

The logo for the Ohio Department of Job and Family Services, featuring the word "Ohio" in a stylized, dark red font.

Department of
Job and Family Services

Mike DeWine, Governor

Kimberly Henderson, Director

Understanding Ohio's Child Protective Services System

Presented by:

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Ohio Department of Job and Family Services
Office of Families and Children
Bureau of Child and Adult Protective Services

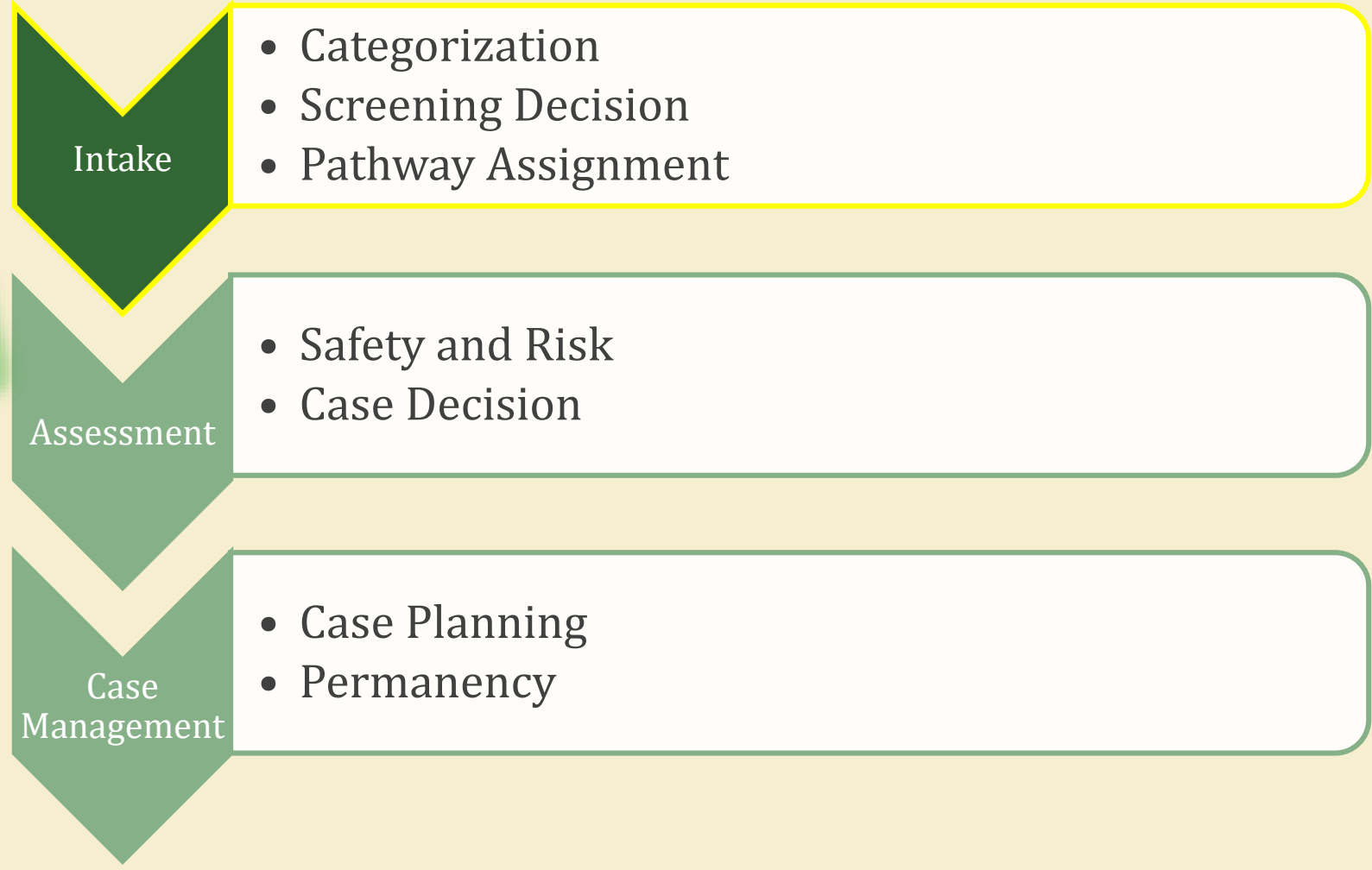
Today's Objectives

- Overview of Ohio's Child Protective Services (CPS) System
- CPS Case Flow
- Assessment Tools = Case Decisions
- CASA/GAL & Caseworker Collaboration

