

Ohio Citizen Review Panels



State Fiscal Year 2019-2020
Annual Report

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Ohio CRP Annual Report

About This Report

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 protective services (CPS) system in Ohio. The CRPs conduct an annual review and evaluation of an identified issue or concern raised about the CPS system and make actionable and measurable recommendations to the state on how to improve this issue. The CRP program is prescribed by federal statute detailed in the Child Abuse Prevention and Treatment Act (CAPTA). This report is the product of the Ohio CRPs' annual evaluation for the 2020 state fiscal year (SFY). The report details each panel's topic, process for review, and development of the recommendations submitted to ODJFS on May 15, 2020.

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 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 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).

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 second 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 are named accordingly. During state fiscal year 2019, Ohio had 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.

During the 2018–2019 fiscal year, two more CRPs were added to the Northeast and Northwest regions of Ohio. The addition of these CRPs provides panel representation for all geographical areas of the state. While the panels provide statewide recommendations to ODJFS in the annual report, the perspectives and special interests existing in all parts of Ohio are an important piece to the evaluation of CPS in Ohio. The new panels met for the first time in March of 2019 for an initial training session and strategic planning meeting. The two new panels began their first work year in March of 2019 and this report represents their first annual report submission.

The addition of two new panels to the existing three led to the dismissal of the *Safety*, *Permanency*, and *Well-Being* panel names. Each panel is now named for its geographical position in Ohio, *the Northwest*, *Northeast*, *Central*, *Southwest*, and *Southeast* CRPs. All panels reviewed statewide data to make recommendations 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 representation across 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

Northwest Ohio CRP:

Diana Theiss- CRP Chair, Sylvania Therapy and Counseling
Tristin Crawley- CRP Vice-Chair, Child Abuse Prevention Services Manager
Sarah Zimmerman- CRP Scribe, Sandusky County Board of Developmental Disabilities
George Thompson, The University of Toledo
Gene Thompson, Retired, child advocate
Cathy Glassford, Director, Sandusky County Family and Children First Council

Northeast Ohio CRP:

Becky Thomas, Chair, The University of Akron
Carlos Smith, CRP Vice-Chair, Ohio State Highway Patrol
Tammy Maney, Scribe, Early Childhood Principal at Stark Co. Board of Developmental Disabilities
Beth Cardina, Program Coordinator at CASA/GAL Program of Summit County Juvenile Court
Allyson Blake, Director CASA/GAL Program of Stark and Carroll Counties
Jeannie Cool, Stark County Mental Health & Addiction Recovery
Anju Mader, Stark County Educational Service Center
Jim Molnar, child advocate
Mary Ann Sheets, Stark County CASA Volunteer
Cat, B.A.C.A. - Ohio Chapter
Rebecca Grubbs, child advocate
Beverly James, Stark County Family Council

Central Ohio CRP:

Sarah Cochey, CRP Chair, Youth Advocate Services
Rachel Binting, School Social Worker
Geraldine Pegues, Director, Montgomery County Human Services Planning & Development Department
Pam Scott, The Buckeye Ranch
David A. Williams, New Salem Baptist Church
Kathryn Wolf, The Center for Family Safety and Healing
Chuck Davis, Franklin County Board of Developmental Disabilities
Lorie McCaughan, Professor of Clinical Studies and Supervising/Senior Attorney, General Litigation Clinic and Family Advocacy Clinic, Capital University Law School

Southwest Ohio CRP:

Anthony Carter, CRP Chair, Police Officer, Retired
Kimberly Budig, CRP Vice-Chair, Dayton Children's Hospital, Foster, Kinship & Complex Care Program Social Worker
Helen Jones-Kelley, CEO, Montgomery County, ADAMHS
Charlotte Caples, Advocacy Director, Special Programs, Guardian Ad Litem
Mary Greiner, Medical Director, CHECK Foster Care Center, Cincinnati Children's Hospital Medical Center
Sarah Beal, Cincinnati Children's Hospital Medical Center
Jeni Henz, Teacher and child advocate
Nicole Zistler, Adoptive and former foster parent
Mike Robinson, Retired Community Mental Health Manager/therapist

Southeast Ohio CRP:

Jenny Stotts, CRP Chair, Athens County CASA/GAL Program
Terry Cluse-Tolar, Ohio University
Bridget Moore, The Ohio State University
Michele Papai, private practice mental health practitioner
Terri Gillespie, Area Manager for Integrated Services for Behavioral Health
Brenda Wachenschwanz, Athens County Juvenile Court
Corrie Callaghan, Appalachian Behavioral Healthcare
Micki Lamb, Hopewell Health Centers, Inc.
Lindsay Place, Athens Co. Public Libraries
Kenneth E. Ryan, Ryan Law Office, Co., LPA

Staff Support

OSU provides administrative support to the CRPs under contract with ODJFS, with team members representing The Ohio State University (OSU) College of Social Work and the Center for Human Resource Research (CHRR), and the University of Michigan (UM) School of Social Work. Dr. Randall Olsen is the former Director of CHRR and has decades of experience working with Ohio Department of Education, and expertise in using large administrative datasets to inform services and supports for Ohio's children. Sarah Parmenter, the project manager for the CRPs, is a University Partnership Program (UPP) graduate and former Ohio CPS caseworker. She is currently a doctoral student at OSU. Dr. Katie Maguire-Jack recently transitioned from OSU to UM in the Fall of 2019, where she is now an Associate Professor of Social Work. She remains committed to Ohio CRP and continues to support the project. She has worked with child protective services in research and evaluation capacities at the state and county levels since 2006 in Ohio, Wisconsin, and Michigan. Dr. Susan Yoon is an Assistant Professor at OSU College of Social Work. She is an expert in childhood trauma and resilience following child maltreatment. She has worked closely with Ohio PCSAs for the implementation of the Ohio START (Sobriety, Treatment, and Reducing Trauma) program. The 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 Central Ohio CRP, with special gratitude for Chairperson Sarah Cochey who facilitated the space. We would like to thank O'Bleness Hospital and the Athens County Public Library for providing the meeting space for the Southeast Ohio CRP, Chairperson Jenny Stotts and new member Lindsay Place for setting up these spaces. We would like to extend our gratitude to panel member Anju Mader for organizing space at the Stark County Educational Service Center for regular meetings for the Northeast Ohio CRP. Additionally, thank you to panel member Sarah Zimmerman for use of space at the Sandusky County Board of Developmental Disabilities for Northwest Ohio CRP meetings.

Thank you to the Public Children Services Association of Ohio (PCSAO) for their continued support of CRPs. We would also like to recognize the Ohio Grandparent Kinship Coalition (OGKC) for meeting with the Central Ohio CRP on multiple occasions and sharing their insights with panel members. We are grateful to each of the PCSAs that shared in data collection for this year. We are so thankful for their time in partnership in the CRP process. Finally, we would like to thank ODJFS for their assistance with data collection and insight into the panels' topics throughout the 2019–2020 CRP work year.

Acronyms

- CAPTA- Child Abuse Prevention and Treatment Act
- CCHMC- Cincinnati Children's Hospital Medical Center
- CRP- Citizen Review Panel
- CPOE- Child Protection Oversight and Evaluations
- CPS- Child Protective Services
- ECE- Early Care and Education
- EMIS- Education Management Information System
- FFPSA- Family First Prevention Services Act
- ICCA- Individual Child Care Agreement
- IDENTITY- Integrated Data Environment to Enhance Outcomes in Custody Youth
- IHS- Institute for Human Services
- OCWTP- Ohio Child Welfare Training Program
- OGKC- Ohio Grandparent/Kinship Coalition
- ODE- Ohio Department of Education
- ODJFS- Ohio Department of Job and Family Services
- ORC- Ohio Revised Code
- PCSA- Public Children Services Agency
- PCSAO- Public Children Services Association of Ohio
- PFOF- Partners for Ohio's Families
- PHI- Protected Health Information
- SACWIS- Statewide Automated Child Welfare Information System

Executive Summary

Citizen Review Panels are charged with evaluating the impact of child protective services policies and practices upon children and families in the community, providing public outreach and evaluating the extent to which a state is adhering to its CAPTA state plan. This evaluation involves examining 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 2020 state fiscal year. For SFY 2020, Ohio operated five CRPs located in different parts of the state:

- The Northwest Ohio CRP meets in Sandusky County
- The Northeast Ohio CRP meets in Stark County
- The Central Ohio CRP meets in Franklin County
- The Southwest Ohio CRP meets in Hamilton County
- The Southeast Ohio CRP meets in Athens County

Each identified panel went through a strategic planning process in March 2019 to select a specific topic for review in the 2019-2020 work year. The following is a brief summary of each panel's topic, data collection methods, and final recommendations to ODJFS.

Northwest Ohio CRP

The Northwest Ohio CRP focused their work on how public children services agencies (PCSAs) in Ohio communicate, share information, and collaborate with their community partners. The panel gathered information from academic literature and interviews with community collaboration efforts to gain an understanding of this topic. The results of the data analysis from these sources are summarized in the report. Based on the results, the panel developed two specific recommendations for Ohio to better support collaborations between PCSAs and their community partners such as schools, mental health agencies, and others in serving children and families.

1. ODJFS should develop common evaluation measures of collaboration that are simple and meaningful for use by local youth and family programming. ODJFS should also provide technical assistance around the use of these tools.

The panel found that evaluation of programs focused on collaboration efforts to serve children and families is hard work and resource intensive. Few collaborative efforts interviewed for this project described a plan for evaluating their efforts. Those with dedicated funding are able to carry out more rigorous evaluation than those with limited resources. While it appears these programs are doing great work in their communities, an evaluation of how those programs are influencing outcomes for children and families is needed. The resource intensive nature of

evaluation limits the ability for grassroots organized programs to carry out such tasks. ODJFS could provide common evaluation measures for use by youth and family serving programs to ensure that some level of evaluation can be conducted to demonstrate the effectiveness of creative programming in Ohio.

2. ODJFS should develop a statewide standardized release of information form for use by PCSAs and their community partners.

Information sharing was identified as a barrier to successful collaboration among interview participants who deal with client level goals and programming rather than macro or policy issues. Information sharing remains a key component to successful collaboration between PCSAs and their community partners. Although this is a regularly identified problem, it may be addressed with the right support and resources. Overcoming this barrier may be challenging, but it is possible. ODJFS may be able to provide support to local communities to overcome this barrier by developing a standard release of information, similar to the Ohio Department of Medicaid standard authorization form covering the use and disclosure of protected health information (PHI), for use by PCSAs and their partners.

Northeast Ohio CRP

The Northeast Ohio CRP examined how PCSAs in Ohio collect, communicate, and share information about children who come into custody with potential placements (foster parents, group homes, etc.) and community partners (school, mental health professionals, CASA, etc.) to ensure continuous engagement with services and activities. The panel met with relevant ODJFS stakeholders, conducted a document review of ODJFS/PCSA forms, and reviewed literature about best practices in information sharing. As a result of the evaluation, the panel developed recommendations for improvement.

1. ODJFS should revise the Child Behavior and Characteristics Checklist to address cultural issues, remove diagnosable conditions, and incorporate positive aspects of children.

The CRP recommends ODJFS review the use of the Child Behavior and Characteristics Checklist. The checklist includes a checkbox for “sexual identify/orientation issues,” and it is unclear what exactly this means. A recent SACWIS build now allows PCSAs to record a child’s sexual orientation in the person profile, so the panel questions the utility of this checkbox in the Child Behavior and Characteristics Checklist identifying sexual orientation as an “issue.” Additionally, ODJFS should consider adding vaping as a concerning behavior for youth, given its high prevalence and negative impact on youth health. The CRP recommends removal of Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnosable conditions on the checklist. There are DSM diagnosable conditions on the checklist such as “Autism/Pervasive Developmental Disorders,” “Post-traumatic Stress Disorder,” and “Reactive Attachment Disorder.” Even if licensed to diagnose, this practice would be outside the scope of work for a child welfare caseworker in Ohio. If any conditions have been diagnosed they should be recorded in another section of the ICCA with the appropriate diagnosing professional’s signature and/or the professional’s name and contact information. Finally, there are no check

boxes for positive child characteristics. This checklist appears inherently negative towards children who have been removed due to a history of certain behaviors, with no balance to consider positive aspects of these children.

2. ODJFS should convene a task force to develop simple and clear guidelines regarding information sharing between PCSAs, schools, and health/mental health entities.

The panel raised questions about the ability for PCSAs to share the ICCA and Med/Ed information with the appropriate partners. ODJFS explained the issue of information sharing is a constant struggle for their agency and community partners. To address this issue in Texas, the Supreme Court of Texas Children's Commission Foster Care and Education Confidentiality Workgroup developed a guide for use by child welfare workers and school administrators, staff, and teachers to detail what information should be shared about children. The guide to information sharing is easy to read and understand. This document focuses on what information is important to share rather than focusing on what information cannot be shared. The Northeast Ohio CRP recommends a similar document be created for Ohio.

3. Support for the Southwest Ohio CRP recommendation from 2017-2018 Annual Report. ODJFS should consider additions to ORC for mental health services guidelines for children in care, incorporated with the physical health standards in ORC.

The panel's review of SACWIS tools indicated a gap in recording a child's current mental health services in SACWIS. Ensuring children receive adequate services related to their mental health is imperative for a child's well-being. Being able to easily identify this information and share the relevant parts with stakeholders can serve to increase the overall well-being of a child. Similar to Southwest Ohio CRP's report from 2017-2018, there appears to be a struggle to find information about a child's screening, assessment, and linkage with mental health services. The Ohio Revised Code includes timelines 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. The 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.

Central Ohio CRP

The Central Ohio CRP explored how Ohio supports kinship caregivers. Specifically, they set out to learn what support is currently available in the field for kinship caregivers and then subsequently highlight the gaps in supportive services for kinship caregivers as identified by providers and/or caregivers themselves. The panel gathered academic literature, ORC information, and ODJFS and PCSAO online resources to get a handle on the resources currently available to this population of caregivers. The panel interviewed stakeholders, mainly OGKC, PCSAs, and kinship caregivers throughout Ohio to grasp how the available resources and supports are used, and subsequently identify what is missing to support their needs. The panel made a number of recommendations to improve the support available for kinship caregivers in Ohio.

1. ODJFS should provide kinship caregivers access to developmental trauma training. Additionally, ODJFS should conduct thoughtful dissemination of the available training to reach as many kinship caregivers as possible.

While the financial needs of kinship caregivers are apparent, interview participants for this evaluation spoke about the need for more informal emotional and training supports such as developmental trauma training. These types of supports are not systematically offered through PCSAs, and kinship caregivers stated the PCSAs were unaware of any such supports in their community. ODJFS might consider how to use the current infrastructure with IHS and the regional training centers to deliver these trainings. There may be opportunities for ODJFS to work with private foster care networks already providing these trainings to foster parents to open up these opportunities for kinship caregivers.

2. ODJFS must consistently collect data related to the number of children placed with kinship caregivers and level of care at which the children are placed. ODJFS should subsequently use this information to conduct a cost-benefit analysis to fully understand the financial costs that would be incurred by the state if these caregivers were no longer able to assume this role.

This CRP work year highlighted the services kinship caregivers provide to ODJFS, PCSAs, biological families, and children in Ohio is immensely valuable. The panel recommends the State take a stronger stance communicating to kinship caregivers and PCSAs how important they are to the child welfare system. To do this, ODJFS should identify the data which should be collected when a PCSA is working with kinship caregivers, this data should include what the costs incurred are for both the PCSAs and the kinship providers when approving and placing children into kinship care. In addition, in order to accurately conduct a cost-benefit analysis it would need to include the “level of care assessment” and related costs. A level of care assessment is conducted on each child who is placed into foster care through a PCSA. The level of care is an assessment which determines the type of foster home the child can be placed into based on the treatment needs of the child and what level of care the foster home is licensed to provide. Level of care can range from “normal” to “intensive”. If the child is medically fragile, placement costs will be higher based on the child’s individual medical needs and the training and skill level of the foster home required to meet these needs. The higher the level of care the higher the per diem received by the foster parent. These costs need to be taken into account when conducting the cost-benefit analysis. One would assume based just on this information, the PCSAs are spending a significant amount of money utilizing foster care placements versus kinship placements. However, the support and services provided to kinship providers is minimal compared to the support provided to licensed foster homes. Collecting all comparable related data from SACWIS will provide a starting point for how to better provide a supportive and stabilizing system for kinship care moving forward.

Consistency in utilizing the “living arrangements” tab, which records a child’s living arrangement/placement when they are not in agency custody or living with their biological parents, will assist in collecting this important data. Currently the “living arrangements” tab is not being used consistently amongst PCSAs across Ohio. Without this practice being made a

requirement, the data collection will not be accurate in comparing the costs associated with this recommendation.

3. ODJFS should consider changes in eligibility criteria for social service supports to allow greater access to benefits.

The data suggest the number one challenge for kinship families is financial. Particularly, kinship caregivers may struggle to meet basic needs such as housing, legal services, childcare, and food. The data from PCSAs, kinship caregivers, and other advocacy stakeholders suggest the availability of TANF benefits for kinship families due to the child-only income eligibility is immensely helpful. The panel recommends ODJFS consider advocacy, whether through state or federal legislative partners or waiver applications, to consider options for changes to childcare subsidies, SNAP, and legal assistance programs eligibility criteria to consider child-only income for kinship caregivers.

Southwest Ohio CRP

Southwest Ohio CRP selected a two-year project and therefore completed an interim report this fiscal year. The panel will submit their annual report with findings and recommendations during the 2020-2021 work year. The goal for this panel was to deliver recommendations to improve Ohio's capacity to provide children in care additional supports for educational success. During this year's work, the panel narrowed their focus to early educational outcomes in Ohio for children in substitute care. The Southwest Ohio CRP will deploy a survey to foster parents in Ohio to understand the rates of participation in early care and education programs for three to five year old children in substitute care and the barriers to participation in these program. This report represents the progress toward strategic plan goals completed during the first year of their two-year evaluation.

The Southwest panel participated in the annual strategic planning with all Ohio CRPs on May 28, 2020. Panel members used this time to solidify their plan for 2020-2021 data collection procedures. The next steps for the Southwest Ohio CRP are summarized here:

- The survey included in Appendix B is open to feedback, edits, and suggestions from ODJFS. Additionally, the panel welcomes any advice from ODJFS and their partners to ensure maximum participation in survey responses.
- Following the finalization of the survey, the OSU CRP team will submit the research protocol and survey tool to the OSU Institutional Review Board (IRB).
- Upon approval by the IRB, the panel can begin distribution of the survey. The survey sampling and distribution plan is detailed in the data section of this report.
- The panel is considering completing focus groups with foster parents to better understand the barriers to child enrollment in Early Care and Education programs in Ohio. Focus groups combined with the survey included here will provide the panel with even more robust data for the 2020-2021 annual report. The panel discussed additional plans for data collection during the annual strategic planning meeting on May 28, 2020.

Southeast Ohio CRP

The Southeast Ohio CRP sought to understand Ohio's ability to monitor and respond to the experiences of children placed in residential facilities. While recent news articles and feedback from youth who have experienced a placement in a residential or group home facility detail negative experiences, the panel wanted to focus on how ODJFS and PCSAs are able to respond to these experiences. The panel gathered information from stakeholders and academic literature to learn more about the use of residential and group home facilities and the reporting of practices within these facilities. Attempts at primary data collection via survey and focus groups with youth and foster alumni who have experienced placement in a residential and group home facilities were unsuccessful for a number of reasons. The responses to the survey were low, partially due to the onset of COVID-19. The panel placed flyers in the community to recruit survey participants, yet these did not reach the intended audience as libraries and community centers closed when state ordered closures began in March 2020. The panel also attempted recruitment at local youth and family serving agencies, but as these agencies stopped seeing clients in-person recruitment for the survey was further stalled. Additionally, in-person focus groups could not be conducted due to CDC guidance around social distancing. The panel will continue with this topic for the 2020-2021 work year. They will redeploy the survey with similar recruiting methods that can be more successful as community agencies begin opening. The panel will conduct the focus groups either in-person or virtually as guidelines for social distancing allow. The panel is confident they can craft meaningful recommendations for next year's annual report.

The Southeast panel participated in the annual strategic planning with all Ohio CRPs on May 28, 2020. Panel members used this time to solidify their plan for 2020-2021 data collection procedures. The next steps for the Southeast Ohio CRP 2020-2021 data collection activities include:

- Survey to youth and young adults (18-25) who have experienced a placement in a residential or group home facility
- Focus groups with young adults who experienced a placement in a residential or group home facility
- Gather perspective from PCSAs about the barriers to doing effective work when children are placed in residential or group home facilities. This might include:
 - Review of SACWIS activity logs to assess the quality of face to face visits with youth in these facilities
 - Review of exit interviews to understand children's experiences in residential and group home facilities
 - Survey and/or focus groups with PCSA caseworkers

With an additional year to conduct this evaluation, the Southeast Ohio CRP is confident they will be able to deliver meaningful recommendations next year.

Next Steps

All five Ohio CRPs met virtually for the annual strategic planning session on Thursday, May 28, 2020. During this meeting, members selected topics for the new work year and created a strategic plan to reach their goals for 2020–2021. They brainstormed about the types of data they will need for their evaluation. The data request will be submitted to ODJFS to allow time to gather the information. The annual meeting serves as a wrap up of the 2019–2020 work year. Both the Southwest and Southeast CRPs will continue their evaluation topics from 2019-2020 as summarized in this annual report. The annual meeting provides the panels with the opportunity to discuss the successes and challenges from this year's evaluation with panel members from other parts of the state.

Due to ongoing recommendations from the Centers for Disease Control (CDC) and Ohio Governor DeWine for social distancing and limiting large gatherings, this meeting was held virtually via Zoom conference.

Strategic Plan Overview



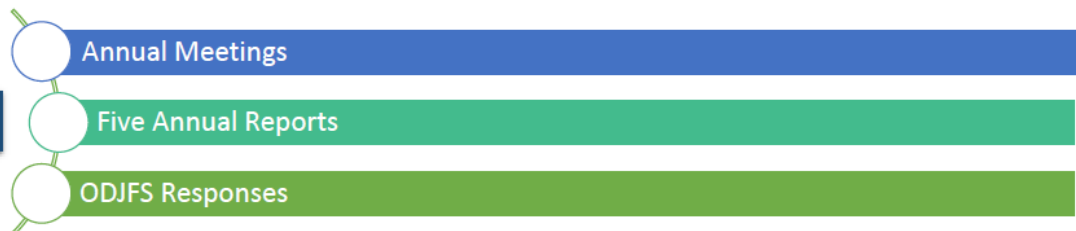
STRATEGIC PLAN FOR THE OHIO CITIZEN REVIEW PANELS

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 FIVE STATEWIDE PANELS WILL WORK COLLABORATIVELY TO MAKE MEANINGFUL RECOMMENDATIONS TO ODJFS ON THE STATE OF CHILD WELFARE IN OHIO.

Action Items

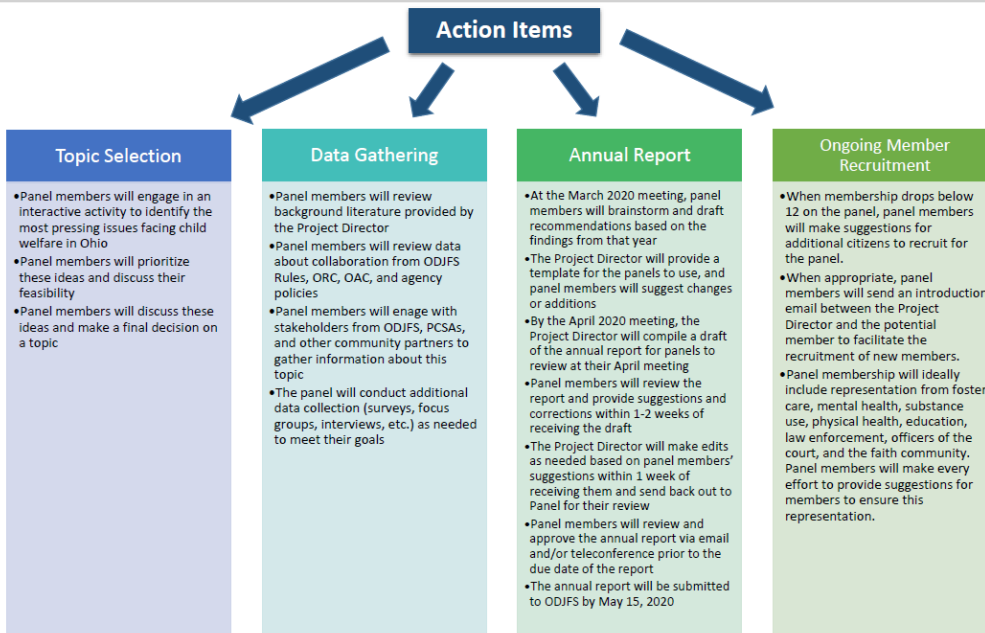


- Annual meeting of all CRP members will be held in May each year to select topic areas for each panel to ensure the panels are jointly meeting the duties of the CRPs to review child welfare across the State of Ohio
- To reflect on successes and challenges from the previous year
- To share lessons learned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

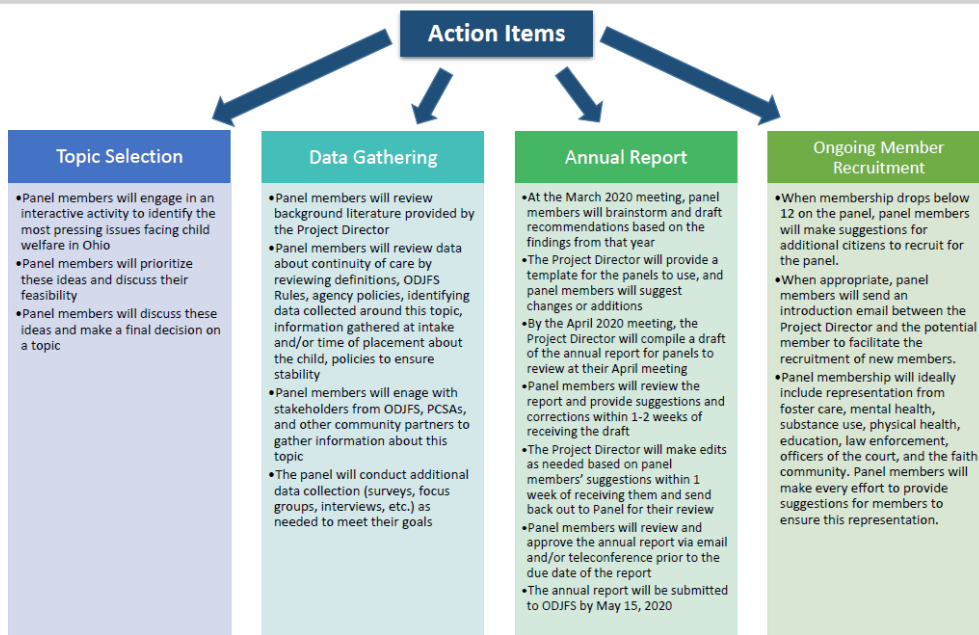
Each panel will submit an annual report to ODJFS summarizing its activities, analyses and recommendations.

