

CPS Meeting Minutes

August 7, 2014

Overview of the Child Welfare System in Ohio

1. Ohio's delivery system
2. The process/ how are referrals made
3. Child Welfare by the numbers

Ohio's delivery system

Federal	State	Counties
<ul style="list-style-type: none"> • Set regulations • Largest source of funds • Set outcomes 	<ul style="list-style-type: none"> • Oversight and monitoring • Governed by state law • Rule writing authority 	<ul style="list-style-type: none"> • Programs are county administered • Doing work with families • Various structures – stand alone, double/triple combined

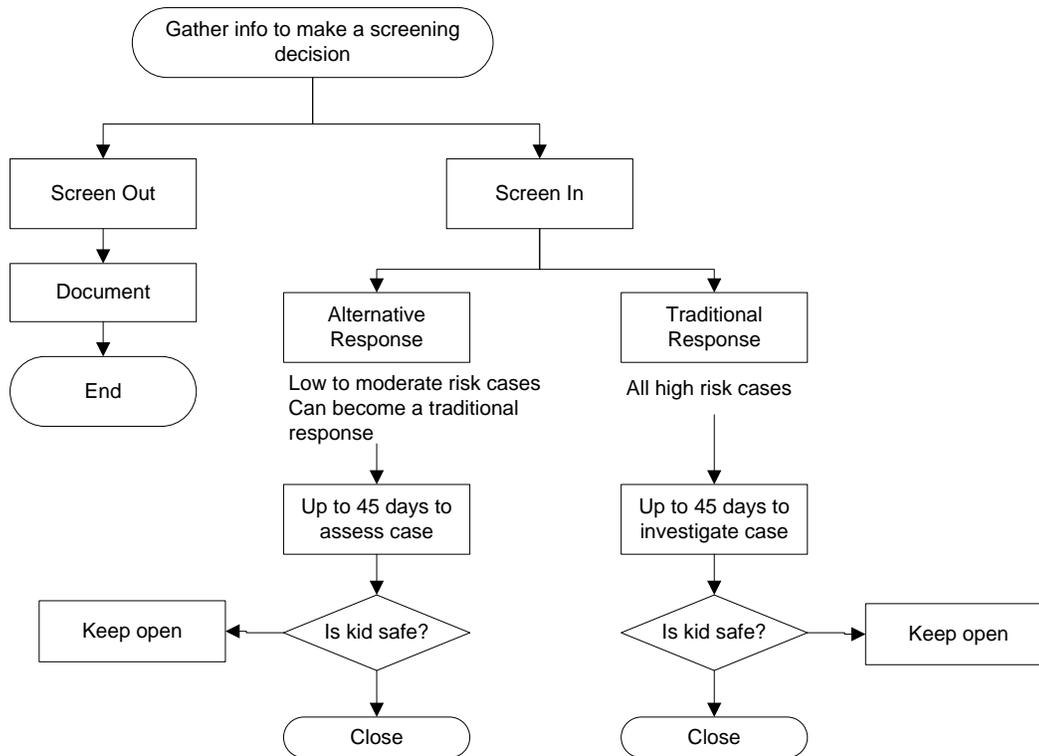
- 4000 case workers statewide
- 1200 managers and supervisors statewide
- There are minimum requirements/expectations set by state law and additional duties set up by the counties

How are referrals made?

Anyone can report

Most reports come from mandatory reporters (teachers, doctors, etc)

Ohio has 88 different hotlines and one statewide line



Goal: Children safe at home

- The goal is to keep kids safe at home
- However there are out of home arrangements, and when place outside of the home we look for the least restrictive environment
 - Keep with relative, family friend
 - Foster home
 - Group care
 - Residential care

GOALS:

- Maintain in own home
- Re unify
- Permanency – Adoption/Legal guardianship
- Provide families with what then need

NOTE:

- Concurrent Planning – must have a plan B in place incase child can't be reunified
- May engage courts in the process as needed
- Court monitors case and agree/disagrees with recommendations
- Some judges won't cut parental rights

BY THE NUMBERS

Count of Children in Custody as of 8/7/2014	13,202
Count of Children in Custody as of 1/1/2014 by Age Group	
Age Group	Count
0 to 5	4,885
6 to 11	2,819
12 or older	5,409
Total	13,113
Count of Children in Custody as of 1/1/2014 by Placement Type	
Placement Type	Count
Certified Approved Non-Relative	322
Certified Approved Relative	1,990
Children's Residential Center	1,411
Certified Foster Home	8,152
Group Home	617
Detention Facility	63
Adoptive Placement	333
Licensed Medical/Educational Facility	24
Independent Living	196
Emergency Shelter Care Facility	5
Total	13,113
Count of Children in Custody as of 1/1/2014 by Race	
White	7,620
Black/African-American	4,218
Multi-Racial	1,120
American Indian	13
Undetermined/Missing/Unknown	124
Asian	14
Native Hawaiian	1
Other Pacific Islander	3