Child Welfare Continuum



Continuum of Child Welfare



Intake: Referral

- Screening Decision
- Categorization
- Pathway Assignment



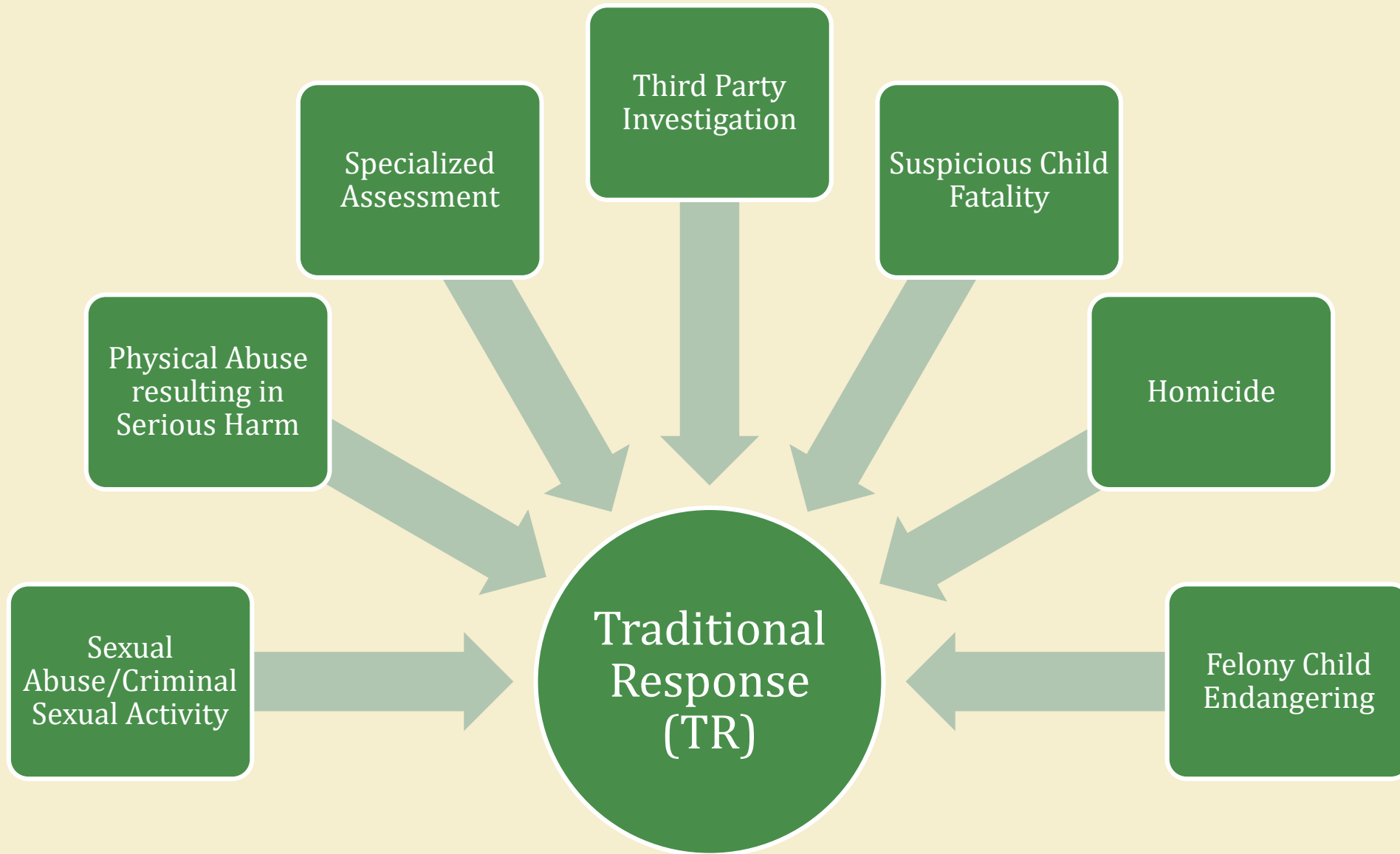