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

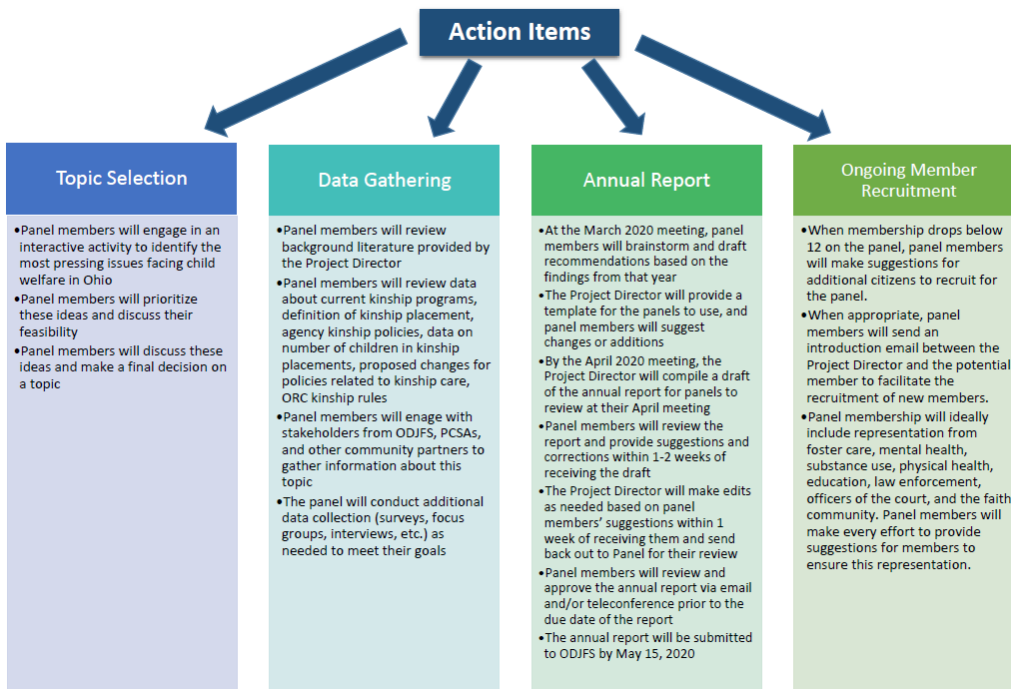
Goal Two: The Northwest Ohio CRP will create actionable and measurable recommendations for the improvement of inter-system collaboration among Ohio Public Children Services Agencies (PCSAs) and their community partners.



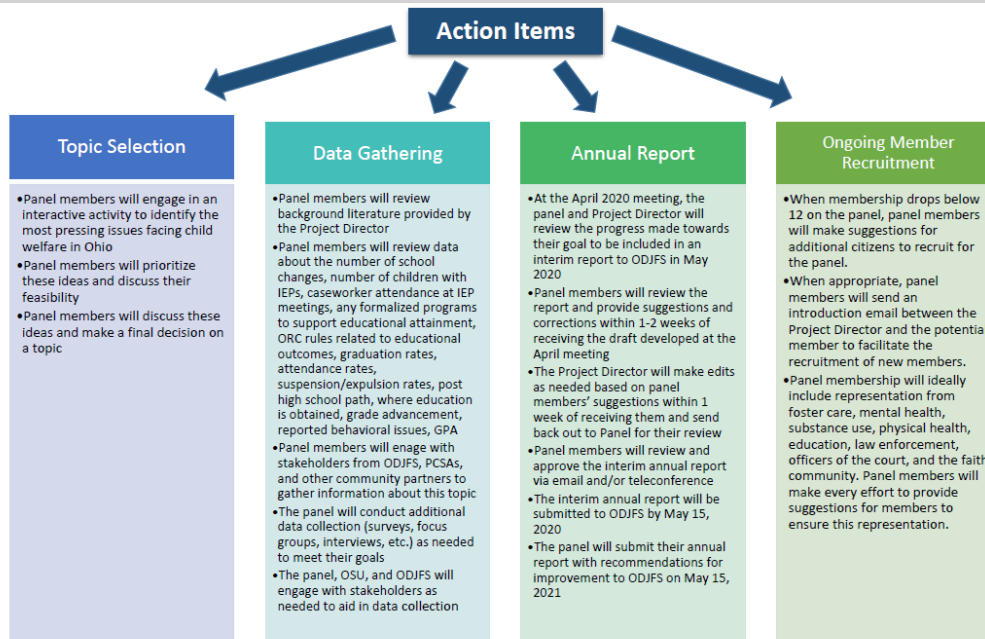
Goal Three: The Northeast Ohio CRP will create actionable and measurable recommendations to improve Ohio's ability to ensure continuous engagement with services and activities for children who enter and remain in custody.



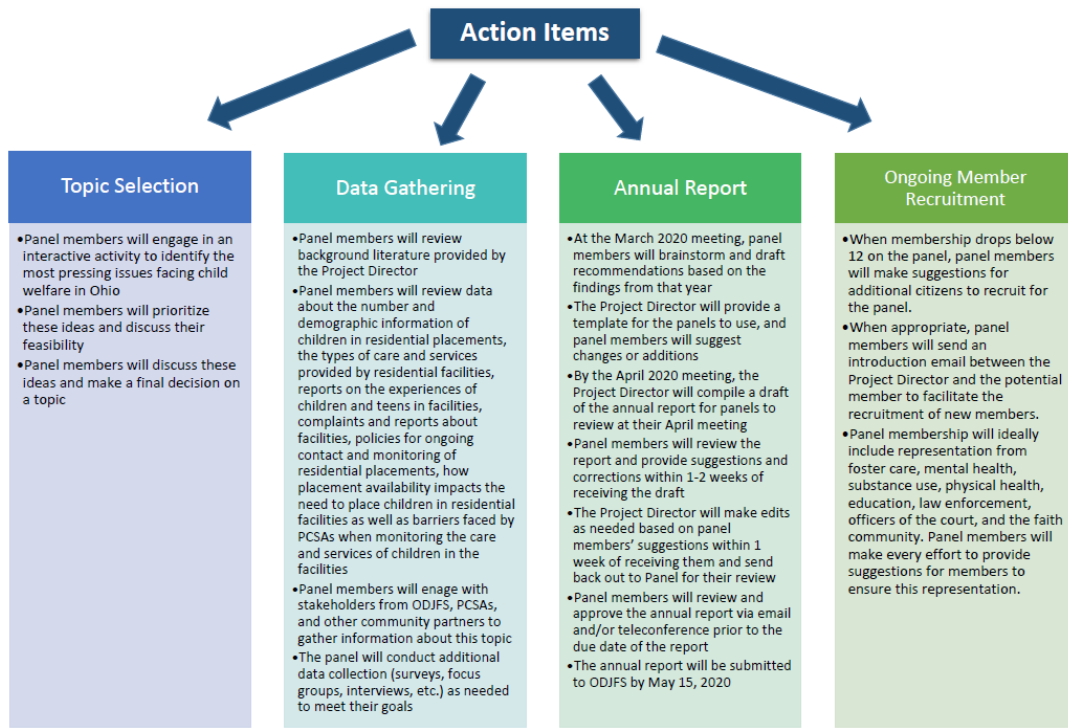
Goal Four: The Central Ohio CRP will create actionable and measurable recommendations to improve the support system for kinship caregivers in Ohio.



Goal Five: The Southwest Ohio CRP will create actionable and measurable recommendations to improve Ohio's ability to ensure children in care are provided with educational supports securing the best opportunity for academic success.



Goal Six: The Southeast Ohio CRP will create actionable and measurable recommendations to improve Ohio's ability to monitor and respond to the experiences of children placed in residential facilities.



Report 1: Northwest Ohio CRP

The Northwest Ohio CRP focused their work on how public children services agencies (PCSAs) in Ohio communicate, share information, and collaborate with their community partners. The panel gathered information from academic literature and interviews with community collaboration efforts to gain an understanding of this topic. The results of the data analysis from these sources are summarized in the report. Based on the results, the panel developed two specific recommendations for Ohio to better support collaborations between PCSAs and their community partners such as schools, mental health agencies, and others in serving children and families.

Annual CRP activities

Schedules

The Northwest Ohio CRP meets bimonthly from August to May of each work year. The 2019–2020 work year began with the Ohio CRP Annual Strategic Planning Meeting on Wednesday, May 22, 2019 in Columbus, OH. All Ohio CRP members were asked to attend this meeting. The Annual Strategic Planning Meeting allows the Northwest Ohio CRP, in conjunction with the other panels, to learn from the other panels' previous year of work and plan for the next year. The Northwest panel decided on a topic and created a data request for ODJFS at the annual meeting.

Regular meetings for the Northwest Ohio CRP began in September 2019. The panel meets bimonthly on the third Thursday of the month from 12:00pm to 2:00pm at the Sandusky County Board of Developmental Disabilities (1001 Castalia St. Fremont, Ohio). Due to a delay in contract signing between ODJFS and OSU, the panel delayed their August meeting until September to allow more time for meeting preparation. Additionally, due to the onset of COVID-19 in spring of 2020 and the limits on gatherings of people, the panel hosted their April meeting online via Zoom. The following is a list of all meeting dates for the panel from August 2019 to April 2020:

Table 1. Northwest Ohio CRP Regular Meeting Schedule:

Thursday, September 12, 2019
Thursday, October 10, 2019
Thursday, December 12, 2019
Thursday, February 13, 2020
Thursday, April 9, 2020

Changes to Panel Membership

The Northwest Ohio CRP began the work year with eight members and ended the year with the six members identified in the membership section of the report. This panel lost two of the original members in the 2019-2020 work year due to non-response with the CRP program manager. These members were unresponsive to the program manager's attempt to contact them and engage them in the panel work. The members attempted recruitment throughout the year but were unable to add any additional members. The Northwest Ohio CRP identified recruitment as a top priority moving forward.

Successes, Challenges & Achievements

The Northwest Ohio CRP experienced a number of successes, challenges, and achievements during their first year of work. The panel developed a specific topic and review question, and they took a strengths-based approach to reaching their goals. Participation in interviews from community partners was a major success for the panel. The interviews provided the panel with insightful information about collaboration in Ohio. The panel identified the completion of their first annual report with recommendations for improvement as a success.

The panel identified various membership issues as a challenge to their work. Recruitment and retention of new members has been difficult in this region of the state. Current members are committed to this work, and they plan to turn their attention to membership recruitment before the next work year.

Background

This year represents the Northwest Ohio CRP's first year of evaluation with the Ohio CRP program. During the strategic planning process, panel members' conversation about topic selection centered on how public children services agencies (PCSA)s in Ohio communicate, share information, and collaborate with their community partners. A number of the panel members work in the community with children and families, and the group has a general understanding that one single social service system cannot provide everything needed for the children in their communities. Due to the panel member's background in the community, in depth discussions were held regarding their various experiences with PCSAs and the difficulties related to family goals being reached. The panel sought to better understand this topic by taking a strengths-based approach in examining the collaboration efforts in Ohio in which PCSAs are involved.

Ohio Strengths in Collaboration

It is clear that ODJFS and PCSAs are involved in a number of collaboration efforts to best serve children and families. These collaborations are working to make a difference in their communities, and each group reported how grateful they are for child welfare's involvement and expressed support of the PCSAs goals. It is apparent that ODJFS and PCSAs provide their support in collaboration efforts by their expansive involvement on panels, boards, and other collaborative groups throughout the state. These collaborations occur at multiple levels addressing both macro policy level issues as well as individual level efforts to meet family's

needs using a combination of community supports. The collaborations detailed in this report show a number of innovative efforts happening in Ohio even among this small sample size of five different groups. It is likely there are many other initiatives happening in the state that will benefit from the recommendations made here to further support ODJFS and PCSAs' ability to collaborate with their community partners.

Data

1. Literature review

The Northwest Ohio CRP used a number of data sources to gain perspective on the collaboration within Ohio's child welfare system. The panel first completed a brief literature review on the benefits of collaboration for child welfare agencies as well as the barriers to successful collaboration. Collaboration occurs when people from different organizations, produce something through joint effort, resources, and decision making, and share ownership of the final product or service (National Technical Assistance and Evaluation Center for Systems of Care, 2008). Collaboration can be described as a process for reaching goals that cannot be achieved efficiently by working alone. Collaboration brings together different entities who see different perspectives of the problem. This process allows an avenue for creative solutions that would not otherwise be possible without the perspectives and resources from the different organizations involved (Darlington, Feeney, & Rixon, 2004). Collaboration can occur on multiple levels and all agencies invested in serving youth and families can be considered partners. Participants may include parents and family advocacy groups, frontline caseworkers, mental health providers, schools and teachers, policy-makers, and administrators responsible for addressing organizational mandates, financing, and management (National Technical Assistance and Evaluation Center for Systems of Care, 2008).

There are a number of benefits of collaboration for child welfare and youth serving agencies, including faster and more proactive responses for families, reduced anxiety for workers, reduced family separations, greater continuity of care, more holistic services, faster access to services, and improved cost-effectiveness (Darlington, Feeney, & Rixon, 2005). Additionally, the quality of creativity and problem solving is enhanced when people collaborate (U.S. Department of Health and Human Services, 2010). Collaboration can also increase the awareness of one's own organizational culture through the sharing of organizational perspectives and practices with other youth serving agencies (Darlington, Feeney, & Rixon, 2004).

The published literature on collaboration details the characteristics of effective collaboration efforts. Successful, ongoing collaboration can only occur when it is supported by workers as well as the organizational and political level of agencies. There are a number of factors that are essential to collaboration including strong leadership in the collaboration, effective information sharing policies, and sufficient resources to allow the collaboration to function (National Technical Assistance and Evaluation Center for Systems of Care, 2008).

Slightly differential professional views of mental illness and child protection as well as different organizational goals and priorities among partners encourages creative thinking, yet the partners must be able to agree on the shared goals of the collaboration efforts to be successful (Darlington, Feeney, & Rixon, 2004; Darlington, Feeney, & Rixon, 2005).

On the flip side, the barriers to effective communication have been clearly documented in the literature. The major barriers include limited resources, significant time requirements, staff turnover, and confidentiality in information sharing (National Technical Assistance and Evaluation Center for Systems of Care, 2008). Successful collaboration efforts have dedicated staff or funding to ensure the resources needed to meet their goals. Those individuals who attend the meetings of these collaborations work in youth and family serving systems which are historically busy and overwhelmed with their work responsibilities. This causes challenges for collaboration efforts to schedule meetings that work best for all partners. Additionally, high staff turnover present in social service agencies hinders collaboration (National Technical Assistance and Evaluation Center for Systems of Care, 2008). Successful collaboration requires trust, which is built over time. When new individuals join collaborations, it takes time for the group to build trust with this new individual despite their organization having been part of the collaboration for quite some time. Finally, confidentiality and information sharing is regularly identified as a barrier to individual level collaborations working to resolve issues for children and families (Allen, Hyde, Leslie, 2012; Darlington, Feeney, & Rixon, 2004; Darlington, Feeney, & Rixon, 2005; National Technical Assistance and Evaluation Center for Systems of Care, 2008).

The federal Children's Bureau recognized the importance of child welfare's collaboration with their community partners. As a result, in 2003, the Children's Bureau funded nine demonstration grants, across 18 communities, to test the efficacy of a system of care approach to improving outcomes for children and families involved in the child welfare system (Children's Bureau, 2003). This 5-year initiative, *Improving Child Welfare Outcomes through Systems of Care*, focused on infrastructure development to strengthen the capacity of human service agencies to support families involved in public child welfare through a set of six guiding principles. One of the guiding principles of Systems of Care is interagency collaboration. "Interagency collaboration in systems of care is the process of agencies and families joining together for the purpose of interdependent problem solving that focuses on improving services to children and families" (National Technical Assistance and Evaluation Center for Systems of Care, 2010).

The implementation of these interagency collaboration groups as part of the Systems of Care initiative addressed both system-level problems and direct service decision-making. An evaluation of these initiatives indicates community partners perceived that their collaborative efforts were effective in promoting positive changes in policies, procedures, and practices and, ultimately, in creating positive outcomes for children and families. Child welfare staff felt increasingly encouraged and supported to adopt collaborative practices and community-based approaches. Collaboration partners became more active participants

in child welfare case planning processes and their services to children and families in the child welfare system nearly tripled (National Technical Assistance and Evaluation Center for Systems of Care, 2010).

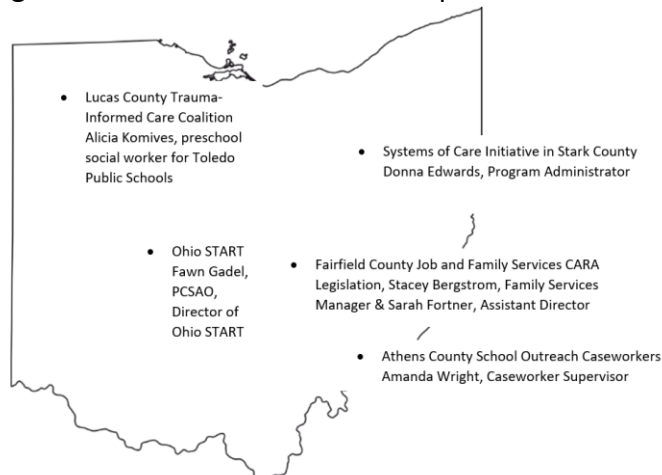
2. Input from ODJFS

Following the literature review, the CRP project manager attended a meeting with ODJFS to discuss collaboration from the State point of view. Following the meeting, ODJFS provided the panel with a list from November 2019 that listed collaboration efforts for which ODJFS participates. ODJFS representatives explained they really value collaboration and wanted to make an attempt to document each group in which they have representation. The list included 31 unique workgroups or subcommittees for which ODJFS has representation. These workgroups are broken into categories depending on the population of focus or the goals of the efforts. ODJFS has representation on workgroups and collaboration efforts addressing youth, families, child welfare system changes, the court, community supports, inter-system efforts, and private agencies. For each workgroup or collaboration efforts on the list, ODJFS identifies the name of the group, the goals, who is involved, and the meeting frequency. They stated the list is not all inclusive due to the constant addition of initiatives over the course of a year. However, it provides a snapshot of how important collaboration is to ODJFS.

3. Interviews

The panel conducted interviews with five different collaborative efforts in Ohio between December 2019 and January 2020. The panel used the literature review to guide the interview questions. The full interview guide is provided in Appendix A. Four of the interviews were conducted via phone and one was conducted in-person. Figure 1 provides a map of the locations of the collaborations explored during the interviews. All interviews were conducted by the CRP project manager, and interviews were summarized for the panel during meetings.

Figure 1. Northwest Ohio CRP Map of Interviews



Finally, the panel followed up with ODJFS and the Institute for Human Services (IHS) for additional information about collaboration before making their final recommendations. A summary of all information gathered by the CRP during the 2019-2020 work year is detailed in the results section of this report.

Results

The results are summarized below in Table 2. This includes information on the goals, funding, outcomes, and successes identified by each collaboration.

Table 2. Northwest Ohio CRP Interview Summary

	Goals	Funding	Measured Outcomes	Successes
Lucas Trauma Informed Communities	<p>Educate the provider community on trauma, including available trauma resources and professional development activities</p> <p>Identify gaps and barriers for trauma specific services for consumers or agencies</p> <p>Increase collaboration among larger systems, and understand what everyone in the community is currently doing to address trauma</p>	<p>No financial support for the coalition</p> <p>Did receive a \$1000 mini-grant from the local mental health board to get the website up and running and continue website maintenance</p> <p>Also used some mini-grant funding for pamphlets and brochures for tabling events in the community</p>	<p>All trainings have a pre/post assessment</p> <p>Regular surveys to coalition members to assess benefits of coalition</p> <p>Track attendance at coalition meetings</p> <p>Track attendance at community tabling events</p>	<p>Website development</p> <p>Other communities look to us as a model</p> <p>Regular community trauma trainings including creation of a "train the trainer" model</p> <p>Can provide CEUs for trainings</p> <p>Creation of population specific trauma trainings (LGBTQ population, etc.)</p>
Athens County School Outreach Caseworkers	<p>Prevent child abuse and neglect through early intervention</p> <p>Prevent calls to intake and then prevent a removal if a case is screened in</p> <p>Get families engaged with their student's education</p> <p>Liaison between home and school and between the school and the PCSA</p> <p>Help school staff understand trauma in students</p> <p>Help school staff with calls to PCSAs to make referrals</p> <p>Mandated reporter training</p> <p>Community behavioral health referrals</p> <p>Resource referrals</p>	<p>Athens County levy funding</p>	<p>Track number of referrals for services- whether its community referrals or tangible supports</p> <p>Number of trainings hosted</p> <p>Student attendance at groups sessions</p> <p>Number of group sessions conducted (mentoring, girl power, etc.)</p> <p>Yearend survey to parents and school staff about general satisfaction with services</p>	<p>Build a strong, positive relationship with the community</p> <p>PB&J Summer Program</p>

	Goals	Funding	Measured Outcomes	Successes
Fairfield County CARA Legislation	<p>Improve overall outcomes of families affected by SUD by increasing participation in family drug court treatment programs</p> <p>Conduct a comprehensive review of assessment processes and available programs in the community to identify and respond to needs</p> <p>Quicker connections to services including pre-birth and prenatal services</p> <p>Improved data collection and sharing among providers</p> <p>Increase collaboration and engagement with medical providers</p>	<p>Juvenile court received QIC “Collaborative Community Court Teams” Triple C Grant (federal grant)</p> <p>Grant period ends in 2020</p>	<p>Court records of participation and phases</p> <p>Use SACWIS data for CARA cases for measuring outcomes</p> <p>Track ongoing cases with CARA involvement</p> <p>Community outreach tracked in house by child welfare staff</p>	<p>A mom with open CPS case who got pregnant while being treated for SUD. She worked with team members to develop a plan of safe care which was communicated with the hospital. The baby had no complications, and she can now parent both children successfully.</p> <p>Provide community wide trainings about CARA programming for all providers as a panel. These are well attended and really shows the provider community buy in.</p> <p>Finally have an OB and pediatrician that attend stakeholder group meetings which is something we worked on forever. All partners have buy in and wants this to be successful.</p>
Ohio START	<p>Keep more kids at home with their caregivers when a PCSA becomes involved with a family</p> <p>Decrease recurrent maltreatment</p> <p>Build better systems of care to better serve families with substance use disorders</p>	<p>VOCA grant for pilot project</p> <p>Funding the state child welfare budget</p> <p>Funding from county child welfare budgets</p>	<p>Partnered with OSU and OU to do rigorous evaluation</p> <p>Needs portal collects raw data about START families including the # of visits, UNCOPE screenings, # of BH appointments, FPM visits, etc.</p> <p>OSU and OU hope to combine needs portal data with SACWIS data for evaluation in the near future</p> <p>Pre/post survey with parents</p> <p>Compare on control group of SUD clients plus comparison to other PCSAs</p>	<p>Many PCSAs have reported working with a mother who was pregnant and able to deliver without positive toxicology through Ohio START intervention</p> <p>There has been a change in culture within PCSAs. Having FPMs in the agencies has created a change in culture in PCSAs where caseworkers see clients can recover and be successful.</p> <p>Many PCSAs report on reunification success stories for which they previously did not have success because of these wrap around services.</p>
Systems of Care in Stark County	<p>Imbed the core principals of Systems of Care in the community and among partners</p> <p>Family driven and youth guided, with the strengths and needs of the child and family determining the types and mix of services and supports provided.</p> <p>Community based, with the locus of services as well as system management resting within a supportive, adaptive infrastructure of structures, processes, and relationships at the community level.</p>	<p>Three different grants since the 1990's</p> <p>Expansion grant in 2016</p>	<p>Use of services as a measure for outcomes</p> <p>Track meeting participation</p> <p>Track agency partner attendance at meetings</p>	<p>There has been an increase in number of school based services as a result of identifying needs.</p> <p>There has been an increasing number of programs for youth in court systems.</p> <p>Started a transitional age work group to address needs of youth aging out of foster care.</p> <p>Created treatment teams with DD and MH which has been huge.</p>

Conclusions

The results of the Northwest CRP data collection efforts provide a number of conclusions about the topic. First, the barriers to collaboration identified throughout this evaluation are not unique to Ohio. These barriers include limited resources to carry out core duties, significant time requirements, staff turnover, and trouble with information sharing. This conclusion comes from both the literature review and interviews with different groups around the state.

Building on the first conclusion, the second major barrier identified was information sharing. Specifically, successful collaboration among interview participants who deal with individual level goals and programming. Information sharing remains a key component to successful collaboration between PCSAs and their community partners. While this is a regularly identified problem, it appears with the right support and resources it can be managed. Overcoming this barrier is not easy, but it is possible. The interview with the Ohio START program manager revealed with a “fleet of attorneys” they were able to develop an MOU and clear guidelines for PCSAs to be able to partner with their mental health community providers to successfully carry out the core components of the program. This indicates the level of resources needed to overcome the struggles with confidentiality and information sharing. Even with these resources and solutions for sharing information, the Director of Ohio START identified it is still a work in progress and PCSAO technical assistants continue to mediate the struggles of sharing information.

