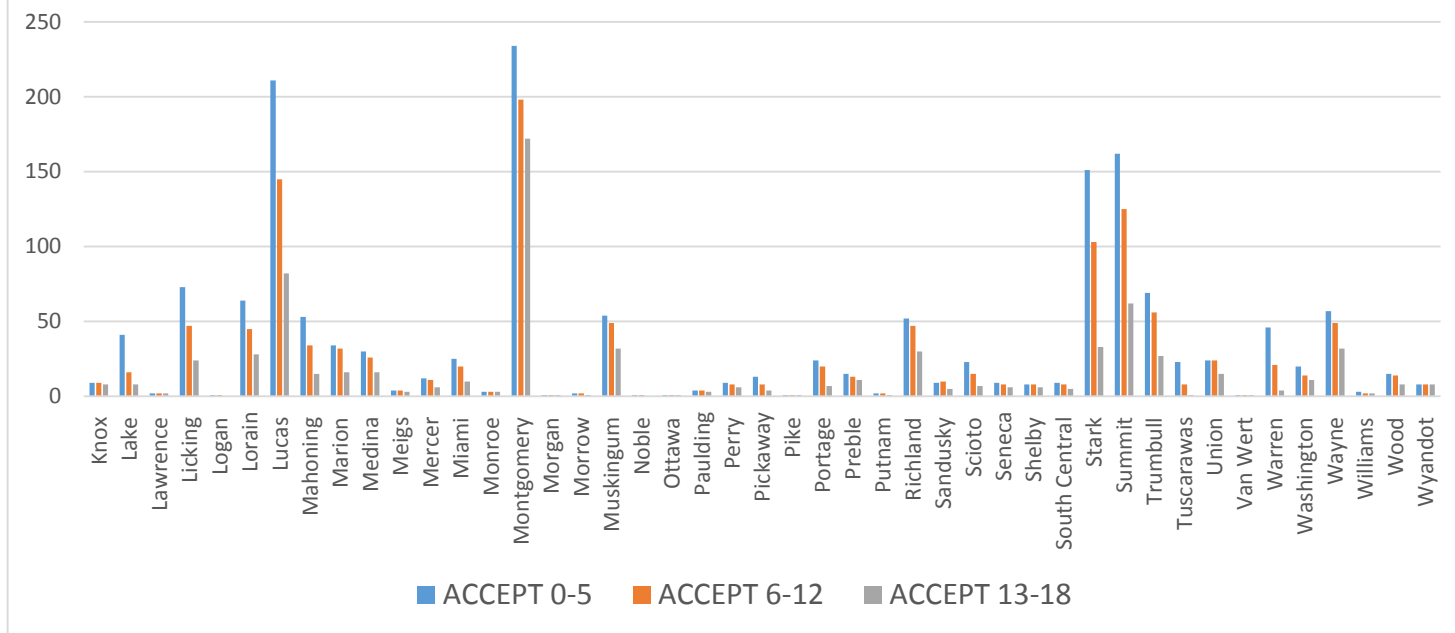


Figure 5. Age of Children Accepted by Providers by County cont.



The literature review portion of the initial evaluation for the panel focused on best practices for recruitment and retention of foster families. Information about how PCSAs are recruiting foster families and their methods for retention are not known to ODJFS. The creation of the survey was based around the best practices for recruitment and retention identified in the literature. The following is a detailed review of the survey results. It should be noted that only 16 of Ohio's 88 counties are represented in these survey results.

To begin the survey, respondents were asked what type of recruitment activities they participate in to bring in potential foster families. Many agencies identified using community fairs/events, word of mouth, and newspaper ads most often as seen in Figure 6.

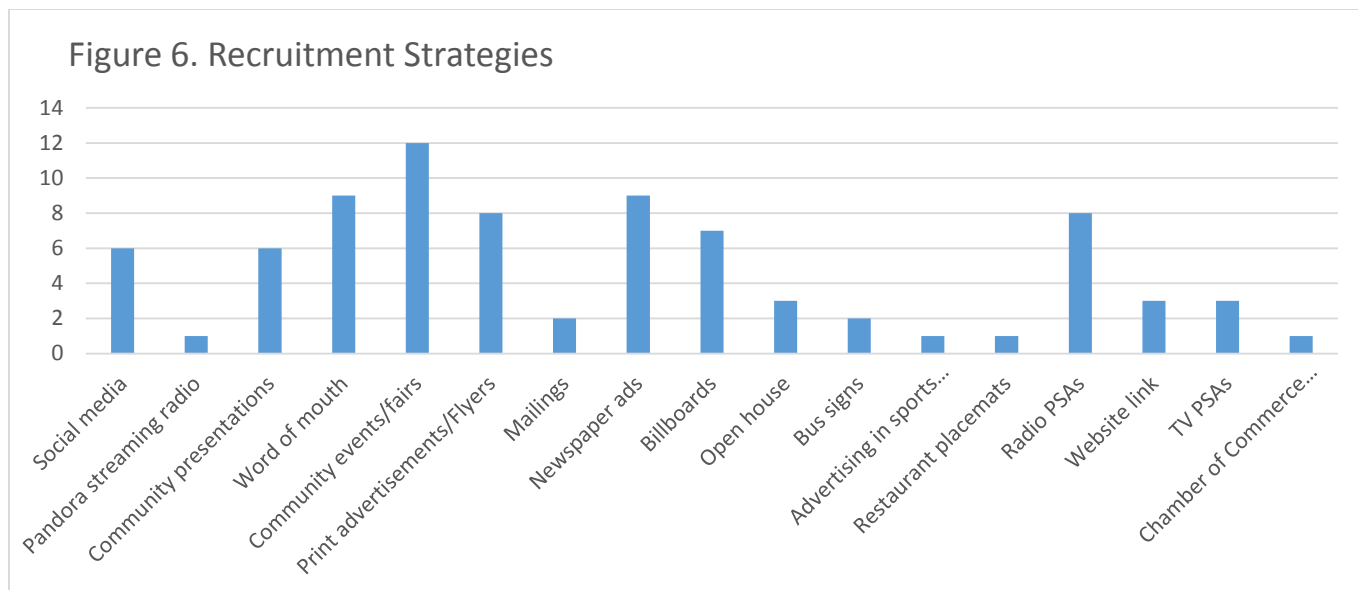


Figure 7 shows most agencies identified that cost is the biggest factor in deciding which recruitment strategy to utilize.



Most respondents identified having a formal plan in place for the recruitment of foster families (81%), yet significantly fewer (38%) of those respondents reported having a formal plan to measure the effectiveness of this plan. Survey respondents were asked to identify which of their recruitment strategies works best. Two respondents identified “word of mouth” as the most effective, and tabling at community events, the agency website, and information from new licensures each received one vote as their most effective strategy.

The next section of the survey asked participants questions created to evaluate agencies' use of best practices in recruitment. Respondents were asked if their agency has a worker dedicated to the recruitment of foster families, and 31% of respondents stated "yes," 38% stated "no", and the remaining 31% did not answer this question.

Respondents were also asked if they engage in the targeted recruitment of homes for special populations of children as well as if the agency engages community partners in the recruitment of foster families. About 44% of participants responded "yes" to both of these questions, with 25% stating "no" and the remaining 31% did not answer either question.

Survey participants were then asked to elaborate on their partnerships with the community and asked to comment on how they engage community supports in their recruitment efforts. Respondents stated their local businesses and community organizations support funding, hosting, and advertisement of foster care recruitment. Another respondent stated they make recruitment of foster families a community need, not just an agency need. *"Other organizations in our County have been very willing to 'plug' the need for foster families in any presentation they do."* Another respondent stated, *"We subscribe to the view that everyone is a potential recruiter. We encourage members of the community who have a desire to improve the lives of kids in our community to get evolved and advocate. Often times a phone call and conversation leads to an opportunity to present to a group or set up our informational display."*

The survey then asked participants if they were aware of any recruitment plans made available to them by ODJFS, and some agencies stated "yes," citing ODJFS' website recruitment and PSAs from Adopt US Kids and the Ad Council. When asked if they felt a statewide public relations campaign around recruitment of foster families be beneficial to your agency, all those who responded to the question answered "yes." One respondent even stated, *"Our agency received many calls of interest to become foster parents when Attorney general Mike DeWine made a state wide plea in media and press for foster parents due to the opioid epidemic. In my view this is concrete evidence of the power of such an idea."*

The next part of the survey focused on PCSAs' methods for retaining foster families already licensed by their agency. A narrative question asked what additional support would be beneficial for foster families in their area. Table 3 summarizes respondents' answers.