Differential Response (DR) CPS System

Two pathways are utilized to assess and respond to reports of child abuse and neglect.

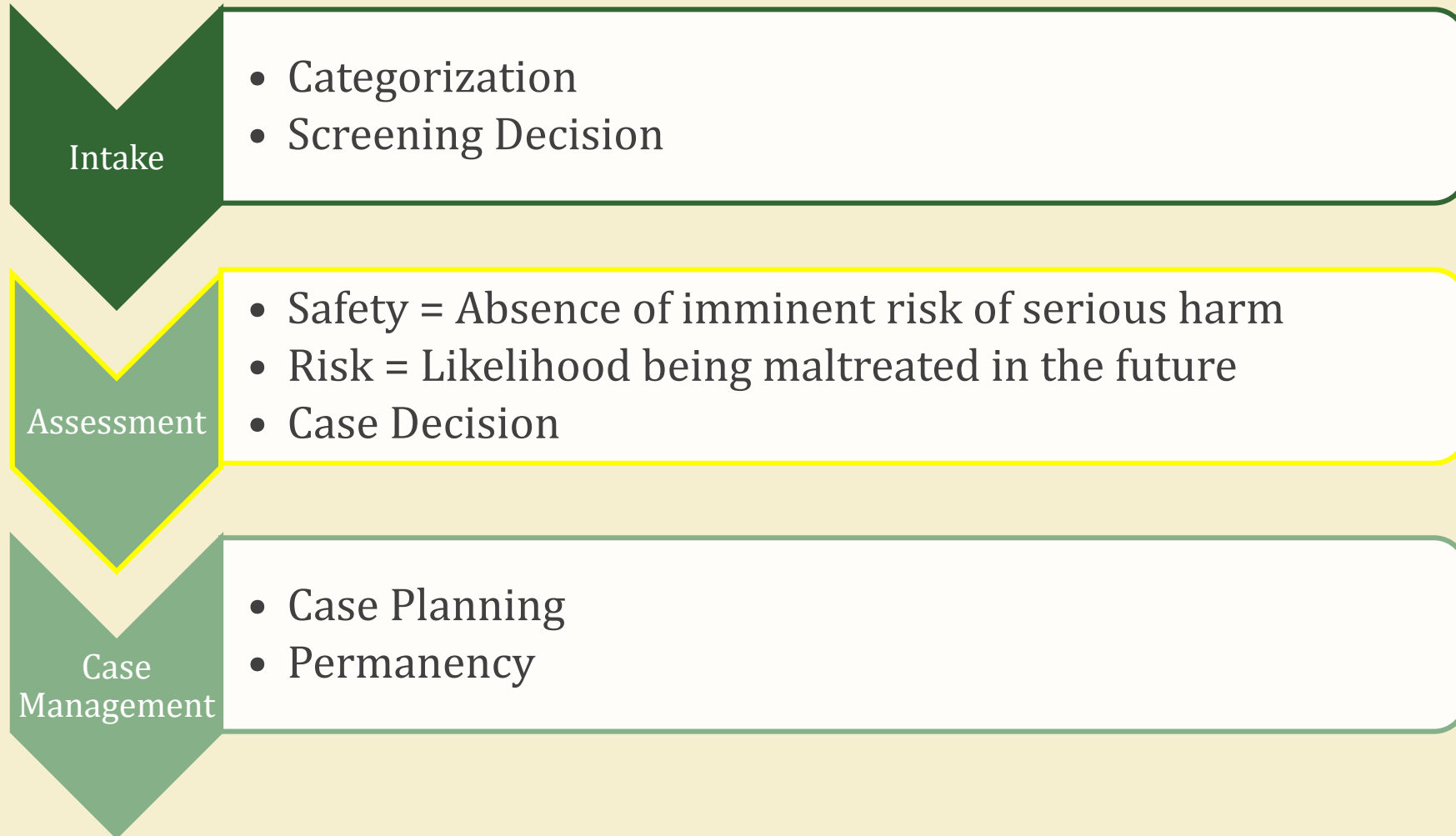
Traditional Response (TR)