Third, the panel found that evaluation of these programs and collaboration efforts is hard work and resource intensive. Few of the interview participants were able to detail a plan for evaluating their efforts. Those with dedicated funding are able to carry out more rigorous evaluation than those with limited resources. While it appears these programs are doing great work in their communities, an evaluation of how those programs are influencing outcomes for children and families is needed. Conducting evaluations can provide these programs with evidence of their effectiveness and identify areas of growth. Through comprehensive evidence of the collaboration’s success, the programs can more effectively advocate for additional resources and potentially expand their services. The panel discussed a number of ways the community, government, and universities may be able to support evaluation efforts.

A fourth major barrier was identified to be the time commitment it takes for successful collaboration. It is clear PCSAs and ODJFS are involved in many collaboration efforts across the state and local communities, and we know they are regularly invited to participate in increasingly more. The time commitment it takes to participate in these groups is great, potentially leading to scheduling issues and child welfare professionals feeling overburdened by their commitments to community partners. The interview data indicates consistent attendance at meetings is a major issue, and when attendance is consistent, rarely the same individual from the PCSAs or other social service agency attend. Inconsistent individuals attending meetings impedes the group’s ability to reach goals by having to repeat information rather than being able to move forward with new objectives each meeting.

Interview data suggest that individuals in administration and leadership positions at PCSAs are often the ones to attend the meetings. Frontline staff and supervisors are often focused on their specific job duties and may have limited time for participation in work that takes them outside of the office. A number of the collaboration efforts ask for participation from frontline staff or supervisors, but for a number of reasons this may be difficult for agencies to support. Without additional information from PCSAs about how they prioritize their participation in community collaboration groups, the panel cannot make specific recommendations about how PCSAs should measure their participation in these groups.

Another finding stemming from panel conversations center on how to make collaboration easier for caseworkers. A number of collaborative efforts focus on macro and/or policy issues, but the literature demonstrates collaboration at the individual level between PCSA caseworkers and the other professionals working with children and families in the communities is beneficial for reaching the family's goals. Identifying and connecting with community partners as well as being able to share information with them can be difficult for overburdened caseworkers. Follow-up discussions with IHS and ODJFS revealed several barriers needing to be addressed. There is no requirement that caseworkers ask about the different systems a child may be involved with when taking a child abuse and neglect referral, but many PCSAs include these questions in their intake screening process. Asking this information from mandated reporters may help caseworkers jump start the collaboration process upon receiving a screened in referral. While not all mandated reporters will know if the child is linked with other community resources, there may be utility in asking these questions during the screening process.

Additionally, IHS has incorporated the importance of collaboration throughout the CORE training process, but after email correspondence with the training program manager at IHS, there is no fully dedicated training for caseworkers about how to work with community partners, how best to share information, and how to work as part of a team. Caseworkers are often trained about what information not to share, potentially causing anxiety in workers around the topic of information sharing. Development of a training focusing on the rules pertaining to information sharing may help to eliminate the feeling of secrecy around PCSA services and processes. There are ongoing trainings offered through the regional training centers for caseworkers to develop their leadership skills in working in teams with community partners to best serve youth and families. These kinds of trainings provide opportunities for caseworkers to develop their leadership skills and could be provided in conjunction with opportunities at their agency to participate in part of a community collaborative effort. The panel wondered if these final takeaways might create an environment supportive of information sharing and developing a culture of collaboration. While the panel's work year is limited to six meetings and approximately eight months, they were able to identify a number of major takeaways about this topic and offer ODJFS and PCSAs some things to consider moving forward.

Recommendations

1. ODJFS should develop common evaluation measures of collaboration that are simple and meaningful for use by local youth and family programming. ODJFS should provide technical assistance around the use of these tools.

The panel found that evaluation of programs focused on collaboration efforts to serve children and families is hard work and resource intensive. Few collaborative efforts interviewed for this project described a plan for evaluating their efforts. Those with dedicated funding are able to carry out more rigorous evaluation than those with limited resources. While it appears these programs are doing great work in their communities, an evaluation of how those programs are influencing outcomes for children and families is needed. The resource intensive nature of evaluation limits the ability for grassroots organized programs to carry out such tasks. ODJFS could provide common evaluation measures for use by youth and family serving programs to ensure that some level of evaluation can be conducted to demonstrate the effectiveness of creative programming in Ohio.

2. ODJFS should develop a statewide standardized release of information form for use by PCSAs and their community partners.

Information sharing was identified as a barrier to successful collaboration among interview participants who deal with client level goals and programming rather than macro or policy issues. Information sharing remains a key component to successful collaboration between PCSAs and their community partners. Although this is a regularly identified problem, it may be addressed with the right support and resources. Overcoming this barrier may be challenging, but it is possible. ODJFS may be able to provide support to local communities to overcome this barrier by developing a standard release of information, similar to the Ohio Department of Medicaid standard authorization form covering the use and disclosure of protected health information (PHI), for use by PCSAs and their partners.

Report 2: Northeast Ohio CRP

The Northeast Ohio CRP examined how PCSAs in Ohio collect, communicate, and share information about children who come into custody with potential placements (foster parents, group homes, etc.) and community partners (school, mental health professionals, CASA, etc.) to ensure continuous engagement with services and activities. The panel met with relevant ODJFS stakeholders, conducted a document review of ODJFS/PCSA forms, and reviewed literature about best practices in information sharing. As a result of the evaluation, the panel developed recommendations for improvement.

Annual CRP activities

Schedules

The Northeast Ohio CRP meets bimonthly from August to May of each work year. The 2019–2020 work year began with the Ohio CRP Annual Strategic Planning Meeting on Wednesday, May 22, 2019 in Columbus, OH. All Ohio CRP members were asked to attend this meeting. The Annual Strategic Planning Meeting allows the Northeast Ohio CRP, in conjunction with the other panels, to learn from the other panel’s previous year of work and plan for the next year. The panel decided on a topic and created a data request for ODJFS at the annual meeting.

Regular meetings for the Northeast Ohio CRP began in September 2019. The panel meets bimonthly on the third Wednesday of the month from 2:00pm to 4:00pm at the Stark County Educational Service Center 6057 Strip Ave NW North Canton, OH 44720. Due to a delay in contract signing between ODJFS and OSU, the panel delayed their August meeting until September to allow more time for meeting preparation. Additionally, due to the onset of COVID-19 in spring of 2020 and the limits on gatherings of people, the panel hosted their April meeting online via Zoom. The following is a list of all meeting dates for the panel from August 2019 to April 2020:

Table 1. Northeast Ohio CRP Regular Meeting Schedule:

Wednesday, September 11, 2019
Wednesday, October 16, 2019
Wednesday, December 18, 2019
Wednesday, February 19, 2020
Wednesday, April 15, 2020

Changes to Panel Membership

The Northeast Ohio CRP began the work year with 12 members and maintained that membership number steadily throughout the year, ending the year with the same 12 members. The Northeast Ohio CRP is diligent about maintaining membership numbers, and they plan to continue their strong engagement with members to maintain their membership structure next work year.

Successes, Challenges & Achievements

The Northeast Ohio CRP identified a number of successes, challenges & achievements during their first year of work in 2019-2020. The Northeast Ohio CRP had excellent participation and attendance from members during the bimonthly meetings. The panel identified themselves as a diverse and strong group. The panel enjoyed candid conversations that showcased each of their expertise and encouraged reaching consensus quickly. Panel members reported being appreciative of the opportunity to serve on the CRP and learned a great deal about ODJFS and PCSA work.

The panel wanted to extend their gratitude to panel member, Dr. Anju Mader and the Stark County Educational Service Center for the meeting space which was functional and supportive of all the panel's needs. Additionally, the panel wanted to highlight the excellent meeting they had in December 2019 with a SACWIS Business Analyst with ODJFS. The panel reported this meeting with was invaluable in learning about SACWIS. Panel members want to express their sincere gratitude for this individual's time and patience as well as their appreciation to ODJFS for making the connection and allowing the meeting to happen.

The panel identified a couple challenges during the work year. Similar to previous panel reports, the Northeast Ohio CRP reported their general lack of familiarity with ODJFS and PCSA processes, rules, policies, procedures, and language hindered their ability to reach their goals. The panel reported as they learn the inner workings of ODJFS and become familiar with child welfare specific language, they imagine the work going much smoother. Additionally, the panel identified the delay in contract signing between ODJFS and OSU hampered the work year. The panel was unable to communicate with ODJFS during the time the contract was not signed, which limited the amount of time the panel had to carry out their evaluation.

Background

This year was the Northeast Ohio CRP's first year of evaluation with the Ohio CRP program. During the strategic planning process, panel members' conversation about topic selection centered on how PCSAs in Ohio collect, communicate, and share information about children who come into PCSA custody and are placed outside of their home (foster parents, group homes, etc.) and community partners (school, mental health professionals, CASA, etc.) to ensure continuous engagement with services and activities. Panel members were particularly interested in how PCSAs collect information from and about the following:

- Mental health service provider
- Health service providers
- Medications (past/current)
- School records including
 - Attendance
 - Grades received
 - Specialized services via IEP/504 Plans
 - Behavioral issues
 - Developmental concerns related to education
 - Positive attributes/skills
- Extracurricular activities
- Religious preferences
- Development disabilities services
- Gender identity
- Sexual Orientation
- Behavioral triggers
- Delinquency charges
- General youth interests
- Important relationships

Ohio Strengths

The Northeast Ohio CRP wanted to begin the report by highlighting the strengths of Ohio's ability to gather and record information about children to ensure their needs are met and communicated across child welfare partners. ODJFS and PCSAs use multiple documents to gather information about children which is to be passed on to new placements and community partners. These forms are robust and have the capacity to collect a lot of information. Additionally, there are processes for easily sharing this information with child welfare partners such as foster parents and schools. The presence and use of these documents will ensure some level of continuity in activities and services for youth in substitute care. Another major strength identified by the panel is that ODJFS views their data collection forms as living documents. ODJFS representatives report constant reviews of their processes and forms. ODJFS is editing and adding functionality in these documents to make data collection more accurate and more efficient for frontline workers.

Data

The Northeast Ohio CRP used a number of data sources to gain perspective on how ODJFS and PCSAs collect, communicate, and share information about children in substitute care with potential placements (foster parents, group homes, etc.) and community partners (school, mental health professionals, CASA, etc.) to ensure continuous engagement with services and activities. The panel began by reviewing relevant ORC rules regarding confidentiality and

information sharing between child welfare agencies and their community partners. Next, the panel conducted a document review of the Individual Child Care Agreement (ICCA) and Med/Ed forms. The panel reviewed the documents to verify they collect information about the following characteristics and services for children:

- Mental health service provider
- Health service providers
- Medications (past/current)
- School records including:
 - Attendance
 - Grades received
 - Specialized services via IEP/504 Plans
 - Behavioral issues
 - Developmental concerns related to education
 - Positive attributes/skills
- Extracurricular activities
- Religious preferences
- Development disabilities services
- Gender identity
- Sexual Orientation
- Behavioral triggers
- Delinquency charges
- General youth interests
- Important relationships

The panel focused on the ICCA and Med/Ed forms as the panel was most interested in the documents utilized in open, ongoing cases rather than cases moving towards adoption.

To better understand the functionality of these forms in SACWIS, the panel had the opportunity to meet with a SACWIS Business Analyst at ODJFS. This ODJFS representative provided a SACWIS tutorial, including person profiles and the recently enhanced ICCA functionality. The panel was surprised to learn that the ICCA has historically been a handwritten document which would likely limit the ease of sharing this information across PCSAs. The panel members originally considered reviewing a random sample of completed ICCA and Med/Ed forms. ODJFS reported Med/Ed forms are not consistently completed due to data entry issues and this strategy may not yield useful information for the panel.

The CRP project manager met with ODJFS representatives in early January 2020 on behalf of the panel to further discuss the evaluation topic. The conversation moved beyond the collection of data to how the information is then shared with community partners.

Finally, the panel reviewed some published literature about information sharing between child welfare agencies and their partners. The panel used this literature to think about the challenges identified in Ohio regarding this topic and how they might use this information to help them shape their recommendations for improvement. Specifically, the panel reviewed the following documents:

- *Information Sharing for Youth in Foster Care* authored by Greiner et al. (2019)
- *Information Sharing Between Child Welfare and Schools: Maintaining Privacy and Promoting Educational Success* authored by the Supreme Court of Texas Children's Commission Foster Care & Education Confidentiality Workgroup (Included in Appendix C)

Results

The panel began the work year with a document review of the ICCA and Med/Ed forms. ODJFS provided the panel with the template forms of these documents for the panel to review. The panel was looking for the forms to include important information about the child's life, any potential gaps in data collection, and how the forms communicate information about children. The panel developed the following main takeaways from the document review:

1. The ICCA and Med/Ed forms covered almost all the information the panel hoped PCSAs were gathering about youth. The panel noted the absence of more detailed information about current mental health services and developmental disabilities providers.
2. There are some cultural considerations that need to be addressed in how information is collected. This particularly pertains to The Child Behavior and Characteristic Checklist in the ICCA. The panel had the following thoughts about the checklist:
 - a. It should not include DSM (Diagnostic and Statistical Manual of Mental Disorders) diagnostic information unless there is a verifiable diagnosis.
 - b. The checklist items should be focused on observable behaviors.
 - c. Consider the addition of vaping
 - d. Revise the language regarding "sexual identity/orientation issues"
 - i. Sexual orientation can now be recorded in person profiles in SACWIS, so the panel questions the need to include sexual orientation as an "issue" in the checklist. There is not yet an option for recording a child's gender identify. The checklist uses the term "sexual identity," but the intended information to be gathered here may be "gender identity."

Following the documents review, the panel had the opportunity to meet with a SACWIS Business Analyst, ODJFS. This ODJFS representative walked the panel through a SACWIS tutorial including person profiles and a walk through of the new ICCA functionality. The panel developed a number of takeaways from this meeting:

- The ICCA is currently a hand-written document. There is no place for the ICCA as an interactive document in SACWIS right now. The panel questioned if this makes sharing information in the ICCA difficult across PCSAs. Moving forward, the ICCA will be a computer-generated report in SACWIS. It will gather information from the person profiles similar to other forms in SACWIS helping caseworkers be more efficient with documentation.
- The panel questioned if the ICCA or Med/Ed forms recorded the current mental health services linked for children in substitute care. Following the tutorial, there is still no clear answer for this. Active mental health services are not included in the ICCA or the Med/Ed. ODJFS identified this information should be included in the case plan as a case plan service. The case plan services tab has historically been identified by ODJFS and prior CRP work as underutilized by caseworkers. As part of the new SACWIS build, there will be new case plan functionality, the details of this is beyond the scope of this year's CRP work.
- There is a new school profile section in the ICCA to record a child's school district information. This new section may be an opportunity to gather information about children's educational experiences not previously captured in SACWIS.
- The panel asked if ODJFS regularly solicits feedback from frontline workers about the development and efficiency of the new tools. ODJFS encourages frontline worker representation at Partners for Ohio's Families (PFOF) meetings which meets quarterly. Unfortunately, due to workload issues, frontline workers are typically unable to attend these meetings. PCSA staff are offered opportunities for testing after enhancements to provide feedback before the release of a new system.
- The panel noted during the document review that there was no place in the ICCA or Med/Ed forms to record a child's sexual orientation. ODJFS reported sexual orientation has been added to the person profile in this new SACWIS build based on the new federal guidelines for collecting this information. The SACWIS business analysts are discussing how to include a more holistic recording of gender as well.
- There are options in the new ICCA form to "sanitize education information" to easily provide schools with the information they are legally obligated to as outlined in ORC.
- Ultimately, ODJFS is making efforts to improve the recording of information in SACWIS, and they are hoping to do more integration with other systems such as Medicaid in the near future.

The CRP project manager met with ODJFS representatives in early January 2020 on behalf of the panel to further discuss the evaluation topic. This conversation moved beyond the collection of data, to how information is then shared with community partners. Specifically, the panel identified the "school enrollment and notification to school district and provider of service" section of the ICCA that is to be shared with schools. The panel shared anecdotal information to suggest sharing this form may not happen as often as it should (acknowledging that this information had not been gathered directly from the schools). ODJFS offered a couple of explanations and challenges in sharing child welfare information with schools. First, the

inexperience of the caseworkers may hinder the information from making it to the school districts. Child welfare caseworkers may not realize they are required to share a piece of the ICCA with the child's school district. Also, school districts determine with whom to share the information within the school they receive from the ICCA. Some districts may keep the information with administration, while others may pass along the information to school counselors, and others share the information directly with the child's teacher. How and if child welfare information is shared with schools is not reviewed by any state or federal reviewing process. Statewide consistent practices of information sharing between PCSAs and schools cannot be easily determined.

The panel rounded out the year by looking to literature about information sharing between child welfare and their partners. The panel wanted to include a summary of a couple articles that helped them think about recommendations for improvement in Ohio. The first article titled *Information Sharing for Youth in Foster Care*, provides a summary of an effort in Hamilton County, OH for child welfare and health services to share information and collaborate to best serve youth's health care needs who are in substitute care. This case study details the foster care clinic at Cincinnati Children's Hospital Medical Center (CCHMC) contracted relationship with Hamilton County Job and Family Services (HCJFS) to serve the health needs of all children in substitute care in Hamilton County. Through this partnership a data sharing project, Integrated Data Environment to Enhance Outcomes in Custody Youth (IDENTITY), was created to enhance data sharing among community partners. The project is supported by research funding through the Children's Research Foundation. The users of this new system reported a more streamlined process of communication. Both child welfare users and hospital employee users were able to easily access information about health care needs, mental health services, past treatments, and current placement information. The authors detail a couple of lessons learned to help others think about taking on such data sharing projects. These lessons learned include developing a shared community vision, determining the components of shareable information, implementing and analyzing data sharing efforts, and evaluating those efforts.

Finally, the panel identified a document created by the Supreme Court of Texas Children's Commission Foster Care and Education Confidentiality Workgroup titled, *Information Sharing Between Child Welfare and Schools: Maintaining Privacy and Promoting Educational Success*. The document is designed for use by child welfare workers and school administrators, staff, and teachers to detail what information should be shared about children. The guide to information sharing is easy to read and understand. It focuses on what information is important to share rather than focusing on what information cannot be shared. The panel was impressed by this document and felt a similar document may be helpful for Ohio child welfare professionals and their partners in schools.

Conclusions

The results of the Northeast CRP data collection and evaluation activities about how ODJFS and PCSAs ensure continuous engagement with services and activities for children who enter and remain in custody yielded a couple of overarching conclusions. The first conclusion is that while child welfare agencies have multiple documents to gather information about children to share with partners, there are some major issues and gaps within these tools. The first issue has to do with data entry by caseworkers. ODJFS communicated the Med/Ed forms are only as thorough as the information entered into SACWIS to create them. While all the necessary elements for collecting information about children seems to be covered within the Med/Ed forms, the panel was informed these are often incomplete due to data entry issues, such as certain information in the person profile links are not required items. The only item that appears to be missing from the Med/Ed forms are current linked mental health services, but ODJFS reported this information should be linked as a case service within the case plan. The case services tab has been reported by ODJFS as lacking in functionality and often suffers from data entry issues. Some of the other major issues identified by the CRP is with the Child Behavior and Characteristics Checklist. This checklist includes a checkbox for “sexual identify/orientation issues.” A recent SACWIS build now allows PCSAs to record a child’s sexual orientation in the person profile, so the panel questions the utility of this checkbox in the Child Behavior and Characteristics Checklist identifying sexual orientation as an “issue.” Additionally, vaping should be added as a concerning behavior for youth.

There are DSM diagnosable conditions on the checklist such as “Autism/Pervasive Developmental Disorders,” “Post-traumatic Stress Disorder,” or “Reactive Attachment Disorder.” Even if licensed to diagnose, this practice would be outside the scope of work for a child welfare caseworker in Ohio. If any conditions have been diagnosed, they should be recorded in another section of the ICCA with the appropriate diagnosing professional’s signature and/or the professional’s name and contact information. If ODJFS and PCSAs continue to utilize the Child Behavior and Characteristics Checklist it should be focused on observable behaviors. Obviously potential foster parents or other placements need to be informed about the child they are brining into their home, but the panel questions the utility of the Child Behavior and Characteristics Checklist. There are no check boxes for positive child characteristics, rather this checklist serves to rule out potential placements who have identified they will not take a child who has acted out sexually or who as a history of fire setting. This checklist appears inherently negative towards children who have been removed with no balance to consider positive aspects of these children.

A second major conclusion regarding data collection in ICCAs and/or other SACWIS documentation is the lack of space to record a child’s sexual orientation or gender identity. ODJFS informed the panel that recording sexual orientation has been added to the SACWIS person profile guided by the soon to be implemented federal guidelines for collecting this information. While the panel does not feel the options for sexual orientation are all encompassing, the panel supports ODJFS decision to move forward with this change prior to an

order from the federal child welfare professionals. On the flip side, gender identity is not yet included in the SACWIS person profiles. The panel's meeting with the SACWIS Business Analyst with ODJFS stated his team have talked about the inclusion of gender identify at length. A number of issues are arising about what the relationship table would look like when adding in new gender identified beyond "male" and "female." The panel was relieved and excited that ODJFS is moving forward with including this new level of specificity in their data collation, and they support the agency in these continued these conversations.

The panel found it concerning that the ICCA was still a handwritten document that must be scanned into SACWIS up until 2020. The panel had a number of questions about how different counties may be able to access ICCA documentation completed in a different county. Following the SACWIS tutorial with, the panel was able to get a first glimpse of the new ICCA functionality in SACWIS. The panel is hopeful this will be helpful to caseworkers in eliminating handwritten documentation and the ability to reference past ICCA information to gather a complete history of a child's involvement with a PCSA.

A fourth conclusion relating to data collection, is regarding the ability for PCSAs to share the ICCA and Med/Ed information with the appropriate partners. Without a survey to school districts about the prevalence of receiving the appropriate ICCA documents, the panel cannot make generalizations about how often this documentation makes it to the schools. The panel believes from anecdotal evidence in their community, schools or teachers rarely receive any information from PCSAs about children in agency custody. ODJFS explained the issue of information sharing is a constant struggle for their agency and community partners. ODJFS identified a number of potential issues including the inexperience of the caseworkers who may not realize that page of the ICCA should be sent to schools. Additionally, individual school district's policies may determine where information shared by a PCSA is housed. Sometimes it may stay with school administration, it may go to the school counselor, or it may go all the way down to teacher. ODJFS reported this is not an item they regularly keep tabs on via the Child Protection Oversight and Evaluation (CPOE) review and could not provide any more information or details on the prevalence or initiatives to address this problem.

Finally, the panel identified concerns related to sharing of information related to a child's mental services between PCSAs and their partners. The panel's review of SACWIS indicated a gap in recording a child's current mental health services in SACWIS which could, if done, increase information shared among all to increase overall well-being of a child. Similar to the Southwest Ohio CRP's report from 2017-2018, there appears to be a struggle to find information about a child's screening, linkage with, and current mental health services in SACWIS. This issue was noted as there is no routine or standardized screening for mental health completed by caseworkers or medical staff upon entry to foster care.

The Southwest Ohio CRP suggested a revision to ORC to include a mental health screening and assessment, if needed based on the screening, upon entry into substitute care in the 2017-2018

Annual CRP Report. The panel is aware this change would require agencies located in rural areas be considered due to the limited availability of providers in those areas to complete such a mandate in the required amount of time. The Northeast Ohio CRP suggested the state consider an arrangement with local PCPs to provide the medical screens and associated mental health screening when a child enters PCSA custody. Both mental and physical health screens are now Medicaid reimbursable, and certain screens are now mandated to be done by primary care physicians at specific ages. For example, at age 10 PCPs must screen for mood disorders. It may be possible for PCSAs to contract directly with local PCPs to provide these services for children entering care assuring there are providers available for PCSAs to meet such a new mandate. Without additional meetings and information from ODJFS, PCSAs, Medicaid, and PCPs the panel cannot make a recommendation on this specific topic, but the panel wanted to ensure these ideas made their way into this report.

Recommendations

1. ODJFS should revise the Child Behavior and Characteristics Checklist to address cultural issues, remove diagnosable conditions, and incorporate positive aspects of children.

The CRP recommends ODJFS review the use of the Child Behavior and Characteristics Checklist. The checklist includes a checkbox for “sexual identify/orientation issues,” and it is unclear what exactly this means. A recent SACWIS build now allows PCSAs to record a child’s sexual orientation in the person profile, so the panel questions the utility of this checkbox in the Child Behavior and Characteristics Checklist identifying sexual orientation as an “issue.” Additionally, ODJFS should consider adding vaping as a concerning behavior for youth, given its high prevalence and negative impact on youth health.

The CRP recommends removal of Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnosable conditions on the checklist. There are DSM diagnosable conditions on the checklist such as “Autism/Pervasive Developmental Disorders,” “Post-traumatic Stress Disorder,” and “Reactive Attachment Disorder.” Even if licensed to diagnose, this practice would be outside the scope of work for a child welfare caseworker in Ohio. If any conditions have been diagnosed, they should be recorded in another section of the ICCA with the appropriate diagnosing professional’s signature and/or the professional’s name and contact information. Finally, there are no check boxes for positive child characteristics. This checklist appears inherently negative towards children who have been removed due to a history of certain behaviors, with no balance to consider positive aspects of these children.

2. ODJFS should convene a task force to develop simple and clear guidelines regarding information sharing between PCSAs, schools, and health/mental health entities.