Table 3. Additional Supports that would be Beneficial for Foster Families

Access to mentoring and counselors
Trainings and conferences on foster family and child specific recruitment
More funding
More readily available child care
More respite families
Transportation assistance
A reliable system for health insurance for the children in care
More local training opportunities and continuing education

Survey participants were then asked what type of supports are most requested by their foster families, and most often reported were monetary and transportation assistance, more approved caregivers, more respite providers, clothing and food vouchers, help with special parenting challenges presented by the children in their care, more available trainings, and a more streamlined and faster licensing process. Participants were then asked what kinds of resources their agencies would need to meet these requests by foster parents. Table 4 summarizes the respondents' answers.

Table 4. Resources Needed to Meet Agency Foster Family Assistance Requests

Full time transportation worker
Less formal options for child care which is less formal
Mentors for foster parents
Education with foster parents to help mentor birth parents
Staffing
Rule and policy amendments
Accessible information and referral services on the internet
Web-based training and phone consultation services for specific challenges
New and diverse literature and brochures to assist with recruiting efforts

The next series of questions was designed to assess the PCSAs' use of best practices for the retention of foster families. Participants were asked if foster families had access to child specific trainings upon taking a new placement, and about half stated they did, with another 25% stating "no," and 25% not answering the question.

The literature also states a best practice for retention of foster families is an agency's willingness to use financial supports in a flexible manner. Respondents were asked to identify how they offer financial supports to foster families for children in their care, and the list was long. Respondents identified helping with prom dresses, tutors, class rings, yearbooks, school pictures, clothing, sports equipment, etc. About half of the survey participants also reported they recognize the work of foster parents in their communities by having annual banquets and awards, the use of local media, appreciation dinners, and featuring the work of foster parents on the radio and TV interviews.

Respondents were asked if respite services are provided to their foster families, and 69% identified they do offer respite. Another 6% stated they do not offer respite, and 25% of respondents did not answer the question.

Respondents were then asked how often respite services are provided to foster families, and Table 5 provides a summary of the results.

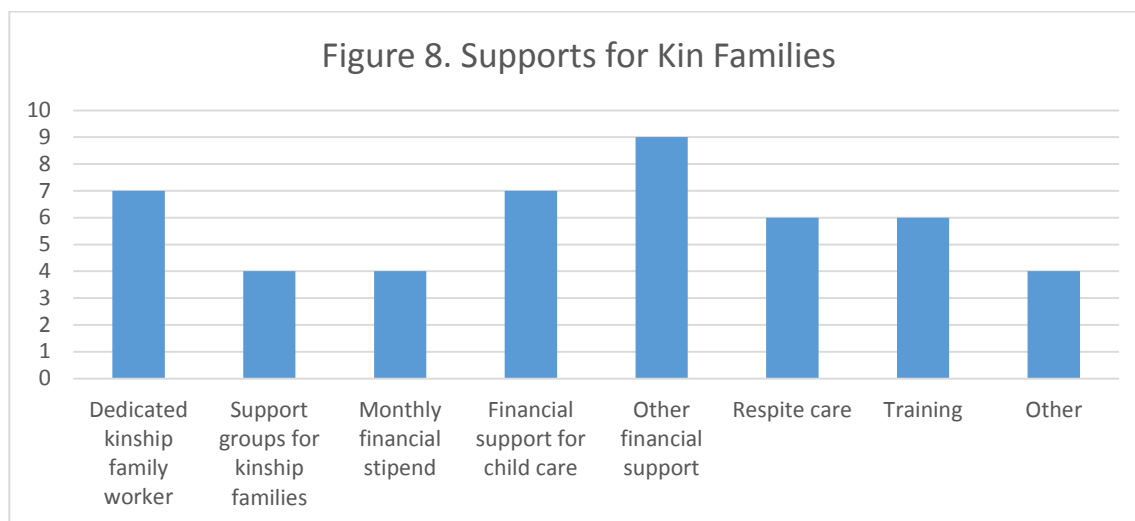
Table 5. Frequency of Respite Service Provided to Foster Families	
As needed and requested (5)	
As needed, no more than 2 days a month	
Respite organized amongst foster parents	
By request only	
Up to 14 days per year	
Unlimited unpaid respite as needed	

Child care is often identified as a barrier for training for foster parents, so respondents were asked if they provide child care during training, and 56% identified they do not, while 19% reported they do offer childcare during trainings. Another 69% of respondents reported they provide opportunities for foster parents to network with each other during trainings, social events/banquets, or a list serv.

Half of survey respondents reported they offer foster parents the opportunity to provide feedback to the agency. When asked how or when the feedback is provided three respondents stated during their recertification and two stated during an annual survey. Other respondents included feedback through a caseworker or foster care worker and a yearly survey distributed via email. The majority of respondents (37%) stated they do not ask foster parents to complete an exit interview upon deciding to no longer take any more placements. Another 25% stated

they do complete exit interview with foster parents, and 38% of respondents did not answer the question.

The final portion of the foster care recruitment and retention survey addresses the support of kinship families. Initially the survey asked participants to identify what types of supports are provided to kinship families in their county. Figure 8 shows most identified providing some type of financial support.



Other responses included Child Only Assistance through Public Assistance, Kinship PRC Plan, initial clothing, food, beds if needed, car seats, and legal assistance. When asked about the barriers to providing support for kinship families 10 respondents stated money was the main barrier, and then seven also identified staffing as a barrier. Other barriers included inability for caregivers to qualify for benefits and supportive services due to household income limitations, lack of interest/knowledge on the part of the kinship caregiver, and resources for child care. Respondents were asked what kinds of additional supports are needed for kinship families, and five respondents stated they needed child care assistance, one stated money, and another wanted higher monthly per diem rates. Some other responses are included in Table 6.

Table 6. Other Additional Supports Needed for Kinship Families

A navigator who could be their resource to assist with the many services they find themselves needing
Easy access help with parenting challenges
Respite Care
Training
Food stamps (not based on their income)

The majority of respondents stated their agency would need more funding and/or staffing to get these supports to their kinship families.

Survey respondents were asked if their agency required kinship families to complete any trainings prior to taking a placement, and 69% stated “no,” no respondents said “yes,” and 31% did not answer the question. Respondents were also asked if they require their kinship families to be licensed as foster parents, and 13% (2 respondents) stated “yes.” When asked if there are any trainings specific to kinship families’ unique needs, only three respondents answered the question and all stated “none” or “N/A.”

Conclusions

The results of the Permanency Panel's review data bring to light some overarching conclusions the panel considered in making recommendations to ODJFS as part of this report. A great majority of the agencies that responded to the survey reported using a formal plan for the recruitment of foster families (81%), yet only 38% of them reported measuring the effectiveness of the strategies used in this plan. Most respondents reported the most effective strategies for recruiting foster families was by word of mouth, so it is clear agencies have some way of identifying effective recruitment strategies even if there is no formal method for measurement. Panel members discussed if there are low to no cost suggestions for PCSAs to measure the effectiveness of their strategies, and how they can be shared across the state.

Another major conclusion and interesting finding from the survey relates to how ODJFS supports PCSAs in the recruitment of foster families. Of those counties that responded to the survey, 44% identified they were aware of a recruitment plan made available to them by ODJFS, and 62% of respondents reported a statewide public relations campaign around the recruitment of foster families would be beneficial to their agency. One narrative response from survey indicated their agency received many calls of interest to become foster parents after Attorney General Mike DeWine made a statewide plea for foster families in response to the opioid epidemic. This respondent stated they feel such a support from ODJFS would be immensely beneficial to their county in the recruiting of foster families.

Throughout the survey, respondents called for help with child care costs for foster families as well as for kinship families. This survey result, while dependent on funding, simply cannot be ignored. One narrative response also spoke to the relaxation of rules regarding child care arrangements allowing a less formal child care arrangement to be reimbursable on some level. Similar to the plea for help with child care was concern about the availability of respite homes, which is often requested by foster families. While some respondents reported providing respite as needed or requested, some respondents reported being unable to meet the needs of foster families requesting respite due to availability.