Alternative response (AR)





Continuum of Child Welfare





Assessment and/or Investigation

Safety Assessment

- Initial contact with a parent and child victim/subject
- Due within 1 or 4 working days based on report type
- Assessment has three components.
- Used to determine if there is an active safety threat that needs addressed immediately

Assessment and/or Investigation

Family Assessment

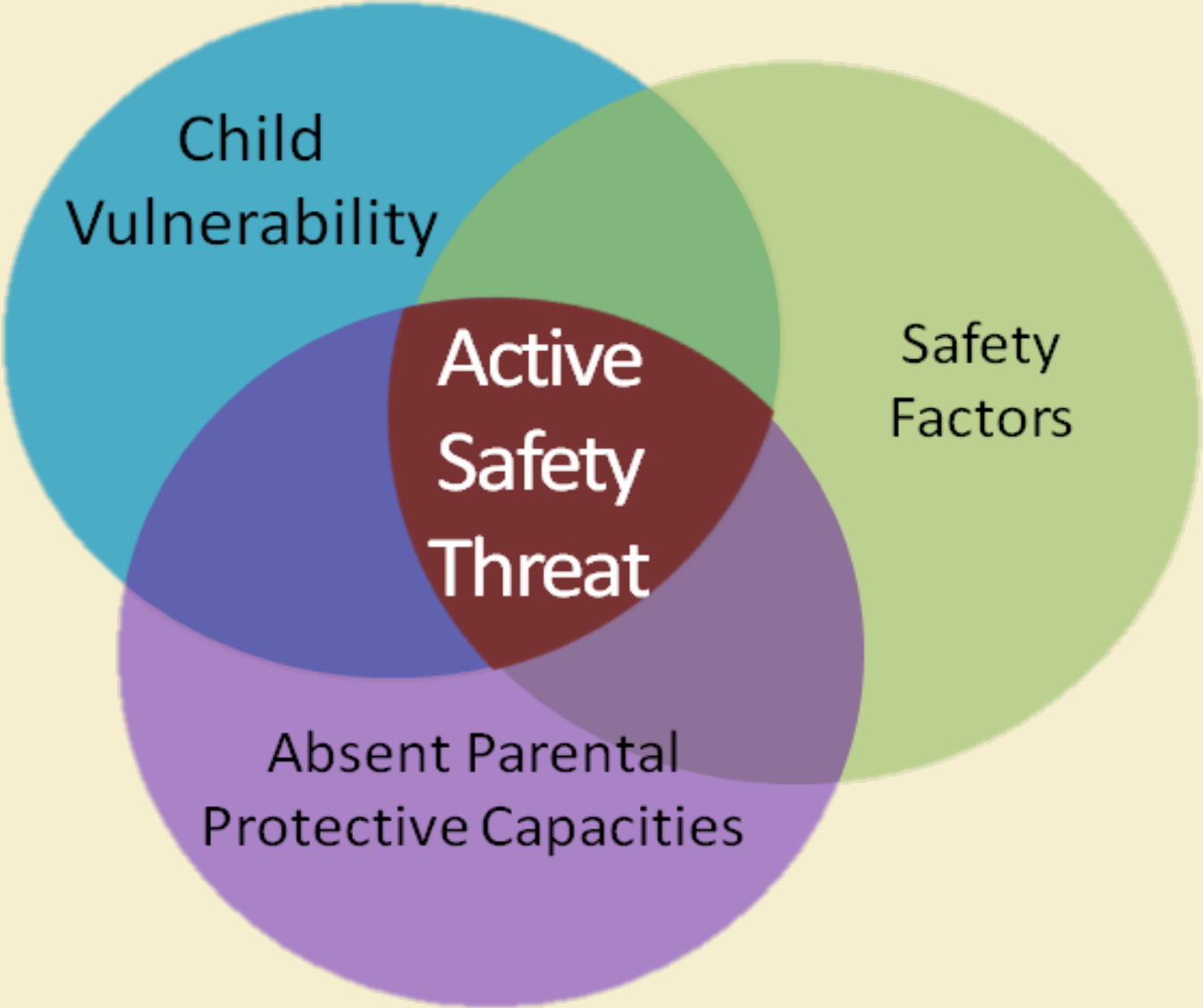
- 45 Days to complete
- 15 Day extension (possible)
- Principals of report
- All individuals residing in the home interviewed