The panel raised questions about the ability for PCSAs to share the ICCA and Med/Ed information with the appropriate partners. ODJFS explained the issue of information sharing is a constant struggle for their agency and community partners. To address this issue in Texas, the Supreme Court of Texas Children’s Commission Foster Care and Education Confidentiality Workgroup developed a guide for use by child welfare workers and school administrators, staff, and teachers to detail what information should be shared about children. The guide to information sharing is easy to read and understand. It focuses on what information is important to share rather than focusing on what information cannot be shared. The Northeast Ohio CRP recommends a similar document be created for Ohio.

3. Support for the Southwest Ohio CRP recommendation from 2017-2018 Annual Report. ODJFS should consider additions to ORC for mental health services guidelines for children in care, incorporated with the physical health standards in ORC.

The panel's review of SACWIS tools indicated a gap in recording a child's current mental health services in SACWIS. Ensuring children receive adequate services related to their mental health is imperative for a child's well-being. Being able to easily identify this information and share the relevant parts with stakeholders can serve to increase the overall well-being of a child. Similar to Southwest Ohio CRP's report from 2017-2018, there appears to be a struggle to find information about a child's screening, assessment, and linkage with mental health services. The Ohio Revised Code includes timelines 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. The 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.

Report 3: Central Ohio CRP

The Central Ohio CRP explored how Ohio supports kinship caregivers. Specifically, they set out to learn what support is currently available in the field for kinship caregivers and then subsequently highlight the gaps in supportive services for kinship caregivers as identified by providers and/or caregivers themselves. The panel gathered academic literature, ORC information, and ODJFS and PCSAO online resources to get a handle on the resources currently available to this population of caregivers. The panel interviewed stakeholders, mainly OGKC, PCSAs, and kinship caregivers throughout Ohio to better understand how the available resources and supports are used, and subsequently what is missing to support their needs. The panel made a number of recommendations to improve the support available for kinship caregivers in Ohio.

Annual CRP activities

Meeting schedules

The Central Ohio CRP meets bimonthly from August to May of each work year. The 2019–2020 work year began with the Ohio CRP Annual Strategic Planning Meeting on Wednesday, May 22, 2019 in Columbus, OH. All Ohio CRP members were asked to attend this meeting. The Annual Strategic Planning Meeting allows the Central Ohio CRP, in conjunction with the other panels, to debrief from the previous year of work and plan for the next year. The Central Ohio panel decided on a topic and created a data request for ODJFS at the annual meeting.

Regular meetings for the Central Ohio CRP began in August 2019. The Central Ohio CRP met bimonthly on the first Monday of the month from 12:00–2:00 pm at Youth Advocate Services in Columbus. Due to a delay in contract signing between ODJFS and OSU, the panel met at the end of August instead of the beginning at the start of the work year. The panel rescheduled their October meeting for November to allow more time for data collection. Also, due to the onset of COVID-19 in spring of 2020 and the limits on gatherings of people, the panel hosted their April meeting online via Zoom. Table 1 below contains the meetings that occurred during the 2019–2020 work year.

Table 1. Central Ohio CRP Meeting Schedule:

Monday, August 30, 2019
Monday, November 4, 2019
Monday, December 2, 2019
Monday, February 3, 2020
Monday, April 13, 2020

Changes to Panel Membership

The Central Ohio CRP began the work year with 10 members and lost two members during the year due to non-response to the program manager. Both members reported their intentions to attend meetings, but subsequently did not respond to attempts by the program manager to engage with the panel. The Central Ohio CRP currently has eight members. A core group of CRP members has consistently participated on this 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 10 before the start of the next work year.

Successes, Challenges & Achievements

The Central Ohio CRP encountered a number of success, challenges, and achievements during this work year. The panel reported they view the CRP as a vehicle for providing a relatively safe forum for a community conversation pertaining to child welfare services. The panel believes they were able to think about preventive measures that may be useful in assisting the kinship caregivers. Panel members reported receiving consistent information across their data collection strategies led to successes in creating their main takeaways from the work year. Additionally, the panel highlighted good cohesion and engagement from panel members as a success. The panel reported receiving a great response from stakeholders engaged in data collection this year.

The panel reported the complexity of the topic of kinship care as a major challenge for this year. It is a challenging task to develop safeguards and supports (e.g., financial) for kinship families who do not have open cases within the child welfare system. Having to limit the focus of the review to those families who have in some way interacted with the child welfare system excludes a large population of children living with kinship caregivers who still often lack the supportive services. This may represent a critical gap in the system and a large population who may not benefit from the potential enhancements implemented from the recommendations in this report.

The panel reported gathering information from local kinship advocates and caregivers as a major achievement. The addition of this information was impactful. The panel was thrilled to better understand the hard work and success that come from kinship living arrangements whom often receive little financial assistance. The panel members believe being able to advocate on behalf of kinship caregivers to support their needs is a major achievement and helps to ensure the health and welfare for the children across Ohio's communities.

Background

This year represents the Central Ohio CRP's third year of evaluation with the Ohio CRP program. For the 2019-2020 work year the panel decided to gain a better understanding of kinship care in Ohio. They hoped to learn what support is currently available for kinship caregivers and subsequently highlight the gaps in supportive services for kinship caregivers as identified by providers and/or caregivers themselves. The panel originally wanted to conduct a scan of all available resources and supports for kinship caregivers, but they quickly realized such a large-scale project was unrealistic for the short time frame allotted for CRP work. Instead, the panel was able to review ORC, SACWIS data, meet with ODJFS representatives, speak with local kinship caregiver advocates, interview PCSAs, and interview kinship caregivers to reach their evaluation goals.

Ohio Strengths:

The Central Ohio CRP identified several strengths existing in Ohio surrounding the topic of support for kinship caregivers. First, the panel identified the additional funding directed towards child welfare services as a major strength for Ohio. Governor DeWine has announced the expansion of the state budget dedicated to child welfare services upon his election as Governor which included a statewide rollout of kinship navigator services. Multiple Ohio PCSAs served as pilots for the kinship navigator program, and its successes led Ohio to fund the expansion of the services statewide. Additionally, there are a number of other existing services in Ohio to support this population of caregivers. The state's Kinship Permanency Incentive (KPI) program allows kinship caregivers with legal custody of children to receive state funding to support their care. Local PCSAs have developed kinship programs and other creative strategies to support kinship caregivers taking on such an important role in children's lives. Finally, kinship caregivers continue to step up to care for their relatives often with little or no support from PCSA's or others. Ohio's kinship caregivers are willing to make all the necessary adjustments to best serve their family.

Data

The Central Ohio CRP tapped into a number of different data sources to learn about kinship care, the available supports for these caregivers, and the potential gaps in services. To begin, the panel sought to understand the definition of kinship care and varying caregiver arrangements. Kinship care refers to the care of children by relatives or close family friends. The panel sought to differentiate between the types of kinship care as it looks in Ohio. Formal kinship care refers to children placed with relatives when their families became involved with the child welfare system (child welfare placed directly with a relative and then requested legal custody or the child welfare agency had custody of the child and then placed with the relative). Similarly, voluntary kinship care refers to situations in which children live with relatives and the child welfare agency is involved, but the PCSA does not take legal custody. Informal kinship care exists outside of the child welfare system or juvenile court system, such as a private arrangement between birth parents and relatives/close friends (Child Welfare Information Gateway, 2016). The panel quickly realized the complexity of this topic. In an effort to limit the

scope, the panel determined they would focus on kinship care arrangements where families and children had contact with the child welfare system.

The panel conducted a brief literature review to better understand how kinship families are supported across the United States. Approximately one-fourth of the children in out-of-home care are living with relatives. Kinship placements are thought to increase permanency goals for children and help them maintain family connections easier than in non-relative foster care (Child Welfare Information Gateway, 2016). Relative placements are a priority for child welfare agencies across the country, yet kinship caregivers and advocates suggest the support for these families is inadequate (Denby, 2011).

Kinship caregivers face a number of physical and socioeconomic challenges upon taking in relative children, and there are limited access to services available to combat these challenges (Wichinsky et al, 2013). Kinship caregivers are less likely to access formal support services than non-relative foster parents, but less is known about the actual help seeking behavior of relative caregivers. Research suggests kinship caregivers are in need of services, but the use of available services is low. Possible reasons for lower rates of service utilization may include child behavioral problems, caregiver mental health status, resources, provider characteristics, caregiver perceived need, and social support (Coleman & Wu, 2016).

Despite the challenges faced by kinship caregivers when taking relative children in their home, research indicates that these caregivers are committed to providing safety and stability for the children placed with them. Research also suggests that caregiving can be a significant adjustment for many kinship caregivers and that expanded support services are needed to enhance their relationship with the child welfare agency (Gordon et al., 2003).

A search of the ODJFS website, ORC, and the PCSAO website provide a wealth of information about the tangible supports available to kinship caregivers in Ohio with some advice for accessing these services. The OAC provides a definition of kinship caregivers which was recently expanded to include close friends or relatives who have a long-standing relationship or bond with the child, to be included in the definition. Both ODJFS and PCSAO provide a guidebook in their websites for kinship families to access for more information about supportive services. The panel was easily able to access information about the following services:

- Financial Support (TANF, SNAP, SSI)
- Medical Support (Medicaid, CHIP)
- Legal assistance (The Family and Youth Law Center, Grandparent Power of Attorney and Caregiver Affidavit forms)
- Kinship Permanency Incentive (KPI) Program
- Ohio Kinship and Adoption Navigator Program (OhioKAN)
- Ohio Kinship Supports Intervention (KSI)
- Kinship Navigator Programs

- Local PCSA Supports

The panel reviewed information from the statewide kinship navigator implementation team for additional insight into support for kinship families in Ohio. Kinship navigator programs offer information, referral, and follow-up services to kinship caregivers raising children to link them to the benefits and services that they or the children need. These programs also help agencies and providers respond to the needs of these caregivers and provide education about the kinship caregivers and the systems they must navigate (Casey Family Programs, 2020). The Ohio Kinship and Adoption Navigator Program (OhioKAN) conducted a survey to caregivers and professionals in May-June 2019 as some initial steps to planning for implementation.

Next, the panel met with representatives from the Ohio Grandparent Kinship Coalition (OGKC) during their February meeting to get the advocacy group's perception of the gaps in services for kinship caregivers. Additionally, OGKC shared with the panel about their policy agenda and ideas for improvement of kinship caregiver support in Ohio.

The CRP project manager met with representatives from ODJFS in early January 2020 to discuss this topic. The project manager summarized the meeting and provided the details to the panel during the February meeting.

The CRP project manager attended one of Governor DeWine's foster care forums as part of the review of Ohio's child welfare system. The panel wanted to see if kinship caregivers had a presence at the forum's and would be able to provide some information for their work.

The Central Ohio CRP submitted a data request to the ODJFS SACWIS team at the beginning of the work year. The panel requested the following information:

- Number of children in kinship placements
 - Point in time (any given time)
 - Over last 5 years
- Number of children in foster home placements
 - Point in time (any given time)
 - Over last 5 years
- Number of placement disruptions for kinship placements compared with family foster home placements

Finally, the panel decided they would not be able to talk about the gaps in services for kinship caregivers without talking to kinship caregivers. The CRP project manager conducted seven, 30-minute phone interviews with kinship caregivers located throughout Ohio. The project manager summarized the interviews for the panels to compare interview responses by question. The interview guide included questions covering the following topic areas:

- Caregiver arrangement (child welfare involvement, legal relationship, etc.)
- Available resources (current linked services)
- Navigation of services (who helped with navigation of services)

- Most beneficial thing about being a kinship caregiver
- Biggest needs as a kinship caregiver
- Biggest challenge since becoming a kinship caregiver
- Biggest reward of being a kinship caregiver

The CRP project manager also conducted three interviews with local PCSAs. It is clear support for formal kinship placement varies by county in Ohio. Some PCSAs have fully developed kinship programs and dedicated staff, while others do not. While it is outside the scope of CRP work to map all the differences in kinship support from PCSAs by county, the panel wanted to get some perspective from PCSAs about how they support kinship caregivers beyond anecdotal evidence from community members. To this end, the CRP project manager conducted phone interviews with child protective staff in Richland County, Seneca County, Madison County, and Franklin County.

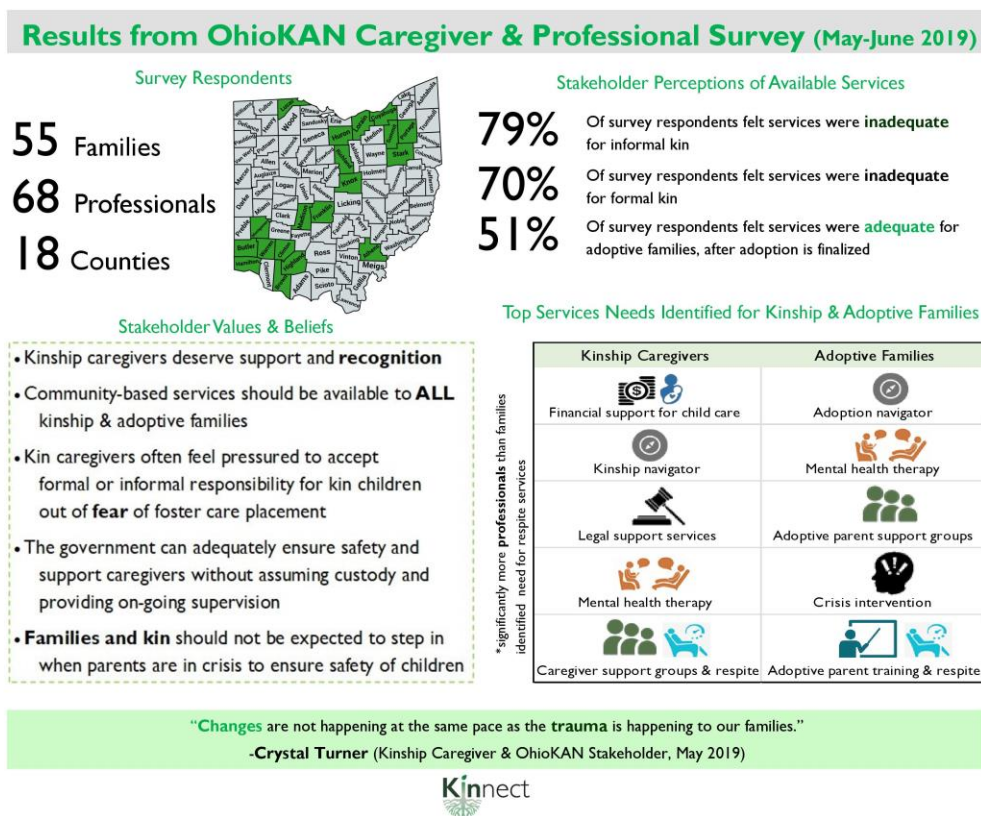
Figure 1. PCSA Interviews



Results

Following the literature review detailed above, the panel began additional data collection by reviewing the results of a survey conducted by OhioKAN, the statewide kinship navigator program implementation team in May-June 2019. The survey reported 70% of survey respondents felt services for formal kinship caregivers were inadequate. The survey also identified financial support as among the top service needs for kinship families (OhioKAN, 2019).

Figure 2. OhioKAN Caregiver & Professional Survey Summary



The CRP project manager attended a meeting at ODJFS in early January. The state representatives provided the panel with information about how kinship families are supported at the state level including details about eligibility for KPI funding. Additionally, the project manager for the statewide kinship navigator program attended to provide more specific details about the program. There are still many decisions to be made about the implementation of the navigator program.

The panel members had the opportunity to meet with officers from OGKC. Three OGKC officers spoke with the CRP project manager and CRP panel members in January and February 2020.

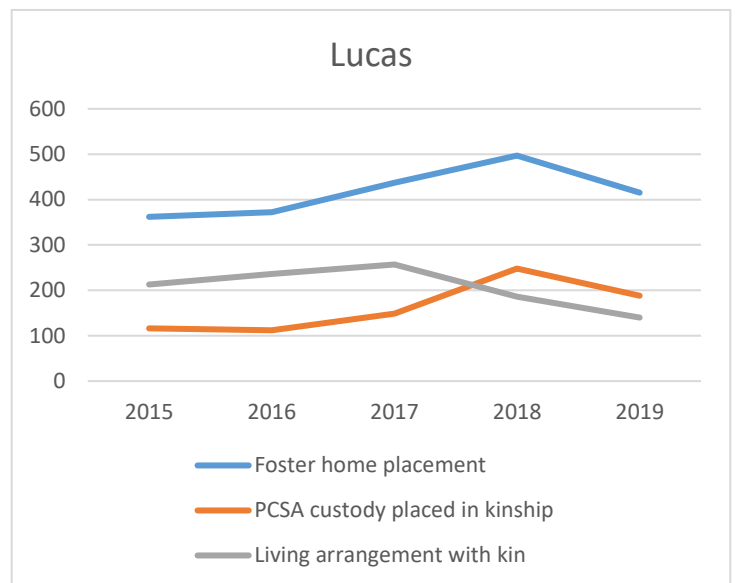
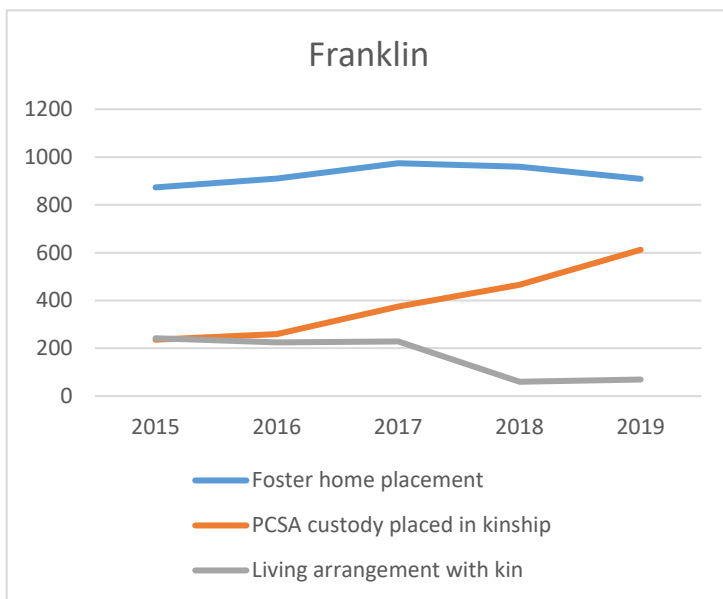
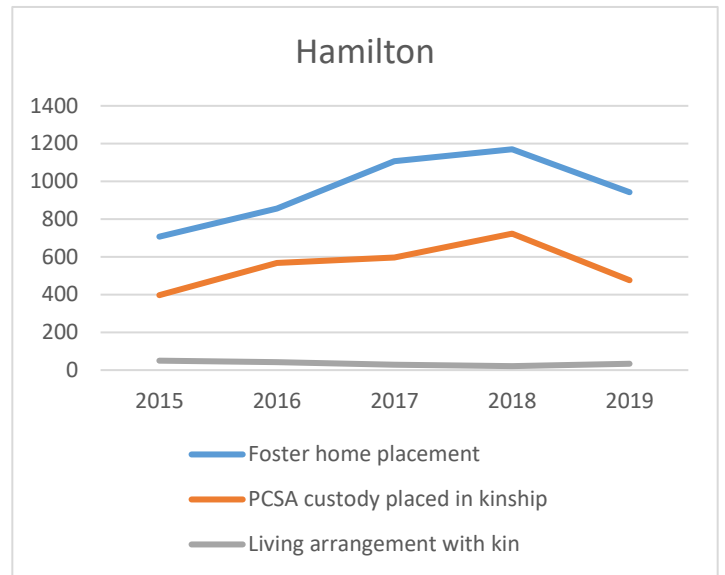
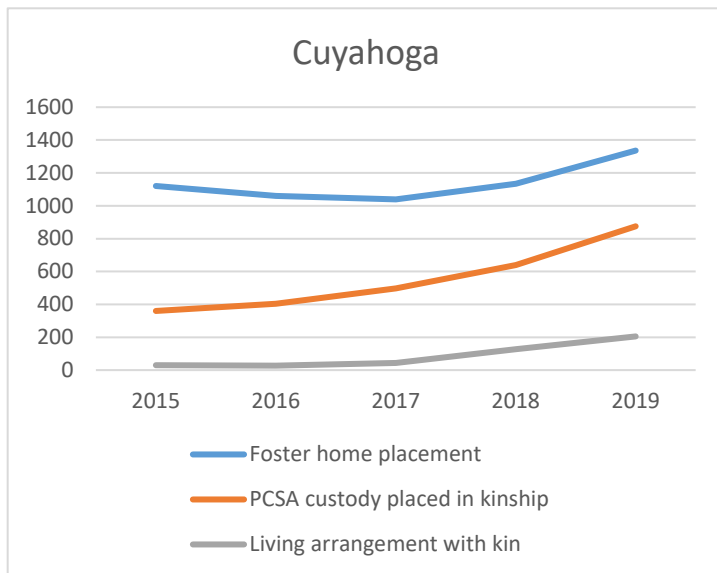
OGKC communicated the following opinions regarding kinship care in Ohio:

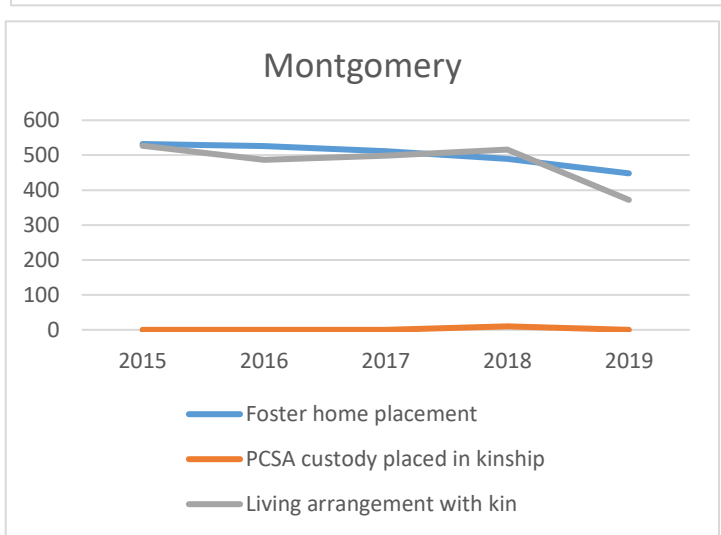
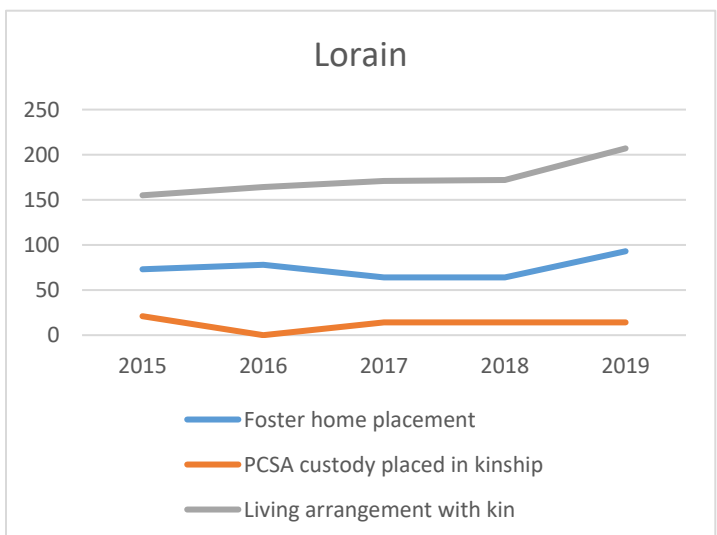
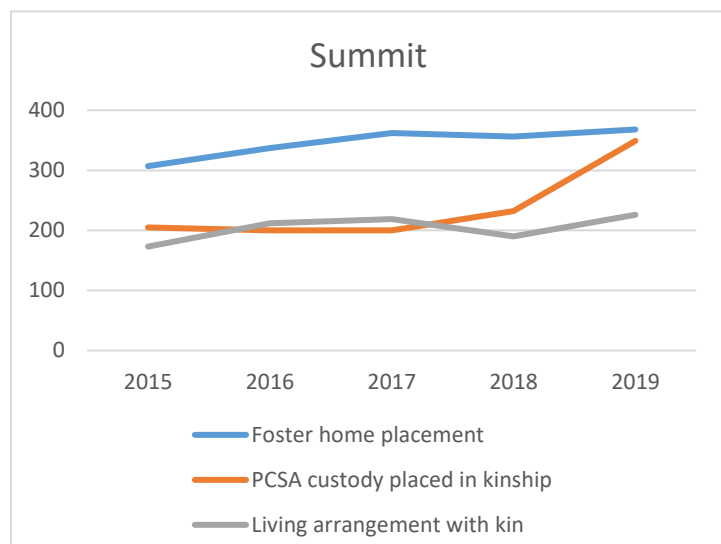
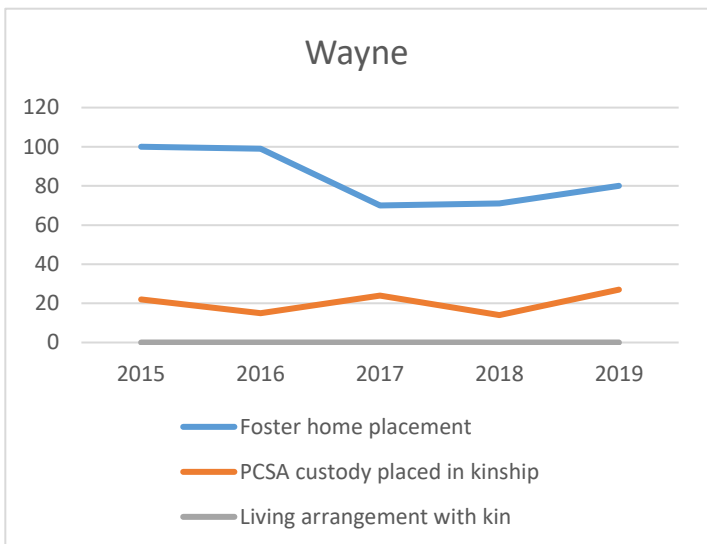
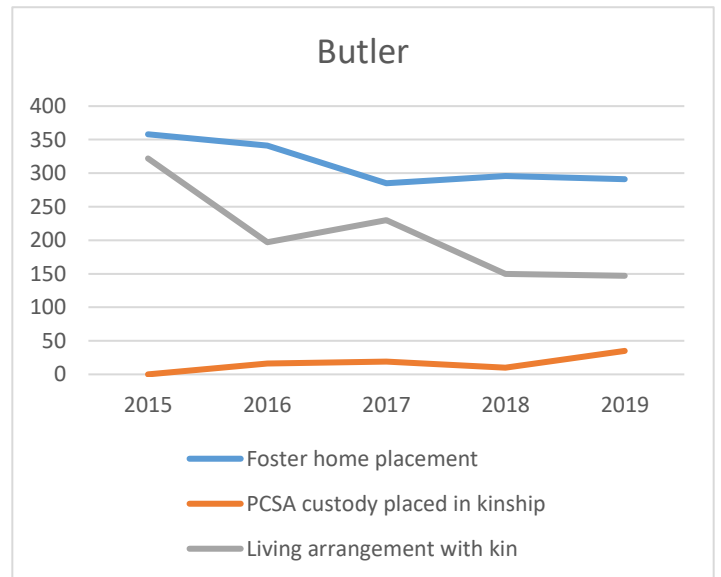
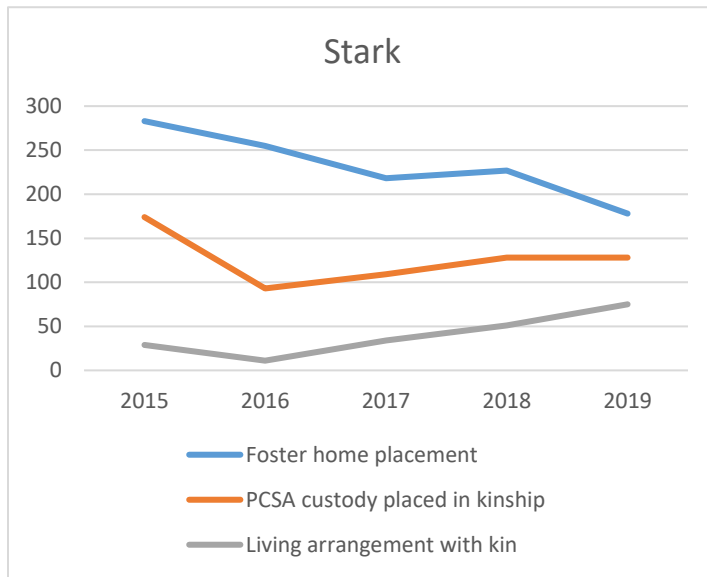
- The PCSAs have a mandated responsibility to provide children and families with support if they are supervising an open case with child abuse and neglect concerns. If the case is lower risk for abuse and neglect, children may be more likely to remain with relatives with no child welfare contact.
- It is difficult to talk about *all* the resources available to kinship caregivers, due to PCSA differences.
- Kinship families who have been involved with the child protection system or other social service organizations know more about accessing services and supports than those who have had no contact with these systems.
- There is immense opportunity for changes in the way Ohio supports kinship caregivers right now. Between the implementation of FFPSA, the new administration, the review of the child welfare system initiated by Governor DeWine, and the federal lawsuit stemming from Kentucky requiring payments to be made to kinship caregivers similar to those given to non-relative foster parents.
- The number one need of kinship caregivers when they come to OGKC for help is financial. Specifically, kinship caregivers report needing help meeting basic needs, food, housing, childcare, and legal services. Additionally, navigating where to access these services is a major need for these caregivers.
- The roll out of the statewide kinship navigator program will include navigation of adoption services. OGKC has voiced several concerns related to this program which may impact them. Mainly, adoption and kinship care are very different things. Kinship care can happen immediately and with little warning and no time to plan leaving them in a position with little choice but to take on the responsibility of caring for these children in need of a home. Those parents seeking adoption are often more viewed as affluent and politically connected and are more familiar with how to advocate for themselves. Kinship caregivers may be less familiar with available resources and how to access these services. There is concern about calling these navigation services “cases.” Any indication of a connection to child protection may cause kinship families to opt out of services from the navigator program. OGKC has recommended not placing new navigation workers at PCSAs for this reason. There is concern that using words like “case,” “assessment,” and “case plan” will deter families who need help from accessing services.