The final section of the survey asked PCSAs about the supports provided to kinship families in their county. A range of supports were reportedly provided to kinship families including support groups, monthly financial stipends, financial support for child care, and other financial supports. Overwhelmingly respondents reported funding and staffing to be the biggest barriers to supporting kinship families, and they requested child care assistance most often as a needed additional support for kinship families in their county. Another point to consider in the push for the use of kinship families in the child welfare system is training that is made available to these families. Respondents to this survey in majority stated that no training is required by kinship families prior to taking in a placement (69%). Three respondents also identified there are no specific trainings available for kinship families taking placements despite the fact that kinship families may have different training needs when compared to foster families.

Recommendations

1. Recruitment of part-time caregivers

The Permanency Panel suggests ODJFS consider adding another category of caregiver, like a part-time caregiver, to be licensed similar or even the same as foster parents. This group of caregivers could then be utilized specifically for respite for foster families or kinship families. Due to tight restrictions on who foster parents are allowed to utilize for child care for their foster children, this new type of caregiver may enhance the number of families available for respite. While a foster family may regularly utilize a family friend or neighbor for child care if they have a weekend event, they cannot as easily utilize this person for their foster children. There may also be an individual considering becoming foster parents that may not be ready to take on a placement. Being identified as a part-time caregiver may provide them with some experience with the population of foster youth in preparation for taking a full time placement at some point in the future. A specific push for the recruitment of part-time caregivers may spark interest in people who may not have the time for a placement but want to be involved in fostering.

2. Counties to submit a report on how resources and information make it to kinship families

In an effort to better understand how kinship families are supported by PCSAs, the Permanency Panel requests counties submit a written report detailing how they provide supports to kinship families. This could be any type of resources from paper instructions on filing for custody of a child, where to access food and clothing supports, how to sign up children for medical benefits, or supports provided to families such as financial or child care supports. It is important to know how information about resources and supports are communicated to kinship families due to conflicting reports of the difficulty and confusion surrounding how kinship families are supported by PCSAs.

3. ODJFS to assist with creating a clearinghouse for kinship family resources

The majority of respondents to the survey reported that no training is required by kinship families prior to taking in a placement (69%). Three respondents also identified there are no specific trainings available for kinship families taking placements despite the fact that kinship families may have different training needs when compared to foster families. While there is no known training available specifically for kinship families at this time, the concern for supports available to kinship families also seems difficult to locate. Based on survey results and personal experiences of CRP members, it seems kinship resources vary by county, and degree to which this information is shared with kinship families varies as well. As CPS continues to advocate for kinship placements before foster care placements, those resources available to families must be communicated. The panel recommends ODJFS assist in creating a clearinghouse for kinship family resources. The panel discussed this could possibly be done in a regional fashion and include community partners who could speak to the resources available in their communities. The clearinghouse could then be accessed by caseworkers or kinship families alike to seamlessly provide the answers to kinship families' questions about the care of their relatives.

4. ODJFS to create foster care recruitment toolkit to give Ohio a cohesive branding and evidence based practices for recruitment available for counties to use

One of the major conclusions and interesting finding from the survey relates to how ODJFS supports PCSAs in the recruitment of foster families. Of those counties that responded to the survey, 44% identified they were aware of a recruitment plan made available to them by ODJFS, and 62% of respondents reported a statewide public relations campaign around the recruitment of foster families would be beneficial to their agency. Many agencies reported no formal plan for the recruitment of foster families, and it is unknown if PCSAs are using evidence based practices and helpful branding when trying to recruitment foster families. The Permanency Panel requests ODJFS create a toolkit for PCSAs to use, if they wish, that includes tips and branding materials for recruitment of foster families. This would ensure PCSAs are not using harmful recruitment techniques and are educated on those strategies most effective for recruitment.

5. Counties to submit plan for foster care recruitment

Following up on the previous recommendation, the majority of the agencies that responded to the survey reported using a formal plan for the recruitment of foster families (81%), yet only 38% of them reported measuring the effectiveness of the strategies used in this plan. The Permanency Panel suggests ODJFS require counties to submit a one-time formal recruitment plan for foster families and include a plan for measuring the effectiveness of their efforts. While many agencies may have a plan in place for recruitment, a formal plan on paper may assist agencies in following through with recruitment ideas and following up on their effectiveness. ODJFS would then disseminate the collection of plans back to the counties in order to share ideas across counties for how to recruit foster families and how to measure the effectiveness of these strategies. This would also allow ODJFS to provide support or tips to counties who lack a formal recruitment plan or are using strategies that may be harmful to their recruitment efforts. Counties would be able to view all the plans across the state in order to inform their own efforts for recruitment and evaluation.

Report 3: Well-Being located in Hamilton County

Executive Summary

The Well-Being Panel located in Hamilton County was interested in the timelines and availability of mental health services provided to children involved in the child welfare system as their focus for 2017–2018. The panel used the following three strategies to gather data, 1) complete SACWIS case reviews, 2) compile list of all CARF accredited agencies in Ohio by county, and 3) distribute a survey to all 88 counties gathering information from PCSAs about how many referrals they make for mental health and substance use services and to whom they make these referrals. The results of the data analysis produced the following recommendations for improvement.

1. Request ODJFS add the following items in SACWIS as required fields to aid in data collection around mental health services for children:

- When a referral for services is made (include the date, who requested the referral, where the referral was sent, a drop down to identify the main concern for child)
- Date assessment was completed (include date, recommendations from the assessment, how often child needs seen, what type of service is recommended, diagnosis, who completed the assessment)
- Linkage of services (date of first appointment and provider)
- Place to document updates over time (changes in provider, termination of services, etc.)

2. Request ODJFS consider additions to ORC for mental health services guidelines for children in care, incorporated with the physical health standards in ORC.

The Ohio Revised Code includes time lines and standards for the medical care of children who come into the care of a PCSA, and inclusion of mental health standards would support a minimum level of care. There is language in ORC pertaining to juveniles who are adjudicated as “delinquent,” but there is no reference to general mental health standards of care for all other children who come into custody. The Well-Being Panel requests ODJFS consider making movements towards the inclusion of such standards in ORC to improve the mental health services provided to children in care.

3. Additional training for caseworkers in SACWIS to understand how to document those items most important to children’s mental health services with the current available tools

While the SACWIS learning labs paired with CORE trainings are not currently required, the Safety Panel made a recommendation to include more technology based trainings so SACWIS labs would be available without the geographic and time restrictions of in person training. The Well-Being Panel requests expanding this recommendation to include specific content be included in the SACWIS learning labs on documenting about the mental health services children receive and their progress in those services.

4. Request ODJFS assemble a task force to investigate the possibility of creating a standardized approach for how to make referrals for the appropriate mental health treatment for each child

Often throughout the SACWIS activity logs, caseworkers would write about receiving an update about services from a private foster care agency, or they wrote about receiving a document via fax, yet no summary of this was recorded in SACWIS. This also happened with the completion of referrals and was rarely documented in SACWIS. By assembling a taskforce to investigate how to assist PCSAs and their workers in appropriately making mental health referrals, ODJFS can help standardize the approach to mental health treatment for children in care.

Annual CRP activities

Schedules

The Well-Being Panel meets bimonthly from August to May of each work year. The 2017–2018 work year was slightly different from the meeting schedule planned for normal work years. In 2017 the Well-Being Panel met for the first time in March of 2017 for an annual meeting involving all the CRPs in Ohio for a training and strategic planning event. This was the first year of work for all three of the newly redesigned Ohio CRPs. Following this annual meeting, the Well-Being Panel met for their first regular meeting in May of 2017. The Well-Being Panel meets bimonthly on the 4th Monday of the month from 2:00pm to 4:00pm at the Southwest Ohio Regional Training Center. Table 1 is a list of all meetings attended by the panel from May 2017 to April 2018.

Table 1. Well-Being Panel Meeting Schedule:

Monday, May 22, 2017
Monday, September 28, 2017
Monday, October 23, 2017
Monday, December 18, 2017
Monday, February 26, 2018
Monday, April 23, 2018

Additionally due to the data collection procedures undertaken by the Well-Being Panel, select members of the panel attended some additional meetings to complete case reviews with the project manager in December of 2017 and January of 2018. These meetings were also held at the Southwest Ohio Regional Training Center. Due to scheduling conflicts, no members were available for the December 2017 case review date, so case reviews were completed by OSU team members in Columbus, OH on that day. Table 2 is a list of all meeting dates for the case reviews.