Assessment and/or Investigation

Case Decision

- Safety threat controlled
- Risk level identified
- Disposition (TR)
 - Substantiated, indicated, unsubstantiated
- Close/Refer for Services /Open Case Plan

Assessing Safety



Safety Factors

<p>A child has received serious, inflicted, physical harm.</p>	<p>A caretaker is unwilling or unable to meet the child's immediate needs for sufficient supervision, food, clothing, and/or shelter to protect child from immediate danger of serious harm.</p>
<p>A caretaker has not, cannot, or will not protect the child from potential serious harm, including harm from other persons having familial access to the child.</p>	<p>Household environmental hazards suggest that the child is in immediate danger of serious harm.</p>
<p>A caretaker or other person having access to the child has made a credible threat which would result in serious harm to the child.</p>	<p>Any member of the family, or other person having access to the child, describes or acts toward the child in predominantly or extremely negative terms and/or has extremely unrealistic expectations of the child.</p>
<p>The behavior of any member of the family, or other person having access to the child, is violent and/or out of control.</p>	<p>The family refuses access to the child or there is reason to believe the family will flee.</p>
<p>Acts of family violence pose an immediate and serious physical and/or emotional danger to the child.</p>	<p>A caretaker has an unconvincing or insufficient explanation for the child's serious injury or physical condition.</p>
<p>Drug and/or alcohol use by any member of the family, or other person having access to the child, suggests that the child is in immediate danger of serious harm.</p>	<p>A caretaker is unwilling or unable to meet the child's immediate and serious physical or mental health needs.</p>
<p>Behavior(s) of any member of the family, or any person having access to the child, is symptomatic of mental or physical illness or disability that suggests the child is in immediate danger of serious harm.</p>	<p>Child sexual abuse/sexual exploitation is suspected and circumstances suggest that child may be in immediate danger of serious harm.</p>

Protective Capacities

Cognitive:

Intellect, knowledge, understanding, and perception used to assist in protecting a child.

Behavioral:

Specific action and activity to assist in protecting a child.

Emotional:

Specific feelings, attitudes, and motivations that are directly associated with child protection.

Vulnerability of the Child

Ability to protect self	Ability to recognize and report abuse/neglect
Age	Provocativeness of the child/s behavior or temperament
Ability to communicate	Special needs: behavioral, emotional, or physical
Likelihood of serious harm	Physical appearance, size, and robustness
Role in the family	Resilience and problem-solving skills
Family composition	Prior victimization
Access to individuals who can protect the child	

RISK



Child

Adult

Family

Historical

Categories

Strengths and Needs



Child Functioning

- Self Protection
- Physical Development
- Cognitive Development
- Social Development