The CRP project manager attended the Central Ohio Foster Care Forum on 11/21/2019 led by The Children Services Transformation Advisory Council. The panel identified this venue as a place for recruitment of kinship caregiver interviews. Unfortunately, there was only one kinship caregiver at this forum to provide testimony. This kinship caregiver spoke about the challenges of providing childcare for her grandchild while still working full-time.

ODJFS was able to provide the Central Ohio CRP with data from SACWIS related to kinship care. The SACWIS team provided a count of children in foster placement, kinship placement, and those in a living arrangement with a kinship caregiver with the PCSA not holding custody. ODJFS asked panel members to keep in mind that living arrangements are most likely undercounted as agencies are not required to enter living arrangements into SACWIS. Also, there are children who do not come to the attention of PCSAs when the relative is granted temporary custody. There is no data on that population in SACWIS. The data provided below is taken directly from county PCSAs data entry in SACWIS. The results of the data over a 5-year period vary greatly by county, which may be due to differences in data entry or differences in individual PCSA practice decisions. The panel has included the results from a number of different counties to demonstrate these differences.

Figure 3. SACWIS Data Summary





The panel conducted their own data collection via interviews with four PCSAs in Ohio. Table 2 provides a summary of the interview data by county.

Table 2. PCSA interview summary

	Resources provided	Child welfare practice	Caregiver needs	Most helpful resources	Gaps in services
Seneca County	<p>Kinship navigator on staff</p> <p>Support group for the tri-county area kinship caregivers</p> <p>Emergency assistance state dollars that have a local match (use for beds, short term day care, cleaning supplies, smoke detectors, fix up house if there are safety concerns, etc.)</p> <p>PRC for kinship supportive services</p> <p>FCFC wrap around services</p>	<p>Do not typically take custody and do a formal placement with a relative.</p> <p>Upon receiving a case where there is out of home placement, immediately identify kinship placements.</p> <p>Do a kinship placement with temporary custody to a relative, work 6mo to a year with a protective supervision case and focus on reunification.</p> <p>If it looks like reunification is not going to happen and the kinship placement is stable, recommend legal custody to the family and end the case.</p>	<p>Child care, specifically affordable services for families who work and have multiple children.</p> <p>Child care providers in the area are limited.</p> <p>Desperately need respite providers. There are no providers for respite services for kinship families.</p>	<p>Providing a lump sum of money for caregivers to meet basic needs is the best support available.</p>	<p>The biggest need is long term, affordable, daycare opportunities.</p> <p>Would love to see the subsidized child care be based on child income to further widen the families for whom we can provide support.</p>
Richland County	<p>Three full time kinship navigators.</p> <p>Assistant with rent, utilities, beds, clothing, etc.</p> <p>Utilize the ESAA (Emergency Services Assistance Allocation) funds to pay for this assistance</p> <p>Rarely get custody of children and place with relatives, but we have and will if needed.</p>	<p>Juvenile court requires the agency to conduct a home study and file it with the court. We then file for temporary custody to the kinship provider, then work with the parents to reunify with their child(ren).</p> <p>After 12 months or so we make a more permanent request. We either reunify with the parent(s) or ask for legal custody to the kinship family.</p> <p>We almost always close the case once a relative receives legal custody as this is a form of permanency.</p>	<p>Daycare costs is one of the largest expenses for kinship caregivers.</p> <p>There is some assistance available, but it is not enough money and a lot of caregivers are determined ineligible.</p>	<p>The child only benefits help but the amount of cash received per child is less after the first child.</p> <p>Kinship Permanency Incentive monies do help but additional funding would be beneficial while they care for the children on a temporary basis.</p>	<p>Affordable and appropriate housing</p> <p>Mentoring programs for both males and females</p> <p>After school programs</p>
Madison County	<p>Kinship care is based on programs already established via JFS</p> <p>Child only benefits (medical and cash assistance) and the Kinship Permanency Incentive Program</p> <p>Resources for counseling and referrals to FCFC for services if the family is in need of WRAP, crisis stabilization and/or a mentor</p>	<p>There are times when the agency maintains custody of the child and the child is placed with relatives, specifically if a parent is working towards their case plan goal of reunification.</p> <p>There are also times when the relative holds custody and a protective supervision case is open to ensure that the relatives have all the needed resources for the child and/or the parents are still working on their goals</p>	<p>Child care assistance for kinship families with young children</p> <p>Support group and/or mentor's for kinship family</p> <p>Supportive monetary services such as paying for camps, daycare, programs, sports</p>	<p>Child Only-Benefits with JFS</p>	<p>Child Care for kinship providers</p> <p>Stigma associated with seeking resources</p>
Franklin County	<p>FCFS has a JFS worker on site to assist with TANF eligibility including child only benefits, cash assistance, child care and PRC emergency assistance</p> <p>Agency also provides a monthly stipend to biological and fictive families who are in the custody of FCFS</p> <p>Daycare, post kinship services, onboarding transition, food and clothing assistance</p>	<p>FCFS completes a formal home study process when the agency holds custody and looking for a kinship placement</p> <p>There are times when relatives hold legal custody and the agency has protective supervision. In this scenario the agency will provide kinship services including linking JFS resources and KPI as applicable</p> <p>The agency will assist with a monthly stipend only when the child is agency custody</p> <p>Agency closes cases on a regular bases when kinship providers when they receive custody and the agency does not hold protective supervision</p>	<p>The greatest need for kinship caregivers is child care assistance.</p> <p>Many kin caregivers cannot afford this expense after legal custody has been granted. Most caregivers do not qualify for Title XX benefits</p>	<p>The most helpful resource is agency internal kinship unit.</p> <p>Kinship case managers are able to uniquely assess kinship needs for a variety of internal and external resources</p>	<p>Child care services eligibility</p>

Finally, the panel conducted seven interviews with kinship caregivers located throughout Ohio. Table 3 provides an overview of these interviews.

Table 3. Kinship caregiver interview summary

	Caregiver Arrangement	Available Resources	Navigation of Services	Most Beneficial	Biggest Need	Biggest Challenge	Biggest Reward	Other
A	2 children (Age 15 and 11) Legal guardian CPS holds custody 11 yr old's mother is my neice 15 yr old is my neighbor Regular contact with CPS	Clothing Holiday support Gift cards for food Medical card TANF \$200/child	CPS helped navigate services through navigator program	The tangible support provided right away	Normal every day stuff like food, deoderant, shampoo, etc.	Patience! Children had no discipline or structure, it is still a struggle to get them in order.	Removal from a really bad environment	
B	1 child (Age 2) Grandson as a formal kinship placement, later got an attorney and got temporary custody Difficult to have a kinship placement with CPS Now have legal custody Disheartneing experience with CPS- they have higher expectation because more well off and may not need services or should know what services are available to you kinship in a small town in Ohio is a challenge in itself	Medical card Child only- \$280 Not qualify for anything else b/c of income (they counted ex-husband's child support as income and put over the limit) No direct funding from PCSA Must have legal custody for KPI- Attorney cost us 14k to achieve this Did qualify for WIC but ran out of vacation time at work trying to attend appointments	No one helped	Medical card KPI OWF- put towards child care	Legal help or support would be great- child gets CASA/GAL; CPS has prosecutors; parents have advocates; kinship families get no support	The expectations of CPS places on you with no resources for help. B/C with no financially qualify you get nothing with no one to call- even in foster care there is transportation help, help with clothing, cribs, etc. I understand income requirement but maybe a new measurement for kinship families needs...	Grandson is attached to me! I was so worried about abuse and trauma and lots of placements and was diagnosed with shaken baby. So happy that he can be attached to me, with some issues- he is so resilient! I am capable of parenting him to address his needs which is great and he will be taken care of!	"I am here saving the state money, and I need you all to give me a break" "I asked for respite once, and caseworkers said you are the one who wanted him." They say family is best, and least restrictive environment, many more would do it if they could afford it. It's a huge liability to put yourself up against family who likely are so upset by taking their children away.
C	4 Children (Age 6, 5, 2, 10 months) Temporary custody Open CPS case since Septemebr 2019 I am great aunt through marriage Contacted by BioM to take custody Really feel like we are just caretakers and not involved in the case planning or long term planning for these children	WIC Food vouchers (3 over 6 months time) OWF just recently Medical card \$20 gas card one time Used income tax for beds and pack and play	No help really WIC office helped us get diapers and formula	\$600/month (OWF) is most helpful for everything	Legal help... We have no say in children's lives right now with CPS case and case planning. All parents have an attorney but not us. We want reunification, but there are just too many safety concerns right now and we have no representation.	Not having a say in reunification goals – we express concerns constantly, but nothing happens and seems like no one cares. Concern about not knowing dad during visits, really would have liked to see more supervised visit to get to know him. We do a lot supervision in the visits, so we know how these kids interact with their parents. The professionals should listen to us.	Getting to see these kids happy, healthy and safe! They know we are a safe place.	

	Caregiver Arrangement	Available Resources	Navigation of Services	Most Beneficial	Biggest Need	Biggest Challenge	Biggest Reward	Other
D	3 Children (Age 14, 12, & 10) Permanent legal guardian Aunt No contact with CPS Bio parents died of cancer	SSI through father- that is why children must be permanent legal guardian Do not qualify for anything else because of income and SSI We claim children as dependents We also took on three more children with little help	Home health nurse for the county is most helpful Disheartened by constant denial of help Once received help for a YWCA membership which was great We now ave 5 children, and we cannot afford extra curriculars for all children	Developmental trauma training YMCA membership	Training! New behaviors from these children may not be prepared. Fostering Family Ministries and Catholic Charities- happen to be some nonprofits focused on these topics for kinship families – these have been a huge difference maker. Local schools do a caregiver night- Parent Café, games, cards, support group activities.	Stress! Constantly questioning myself, am I doing this the right way- knowing what the children need- with each developmental change things fall apart again- triggers and how that impacts other siblings- how do I navigate getting attention to all children that need it	The kids! Always good days and good moments and know you are making a difference! The ah-ha moments are awesome. Expanded our family- took in all sister's in-laws and expanded large family.	
E	2 Children (Age 6 and 11) CPS has temporary custody; children are formally placed with me; started as a safety plan Aunt Nothing negative to say about CPS; have have 4 or 5 different workers in 2 years; Not hear back timely; Workers seems confused about kinship care when I ask questions	Medical cards Child support Sometimes get Walmart cards for \$200	CPS worker Caregiver support meetings School	Not the monetary supports, but knowing we can email or reach out to the agency to oversee everything and help if needed. Knowing we are not solely responsible for this situation, it is easier to make parents speak directly with the agency.	Difficult to answer- not sure how to put into words. Wanted to talk to someone immediately, but had no one to talk to- If I need an answer now, who can I talk to? Had a situation where mom said I get the kids today, but aunt did not know that and had no one to call right now.	Learning to co-parent with people who are in difficult situations Desperately need a haircut- but we cannot do that. Would love to take them to church, but can't. Trying to let them know that the police and the government are not bad every time they return from visit with mom. So badly want a good relationship with my sister, but right now it's hard and not okay.	Getting to see these children! My sister had cut family off. Certainly have to remember the growth and strides they have made in our house- growing and making eye contact.	
F	4 Children (Age 16, 13, 8, & 5) Legal custody Grandchildren Initial contact with CPS with temporary custody, but later case closed with legal custody to me	Medical cards OWF KPI Nothing directly from PCSA Local kinship program help with preschool costs	Kinship navigator	Medical cards! Once a month meeting with other kinship providers help me feel less isolated	I am not sure, there is so much. In the beginning was a mess because of day care. I worked full time and had no help with child care and had to max out credit cards. We are okay now that all the children are in school.	It's been so long now, that this is my life. Don't have the life someone my age would normally have. NO extra money for myself everything is for the kids. Lost WIC this year- so now I have to remind the kids to save the milk for dinner.	The kids hugging me and telling me they love me! I have to be mom and cried many times because think they will hate me because I can't spoil them and send them home like other grandparents.	
G	2 Children (Age 6 & 10) Legal custody Grandchildren Initial contact with CPS, later received legal custody and closed the case	No direct resources from PCSA Did not bother to apply for OWF; my county will not honor child only benefit; they count grandparent income	Catholic Charities I started a kinship group in our community; now we just meet online	Friends in the community who helped us with clothing and encouragement	We are managing just fine now.	Getting up to speed to raise children again. Finding out the resources in our community dealing with parental stuff- finding a therapist, not a lot available for ADHD unless have a dx; school has been wonderful; small town helps; school is very skilled at dealing with behavioral issues; not much else available in the community	Getting to raise kids again!	We need a statewide ombudsman for kinship caregivers! Someone who can call the counties on not following the laws!

Conclusions

The results of the Central Ohio CRP data collection and evaluation activities surrounding support for kinship caregivers yields several overarching conclusions. Based on the literature and the national goals of the child welfare system; when children must be separated from their biological parents, child welfare agencies seek kinship placements first. As Ohio moves towards the implementation of FFPSA, placement with kinship caregivers will be even more important. Based on the information gathered by the CRP this year, it appears current support for kinship families is insufficient.

The second major conclusion focuses on the population of kinship caregivers for which the panel is considering in this report. The panel was mainly focused on the smaller population of children who have touched the child protection system while in the care of a kinship caregiver. The panel wanted to be sure to mention the other 120,000 children who do not come to the attention of a PCSA, but may remain at risk of coming to the attention of child welfare at some point in time. Supporting kinship caregivers could serve as a prevention mechanism to avoid children coming into the care of a PCSA.

A third conclusion centers on how PCSAs handle cases when a child is placed with a kinship caregiver. Based on SACWIS data and interviews with PCSAs, it appears some PCSAs retain custody of children and conduct a formal placement with relatives, while others divert custody to relatives and open a protective supervision case to provide supportive services. There has been a general question among the panel about how these types of cases move through PCSAs. While many questions still remain, the data collected for this project were helpful to understand more about this topic. The panel can make no generalizations or suggestions about which approach to kinship care is more supportive for children, relatives, or biological parents. Subsequently, ODJFS should identify the data to be collected when a PCSA is working with relative caregivers on a formal and informal basis. This will allow the state to report these interactions in a more holistic manner, especially when children are prevented from coming into the custody of the child welfare system. The panel identified a number of kinship caregiver interview participants appeared confused about cases move through the system, and they expressed frustration with the large differences in processes across different PCSAs. One participant stated even their own caseworkers were unable to provide them with clear guidance about the supports available to kinship caregivers, reflecting the complexity of the topic.

The financial burden for kinship providers was found to be one of the core stressors for kinship caregivers, based on stakeholder interview responses. Data supports this as being the number one challenge for kinship families. Kinship caregivers struggle to meet the basic needs when children are placed into their home, this includes finances related to; housing, legal services, child care, and food. Kinship caregivers often take children into their home with no warning or planning, and supports available to them are often limited, particularly in the first couple weeks. Additionally, kinship caregivers often take in multiple children in emergency situations,

rather than just one child, causing additional financial stress. Many of the interview participants reported ceasing their efforts to gain supports due to being frustrated by constant denial and lacking the time or energy to continue advocating for themselves and the children in their care. While the financial needs of these caregivers are apparent, the interview participants for this evaluation also spoke about the need for more informal educational and emotional supports, such as developmental training. When asked what the most helpful resource provided to them was, many responses centered on support groups and developmental trauma training, provided by community providers. These types of supports were not offered through PCSAs, and kinship caregivers stated PCSAs were unaware of any such supports in their community.

The Statewide Kinship Navigator Program was another area of focus for this panel. ODJFS and community partners are excited about this program roll out and tout it as a major step forward for supporting kinship caregivers. It is clear the state has taken a thoughtful approach to the program's implementation, but the panel wanted to highlight a concern about the decision to include the navigation of adoption services. The concern is based on a fear that already limited funds for the kinship population will be further reduced if the available funds are allocated to both kinship providers and adoptive parents. While the implementation team appears to still be in the process of making a number of decisions, the panel is interested in understanding how each group, kinship caregivers and adoptive parents, will be fairly and uniquely supported. Based on the data presented in this report, kinship caregivers are often unfamiliar with available resources and subsequently unsure about how to access those services. Additionally, some kinship caregivers may not want any contact with formal social services systems such as PCSAs for fear of intrusion and added criticism in their lives. The panel encourages ODJFS and the navigator program to consider ways the program can support kinship caregivers while listening to and meeting their unique needs. While a number of dedicated funding streams such as Title IV-E Adoption Assistance and the State Adoption Maintenance Subsidy Program exist to support adoptive parents, the same types of supports are nonexistent for relative caregivers. Relative caregivers also provide love, care and cultural relevance for the children they raise in their homes. The panel feels they should be afforded similar supports as adoptive families.

Overall, the CRP work year has concluded that the services kinship caregivers provide to ODJFS, PCSAs, biological families, and children in Ohio is immensely valuable. The panel feels the State needs to take a stronger stance communicating to kinship caregivers and PCSAs about how important they are to the child welfare system, and subsequently fund their needs accordingly.

Recommendations

1. ODJFS should provide kinship caregivers access to developmental trauma training. Additionally, ODJFS should conduct thoughtful dissemination of the available training to reach as many kinship caregivers as possible.

While the financial needs of kinship caregivers are apparent, interview participants for this evaluation also spoke about the need for more informal educational and emotional supports, such as developmental training. These types of supports are not systematically offered through PCSAs, and kinship caregivers stated the PCSAs were unaware of any such supports in their community. ODJFS might consider how to use the current infrastructure with IHS and the regional training centers to deliver these trainings. There may be opportunities for ODJFS to work with private foster care networks already providing these trainings to foster parents to open up these opportunities for kinship caregivers.

2. ODJFS must consistently collect data related to the number of children placed with kinship caregivers and level of care at which the children are placed. ODJFS should subsequently use this information to conduct a cost-benefit analysis to fully understand the financial costs that would be incurred by the state if these caregivers were no longer able to assume this role.

This CRP work year highlighted the services kinship caregivers provide to ODJFS, PCSAs, biological families, and children in Ohio is immensely valuable. The panel recommends the State take a stronger stance communicating to kinship caregivers and PCSAs how important they are to the child welfare system. To do this, ODJFS should identify the data which should be collected when a PCSA is working with kinship caregivers, this data should include what the costs incurred are for both the PCSAs and the kinship providers when approving and placing children into kinship care. In addition, in order to accurately conduct a cost-benefit analysis it would need to include the “level of care assessment” and related costs. A level of care assessment is conducted on each child who is placed into foster care through a PCSA. The level of care is an assessment which determines the type of foster home the child can be placed into based on the treatment needs of the child and what level of care the foster home is licensed to provide. Level of care can range from “normal” to “intensive”. If the child is medically fragile, placement costs will be higher based on the child’s individual medical needs and the training and skill level of the foster home required to meet these needs. The higher the level of care the higher the per diem received by the foster parent. These costs need to be taken into account when conducting the cost-benefit analysis. One would assume based just on this information, the PCSAs are spending a significant amount of money utilizing foster care placements versus kinship placements. However, the support and services provided to kinship providers is minimal compared to the support provided to licensed foster homes. Collecting all comparable

related data from SACWIS will provide a starting point for how to better provide a supportive and stabilizing system for kinship care moving forward.

Consistency in utilizing the “living arrangements” tab, which records a child’s living arrangement/placement when they are not in agency custody or living with their biological parents, will assist in collecting this important data. Currently the “living arrangements” tab is not being used consistently amongst PCSAs across Ohio. Without this practice being made a requirement, the data collection will not be accurate in comparing the costs associated with this recommendation.

3. ODJFS should consider changes in eligibility criteria for social service supports to allow greater access to benefits.

The data suggest the number one challenge for kinship families is financial. Particularly, kinship caregivers often struggle to meet the basic needs of children placed in their homes, such as; housing, legal services, childcare, and food. The data from PCSAs, kinship caregivers, and other advocacy stakeholders suggest the availability of TANF benefits for kinship families due to the child-only income eligibility is immensely helpful. The panel recommends ODJFS consider advocacy, whether through state or federal legislative partners or waiver applications, to consider options for changes to childcare subsidies, SNAP, and legal assistance programs eligibility criteria to consider child-only income for kinship caregivers.

Report 4: Southwest Ohio CRP Interim Report

The Southwest Ohio CRP selected a two-year project and therefore completed an interim report this fiscal year. The panel will submit their annual report with findings and recommendations during the 2020-2021 work year. The goal for this panel was to deliver recommendations to improve Ohio's capacity to provide children in care additional supports for educational success. During this year's work, the panel narrowed their focus to early educational outcomes in Ohio for children in substitute care. The Southwest Ohio CRP will deploy a survey to foster parents in Ohio to understand the rates of participation in early care and education programs for three to five-year-old children in substitute care and the barriers to participation in these program. This report represents the progress toward strategic plan goals completed during the first year of their two-year evaluation.

Annual CRP Activities

Meeting schedules

The Southwest Ohio CRP meets bimonthly from August to May of each work year. The 2019–2020 work year began with the Ohio CRP Annual Strategic Planning Meeting on Wednesday, May 22, 2019 in Columbus, OH. All Ohio CRP members were asked to attend this meeting. The Annual Strategic Planning Meeting allows the Southwest Ohio CRP, in conjunction with the other panels, to debrief from the previous year of work and plan for the next year. The panel decided on a topic and created a strategic plan at the annual meeting.