Table 2. Case Review Schedule:

Monday, December 11, 2017
Monday, January 8, 2018
Monday, January 22, 2018
Monday, January 29, 2018

Changes to Panel Membership

The Well-Being Panel began the work year with 15 members and slowly lost membership throughout the year. The panel ended the year with 13 members. They lost one of the original members early in 2017 due to conflicting responsibilities, but panel members quickly recruited a new person to join, bringing the number back to 15. Two more Well-Being Panel members left the program in January 2018 after attending only a couple meetings, and the membership number has remained at 13. The Well-Being panel plans to keep their membership numbers at 12–15 for the next work year.

Successes, Challenges, Achievements

The Well-Being Panel identified a success and achievement as completing 41 SACWIS case reviews during their work in 2017–2018. Panel members were grateful for the opportunity to complete this task and get an idea of the complexity of documentation included in SACWIS. Panel members also identified the survey responses from 28 counties regarding the mental health needs of children in their care as a success.

The main challenge identified by the Well-Being Panel was the lack of availability of data and resources to evaluate their topic (e.g., data unable to be extracted from SACWIS, no quality metrics available). The panel also considered the lack of clear policy and standards of care related to timing of evaluation and services for mental and behavioral health concerns as a challenge in their work this year.

Background

The Well-Being Panel located in Hamilton County was interested in the timelines and availability of mental health services provided to children involved in the child welfare system. “Up to 80 percent of children in foster care have significant mental health issues, compared to approximately 18-22 percent of the general population. The American Academy of Pediatrics, Healthy Foster Care American Initiative, identifies mental and behavioral health as the ‘greatest unmet health need for children and teens in foster care’” (National Conference of State Legislatures, 2018). At the beginning of the work year, the Well-Being Panel reached consensus quickly that mental health of children in custody would be the focus of evaluation and recommendations this year. The Panel recognized the importance of this topic while appreciating the challenges facing child welfare in this area. While the panel would have liked to include an assessment of the quality of services provided to children, the panel decided this was too much to evaluate in one work year. The panel instead focused on the availability of mental health services for children and the timelines for PCSAs to link children in their care to services.

Data

The Well-Being Panel reviewed the CAPMIS tools and timelines for caseworkers to understand what type of information is recorded in SACWIS. The panel then requested data from ODJFS including caseloads for workers, the compliance timelines for CAPMIS assessment submissions, the average time for ongoing workers to meet with families for the first time, how long it takes for children to be enrolled in school after placement as well as the timelines to the referral and linkage of behavioral health services. Some of this information was similar to that requested by the Safety and Permanency Panels, and the Well-Being Panel was able to review this information. The Well-Being Panel then decided they were most interested in the timelines to behavioral health linkages that were not immediately available from ODJFS for review.

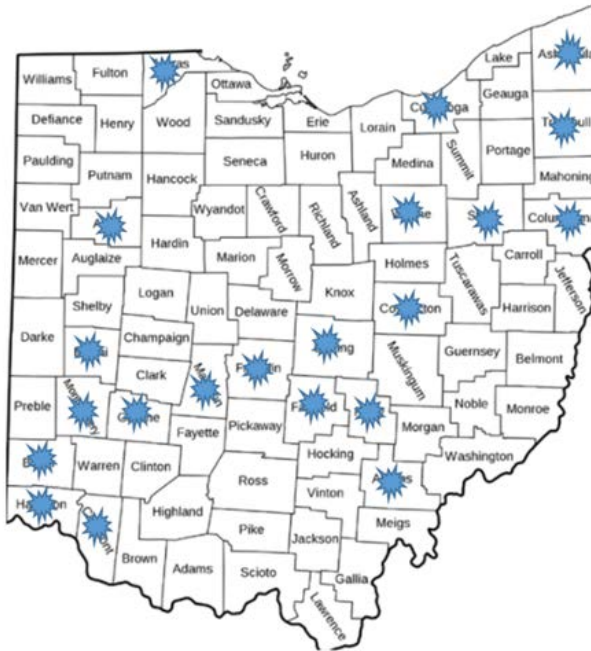
Due to a lack of existing data to inform the panel's topic, the panel used three strategies to gather data: 1) complete SACWIS case reviews, 2) compile list of all CARF accredited agencies in Ohio by county, and 3) distribute a survey to all 88 counties gathering information from PCSAs about how many referrals they make for mental health and substance use services and to whom they make these referrals.

The OSU team facilitated communication between CRP members and ODJFS about how the process for case reviews would look. As previously detailed, the panel scheduled four dates to complete case reviews at the Southwest Ohio Regional Training Center with the project manager present. A small group of CRP members were given SACWIS access along with the OSU team to complete the reviews. The panel developed a case review tool to guide the process. This guide included specific questions to be answered and recorded from SACWIS in the tool. The panel also identified specific criteria to be met for the cases they wished to review. The panel felt these criteria would lead them to cases in which a mental health issue of a child would be present:

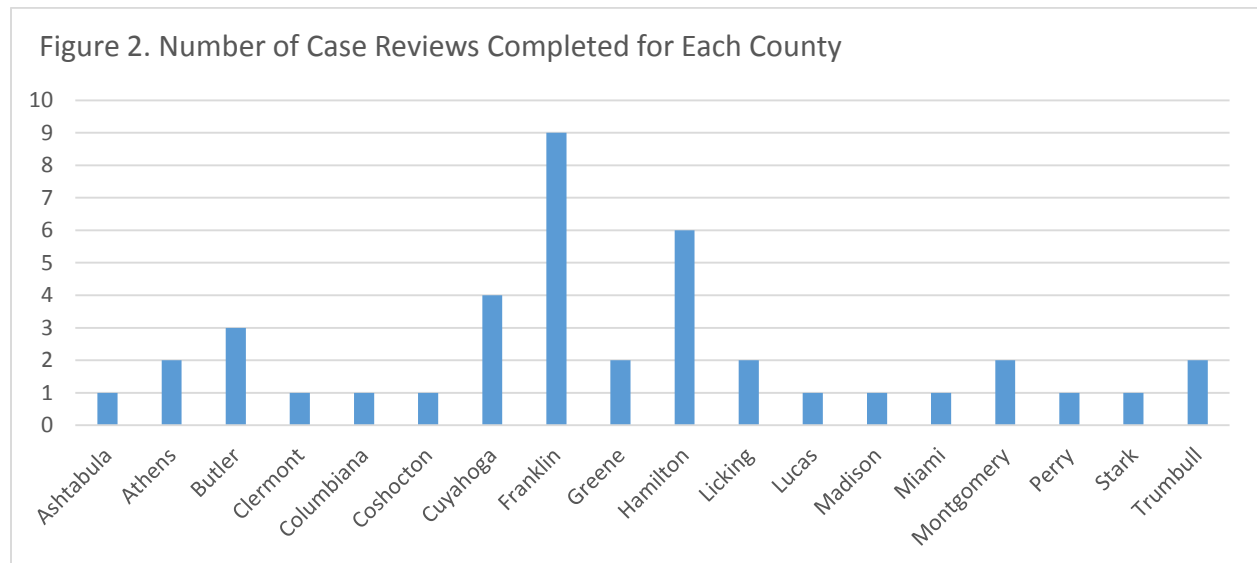
- the child has been in care for more than 6 months,
- is over 8 years old, and
- has had at least one disruption in placement.

The panels were provided with a random sample of cases that met these criteria. Throughout the review process there were times when a case was unable to be accessed by the CRP members, such as closed adoption cases, or that the case components were not compatible with the goals of the review. The OSU team would then return those case numbers to ODJFS and ask for additional cases that met the criteria. Due to complexity and length of some SACWIS cases, panel members decided to focus on one child from a given case as well as the most recent open episode in SACWIS. A total of 41 case reviews were reviewed among four different review sessions. A total of seven different CRP members were able to complete case reviews as well as two OSU team members. Figure 1 is a map of those counties from which case reviews were completed.

Figure 1. Case Review County Representation Map



Additionally the Figure 2 is a graphical representation of how many cases reviewed were completed from each county.