Adult Functioning

- Cognitive Abilities
- Physical Health
- Emotional
- Mental Health Functioning
- Domestic Relations
- Substance Abuse
- Response to Stressors
- Parenting Practices



Family Functioning

- Family Roles, Interactions, and Relationships
- Resource Management and Household Maintenance
- Extended Family, Social and Community Connectedness



Historical

- Caretaker's Victimization of Other Children
- Caretaker's Abuse / Neglect as a Child
- Impact of Past Services

Safety



Safety Plan

Risk



Case Plan

Safety Plans

In-Home

Voluntary

No custody
change

Out of Home

Voluntary

No custody
change

Legally
Authorized

May not be
voluntary

Custody
change

No Custody

- Voluntary or Court Ordered Protective Services
- Parent or kin holds custody. Child resides in own home or with kin

Custody

- Case plans are court ordered
- Agency holds custody

Removal of a Child

- Children are removed when they cannot safely remain in their own home(s)
- Removal is the most traumatic and restrictive safety intervention
- Removals resulting in a custody change must be sanctioned by the court

Types of Placements for Children:

Relative/Kin
Foster Home
Pre-finalized Adoptive Home (PC)

Group Home
Residential Center

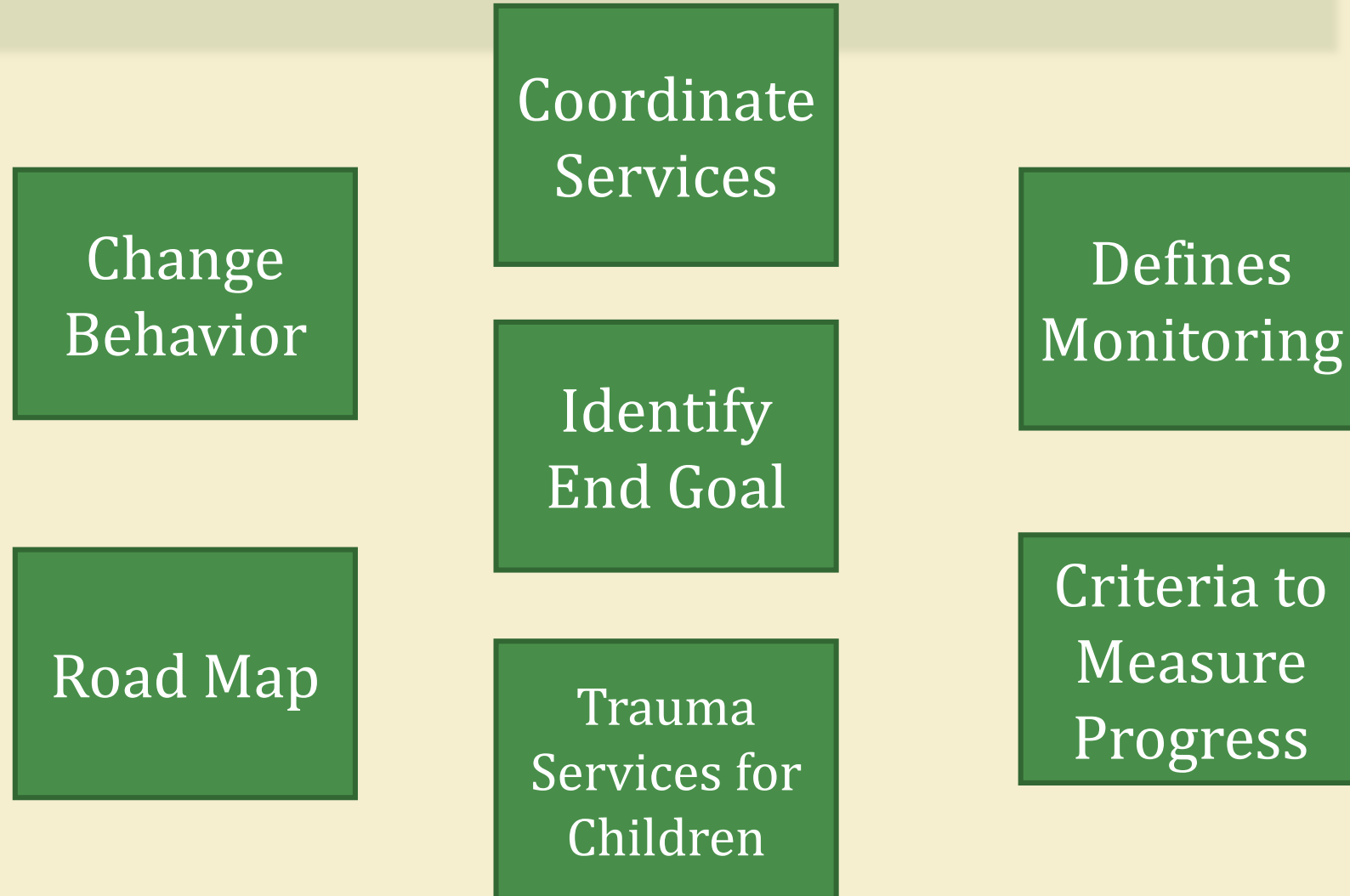
Residential Treatment
Detention Facility