Regular meetings for the Southwest CRP began in August 2019. The panel met bimonthly on the fourth Monday of the month from 2:00pm to 4:00pm at the Sharonville Branch of the Cincinnati Public Library 10980 Thornview Drive, Cincinnati, OH. Due to inclement weather, the December meeting was hosted online via Zoom. Additionally, due to the onset of COVID-19 in spring of 2020 and the limits on gatherings of people, the panel hosted their April meeting online via Zoom. The following is a list of all meeting dates for the panel from August 2019 through April 2020:

Table 1. Southwest Ohio CRP Regular Meeting Schedule:

Monday, August 26, 2019
Monday, October 28, 2019
Monday, December 16, 2019
Monday, February 24, 2020
Monday, April 27, 2020

Changes to Panel Membership

The Southwest Ohio CRP began the work year with 11 members and ended the year with the 9 members identified in the membership section of this report. Two of the original 2017 CRP members withdrew during the 2019-2020 work year. Both members reported changes in their personal lives led to their withdrawal from the group but did report their time on the CRP panel was meaningful and they will miss the group. The Southwest Ohio CRP is diligent about maintaining membership numbers, and they have ideas to add two or three additional members before the next work year.

Successes, Challenges & Achievements

The Southwest Ohio CRP identified a number of successes, challenges & achievements during their work in 2019-2020. This panel benefits from the longevity and stability of the membership makeup. The panel is dedicated to understating the root causes of issues and taking a holistic view of the child welfare system. The panel benefits from a great amount of knowledge about child welfare and advocacy. Overall, panel members are dedicated to assisting and improving the care of children impacted by out of home placements and contact with the child welfare system. The panel also identified the assistance of OSU and a program manager as a driver for panel successes.

The panel identified being unable to access informative data to assist in understanding the educational outcomes for children in care as a major challenge. There are no easily run reports from SACWIS to evaluate educational outcomes for children in substitute care. Limited information about grade advancement, IEPs, attendance, or other behavioral issues in school are available. To carry out this topic, the panels will need to collect their own data which is labor intensive. Additionally, the panel questioned how their efforts may be beneficial to ODJFS in the long term. They expressed wanting to return to previous reports to assess if any changes had come as a result of their work. The panel hopes to see more detailed feedback and engagement with the annual report from ODJFS. Since the completion of the first annual report there has been no further conversation with ODJFS about progress or changes as a result of CRP work. Additionally, the panel reported ending the year virtually due to COVID-19 was a challenge to finishing the interim annual report.

Background

The 2019-2020 work year represents the third year of evaluation of the Southwest Ohio CRP. During the strategic planning process, the panel agreed to participate in a two-year evaluation project. The panel will submit their annual report with findings and recommendations during the 2020-2021 work year. This report represents the progress toward strategic plan goals completed during the first year of their two-year evaluation.

The panel's original goal was to make recommendations to improve Ohio's ability to ensure children in care are provided with educational supports securing the best opportunity for academic success. A good deal of the work completed during this year focused on narrowing

the topic to something manageable after realizing a focus on the entire continuum of education was unrealistic for even a two-year project. A number of the Southwest Ohio CRP members live and work in Hamilton County which is doing a great deal of work with children in substitute care and educational supports. Due to the statewide nature of the CRP program, the panel wanted to better understand this topic from a statewide perspective.

Ultimately, the panel decided to focus on early educational outcomes for children in substitute care in Ohio. Anecdotally, professionals in Southwest Ohio reported seeing low participation in Head Start and other preschool programs among foster children aged 3-5 in their counties. This observation along with Hamilton County's commitment to educational attainment goals for foster youth led the panel to focus on early education. The following sections detail the progress toward and adjustment of the panel's topic and strategic goals to make measurable and actionable recommendations for the 2020-2021 annual report.

Ohio Strengths

Ohio has demonstrated its commitment to children and families with a number of initiatives happening at the state level. One of Governor DeWine's first actions as Governor of Ohio was to create the Governor's Children's Initiatives to build and improve the programming for Ohio's children. Both the creation of this office, the appointment of leaders in children's programming, and money allocated for these services demonstrate Ohio and Governor DeWine's commitment to children and families. The Southwest Ohio CRP embraces the opportunity to provide a citizen's perspective on these topics, and they appreciate the chance to provide further suggestions for improvement.

As it pertains to children who touch the child welfare system, the Ohio Department of Job and Family Services (ODJFS) have taken huge steps in utilizing data from SACWIS to make informed decisions and make it easier for caseworkers to gather and input data. The roll out of Traverse, a mobile document manager for caseworkers, across Ohio provides ODJFS and PCSAs opportunities to expand the ease and analysis of data collection for caseworkers and supervisors to make the best decisions for children and families. Caseworkers in Fairfield County identified Traverse as being imperative for court liaisons. Caseworkers may create activity logs summarizing court hearings, however this information is not easily accessible for later reference. Traverse allows caseworkers to access full court orders quickly and easily from one mobile location (Northwoods, 2017). This resource may be an avenue to explore which may allow caseworkers to better capture data and report on engagement in early childhood education for the children on their caseload, further enhancing capacity to implement recommendations which will be made in 2020-2021.

Data

The Southwest Ohio CRP utilized this first fiscal year of their two-year project for planning and research. Their efforts included exploring the feasibility of a data match between SACWIS and the Ohio Department of Education (ODE) data, conducting a comprehensive literature review,

and creating a survey to be distributed to foster parents in the second year of work. This section summarizes these efforts.

1. Data Match

The Southwest Ohio CRP originally planned to ask ODJFS about the feasibility of matching SACWIS data with educational data from ODE called the Education Management Information System (EMIS) to investigate their topic. Prior years of work have indicated the Ohio SACWIS data system is unable to provide reports about key educational outcomes for youth in care, such as the number of children who have IEP or 504 plans, expulsion rates, behavioral issues in school, attendance rates, graduation rates, kindergarten readiness, or preschool attendance. Due to these limitations, the panel explored the possibility of matching data between SACWIS and EMIS. Following a number of meetings which included, the CRP team, the CRP panel, ODJFS, and the ODJFS SACWIS team led the panel to better understand the huge undertaking this project would entail. A statewide data match was unrealistic, and the ODJFS SACWIS team reported this would be outside the scope their abilities within the CRP project. Researchers at OSU considered approaching individual school districts for matching within one or a couple of counties to narrow the scope. This type of project and data match required resources beyond those currently available to OSU and the CRPs. This option is no longer being explored by OSU or the CRP at this time.

CRP panel members living and working in Hamilton County suggested using a local data matching project as means to answer their question. Hamilton County Job and Family Services, in partnership with the foster care clinic at Cincinnati Children's Hospital is working on incorporating limited public-school data into their data sharing platform, IDENTITY, which currently links SACWIS and electronic health records deterministically for all kids in custody in Hamilton County. Hamilton County Children Services partners with the Hamilton County Juvenile Court, Legal Aide, and Cincinnati Public Schools to coordinate access to education services for all children in Hamilton County custody who are also enrolled in Cincinnati Public Schools – an ABA-supported initiative called Kids in School Rule (KiSR).

Currently there is a manual review relying on caseworkers or education staff to identify a child enrolled in Cincinnati Public Schools in order for them to be included in the manual match process. Hamilton County is considering adding Cincinnati Public Schools data to IDENTITY, so medical and education data can be contained in one place. The CRP considered requesting access to this database to meet their goals, but the timeline of the project does not align with the CRP timeline. Additionally, early childhood education data, the narrowed focus for the CRP, is not being incorporated into IDENTITY due to technical issues with the databases used by Head Start programs. While this system may be utilized by CRPs in the future, it is unlikely to meet the Southwest CRP timeline for the 2020-2021 year, and it would not address the panel's questions about early education opportunities.

2. Primary Data Collection

The panel decided to move forward with creating and distributing their own survey to address the following two objectives for the 2020-2021 work year:

1. Measure participation in early care or education (ECE) programs among 3-5-year old's in substitute care in Ohio. Early care or education refers to regular, non-parental care or supervision of young children (e.g., child care, preschool, daycare).
 - a. Sometimes parent put their 3-5 year-old children in non-parental, regular care or education arrangements. This includes supervision by a relative, friend, neighbor, nanny, daycare provider or preschool teacher. However, early care or education does NOT include occasional babysitting or care provided by a substitute caregiver such as a foster parent.
2. Understand the barriers to participation in early care or education services from foster parents.

The OSU CRP team assisted the panel in a literature review on the benefits of participation in ECE programming for children in substitute care. The panel reviewed the literature around this topic and used knowledge to create their survey.

Additionally, the OSU CRP team contacted a leading expert on early care or education programming for children in substitute care from Michigan State University. This expert provided guidance for the panel in creating the survey questions and ensuring the questions reflect previous research and will provide the panel with a comprehensive overview of what this issue looks like in Ohio. The panel has included the most current draft of the survey in Appendix B. The panel welcomes the support and feedback of ODJFS to ensure the best possible findings come from this survey.

3. Sampling Plan

A spreadsheet provided by ODJFS details all foster care licensing agencies and the number of licensed "providers" for each of these agencies in Ohio. Collecting data from all foster families will produce inferences with more precision, this involves substantial respondent burden and would require substantial administrative burden as well. While other panels may look to use this survey effort to look at issues relating to foster children outside the 3-5 age range, the southeastern Ohio panel has focused on this age range. The panel estimates roughly one in six foster children will fall into the 3-5 age bracket. If 1000 families are provided an opportunity to complete the survey, which means about 170 families will receive the full set of questions, allowing for multiple children in some households. The other 830 families will only receive the screener questions and end the survey after only a couple of minutes. If other panels add modules for different age ranges, more families will complete the survey. To keep burden reasonable, the panel suggests each family should only answer about one foster child if they have foster children that satisfy the requirements of more than one module.

If 150 responses are received, a confidence interval $\pm 8\%$ for a binary (yes/no) variable can be reached. This should be enough to reach rough conclusions.

The OSU team suggests stratifying the sample in two ways. First, the team can use the regional breakdown constructed by ODJFS for labor market analysis. A map of these regions is provided below in Figure 1. Using an established geographical breakdown not only relieves the burden of suggesting an alternative but looking at the map it makes good sense.

The second dimension for stratification of the sample is in terms of public versus private foster home networks. Table 2, below, shows how the distribution of public and private foster care networks varies regionally in Ohio. It also shows the number of providers in the two types of networks, also by region. Some private networks operate in more than one county, and in those cases the region is coded by the centroid of counties served where those counties are clustered. There are three private providers whose regional coverage is quite broad, and these regions are labeled as “All” even though they do not serve all parts of Ohio.

The OSU team suspects, but do not know, there may be differences between public and private networks. Best practice is to stratify the sample across dimensions where the elements may differ importantly. In view of the substantial differences in the incidence of public versus private networks, the dimension is stratified by region. It is noted that one stratifies a sample in order to reduce variance as this technique avoids the possibility that one may accidentally draw too many observations from strata that differ importantly from the population. The substantial incidence of private provider networks in the three largest metropolitan areas of Ohio argues in favor of this two-way stratification.

Table 2. Public and Private Provider Counts

Region	Number of Networks	# of Private Networks	# Providers in Private Networks	# of Public Networks	# Providers in Public Networks	% Private Providers
A	13	4	157	9	337	32%
B	6	0	0	6	158	0%
C	17	8	885	9	783	53%
D	10	4	191	6	302	39%
E	18	7	295	11	421	41%
F	37	22	2302	15	393	85%
G	12	1	50	11	141	26%
H	11	8	767	3	303	72%
I	8	1	26	7	127	17%
“All”	3	3	251	0	0	100%

In the event of non-response either from a network or a provider, the team can use the data in Table 1 to up-weight the other responses in that stratum to maintain the representativeness of the sample.

A map of Ohio showing its 88 counties, color-coded by region and marked with letters A through I. The regions are: Northwest (blue), West (red), Central (maroon), East (orange), South (green), and Southwest (grey). The letters are placed in white circles within specific counties: A in Wood, B in Cuyahoga, C in Ashland, D in Mahoning, E in Shelby, F in Franklin, G in Belmont, H in Butler, and I in Pike.

Region	Counties	Letter
Northwest	Williams, Fulton, Lucas, Wood, Ottawa, Sandusky, Seneca, Huron, Erie, Lorain, Cuyahoga, Summit, Portage, Trumbull, Ashtabula, Lake, Geauga	A
West	Defiance, Henry, Putnam, Hancock, Van Wert, Allen, Mercer, Angeline, Hardin, Union, Marion, Morrow, Knox, Coshocton, Darke, Logan, Delaware, Licking, Muskingum, Preble, Miami, Clark, Madison, Franklin, Fairfield, Perry, Morgan, Noble, Monroe, Greene, Fayette, Pickaway, Ross, Hocking, Vinton, Meigs, Callia, Lawrence, Adams, Scioto, Brown, Highland, Warren, Butler, Hamilton, Clermont	E, F, H, I
Central	Marion, Morrow, Knox, Coshocton, Licking, Muskingum, Guernsey, Belmont, Harrison, Carroll, Jefferson, Tuscarawas, Stark, Columbiana, Mahoning	D, G
East	Cuyahoga, Summit, Portage, Trumbull, Ashtabula, Lake, Geauga	B
South	Huron, Erie, Lorain, Cuyahoga, Summit, Portage, Trumbull, Ashtabula, Lake, Geauga	C
Southwest	Butler, Hamilton, Clermont, Warren, Brown, Adams, Scioto, Brown, Adams, Scioto, Brown, Adams, Scioto	H, I

4. Literature review

Early care and education (ECE) refers to regular, non-parental care or supervision of young children (e.g., child care, preschool, daycare). Above and beyond the educational benefits of ECE programming, it has also been shown to prevent child abuse and neglect. Communities with that have more ECE resources have lower rates of child maltreatment (Garbarino, 1976; Garbarino & Crouter, 1978; Klein, 2011). Additionally, on the individual level, children who participate in programs like Head Start and Early Head Start have lower rates of abuse and neglect and involvement with the child welfare system (Green, et al., 2014; Mersky, Berger, Reynolds & Gromoske, 2009; Mersky, Topitzes, & Reynolds, 2011; Reynolds & Robertson, 2003; Zhai, Waldfogel, & Brooks-Gunn, 2013). Among young children who become involved in the child welfare system, those who attend Head Start are less likely to be placed in foster care (Klein, Fries, & Emmons, 2017).

Moreover, three recent studies focused on ECE outcomes for children supervised by the child welfare system and/or living with relatives or foster parents show a positive association between ECE participation and child development and school readiness. ECE is beneficial for child welfare involved children in terms of early language development. This is especially influential for children referred to the child welfare system because they lack appropriate parent supervision at home (Kovan et al., 2014; Lipscomb et al., 2013; Merritt & Klein, 2015).

Additional research conducted with child welfare caseworkers and child caregivers suggest a number of benefits to ECE participation for children who are involved with the child welfare system. These benefits include 1) socialization and social skills development, 2) early intervention for developmentally delayed children, 3) building a foundation for school readiness and future educational attainment, 4) developmental stimulation, and 5) structure and stability (Klein et al., 2018).

The quality of ECE programs is varied. Attending an accredited center results in better outcomes for both children in child welfare and a comparison group of low-income children not in child welfare (Dinehart et al., 2012). Yet, children involved in the child welfare system are far less likely to attend accredited ECE centers than their non-child welfare counterparts (Dinehart et al., 2012).

A national evaluation of Head Start programs suggests that nearly all Head Start programs prioritize enrollment for child welfare involved children, but many lack a memorandum of understanding or a plan or policy to support joint service planning. Experts suggest cross-training, shared case planning, and streamlined processes could help Head Start and child welfare organizations better collaborate for children and families (McCrae et al., 2016).

Overall, the research suggests that ECE services can benefit children who are supervised by the child welfare system. Unfortunately, participation rates in ECE suggest that it is underutilized for this population (Dinehart et al., 2012; Ward, Yoon, Atkins et al., 2009). The low rates of participation suggests a need for improved service coordination between child welfare agencies and ECE providers. The U.S. Children's Bureau implemented the "Child Welfare-Early Education Partnerships to Expand Protective Factors for Children with Child Welfare Involvement"

(CWEET) initiative in 2011. The goal of these projects was to increase access to high quality ECE programs for young children involved in the child welfare system (Klein, Falconerb, & Benson, 2016).

Several of the pilot projects conducted under the CWEET included workforce development strategies as part of their overall approach. The pilots designed and implemented specialized trainings for child welfare staff, ECE providers, and/or other stakeholders on topics of mutual interest, including the benefits of ECE for children and families in the child welfare system and how to navigate systems to access high quality ECE services for this population. Findings suggest program trainees had significant gains in their self-reported understanding of the benefits of ECE for children in the CWS, the barriers to accessing ECE for this population, and how to navigate around these barriers (Klein, Falconerb, & Benson, 2016).

National advocacy groups have brought to light the benefits of using ECE data to create policy. Child Trends (www.childtrends.org) is a leader in national research regarding children's initiatives. Recent articles released by Child Trends authors highlight the importance of using early education data to make informed policy decisions. The authors indicate a strong interest from state administrators and researchers in using this data to answer important policy questions. Unfortunately, it can be difficult to extract data from older data systems and the construction of data systems may not allow easy matching with other state databases, thus hindering the ability for researchers and administrators to conduct this analysis. These challenges are present in Ohio with Hamilton County's attempts to integrate early education data with the existing platform, IDENTITY. The inclusion of ECE data in Hamilton County has come to a standstill due to these database challenges. A number of other states have piloted an integrated data system that have combined health records, preschool information, childcare, etc. (Maxwell & Lin, 2019). While Child Trends does not highlight the integration of child welfare data in these integrated data systems, the thoughtful creation of these systems would indicate an easier path to matching with other systems for future projects.

In the 2019-2020 work year, the Southwest CRP worked diligently to narrow their topic and identify data sources to meet their goals. Based on what is currently available from SACWIS, the literature review, and feedback from national experts in the field, the panel decided to conduct their own survey to better understand ECE participation among foster children in Ohio and the barriers to participation. The panel has included a draft of the survey in Appendix A of this report. The panel welcomes feedback and support from ODJFS to maximize survey response in order to provide meaningful and thoughtful findings and recommendations for improvement.

Next Steps

The panel will participate in the annual strategic planning with all Ohio CRPs on May 28, 2020. Panel members will use this time to solidify their plan for 2020-2021 data collection procedures. The next steps for the Southwest Ohio CRP are summarized here:

1. The survey included in Appendix B is open to feedback, edits, and suggestions from ODJFS. Additionally, the panel welcomes any advice from ODJFS and their partners to ensure maximum participation in survey responses.
2. Following the finalization of the survey, the OSU CRP team will submit the research protocol and survey tool to the OSU Institutional Review Board (IRB).
3. Upon approval by the IRB, the panel can begin distribution of the survey. The survey sampling and distribution plan is detailed in the data section of this report.
4. The panel is considering completing focus groups with foster parents to better understand the barriers for a child's enrollment in Early Care and Education programs in Ohio. Focus groups combined with the survey included here will provide the panel with even more robust data for the 2020-2021 annual report. The panel will discuss any additional plans for data collection during the annual strategic planning meeting on May 28, 2020.

Report 5: Southeast Ohio CRP

The Southeast Ohio CRP sought to understand Ohio's ability to monitor and respond to the experiences of children placed in residential facilities. While recent news articles and feedback from youth who have experienced a placement in a residential or group home facility detail negative experiences, the panel wanted to focus on how ODJFS and PCSAs are able to respond to these experiences. The panel gathered information from stakeholders and academic literature to learn more about the use of residential and group home facilities and the reporting of practices within these facilities. Attempts at primary data collection via survey and focus groups with youth and foster alumni who have experienced placement in a residential and group home facilities were unsuccessful for a number of reasons. The responses to the survey were low, partially due to the onset of COVID-19. The panel placed flyers in the community to recruit survey participants, yet these did not reach the intended audience as libraries and community centers closed when state ordered closures began in March 2020. The panel also attempted recruitment at local youth and family serving agencies, but as these agencies stopped seeing clients in-person, recruitment for the survey was further stalled. Additionally, in-person focus groups could not be conducted due to CDC guidance around social distancing. The panel will continue with this topic for the 2020-2021 work year. They will redeploy the survey as community agencies begin opening. The panel will conduct the focus groups either in-person or virtually as guidelines for social distancing allow. The panel is confident they can craft meaningful recommendations for next year's annual report.

Annual CRP Activities

Meeting schedules

The Southeast Ohio CRP meets bimonthly from August to May of each work year. The 2019–2020 work year began with the Ohio CRP Annual Strategic Planning Meeting on Wednesday, May 22, 2019 in Columbus, OH. All Ohio CRP members were asked to attend this meeting. The Annual Strategic Planning Meeting allows the Southwest Ohio CRP, in conjunction with the other panels, to debrief from the previous year of work and plan for the next year. The panel decided on a topic and created a data request for ODJFS at the annual meeting.

Regular meetings for the Southeast Ohio CRP began in August 2019. The panel meets bimonthly on the second Tuesday of the month from 12:30pm to 2:30pm at O'Bleness Hospital in Athens, OH. Due to renovation of the basement at O'Bleness Hospital, the panel also met at Integrated Services, 11 Graham Drive Athens, OH and The Athens Public Library, 30 Home St, Athens, OH 45701. Due to a delay in contract signing between ODJFS and OSU, the panel moved their October meeting to November to allow more time for OSU and ODJFS to collect meeting materials. Additionally, due to the onset of COVID-19 in spring of 2020 and the limits on gatherings of people, the panel hosted their April meeting online via Zoom. The following is a list of all meeting dates for the panel from August 2019 to April 2020:

Table 1. Southeast Ohio CRP Regular Meeting Schedule:

Tuesday, August 27, 2019
Tuesday, November 5, 2019
Tuesday, December 3, 2019
Tuesday, February 11, 2020
Tuesday, April 14, 2020

Changes to panel membership

The Southeast Ohio CRP began the work year with 10 members and maintained the same members throughout the year. The panel and OSU team spent a great deal of time over the summer of 2019 building up membership in preparation for the 2019-2020 work year. The Southwest Ohio CRP identified recruiting and retaining CRP members as a top priority moving forward.

Success, challenges, and achievements

The Southeast Ohio CRP experienced a number of successes and achievements during the 2019-2020 work year. This panel greatly benefited from the additional members this year. In previous years the panel had only four or five dedicated members. The panel is now comprised of members with diverse experiences and perspectives, which allowed for robust and interesting conversations throughout this work year. The panel will continue work on this same topic for the 2020-2021 year.

The panel identified a number of challenges stemming from data and timing issues. A combination of the delay in contract signing between OSU and ODJFS as well as the onset of COVID-19 in spring 2020 limited the productive work time of time panel. Despite this challenge, the panel believes they have a great amount of information they can use in this upcoming year.

Background

This year represents the Southeast Ohio CRP's third year of evaluation with the Ohio CRP program. The panel sought to understand Ohio's ability to monitor and respond to the experiences of children placed in residential facilities. While recent news articles and feedback from youth who have experienced a residential or group home placement tend to focus on negative experiences, the panel wanted to focus on how ODJFS and PCSAs respond to these experiences. The panel was interested in how reports of concerning practices and youth experiences in residential and group home facilities are processed and reported back to PCSAs and ODJFS. By better understanding the process of reporting and monitoring these issues, the panel hoped to provide ODJFS with recommendations that might serve as preventative measures to address concerning practices before it triggers child abuse and neglect reports and subsequent trauma.

Strengths

Ohio recognizes the importance of ensuring the safety of children in residential and group home facilities. Based on detailed reports, ODJFS and PCSAs can place a hold on placing youth in these facilities if concerns are raised regarding youth safety and well-being. There are a number of advocacy efforts in the state led by the media and former foster youth focusing on this issue. Grassroots efforts from former foster youth who experienced placement in residential and group home facilities many time advocate for themselves. The Overcoming Hurdles in Ohio Youth Advisory Board works to open up avenues for advocacy by setting up meetings between former foster youth and state officials to discuss this topic.

Data

The Southeast Ohio CRP began their work year by conducting a literature review regarding the use of residential placements for youth involved in the child welfare system. While the negative press around residential facilities caused concerns and an urgency for the CRP to address the topic, the panel is aware that residential and group home facilities serve a purpose in the continuum of care for youth. Residential care is characterized as the highest level of care for children in substitute care. It is often the most restrictive and most expensive out of home placement (James, Zhang, & Landsverk, 2012). Federal child welfare agencies suggest that about 15% of children in substitute care are in residential and group home facilities (U.S. Department of Health and Human Services, 2011). Residential and group home facilities provide placement options for youth who require a higher level of supervision than can be provided in home often to address mental health and/or behavioral issues (Child Welfare Information Gateway, 2019). Some experts raise concern about lengthy stays in residential care being influenced by child welfare placement policies and lack of available foster homes rather than the therapeutic needs of the child. Further, there is a concern about placing too much emphasis on shortened placements in residential care which can led to frequent placement changes and disruption of the therapeutic processes that require longer periods of time (Case, Olfson, Marcus, & Siegel, 2007; James, Zhang, & Landsverk, 2012).

Unfortunately, longer and more frequent stays in residential and group home facilities offer more opportunities for youth to experience abuse or neglect or other negative and damaging experiences while in these facilities. Limited research has investigated the prevalence of abuse and neglect in residential and group home facilities despite youth's regular reports about concerning behavior and negative experiences. Statewide administrative data from Wisconsin suggests 5% of maltreatment reports over 7 years were conducted when a child was in a congregate care setting, suggesting that maltreatment while in a congregate care setting is not an extremely rare occurrence (Font, 2015).

Even less is known about the prevalence of negative experiences in residential and group home facilities that do not rise to the level of child abuse and neglect. In Ohio, former foster youth regularly discuss experiences of negative or damaging practices by these facilities long after

leaving placement or even after aging out of care. During the 2019 Pathways conference hosted by the Ohio Youth Advisory Board (YAB), youth spoke out during a workshop about things they experienced while in a residential or group home placement. While these experiences did not rise to the level of an abuse or neglect investigation, the experiences were concerning.

While the panel did not think focusing on the actual negative experiences reported by youth to be a productive use of CRP time, they did want to better understand how these youth and families report concerning behavior and experiences to PCSAs and ODJFS and consider how ODJFS and PCSAs can intervene earlier. During the workshop a number of youth reported experiences which violated their rights while in out of home care, children's rights are detailed in OAC 5101:2-5-35. The panel set out to gather information to give them a better understanding and perspective on how youth and their families can be heard when residential and group home placements do not meet therapeutic needs.