The second strategy for the Well-Being Panel to collect data was to compile a list of all the CARF accredited agencies in Ohio to evaluate the service availability across the state. The program manager completed this task over the course of four months. The information was gathered from the CARF accreditation online database and organized in an excel spreadsheet. Information was organized by zip code, county, age specific service, and type of service. This

allowed panel members to sort the information by county and by those services available for children and youth.

The final strategy for data collection included a survey to be distributed to all PCSAs in Ohio to understand how often they make referrals for mental health and substance use services and to whom they make those referrals. ODJFS sent out the surveys to all PCSA directors in Ohio. The directors were then asked to fill out the survey or send it on to an employee who may best fill it out. The panel felt this distribution strategy was best for enhancing survey response and reaching all available participants. The survey asked participants to identify by name the top five mental health agencies they make referrals to for children and how often they make referrals to each agency. The same question was asked for substance misuse services for children. An additional question asked participants how many additional agencies they utilize for referrals for each category, mental health and substance misuse.

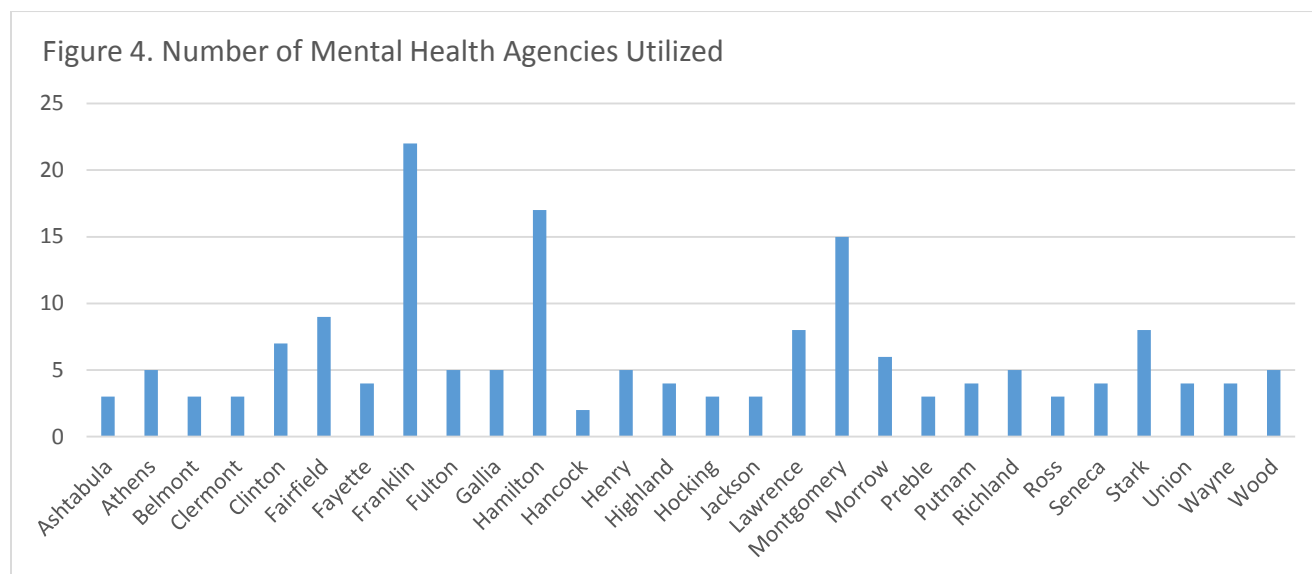
There were 28 surveys with at least partial information completed, representing 28 counties: Ashtabula, Athens, Belmont, Clermont, Clinton, Fairfield, Fayette, Franklin, Fulton, Gallia, Hamilton, Hancock, Henry, Highland, Hocking, Jackson, Lawrence, Montgomery, Morrow, Preble, Putnam, Richland, Ross, Seneca, Stark, Union, Wayne, and Wood. All survey respondents were from a PCSA. Some PCSAs utilize an outside brokering agency to complete mental health referrals on their behalf and respondents were asked to pass on the survey those brokering agencies if the PCSA felt they would be most appropriate to fill out the survey. There were no responses from brokering agencies. Figure 2 is a graphical representation of the PCSAs who submitted a response to this survey.

Figure 3. Mental Health Survey County Representation Map



Results

A review of the mental health survey results along with their comparison to the CARF accreditation list and the detailed results of the case reviews are included in this section. Beginning with the mental health survey, respondents reported using between two and 22 different agencies for mental health services for children they serve as displayed in Figure 4. On average, counties reported using six different agencies.



For the most frequently referred mental health agency, 18 respondents reported making referrals on a daily or weekly basis. Of the remaining respondents, five reported making referrals every two weeks, three reported doing so on a monthly basis, and two reported doing so once or twice. This information is summarized in Figure 5.

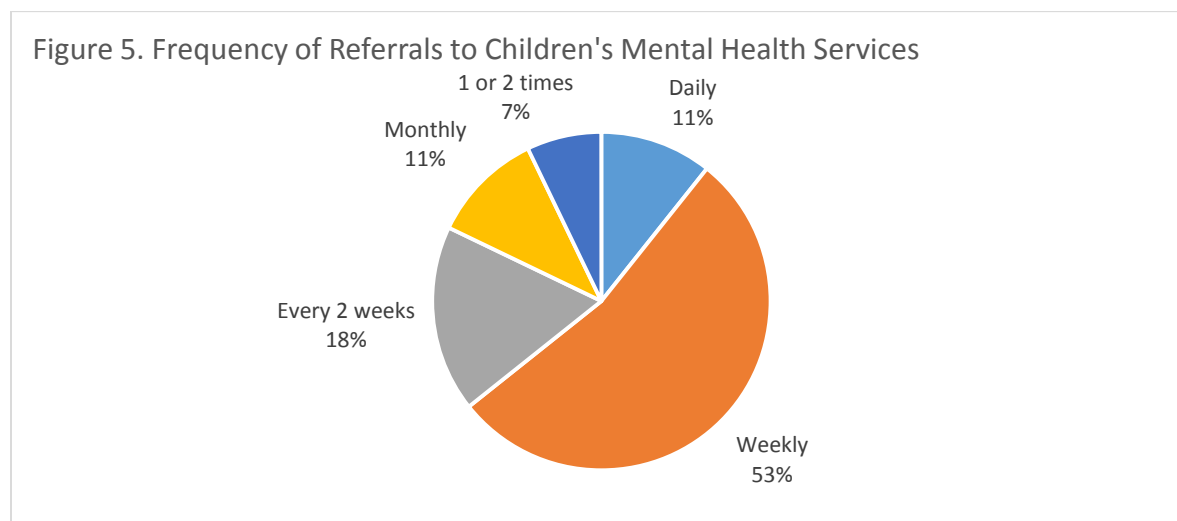
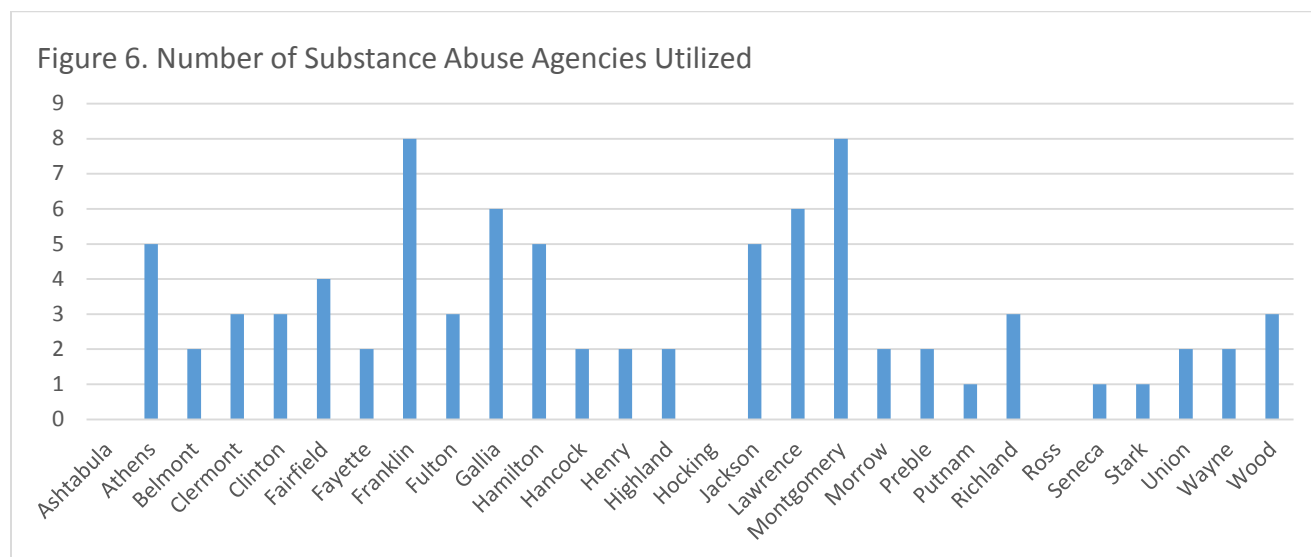


Figure 6 shows referrals for substance use services for children was less common. Respondents reported using between zero and eight different agencies for substance services for children they serve. On average, counties reported using three different agencies.