Total	13,113
-------	--------

Count of Children in Custody as of 1/1/2014 by Gender	
Male	7,097
Female	6,016
Total	13,113
Count of Children Available for Adoption as of 1/1/2014	
	2,524
Count of Children Who Aged Out of Care in Calendar Year 2013	
	843
Count of Children Exiting Agency Custody in Calendar Year 2013	
	10,189
Count of Children who were Reunified in Calendar Year 2013	
	7,872
Count of Children Who Finalized Adoptively in Calendar Year 2013	
	1,300
Calendar Year 2013 Intake Information	
Total Intakes Received	257,851
Total Child Abuse/Neglect (CAN) Intakes Received	169,981
Total Child Abuse/Neglect (CAN) Intakes Screened In	81,531
Total CAN Intakes Screened in Traditionally	58,300
Total CAN Intakes Screened in for Alternative Response	23,231
2013 Case Dispositions of Screened in CAN Intakes	
Alternative Response	21,262
Family Moved	694
Indicated	7,108
Information is Missing	810
Substantiated	13,355
Unable to Locate	2,101
Unsubstantiated	36,201
Total	81,531

BUDGET:

- \$1.16 billion
 - Costs start at the local level
 - If kids meets Federal requirements the state will pass thru \$ to counties
- Maximize federal funding
 - Majority federal dollars some as a block grant
 - Some \$ held back to support statewide programs
- Local commissions
 - Half the counties have local taxes
- State allocation

FUNDING STREAMS:

- Title 20 Funds – 100% Federal
 - Used to cover administrative costs
 - Title 20 grants have been reduced
- TANF Title 20 Transfer
 - Just like Title 20
- 4B Part 1 and Part 2 – protective services
- Title 4E -1/2 the cost of child welfare
 - Incentivizes kids in custody
- ProtectOhio – caps \$ but gives counties flexibility on how they use funds
- Medicaid – Administrative costs (RMS)
- TANF – Can draw down TANF – 100% Federal

WHAT'S GOING ON IN THE COUNTIES

Best Practices in Child Welfare - A Selection

Throughout its response to the Administration's questions, PCSAO referenced evidence-based, evidence-informed, and promising practices that counties could employ to improve outcomes in areas where they struggle. By reviewing its own outcomes in a number of areas identified in our response, counties can make data-driven decisions about where to invest additional state funds. For counties to take advantage of these best practices, they require adequate, flexible funding. A few examples to illustrate this point:

High rate of entries: If related to domestic violence, then county staff should be trained in the Safe and Together Model for addressing Intimate Partner Violence.

Too many long staying youth (18+ and 24+ months): Counties could implement Permanency Roundtables; Ohio could also adopt the Kinship Guardianship Assistance Program to move children and youth into legal custody (whether with relatives or foster caregivers); also family-finding practices (Family Search and Engagement and other file mining) should be attempted earlier on.

Too many re-entries: Counties could enhance post-reunification services. This could also be related to child and family in-home visits, which Ohio failed. If for kin cases, Kinship Navigators could be useful.

Infants/toddlers coming into custody due to parent opiate and other addictions: PCSAO anticipates a report from its Child Welfare Opiate Engagement Task Force this fall; recommendations could include family treatment drug courts, where treatment costs (not court costs) are the big costs, but Medicaid Expansion could assist, and studies show eventual child welfare savings.

This document presents a selection of these practices in three areas: assessing safety and family stability; using available data reports from the State Automated Child Welfare Information System (SACWIS); and employing innovative evidence-based practices.

1. Assess safety and family stability and connect families and youth to services. Ensure that families are participating in services to address mental illness, substance abuse, domestic violence, and other challenges.

- Economic insecurity and isolation
- Comprehensive Assessment and Planning Module—Interim Solution (CAPMIS) for
- Safety and Risk Assessment, Safety Planning, Permanency Planning
- Addressing Domestic Violence
- Dealing with Opiates and Other Addictions
- Deploying At-Risk Youth Strategies: PCSAO is working with ODMedicaid, ODMHAS, ODJFS and others to develop accessible home- and family based practices including:
 - o Trauma-Informed Practice
 - o Assessment
 - o Home- and community-based treatment services must be included in Ohio's
 - o Medicaid plan: Examples of Medicaid-allowable services include:
 - High Fidelity Wraparound
 - Intensive Home-Based Treatment Services

2. Use data to target scarce resources and promote best child welfare practice. ODJFS has made ROM (Results Oriented Management) available to leaders and supervisors for timely and accessible use of performance-based management reports – over 6,000 were accessed in the first quarter of 2014. ODJFS has also created additional reports for more sophisticated data experts to review. Examples include:

- Child and family visits
- National CFSR indicators on safety and permanency
- Reasonable caseload standards

3. Employ innovative evidence-based or evidence-informed child welfare practices. Most practices have been tested through rigorous research and evaluation, or are based on related research. A few have not yet been tested but show promise. Examples include:

- Family Team Meetings, Team Decision Making, Family Group Conferencing
- Primary Parent Partners (Casey Family Programs)
- Family Search and Engagement
- Kinship Supports and Permanency
- Permanency Roundtables (Casey Family Programs)
- Wendy's Wonderful Kids

- Connecting the Dots
- Ohio Reach

GAPS

- Quality Casework
- Assess to treatment
- Transition-aged youth
- See Gayle's handout

NEXT STEPS:

- Next Thursday – meet earlier
- Send top 3 recommendations to Anita (anita.jennings@ifs.ohio.gov)
- We will pull together and share
- We will send soft copy of all handouts
- Angie, Icilda and Laura will report out at next meeting