The panel requested the following information from ODJFS and the SACWIS team at the beginning of the work year:

- List of residential facilities and group homes used as placements by county
- Number of investigations on residential facilities or group homes (last 5 years)
- Number of rule violations recorded on residential facilities or group homes (last 5 years)
- Outcomes of investigations on residential facilities or group homes
- Legal status of those children in residential or group home placements (any given time)

The CRP project manager had the opportunity to meet with ODJFS to discuss licensing congregate care facilities and the process of conducting rule violation investigations. The project manager was able to summarize this information and provide it to the panels during regular meetings.

The panel came to the conclusion that available information regarding youth experiences, whether positive or negative, in residential and group home placements, would not provide them with enough information to understand how youth report these experiences to PCSAs and ODJFS. The panel spent a good deal of time developing a survey to distribute to youth in Ohio who have ever experienced a placement in a group home or residential facility. This online survey link was posted with a quick response (QR) code in public places throughout Central and Southeast Ohio. Additionally, the link was provided to the Ohio Youth Advisory Board for distribution, OSU Star House, Kaleidoscope Youth Center case managers, and other online foster care groups of Ohio.

The survey topics included the following:

- Youth demographics
- Number of different placements in a residential or group home facility
- Who visited and called youth during their placement?

- Who provided the youth with information about their rights?
- Any potential rights or safety violations
- To whom were these violations reported?
- How did the facility or PCSA respond to the violation?
- Their feelings about the reporting process

Additionally, the panel wanted to conduct focus group interviews with foster alumni to provide more contextual information about this topic. The interview guide for the focus groups was based off the survey items listed above. A combination of the delay in contract signing between ODJFS and OSU and the onset of COVID-19 in the spring of 2020 caused significantly limited survey responses. The focus group piece of the project was approved by the OSU Institutional Review Board (IRB) in March 2020, but in-person data collection, such as these focus groups have been halted.

Due to the lack of data to answer the panel's question, the panel will extend this project into a second year of work. The project manager will carry out the focus groups with foster alumni when restrictions for social distancing are lifted. In the event these restrictions continue for a longer period of time, the project manager will submit an amendment to IRB to conduct these focus groups online. The panel will redeploy the survey to youth beginning in the summer of 2020. The panel is confident with the additional time for data collection, they will be able to make meaningful recommendations for the 2020-2021 Annual CRP Report.

Results

A volunteer and advocate for Ohio foster youth provided the CRP with a summary of the Ohio YAB Pathways Conference workshop from 2019. The youth at this conference reported they wanted residential facilities to feel less like jail and to provide more opportunities for talking and meeting with family. Youth reported they often felt voiceless and unsafe in these facilities. A number of youth called for residential and group home facilities to have more cameras in order to keep them safe.

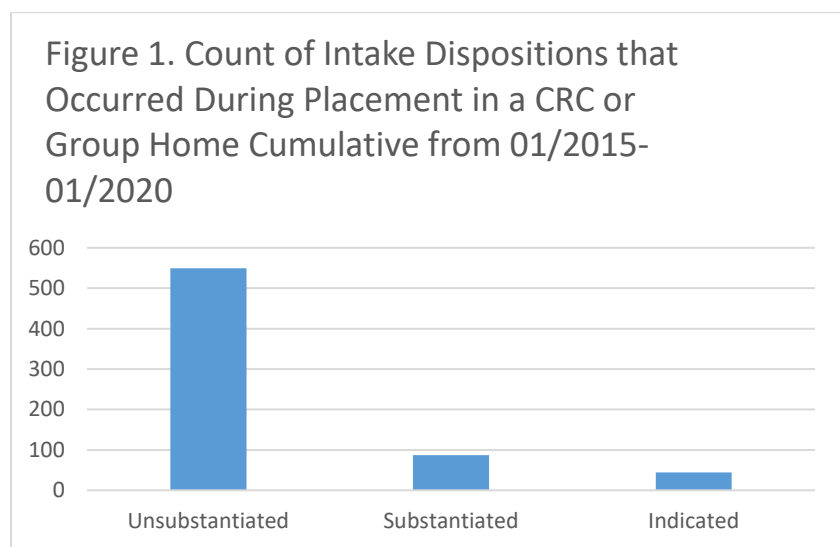
Following the literature review and review of the Ohio YAB workshop information, the panel received information from ODJFS about the licensing process for residential and group home facilities as well how ODJFS handles rule violations. Both ODJFS and OMHAS license residential and group home facilities, but there are a number of important differences. ODJFS does not license locked facilities, so any rule violations stemming from locked facilities will be handled by OMHAS, who is their licensing entity. Additionally, OMHAS typically licenses larger facilities than those licensed by ODJFS. Beyond investigating rule violations, ODJFS will do an in-depth evaluation of residential and group home facilities during licensing and re-licensing. ODJFS reviews data and case files, interviews staff and youth, conducts financial audits, and reviews all incident reports. This process is used to monitor and ensure compliance of rules and practices.

ODJFS reported a majority of rule violations investigations stem from referrals called in to PCSAs. Regardless of whether a referral, which alleges a facility member as a perpetrator, is screened in or out for an assessment and/or investigation, ODJFS conducts a rule violation

investigation. If the facility is out of compliance, the facility is required to provide ODJFS with a Corrective Action Plan to resolve the issue. If these issues could impact child safety, ODJFS can send the report to a licensing review committee for further review. Sometimes individuals will call ODJFS directly about an issue with a facility, but this is rare. Surprisingly most of the referrals made regarding residential and group home facilities do not come directly from youth, family, or parents, rather they originate from child abuse and neglect referrals.

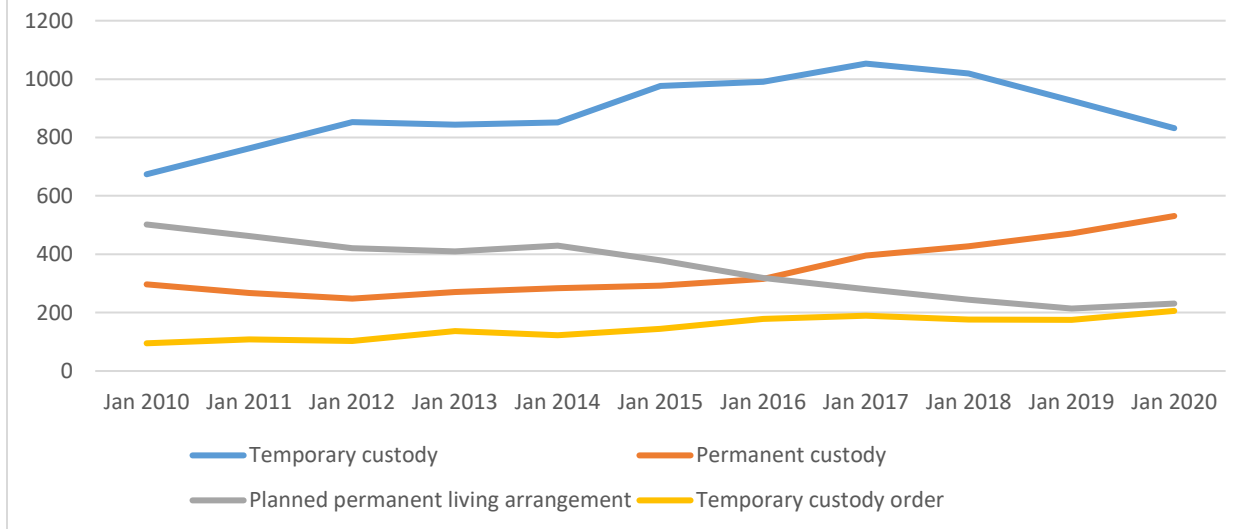
The panel was provided with data from the ODJFS SACWIS team. The panel reviewed a list of certified residential centers and group homes used for placement of children from 2015-2019 and each facility's licensing entity. The list included a total of 489 facilities both in and outside of Ohio.

Figure 1 provides data about the number of investigations taking place while a child was placed at a residential or group home facilities. Approximately 700 investigations of abuse and neglect occurred while children were placed in these facilities from 2015-2020. Results show, the majority of these investigations were unsubstantiated (n=549). Only 87 of these investigations were substantiated.



Data provided by ODJFS about the legal status of children placed in residential and group home facilities is summarized in Figure 2. The data shows the largest number of children placed in residential and group home facilities are in the temporary custody of the agency. This is not surprising as placements in these facilities are often short-term, addressing immediate safety or mental health and behavioral health issues. The data shows a large number of youth in permanent custody and permanent planned living arrangements in these facilities. These numbers are particularly concerning and raise questions about the permanency goals for these youth.

Figure 2. Count of children placed in residential and group home facilities by legal status



Survey results from youth, yielded a low response rate, with some responses being incomplete. Subsequently, there are no results to summarize for this report. The panel will redeploy this survey for the 2020-2021 work year and report on the responses in next year’s annual report. Due to the onset of COVID-19 with restrictions for in-person data collection, focus groups were not held. The project manager will move forward with focus groups either in-person or online in the summer of 2020.

Conclusions

The results of the Southeast Ohio CRP data collection efforts provided a number of conclusions. The first conclusion is the panel recognizes residential and group home facilities have an important role, however there are legitimate safety issues which need to be addressed. Youth have reported positive rehabilitative experiences in these facilities, but unfortunately there is a number of youth who have reported negative and damaging experiences in these facilities.

Second, the legal status data provided by ODJFS shows a concerning number of youth in residential and group home facilities that are in permanency custody of the agency. Residential and group homes are not the place to achieve permanency goals. ODJFS, PCSAs, and private foster care agencies point to an insufficient number of family foster homes available for teen placements as one of the reasons for a high number of youth ending up in residential and group home facilities. Governor Mike DeWine called for a top to bottom review of Ohio child welfare system and foster care concerns in November 2019, while serving as the Ohio Attorney General. He stated this request was not the result of any specific incident or problem, but rather a concern regarding the lack of family foster homes and permanency for teens. There appears to be a major gap in the continuum of care for teens in foster care leading to the questionable use of residential and group home facilities as permanency solutions.

The bigger question may be how to build a continuum of care for children who are in need of these more intensive group or residential placement facilities.

The panel have reservations regarding the child welfare system's use of militarized language, such as referring to caseworkers as being on the "frontlines" and referring to youth as "AWOL" when leaving a placement. The panel discussed the possibility in which this language might impact how child welfare professionals and other others talk about teens and encourage or discourage foster parents or kinship caregivers from taking these children into their home. We know that youth react to the expectations set by the adults in their lives, and the panel questions how this use of language may impact youth behaviors. With limited evidence of the consequences of this use of language the panel cannot make any specific recommendations for change, but the panel found it important to include in the annual report.

The final conclusion that generated a number of questions is how reports of alleged abuse/neglect or rule violations in residential and group home facilities are monitored and/or reported to ODJFS and/or OHMAS. ODJFS reported very few rule violations or concerns about residential and group home facilities come to them directly from family or youth. The panel identified anecdotal stories of when caseworkers conducted their face to face visits at facilities with youth and were told by residential staff they could not see where the youth sleeps. Caseworkers may not feel empowered to advocate for themselves and demand they carry out their duties outlined in ORC for these visits. These types of concerning practices may not make their way to a PCSA or ODJFS for intervention.

Next Steps

Due to the Southeast Ohio CRP's complex topic for the 2019-2020 work year and the numerous issues with data collection, the panel is unable to provide ODJFS with recommendations for improvement. The panel will carry over this project to the 2020-2021 work year and provide recommendations for improvement in next year's annual report. The panel's topic will remain the same for the next work year:

The Southeast Ohio CRP will create actionable and measurable recommendations to improve Ohio's ability to monitor and respond to the experiences of children placed in residential facilities.

The panel participated in the annual strategic planning with all Ohio CRPs on May 28, 2020. Panel members use this time to solidify their plan for 2020-2021 data collection procedures. The next steps for the Southeast Ohio CRP are summarized here:

The panel will conduct the following data collection activities for 2020-2021:

- Survey of youth and young adults (18-25) who have experienced a placement in a residential or group home facility
- Focus groups with young adults who experienced a placement in a residential or group home facility
- Gather perspective from PCSAs about the barriers to doing effective work when children are placed in residential or group home facilities. This might include:
 - Review of SACWIS activity logs to assess the quality of face to face visits with youth in these facilities
 - Review of exit interviews to understand children's experiences in residential and group home facilities
 - Survey and/or focus groups with PCSA caseworkers

With an additional year to conduct this evaluation, the Southeast Ohio CRP is confident they will be able to deliver meaningful recommendations next year.

Moving Forward

All five Ohio CRPs met virtually for the annual strategic planning session on Thursday, May 28, 2020. During this meeting, members selected topics for the new work year and created a strategic plan to reach their goals for 2020–2021. They brainstormed about the types of data they will need for their evaluation. The data request will be submitted to ODJFS to allow time to gather the information. The annual meeting serves as a wrap up of the 2019–2020 work year. Both the Southwest and Southeast CRPs will continue their evaluation topics from 2019-2020 as summarized in this annual report. The annual meeting provides the panels with the opportunity to discuss the successes and challenges from this year’s evaluation with panel members from other parts of the state.

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Appendices

Appendix A: Northwest Ohio CRP Interview Guide

1. What does your collaboration effort look like?
2. What are the goals of your effort?
3. How did it start? Was there a particular issue or need that sparked its creation?
4. Who started it? How long have you been working together?
5. Who is considered leadership? Is this a person? An organization?
6. Do you have a dedicated staff person?
7. Where do you meet?
8. What keeps it going?
9. Is there community buy in? What is your relationship with the community?
10. Do you think the collaboration is working?
11. How do you know it's working?
12. How are you measuring outcomes?
13. Have there been any barriers to your collaboration efforts?
14. How do you share information?
15. Do you have policies around information sharing and confidentiality?
16. Do you have any particular success stories to share?

Appendix B: Early Care and Education Services Survey

Preschool participation or barriers to participation among 3-5 year olds in foster care

Survey Objectives:

- Measure participation in early care and education programs among 3-5 year olds in substitute care in Ohio
- Understand the barriers to participation in early care and education from foster parents

Screening Question:

1. Do you currently have any foster children who are at least three but have not yet had their sixth birthday in your home?
 - Yes
 - No (Go to 28)

Contextual Questions:

2. How many foster children 3-5 do you have in your home?
 - 0
 - 1
 - 2
 - 3
 - 4
 - 5 or more
3. In addition to the foster children you just told us about, how many other foster children are in your home?
 - Enter number
4. In addition to your foster children, how many other children under 18 do you have in your home?
5. Sometimes parent put their 3-5 year-old children in non-parental, regular care or education arrangements. This includes supervision by a relative, friend, neighbor, nanny, daycare provider or preschool teacher. However, early care or education does NOT include occasional babysitting.

How important do you feel such early care or education arrangements are in helping foster children get ready for kindergarten?

- Not important at all

- Not very important
 - Neutral, don't know
 - Somewhat important
 - Very important
6. How important do you feel such arrangements are in helping foster children experience structure and maintain stability?
- Not important at all
 - Not very important
 - Neutral, don't know
 - Somewhat important
 - Very important
7. Households differ in the number of adults they have. How about yours? How many adults in your household?
- One adult
 - Two adults
 - Other (multi-generational, etc.)
8. What was your gender at birth?
- Male
 - Female
9. Which of the following categories applies to you? Please select all that apply.
- White
 - Black/African American
 - Hispanic or Latino
 - Enrolled American Indian or Alaskan Native
 - Asian
 - Native Hawaiian and Pacific Islander
10. How old are you?
- Under 25
 - 25-29
 - 30-39
 - 40-49
 - 50-59
 - 60 and over
11. Last week, did you do **any** work for pay?
- Yes
 - No (Go To 13)
12. How many hours per week do you USUALLY work?
13. For how many years have you been a licensed foster parent?

- Enter #

Questions on Early Care and Foster Children

Next, we have a few questions about your foster children between the ages of 3 and 5. If there is more than one foster child in your home between 3 and 5, please tell us about the one who will have the next birthday.

14. What is the age of this child?

- 3
- 4
- 5

15. What is the sex of this child?

- Male
- Female

16. Which of the following categories applies to this child? Please select all that apply.

- White
- Black/African American
- Hispanic or Latino
- Enrolled American Indian or Alaskan Native
- Asian
- Native Hawaiian and Pacific Islander

17. In which month and year was this child placed in your home?

18. In the last 12 months, has this child received early care or education on a regular basis?

[As a reminder, by early care or education, we refer to any non-parental child supervision arrangement regardless of who provides the child supervision - a relative, friend, neighbor, nanny, daycare provider or preschool teacher but not occasional babysitting.]

- i. Yes
- ii. No (Go To 20)

19. What type of regular early care or education did this child receive? [check ALL that apply]

- i. Early Head Start
- ii. Head Start
- iii. State licensed early care or education center (public or private)
- iv. Licensed in-home child care
- v. Informal, un-licensed child care provided by family, friend, or neighbor
- vi. Other: _____

20. Sometimes a regular early care or education arrangement is not the best alternative. For this child, what led you to this decision? (Check all that apply)

- i. Already meeting needs in the home/not beneficial to this child
- ii. Child has already experienced too much instability in their life/don't want to expose them to another caregiver who may only be in their life short term
- iii. Cost
- iv. Child welfare or foster care agency pays me to care for child and might disapprove of me outsourcing this responsibility to someone else
- v. No provider openings/long waitlist
- vi. No providers near me
- vii. Concerns about quality of care options
- viii. Scheduling conflicts/visitation schedules
- ix. I don't expect this child to stay in my home long term
- x. Lack of reliable transportation to/from early care and education provider
- xi. Child is not toilet trained
- xii. My partner or I stay home with the child
- xiii. Behavioral issues make it hard to find a provider that will serve this child
- xiv. Administration or paperwork issues with my foster care agency or the child welfare agency
- xv. Problems with timely receipt of child care subsidies from state (paid to provider) or timely receipt of emergency child care assistance funding from child welfare agency (paid to foster parent)
- xvi. Other: _____

21. In your own words, what are the biggest barriers to accessing early care and education services for foster children?

- i. Narrative response

22. To the best of your knowledge, which of the following early care of education services did this child receive before s/he was placed in your home?

[check ALL that apply]

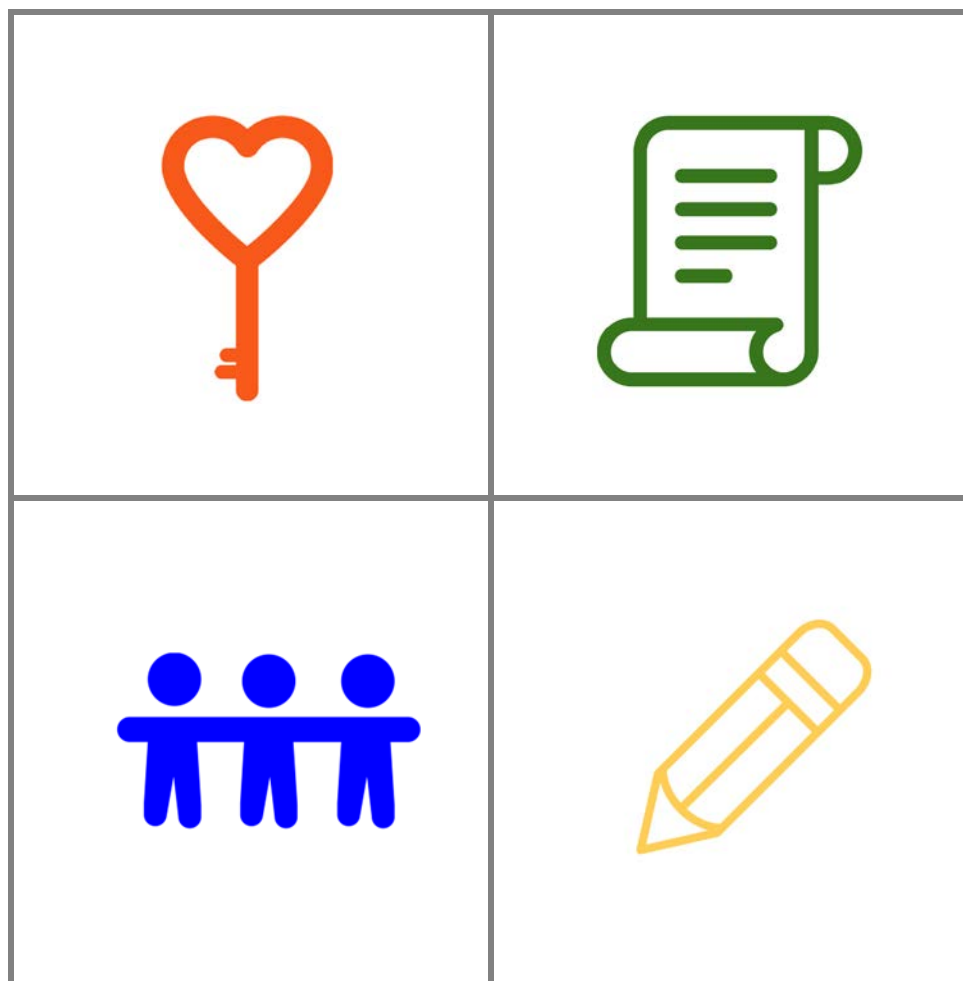
- i. Early Head Start
- ii. Head Start
- iii. State licensed early care or education center (public or private)
- iv. Licensed in-home child care
- v. Informal, un-licensed child care provided by family, friend, or neighbor
- vi. Other
- vii. None of the above, to my knowledge

23. Did the child welfare caseworker suggest you sign the child up for early care or education services?

- i. Yes

- ii. No
 - iii. I don't remember
24. Did the child welfare caseworker help find or connect the child to early care or education services?
- i. Yes
 - ii. No
25. What did the caseworker do to help?
- i. Narrative response
26. Ultimately, who made the decision to begin the early care and education services?
- i. Foster parent (I and/or my partner)
 - ii. Prior arrangement already set up
 - iii. County child welfare caseworker
 - iv. Placement worker with my foster care agency
 - v. Biological parent
 - vi. Medical professionals
 - vii. Other: _____
27. Thank you for helping with this survey. We will keep your identity a secret, but you can be sure the results of this survey will be seen by many involved in foster care. And thank you so much for being a foster parent. [exit]
28. Your situation does not match the needs for this survey, but thank you for cooperating. And thank you so much for being a foster parent. [exit]

Appendix C: Information Sharing Between Child Welfare and Schools: Maintaining Privacy and Promoting Educational Success authored by the Supreme Court of Texas Children’s Commission Foster Care & Education Confidentiality Workgroup



Information Sharing Between Child Welfare and Schools:

Maintaining Privacy and
Promoting Educational Success



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Background



Children and youth in foster care often face significant challenges to educational success, including adjustments to living in a different home with new caregivers, a history of traumatic experiences due to abuse and neglect, and sometimes missed school days for family visits, court hearings, and required appointments. Additionally, children and youth in foster care can experience multiple residential and school moves that can result in the loss of course credit, school records, and connections to family, teachers, and friends. Education is a lifeline for many students in foster care and the opportunities for success are much greater when the child welfare and education systems work together.

The education and child welfare systems each have complex and extensive confidentiality laws. Privacy is important for students in foster care who do not want to feel stigmatized or labelled by their foster care status. However, in some instances information sharing within the school system and across systems is absolutely critical to support a student's educational success.

This document is intended to clarify complicated confidentiality laws and provide guidance on exchanging information about students in foster care between child welfare and education partners. Ultimately, decisions about the amount or type of information to share in any specific situation must be evaluated on a case-by-case basis. These decisions should be carefully re-evaluated any time circumstances change.

WHY DO SCHOOLS NEED TO IDENTIFY STUDENTS IN FOSTER CARE?



Some important considerations include:

- Improving education outcomes for this student population, pursuant to the Every Student Succeeds Act (ESSA)¹ of 2015, the Fostering Connections to Success and Increasing Adoptions Act of 2008², and Texas state law.
- Collaborating with the child welfare agency to develop transportation plans for students in accordance with ESSA.
- Ensuring that students can remain in their schools of origin, unless it is not in their best interest, under federal and state law.
- Providing assistance for students transitioning from one school to another, such as:
 - Providing supportive services to ease transitions for students during the first two weeks of enrollment in a new school;
 - Ensuring records are transferred to a new school within 10 working days;
 - Ensuring that the school awards credit for coursework, including partial credit and credit for electives, if appropriate;

- Promoting practices that facilitate access to extracurricular programs, summer programs, credit transfer services, electronic courses, and after-school tutoring programs at a nominal fee or no cost; and
- Implementing local procedures to lessen the adverse impact to the student of moving to a new school.³
- To implement other supportive educational services available to students in foster care, such as compensatory instructional services, tutoring, and credit recovery to assist with high school completion.
- To provide additional counseling for students who are truant, in accordance with state law.⁴
- To enroll students in the National School Lunch Program and the School Breakfast Program.
- To establish proof of legal authority of the caregiver and of CPS for enrollment and education decision-making.

Child Abuse and Neglect Reporting Basics



Educators are often the first to recognize signs of child abuse or neglect and, as professionals, they are mandated by law to report the abuse or neglect.⁵ If there is a suspicion of either abuse or neglect, the educator must report the suspected abuse or neglect within 48 hours or less after learning of facts giving rise to the suspicion of abuse or neglect. The written or oral report must be made by the educator to a local or state law enforcement agency, the Texas Department of Family and Protective Services, a local office of Child Protective Services, or the state agency that operates, licenses, certifies, or registers the facility in which the alleged abuse or neglect occurred.⁶ The professional may not delegate to or rely on another person to make the report.

The current hotline information is: **1-800-252-5400** or

<https://www.txabusehotline.org>.