For the most frequently referred substance use agency, 1 respondent reported making daily referrals, 7 did so weekly, 4 did so every other week, 10 did so monthly, and 3 did so once or twice in the past 6 months as seen in Figure 7.

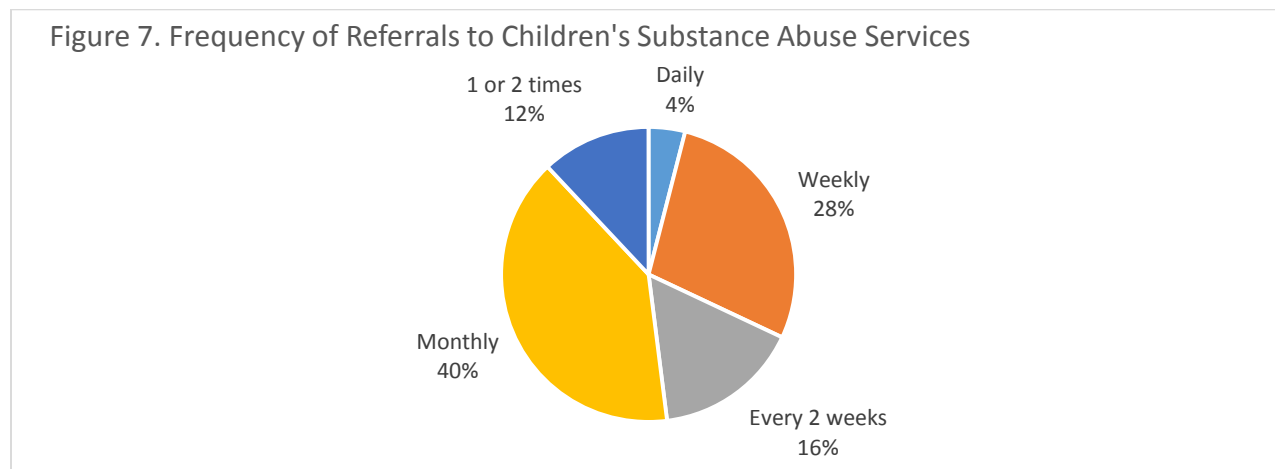
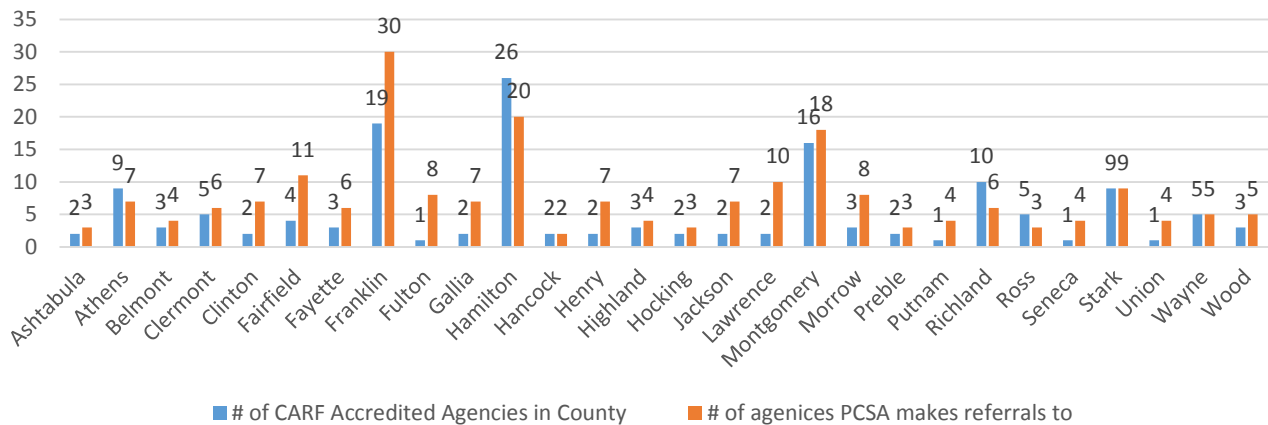


Figure 8 is a comparison between the CARF accredited agencies in each county compared to the number of different agencies survey respondents reported making referrals. It is likely agencies make referrals to mental health and substance abuse agencies outside of their county depending on service availability and the location of the placement for a child. An analysis across county lines was unable to be completed by the panel.

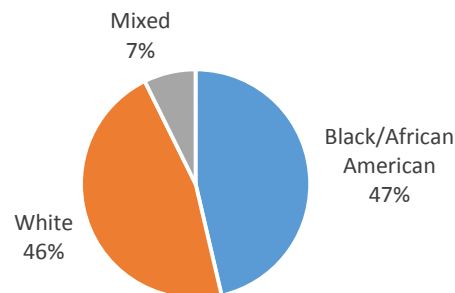
Figure 8. Mental Health Survey and CARF Accredited Agencies Comparison



Additionally, the panels analyzed those top five agencies survey respondents reported making referrals and those agencies CARF accreditation status. Of the top five agencies reported for making referrals, on average only 1.71 of the mental health agencies were CARF accredited, and 1.56 of the substance agencies were CARF accredited.

Finally, the results of the 41 case reviews completed are detailed here. Some demographic information was gathered about the families included in this selection of case reviews. A summary of the race/ethnicity of the children who were the focus of the review is identified in Figure 9.

Figure 9. Race/Ethnicity of Target Children in Reviews



Panel members also reported the time from initial involvement with CPS to the current episode under review. The mean time from initial involvement to current episode was 3.3 years with a range between one day and 17 years. The reason for removal was gathered from a review of the intake, assessments, and activity logs. Figure 10 shows the majority of cases identified “behavioral concerns” as the reason for removal from the home.