If known, the person making the report of alleged abuse or neglect must identify the name and address of the child, the name and address of the person responsible for the care, custody, or welfare of the child (generally the child's parent), and any other pertinent information concerning the alleged or suspected abuse or neglect.⁷

Family Educational Rights and Privacy Act (FERPA) Basics



The federal Family Educational Rights and Privacy Act (FERPA) requires educational agencies and institutions that receive federal funds under any program administered by the United States Department of Education to protect a student's personally identifiable information in education records. FERPA grants parents the rights to:

- Inspect and review the education records of their child;
- Challenge and require the school to amend any portion of the education records concerning the student that are inaccurate, misleading, or otherwise in violation of the student's privacy rights; and
- Require written consent prior to the disclosure of personally identifiable information, except in those instances specifically noted in statute.⁸

FERPA defines "parent" of a student as a natural parent, a guardian, or an individual acting as a parent in the absence of a parent or guardian.⁹

Because of the lack of clarity about whether a child welfare agency might have access to the school records of students in foster care, the Uninterrupted Scholars Act amended FERPA to specifically permit educational agencies and institutions to release a student's education records to an agency caseworker or other representative of a state or local child welfare agency who has the right to access a student's case plan when such agency or organization is legally responsible for the care and protection of the student.¹⁰ When a child is in foster care, the Texas Department of Family and Protective Services (DFPS) is appointed as temporary or permanent managing conservator of the child and becomes legally responsible for the care and protection of the student. Thus, DFPS may access education records for the child.

In situations where DFPS does not have legal responsibility for the child, FERPA permits school districts to release records in compliance with a court order or subpoena.¹¹ For example, when DFPS provides Family Based Safety Services while the child remains in the home and the child is not in the conservatorship of the state, there must be a court order or subpoena to release the records to DFPS.

For all students, including students in foster care, FERPA permits student records to be released without parental consent by a school district to another school district where the student seeks or intends to enroll or where the student is already enrolled so long as the disclosure is for purposes related to the student's enrollment or transfer.¹²

Child Welfare - Key Confidentiality Provisions



Confidentiality of child abuse and neglect records and information (including records and information relating to reports, investigations, legal actions, and the provision of services to children and families) is governed by a combination of federal and state laws and regulations.

The primary controlling federal laws include Section 106 of the Child Abuse Prevention and Treatment Act¹³ and Section 471 of Title IV-E of the Social Security Act¹⁴ and related federal rules.¹⁵ State law has incorporated these two federal laws into state law and rules as follows: Texas Family Code § 261.201, Human Resources Code § 40.005, and related DFPS rules.¹⁶ These laws provide the statutory basis for policies regarding confidentiality and the sharing of child welfare information.

In Texas, DFPS is the umbrella agency over Child Protective Services (CPS or child welfare agency). Conservatorship is sometimes referred to as "custody," "substitute care," or "foster care." Conservatorship can include a child placed by CPS in the care of a relative or "fictive kin" (a person who is not a relative but with whom the child has a pre-existing relationship).¹⁷

Both federal and state law allow CPS to share selected confidential information about a child in the state's conservatorship with those responsible for the child's protection, diagnosis, care, treatment, supervision, or education when necessary to meet a child's needs.

Sharing CPS-Related Information in the Education Setting

CPS → **Schools** Decisions to share confidential information about a child in the state's conservatorship must be made on a case-by-case basis, sharing only the minimum information necessary and only to individuals who need to know the information to support the child's education and well-being.

It is important to remember that most children and youth in foster care do not want the fact that they are in foster care shared with others and this is generally information they do not share. Please keep this in mind when developing protocols and when discussing matters involving a child in foster care. Note, these principles will apply regardless of the child's school setting. For example, even if a school is associated with a Residential Treatment Center and all the enrolled children are in foster care, each child's privacy should nonetheless be respected and safeguarded.

WHAT INFORMATION IS GENERALLY APPROPRIATE FOR CPS TO SHARE WITH SCHOOL PERSONNEL?



DFPS Form 2085 Placement Authorization and DFPS Form 2085-E Designation of Education Decision-Maker.

- CPS caseworker and supervisor contact information.
- The fact that the student is in DFPS conservatorship and living in a foster home or in a relative or fictive kin placement.
- The student's birth certificate, immunization records, names of previous schools attended, transcripts and report cards, Individual Education Programs, Section 504 Plans, and other documents relating to special education and related services, and other educational records.
- Vision & hearing evaluations.
- Information regarding medications for the student that are administered by the school nurse during the school day, with doctor's written orders.
- Medicaid eligibility or number, if necessary for School Health and Related Services.
- Relevant information from the CPS Transition Plan as it relates to older youth receiving special education services.

WHAT INFORMATION MAY BE SHARED ON A CASE-BY-CASE BASIS ONLY?



The following information may be shared if it relates to the child's care and needs in the educational setting:

- The DFPS 2085 Forms should serve as proof that the child is in the conservatorship of the state. A CPS caseworker may also provide the court order that granted the agency conservatorship of the child to the school upon request. If a court order is provided, non-relevant or unnecessary information should be redacted by CPS staff. The only information that should be shared in the order will be language establishing DFPS as the child's managing conservator.
- Relevant medical, disability, or health information, including mental or behavioral health issues, services, and medications that are not administered at school.
- The effects of trauma and potential triggering events that may cause a behavioral response in the school setting.
- Information in psychological evaluations, if relevant to the child's care and needs in the educational setting. Information from mental health and psychological evaluations not directly related to assisting the school in meeting the child's needs should be redacted.
- Effective behavior supports used by the caregiver to encourage consistency in the school and home environments.

- Although CPS is under no obligation to share information that a child or youth has been arrested, CPS may share this information as appropriate.
- Specific details about the abuse or neglect history. Information about the impact of the abuse or neglect history and how it may affect the child in school can be shared when appropriate.

WHAT INFORMATION MAY NEVER BE SHARED BY CPS?



- The name of the person who reported the abuse or neglect.
- The fact that the child was adopted; this may be sensitive information to the child and adoptive family.
- Alcohol or substance abuse history and treatment of the student, **unless** clearly relevant and only if the release is specifically consented to by the student.
- Biological or foster family income.

Sharing Education-Related Information with Child Welfare Partners

When a child or youth enters foster care, there are many adult partners who become involved in the child's life.



The child's caseworker must have access to all information for a child in the state's custody. A child's attorney ad litem, guardian ad litem, or Court Appointed Special Advocate (CASA) may also receive school-related information if the person provides a copy of the court order to the school. Others are entitled to information as described below.

WHO MAKES EDUCATION-RELATED DECISIONS FOR STUDENTS IN FOSTER CARE?

Schools → **CPS** Unless limited by court order, DFPS has authority to make education decisions for a child in the state's conservatorship.¹⁸ CPS generally designates an individual, such as the child's foster parent or relative caregiver, to make the day-to-day educational decisions for each child. This individual is called the "Education Decision-Maker" and state law requires DFPS to provide their name and contact information to the court with jurisdiction over the CPS case and the child's school. DFPS uses DFPS FORM 2085-E *Designation of Education Decision-Maker* to provide this information to the school. The 2085-E may also include information about any rights to be involved in the child's education retained by the child's biological family,

as specified by court order. If the child in foster care is eligible for special education services, a Surrogate Parent may be appointed by the school or the judge in the child's case. If CPS is aware of the Surrogate Parent appointment, that information will also be included in Form 2085-E.

For a child placed in a foster home or with a relative or "fictive kin" caregiver, the Education Decision-Maker will most likely be the foster parent or relative with whom the child resides. In some cases, especially for children living in residential facilities, the child's caseworker may be designated as the Education Decision-Maker.

Form 2085-E includes all the rights and responsibilities of the Education Decision-Maker and the child's caseworker, including who should be contacted in certain kinds of situations and who can have access to information about the child. For example, the Education Decision-Maker is responsible for signing the annual directive to the school prohibiting the use of corporal punishment for the child and providing a copy to the caseworker for the child's case file. The duty of the caseworker is then to ensure that the directive is on file with the school and placed in the child's case file. The caseworker is responsible for informing the school within five days of a change in the designation of the Education Decision-Maker or Surrogate Parent.¹⁹

HOW DOES CONFIDENTIALITY IMPACT STUDENTS RECEIVING SPECIAL EDUCATION SERVICES?



A parent for purposes of the Individuals with Disabilities Education Act (IDEA) is defined as:

- A biological or adoptive parent;
- A foster parent unless prohibited by state law;
- A guardian generally authorized to act as the child's parent or authorized to make educational decisions for the child;
- An individual acting in the place of a biological or adoptive parent with whom the child lives, including other relatives, or an individual legally responsible for the child's welfare; or
- The Surrogate Parent.²⁰

Under Texas law, a foster parent may act as a parent under IDEA if DFPS is appointed as the temporary or permanent managing conservator of the child, the child has been placed with the foster parent for at least 60 days, the foster parent agrees to participate in making educational decisions on the child's behalf, the foster parent agrees to complete a training program for Surrogate Parents, and the foster parent has no interest that conflicts with the child's interests.²¹ If serving the role of a Surrogate Parent or parent for special educational purposes, foster parents or caregivers may request an independent educational evaluation if they disagree with the findings of the evaluation conducted by the school. Additionally,

they are to be notified about and included in the ARD Committee process and should be included in the development of any Individualized Education Program (IEP).²²

Notably, the Uninterrupted Scholars Act clarified FERPA and IDEA Parts B and C regarding access to special education information.²³ As a result, information related to special education may be shared with a child welfare agency employee who is legally responsible for the care and protection of the student as well as any individual acting as the child's IDEA parent as defined above.

WHAT INFORMATION MUST SCHOOL PERSONNEL SHARE WITH CPS PARTNERS?



School districts, campuses, and open-enrollment charter schools are legally required to provide notice to the Educational Decision-Maker *and* caseworker of a child in foster care regarding events that may significantly impact the education of the child.²⁴ Under Texas law, events that may significantly impact the education of the child include:

- Requests or referrals for an evaluation under Section 504, Rehabilitation Act of 1973²⁵ or special education services under Texas Education Code § 29.003;
- Admission, Review, and Dismissal (ARD) committee meetings;
- Manifestation Determination Reviews required by Texas Education Code § 37.004(b);
- Any disciplinary actions under Texas Education Code Chapter 37 for which parental notice is required;
- Citations issued for Class C misdemeanor offenses on school property or at school-sponsored activities;
- Reports of restraint and seclusion required by Texas Education Code § 37.0021; and
- Use of corporal punishment as provided by Texas Education Code § 37.0011.²⁶

WHAT INFORMATION MAY BE APPROPRIATE FOR SCHOOL PERSONNEL TO SHARE WITH CPS PARTNERS?



Education information about a child in foster care can always be shared with the child's caseworker and the Education Decision-Maker. Depending on the circumstances, information may also be shared with the child's foster parent, caregiver, or Surrogate Parent. School personnel may reference DFPS FORM 2085-E for questions about who to contact.

Some examples of appropriate information to share with the child's caregiver, Education Decision-Maker, Surrogate Parent, and/or caseworker include:

- Notice when a child is injured or becomes sick at a school activity on or off school grounds.
- Report cards, permission slips, and other routine school correspondence, including receiving homework assignments on behalf of the child if necessary.
- The Child's IEP, including information about transition planning for youth age 14 and older.

Unless otherwise indicated in DFPS Form 2085-E, the daily caregiver with whom the child lives (foster parent, relative caregiver, or facility staff) may be involved in and notified of activities and decisions listed above which have a clear impact on the child's home life. For example, the caregiver is generally responsible for decisions about participation in extracurricular activities, sporting activities and events, dances, clubs, etc., regardless of whether the caregiver is also the child's designated Education Decision-Maker or Surrogate Parent.

Please note, the Education Decision-Maker may be instructed by the caseworker to notify or consult with the DFPS caseworker or supervisor on any of these matters before communicating a decision to the school.

If there are concerns about the decisions the Education Decision-Maker is making for the child, school personnel should contact the DFPS caseworker or supervisor listed on DFPS Form 2085-E.

Conclusion



Education is a critical component of any child's transition to a successful and productive adulthood. The challenges of when and how to share information will ultimately depend on the circumstances in each student's life. This is no different for students in foster care. For students in foster care there is a balance between maintaining privacy and sharing information that will promote their educational success. Personnel in both the CPS and education systems can coordinate and collaborate to address questions and concerns as they arise and ultimately make the child's school experience positive and enriching.

Commonly Used Terms

Child Protective Services (CPS): A division of Texas DFPS that investigates reports of abuse and neglect of children. It also: provides services to children and families in their own homes; places children in foster care; provides services to help youth in foster care make the transition to adulthood; and places children in adoptive homes.

Conservatorship (CVS): Legal care, custody, and control of a child given by court order. If the court appoints managing conservatorship to DFPS, the state acts as the child's parent, regardless of the placement setting (foster home, group home, kinship home (which includes relatives or "fictive kin), residential facility, etc.)

Court Appointed Special Advocate (CASA): A specially screened and trained volunteer, appointed by the court, who conducts an independent investigation of child abuse, neglect, or other dependency matters and submits a formal report proffering advisory recommendations as to the best interests of a child. In some jurisdictions, CASAs are appointed to represent abused and neglected children as the child's Guardian ad litem.

Department of Family and Protective Services (DFPS): A state agency that is charged with protecting children, adults who are elderly or have disabilities living at home or in state facilities, and licensing group day-care homes, day-care centers, and registered family homes.

Education Decision-Maker: An individual designated by CPS to make educational decisions on behalf of children and youth in foster care. Typically, the caregiver and the Education Decision-Maker are the same person. If the child receives special education services, a Surrogate Parent may be appointed to make decisions related to special education. The identity and contact information for this individual is included on DFPS Form 2085-E Designation of Education Decision-Maker.

Surrogate Parent (SP): The individual assigned by the school district or court to act as a surrogate for the parents whenever the parents are not known, cannot, after reasonable efforts, be located, or when the student is a ward of the state to ensure that the rights of a student with a disability are protected. The Surrogate Parent must not be an employee of the Texas Education Agency (TEA), the school district, DFPS, or any other agency that is involved in the education or care of the child. The district must assign a Surrogate Parent within 30 days of determining the need unless the court has appointed one.

Appendix A: Additional Resources

Administration of Children and Families

- Confidentiality Toolkit - https://www.acf.hhs.gov/sites/default/files/assets/acf_confidentiality_toolkit_final_o8_12_2014.pdf

Child Welfare Information Gateway

- Ethics and Confidentiality - <https://www.childwelfare.gov/topics/management/ethical/confidentiality/>

Department of Education

- IDEA and FERPA Confidentiality Provisions - <http://www2.ed.gov/policy/gen/guid/ptac/pdf/idea-ferpa.pdf>
- Guidance on Uninterrupted Scholars Act - <http://www2.ed.gov/policy/gen/guid/fpco/ferpa/uninterrupted-scholars-act-guidance.pdf>

Legal Center for Foster Care & Education

- Information Database - <http://www.fostercareandeducation.org/Database.aspx>

National Childhood Traumatic Stress Network

- Child Trauma Toolkit For Educators – <http://www.nctsn.org/resources/audiences/school-personnel/trauma-toolkit>

Texas Court Appointed Special Advocates

- Educational Advocacy Toolkit - <http://texascasa.org/learning-center/resources/educational-advocacy-toolkit/>

Texas Education Agency

- Foster Care & Student Success Resource Guide - <http://tea.texas.gov/FosterCareStudentSuccess/resource-guide.pdf>

Texas Department of Family & Protective Services

- Child Protective Services Handbook, Confidentiality - http://www.dfps.state.tx.us/handbooks/CPS/Files/CPS_pg_1450.asp#CPS_1450

Appendix B: DFPS Form 2085-E

Form K-908-2085-E
Revised September 2015



DESIGNATION OF EDUCATION DECISION-MAKER CHILD PROTECTIVE SERVICES (CPS) - PERMANENCY

Purpose: DFPS must ensure that this form is provided to the court and the child's school under Texas Family Code §263.004 within five days of the Adversary Hearing. DFPS must inform the court of any changes in the Education Decision-Maker or Surrogate Parent, if applicable, in the next permanency hearing report. DFPS must provide the updated information to the school no later than five days after any changes in the Education Decision-Maker or Surrogate Parent, if applicable.

Directions: To complete this form, fill in all applicable fields. For additional questions, contact your Regional Education Specialist. DFPS staff may not appoint a surrogate parent. DFPS staff may only list the name of the surrogate parent appointed by the court or the school.

SECTION 1: AUTHORITY TO MAKE EDUCATION DECISIONS

The Texas Department of Family and Protective Services (DFPS) is authorized by court order as provided in the Texas Family Code §153.371 to make education decisions on behalf of the following child currently in the conservatorship of DFPS.

Child's Full Name:		Child's DFPS IMPACT Person ID:		Child's Medicaid Number:	
Date of Birth:	County:	Court Number:	Cause Number:		
DFPS delegates to the following individual(s) (hereinafter referred to as the Education Decision-Maker) the education decision-making responsibilities on behalf of the child as described in this form. Note: A representative of DFPS may be named as a primary and and/or backup Education Decision-Maker.					
Designated primary Education Decision-Maker (and spouse, if applicable):				Date of designation:	
Email:				Telephone Number(s):	
Backup Education Decision-Maker:				Date of designation:	
Surrogate Education Decision-Maker for special education decisions:		Date of designation:		Designated by: <input type="checkbox"/> Court <input type="checkbox"/> ISD	
Email:		Telephone Number(s):			

SECTION 2: SPECIAL EDUCATION RIGHTS AND RESPONSIBILITIES — IF APPLICABLE

Federal and state law authorize the individual who is acting in the role of the child's parent or who is appointed by the school or the court to be the "surrogate parent" for the child to exercise the rights and responsibilities as outlined by the Individuals with Disabilities Education Act and state law and rule. The individual is usually the foster parent or daily caregiver, but may be a Court Appointed Special Advocate or other individual with knowledge of the child. In some cases the biological parent may retain the right to make certain special education decisions.

The law does not allow a DFPS staff person, school district staff, or anyone employed to provide care or treatment for the child to act as the parent or surrogate for special education decision-making. A foster parent is not considered a person employed to provide care for the child.

At age 18, the rights of the parent to make education decisions are transferred to the child, except for the child with a disability who has been determined to be incapacitated under state law.

SECTION 3: EDUCATION DECISION-MAKER RIGHTS AND RESPONSIBILITIES

Unless otherwise indicated by provisions in this form, the Education Decision-Maker has the right and responsibility to:

- Enroll a child in the school chosen by DFPS, including providing identity or immunization information needed for enrollment.
- Determine, in conjunction with the child, if appropriate, course selection and participation in academic electives and activities.
- Determine whether the child should participate in special programs such as compensatory programs, bilingual education, Gifted and Talented, after-school tutoring, etc.
- Attend routine activities such as "Parent's Night," parent-teacher conferences, PTA meetings, and similar activities that involve parents.
- Approve child's participation in routine or non-routine school activities such as track and field, museum or field trips, etc.
- Be notified of injury or illness at a school activity on or off school grounds.
- Sign the Student Code of Conduct, and, if applicable, assist youth with understanding the Code of Conduct.
- Sign the annual directive to the school prohibiting the use of corporal punishment for the child and provide a copy to the caseworker for the child's case file.
- Receive report cards, permission slips, and other routine school correspondence including receiving homework assignments on behalf of the child if necessary.
- Have access to education records and the Education Portfolio.
- Be notified of and take action regarding disciplinary or attendance matters.
- Determine when a referral for a special education evaluation is necessary or make a referral for an evaluation.

The Education Decision-Maker has the following additional responsibilities:

- Meet with the child before making education decisions to ensure that the child's educational goals are appropriate and in the least restrictive environment.
- Review the child's Education Portfolio and pertinent educational records.
- Provide regular updates about the child's education to the DFPS caseworker, including copies of significant forms, records, and communication from the school.
- Inform the DFPS caseworker of any notification from the school regarding the child's disciplinary hearings, manifestation determination reviews, use of physical restraints and/or seclusion, truancy, suspension, expulsion, or removal to a Disciplinary Alternative Education Program (DAEP) or Juvenile Justice Alternative Education Program (JJAEP). Inform the caseworker of notices for all education-related activities which involve Section 504 of the Rehabilitation Act or notices of special education Admission, Review, and Dismissal (ARD) committee meetings received.
- Ensure a copy of this Form 2085E has been provided to the child's school within five days of being named Education Decision-Maker.

Notes:

The Education Decision-Maker may be instructed by the caseworker to notify or consult with the caseworker or supervisor on any of these matters before communicating a decision to the school.

Unless otherwise indicated in Section 1 or Section 4, the daily caregiver with whom the child lives (foster parent, relative caregiver, or facility staff) may be involved in and notified regarding activities and decisions listed above which have a clear impact on the child's home life. For example, the caregiver is generally responsible for decisions about participation in extracurricular activities, sporting activities and events, dances, clubs, etc., regardless of whether the caregiver is also the child's designated Education Decision-Maker.

If school personnel have concerns about the decisions the Education Decision-Maker is making for the child, they should contact the DFPS caseworker or supervisor listed on page 4 of this form.

SECTION 4: BIOLOGICAL FAMILY RIGHTS AND RESPONSIBILITIES, IF APPLICABLE

A biological parent of a child in DFPS Managing Conservatorship retains only the educational decision-making rights expressly ordered by the court. For the child named in this form, the following rights have been retained by or granted to the biological parents:

SECTION 5: CASEWORKER RIGHTS AND RESPONSIBILITIES

The DFPS caseworker has the right to:

- Access education records regarding the child.
- Select the appropriate school for the child.
- Receive notification regarding disciplinary hearings, manifestation determination reviews, use of physical restraints and/or seclusion, truancy, suspension, expulsion, Class C misdemeanor tickets, or removal to a Disciplinary Alternative Education Program (DAEP) or Juvenile Justice Alternative Education Program (JJAEP).
- Receive notifications for all education-related activities which involve Section 504 of the Rehabilitation Act or special education Admission, Review, and Dismissal committee meetings.

The caseworker is responsible for:

- Informing the child's attorney ad litem, guardian ad litem, CASA volunteer, caregiver, and education decision-maker of any notification from the school regarding the child's disciplinary hearings, manifestation determination reviews, use of physical restraints and/or seclusion, truancy, suspension, expulsion, or removal to a Disciplinary Alternative Education Program (DAEP) or Juvenile Justice Alternative Education Program (JJAEP).
- Informing the education decision-maker designee, the caregiver, or the surrogate parent, as applicable, of any education-related activities which involve Section 504 of the Rehabilitation Act and or special education Admission, Review, and Dismissal committee meetings, if known.
- Informing the school of any changes in naming the Education Decision-Maker or Surrogate Parent, if applicable, within five days of the change.
- Ensuring that the annual directive to the school prohibiting the use of corporal punishment for the child is on file with the school and placed in the child's case file.
- Updating the Education Portfolio.

The DFPS caseworker must ensure that this form is provided to the court and the child's school under Texas Family Code, Section 263.004 within five days of the Adversary Hearing. The caseworker must inform the court of changes in naming the Education Decision-Maker (or Surrogate Parent, if applicable) in the next permanent progress report.

SECTION 6: SCHOOL RESPONSIBILITIES

- Keep this 2085 E form confidential with the student's other privacy-protected education records.
- Ensure records are transferred within ten days if a student changes schools.
- Notify the DFPS caseworker and/or the Education Decision-Maker of significant school events as required by law or this Form.

SECTION 7: PRIVACY STATEMENT

DFPS values your privacy. For more information, read our [privacy policy](#).
NOTE: THIS DOCUMENT CONTAINS SENSITIVE DATA.

SECTION 8: ACKNOWLEDGMENT, AGREEMENT, AND SIGNATURES

As the Education Decision-Maker, I acknowledge and agree that:

- I have no professional interests that conflict with the interest of the child I represent.
- I will comply with the Education Decision-Maker Rights and Responsibilities as described in SECTION 3.
- I understand that failure to cooperate with DFPS may be the basis for revoking this designation.

Education Decision-Maker signature: X	Date Signed:	
Backup Signature: X	Date Signed:	
DFPS Caseworker (print name): X Email Address:	Phone Number:	Alternate Phone Number:
DFPS Supervisor (print name): X Email Address:	Phone Number:	Alternate Phone Number:
Child's daily caregiver or facility staff (if different from Education Decision-Maker) (print name): X Email Address:	Phone Number:	Alternate Phone Number:

Acknowledgements

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Endnotes

¹ 20 U.S.C. § 6301 et seq.

² 42 U.S.C. § 675.

³ Tex. Educ. Code § 25.007

⁴ Tex. Educ. Code § 25.0915(a-3).

⁵ Texas Fam. Code § 261.101

⁶ 19 Tex. Admin. Code § 61.1051.

⁷ Texas Fam. Code § 261.104

⁸ 20 U.S.C. § 1232g.

⁹ 34 C.F.R. § 99.3.

¹⁰ 20 U.S.C. § 1232g(b)(1)(L), (2)(B).

¹¹ 34 C.F.R. § 99.31(a)(9).

¹² 34 C.F.R. § 99.31(a)(2).

¹³ 42 U.S.C. § 5106a.

¹⁴ 42 U.S.C. § 671(a)(8).

¹⁵ 45 CFR § 1355.30, 45 CFR § 205.50.

¹⁶ 40 Tex. Admin. Code §§700.201-700.209, 40 Tex. Admin. Code §§702.301-702.317.

¹⁷ See Tex. Fam. Code §264.751.

¹⁸ Tex. Fam. Code § 153.371(10).

¹⁹ Tex. Fam. Code § 263.004.

²⁰ 34 C.F.R. § 300.30(a).

²¹ Tex. Educ. Code § 29.015(b).

²² 34 C.F.R. §§ 300.300(a)(2), 300.322.

²³ 20 U.S.C. §§ 1400 et seq.

²⁴ Tex. Educ. Code § 25.007(b)(9). Note, this notice requirement is different than the notice required under the Individuals with Disabilities in Education Act (IDEA) and 19 Texas. Admin. Code §89.1050.

²⁵ 29 U.S.C. § 794.

²⁶ Tex. Educ. Code § 25.007(b)(9)(A)-(G).