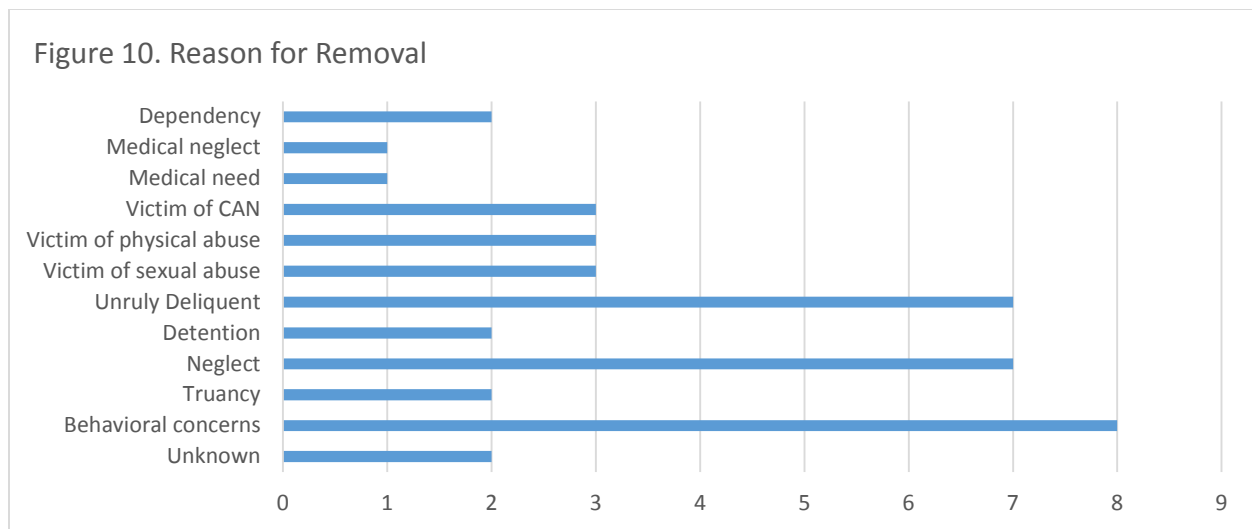
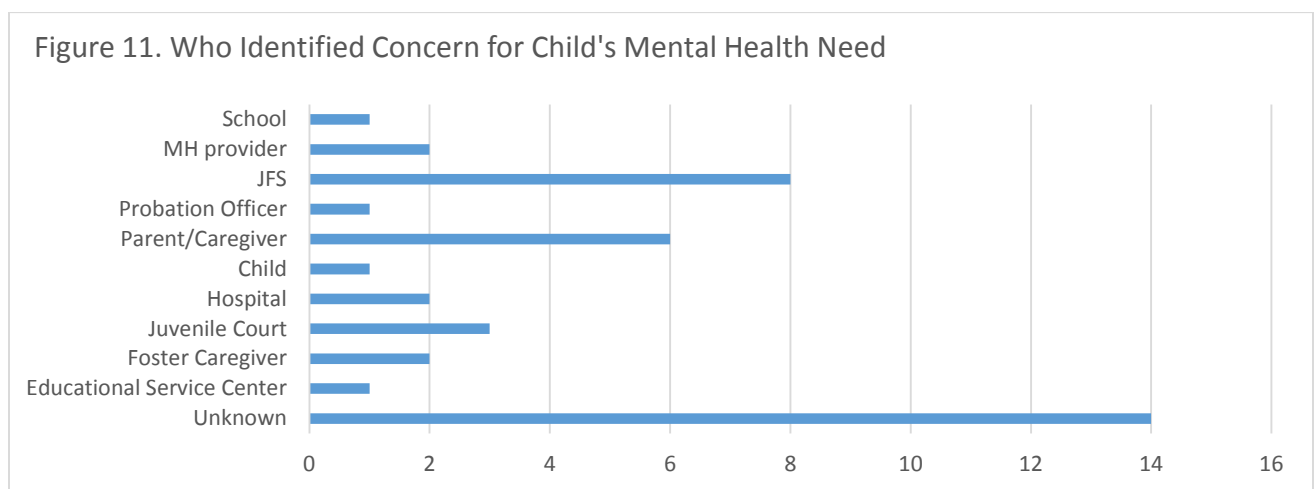
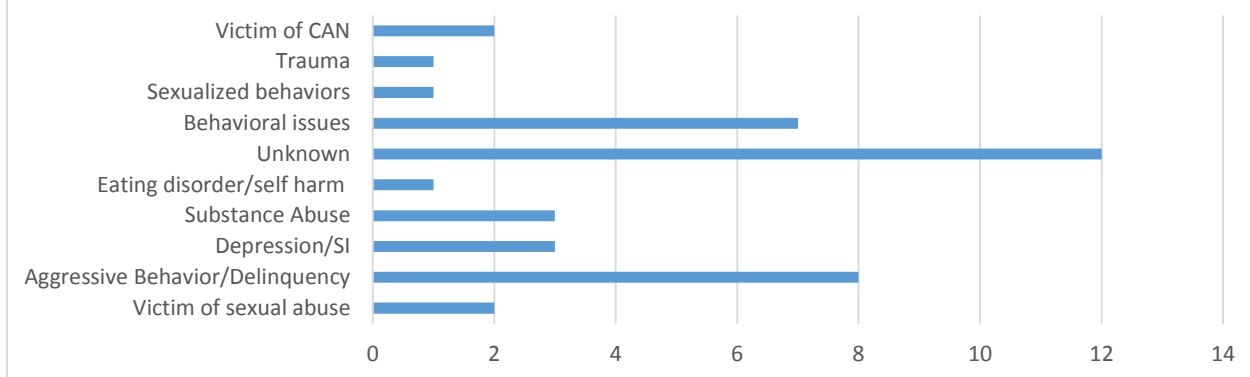


Figure 11 displays the results of a case review question addressing who identified the need for a child's mental health issue. While a great deal of cases did not identify this information, for those that were identified it was most commonly a PCSA employee who made this identification.



The next question the panel wished to address in their reviews was the identified reason for a mental health assessment to be completed. Again, this information was largely unavailable but for those cases in which the information was available, the most commonly cited reason was "aggressive behavior/delinquency" as summarized in Figure 12.

Figure 12. Reason for Mental Health Assessment



One of the most important pieces of information the panel hoped to gather from the SACWIS case reviews was the timeliness to the linkage of behavior health services. This included the time from when the need for a mental health service was identified to the time a referral was made, the time from the referral to the completion of the assessment, and finally the time from the completion of the assessment to the child's first appointment. Of the 41 cases reviewed, there were between only 11 and 15 cases for which this information was identifiable in SACWIS. Table 4 provides a summary of this information.

Table 4. Summary of Case Review Mental Health Referral Timelines Available in SACWIS

	Time from identified MH need to referral:	Time from MH referral to assessment:	Time from assessment to first appointment:
# of cases w/ this info identified in SACWIS:	15	11	11
# cases where info was unknown:	24	28	28

Table 5 provides a summary of the sought after information regarding referral timelines for which the information was identifiable in SACWIS. There were two case reviews in which the child was already in treatment and a referral for mental health services was not needed.

Table 5. Summary of Case Review Mental Health Referral Timelines

	Time from identified MH need to referral:	Time from MH referral to assessment:	Time from assessment to first appointment:
Mean:	30 days	21.1 days	18.3 days
Range:	1 day to 4 months	1 day to 2 months	2 days to 2 months

Following up this summary information, the panel was concerned that those timelines for mental health services that appeared to occur quickly could be the result of an inpatient episode. A review of the cases indicated that 44% of the cases reviewed had an inpatient psychiatric placement for the episode under review, 29% did not, and the information was unknown for the other 27% of cases. The timelines expressed in the table above may be the result of these inpatient psychiatric placements rather a general view of how mental health needs and services are linked for general outpatient services.

The panel's case reviews also addressed some additional questions. About 59% of cases reviewed included no documentation of a caseworker being in contact with the child's mental health provider, and the other 41% of cases reviewed did have this information. Cases with any mention, even one activity log, where a worker was in contact with the provider were placed in the "yes" category. In 46% of cases reviewed, the child experienced a change in provider or services during the most recent episode, 12% did not have a provider change, and for 42% of cases this information was unknown. The panel was also interested in documentation of the child's level of engagement or progress in services. In 56% of cases reviewed there was some mention of the child's engagement with their mental health or substance use services.

Finally, the panel reviewed cases to see if there was documentation of the child receiving psychiatric medications and monitoring along with any other mental health services they were receiving. Of the 41 cases reviewed, there was documentation of 42% of cases where children were receiving psychiatric medications, but for another 42% of cases this information could not be identified.

Conclusions

The results of the Well-Being Panel's data collection in 2017–2018 brings to light some overarching conclusions the panel considered in making recommendations to ODJFS as part of this report. The Well-Being Panel utilized a survey to all counties about mental health services referrals, case reviews, and a review of all CARF accredited agencies in Ohio to gather data for this work year. The following are some of the main conclusions from this evaluation.

The results of the mental health survey allowed the panels to compare the mental health and substance abuse agencies PCSAs use for referrals, with those agencies in the county that are CARF accredited. When comparing those mental health agencies PCSAs reported they make referrals to most often with the accreditation status of those agencies, on average only 1.7 out of 5 (34%) of the agencies are CARF accredited. For substance abuse services, PCSAs reported using on average only 1.5 out of 5 (30%) CARF accredited agencies for those referrals. It is no surprise to find counties that made referrals to more mental health and substance agencies also have more availability to accredited services in their county. For those counties with less service availability it is worth noting that counties also may be referring to agencies outside of their county due to the location of the placement of children in their care, and that factor is not included in this evaluation.

Another set of conclusions emerged from the data collection after the completion of a set of case reviews from SACWIS. The Well-Being Panel was interested in the timelines for linkage of behavioral health services for children involved in the child welfare system. A review of the completed case reviews indicated this information was not readily available in SACWIS, often times was difficult to find, or panel members were unable to find the information at all. The number of cases reviewed was limited because panel members had to manually review records in order to identify these data. Of the 41 cases reviewed, there were very few in which the information regarding the timelines for linkage of behavioral health services was able to be identified in the case record. Only 15 cases noted the time from when a need was identified to when a referral was made, and 11 cases detailed the time from referral to assessment and the time from assessment to the first appointment. This finding is concerning for a population of children that are many times at a greater need for behavioral health or substance misuse services.

Several additional factors regarding documentation of mental health service usage for children in protective custody were identified, which raise concerns about how readily accessible behavioral health services are for foster youth. Of the 41 cases reviewed, only 46% of cases included any documentation of the case worker being in contact with the mental health worker involved in the child's life, and in 42% of cases this information could not be located. The case reviews completed also showed that only 56% of cases had any documentation reporting the child's engagement in linked services. Panel members spent some time prior to case reviews becoming familiar with the CAPMIS tools and understanding potentially where the information they were looking for may be available. Panel members expected to find information about the child's progress in mental health or substance misuse services in assessments such as the case plan and case plan reviews, yet this information was absent from the assessments and was

primarily identified via review of activity logs. Being able to record and follow the mental health needs and services of children involved in the child welfare system is an important piece of the system's obligation to ensuring the well-being of children.

Another trend in the case reviews was identified in the review of each case's activity logs. There were multiple occasions that workers or supervisors documented placing an update about mental health services or placement details in another system external to SACWIS. It is unknown how many counties use another data system other than SACWIS to record information, but from the case reviews it is clear some counties use other systems that may include more information about a child's mental health service referrals. The SACWIS "case services" tab is designed for workers to input a child's referrals and linked services, but it is evident from the case reviews and conversations with ODJFS that this feature is not being utilized in SACWIS by caseworkers. This lack of documentation would cause serious concern for a child who moved across county lines. Any information stored in a county specific system would not be available to the new service county, potentially leading to a lapse or duplication of services as the worker would be unable to get an accurate history of the child's mental health needs and services. Continuity of services is essential for anyone receiving mental health services, but for this population of children continuity of care is another piece to ensuring well-being.

Recommendations

1. Request ODJFS add the listed items in SACWIS as required fields to aid in data collection around mental health services for children:

- When a referral for services is made (include the date, who requested the referral, where the referral was sent, a drop down to identify the main concern for child)
- Date assessment was completed (include date, recommendations from the assessment, how often child needs seen, what type of service is recommended, diagnosis, who completed the assessment)
- Linkage of services (date of first appointment and provider)
- A place to document updates over time (changes in provider, termination of services, etc.)

Children in custody are at high risk for mental health concerns due to history of maltreatment and trauma and these mental health problems contribute to short and long term poor outcomes. In order to mitigate these outcomes, it is critical to quickly identify, evaluate, and treat mental health concerns in this population. As management of children in custody requires many invested parties, i.e., caseworker, agency worker, biological parent, foster or kinship caregiver, GAL/CASA, treatment providers, etc., documentation is essential for communication and progress towards goal of timely mental health services for all youth in custody. Based on these reviews, SACWIS is not currently being utilized in a manner that promotes documentation and information sharing towards these goals.

It was evident throughout the case review process that many of the capabilities of SACWIS are not being utilized. The panel regularly engaged in a conversation about fields in SACWIS being required as a way to gather more information. The Well-Being Panel requests that the above listed pieces of information are identified and/or added to SACWIS as required fields. While there is even more information the panel would like to see recorded, the data listed above may be a good start to understanding the story about how mental health services are referred and linked for children in care.

2. Request ODJFS consider additions to ORC for mental health services guidelines for children in care, incorporated with the physical health standards in ORC.

The Ohio Revised Code includes time lines and standards for the medical care of children who come into the care of a PCSA, yet the mental health standards for these children is absent from the ORC. There is language in ORC pertaining to juveniles who are adjudicated as “delinquent,” but there is no reference to general mental health standards of care for all other children who come into custody. The Well-Being Panel requests ODJFS consider making movements towards the inclusion of such standards in ORC to improve the mental health services provided to children in care.

The Mental Health Practices in Child Welfare Guidelines Toolkit developed by the Resource for Advancing Children’s Health Institute (REACH) with support from Casey Family Programs and The Annie E. Casey Foundation in 2009 sets forth some basic guidelines regarding timelines for the identification, assessment, and linking of behavioral services for children who come into care. Within 72 hours of coming into care, the toolkit suggests all children should be screened by medical personnel and/or caseworkers with specialized training to identify those who pose an immediate, acute risk of harm to themselves or others, of running away from placement, or of mental health or substance abuse service needs. If the risk is considered acute, children should receive a comprehensive assessment within 60 days of entering foster care. If the risk is not acute, children should receive screening for ongoing mental health services needs within 30 days of entry into care, and if this screening identifies a need for mental health services then that child should also receive a comprehensive screening within 60 days of entering care. Ongoing screening and assessment for mental health service needs should occur at least once per year, at discharge from the system, or upon any significant behavioral changes or significant environmental changes (Resource for Advancing Children’s Health Institute, 2009). These guidelines are meant to provide a suggestion to ODJFS regarding the type of information that could be included in ORC language to address this recommendation.

3. Additional training for caseworkers in SACWIS to understand how to document those items most important to children’s mental health services with the current available tools

While the SACWIS learning labs that are paired with CORE trainings are not currently required, the Safety Panel made a recommendation to include more technology based trainings to provide access to these SACWIS labs to PCSAs that do not require their caseworkers to attend. The Well-Being Panel requests expanding this recommendation to include specific content be included in the SACWIS learning labs on documenting the mental health services children receive and their progress in those services. This content should include common mental health concerns and conditions identified in custody youth, pathways for evaluation and referring for services, with standards for timeliness, specific to each county, and documentation expectations for mental health concerns, diagnoses, referrals, linkage to services, treatment, etc. Tools are currently available in SACWIS to capture this information, such as the case services tab, but caseworkers are not documenting about mental health services in these areas. An emphasis should be placed on such trainings at the beginning of a caseworker’s tenure to be sure this information is being recorded as best it can in SACWIS.

4. Request ODJFS assemble a task force to investigate the possibility of creating a standardized approach for how to make referrals for the appropriate mental health treatment for each child

Throughout the experience of completing case reviews, the Well-Being Panel repeatedly came back to a discussion about how referrals for services are made and documented. Often throughout the SACWIS activity logs, caseworkers would write about receiving an update about services from a private foster care agency, or they wrote about receiving a document via fax, yet no summary of this was recorded in SACWIS. This also happened with the completion of referrals and was rarely documented in SACWIS. It is often reported in the literature that caseworkers are unsure about where to make referrals for mental health services for children and even how to go about doing so. By assembling a taskforce to investigate how to assist PCSAs and their workers in appropriately making mental health referrals, ODJFS can help standardize the approach to mental health treatment for children in care. While the standardization of mental health referrals may not be feasible across all PCSAs, the assembly of a task force to investigate the process by which PCSAs are making referrals may be useful. ODJFS could help identify those counties with effective methods for behavioral health services referrals and assist in sharing this information statewide.

Moving Forward

Annual Meeting

The Ohio CRPs met on Monday, May 21, 2018, for their annual strategic planning meeting. During this meeting, members chose topics for the new work year and created a strategic plan to reach their goals for 2018–2019. This included brainstorming about the types of data they will need for their evaluation. This data request will be submitted to ODJFS to allow the state time to respond. The annual meeting also served as a wrap up of the 2017–2018 work year. Panels had the opportunity to discuss the successes and challenges from their first evaluation and share their findings with panel members from other parts of the state. Panel members also received a training on the use of the new online training site. The new site will allow members to have private access to online CRP materials and the capability to post to discussion boards, thereby allowing members to communicate in a safe space. An educational technical specialist from The Ohio State University College of Social Work attended the annual meeting to conduct this training.

Plans for Additional Panels

During the 2018–2019 fiscal year, two more CRPs will be added to the Northeast and Northwest parts of Ohio. The addition of these CRPs will provide more geographically representative CRPs in Ohio covering all areas of the state. While the existing panels provide statewide recommendations to ODJFS in the annual report, viewpoints and special interests existing in all regions of Ohio are an important aspect of the evaluation of child welfare in Ohio. The new panels will meet for the first time in March 2019 for an initial training session and strategic planning meeting. The panels will then begin their first work year that same month, and will submit their first annual report in May 2020.

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