A misty forest scene with a wooden boardwalk path leading through tall trees and moss-covered ground. The text "Case Management" is overlaid in a green, serif font at the top.

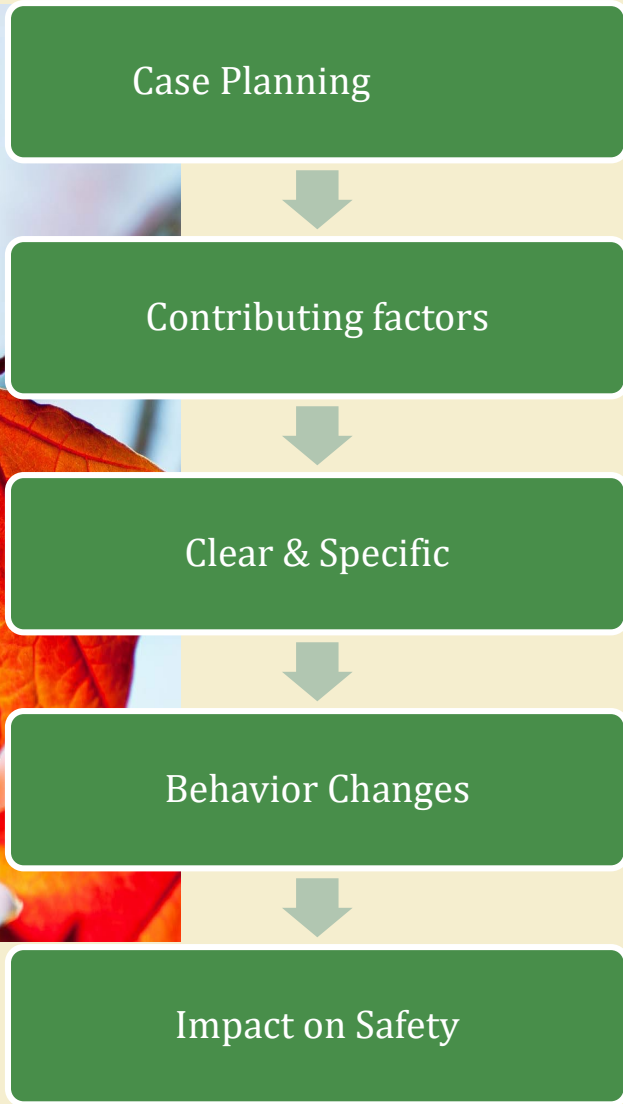
Case Management

Case Planning

Purposes of Case Planning



Case Management



Case Plan Concerns

- CONCERN (1 of X)

1. What are the concerns/needs for the family?

2. What does the Family and Caseworker want to see happen to address the identified concerns/needs?

3. What is causing these concerns/needs for the family?

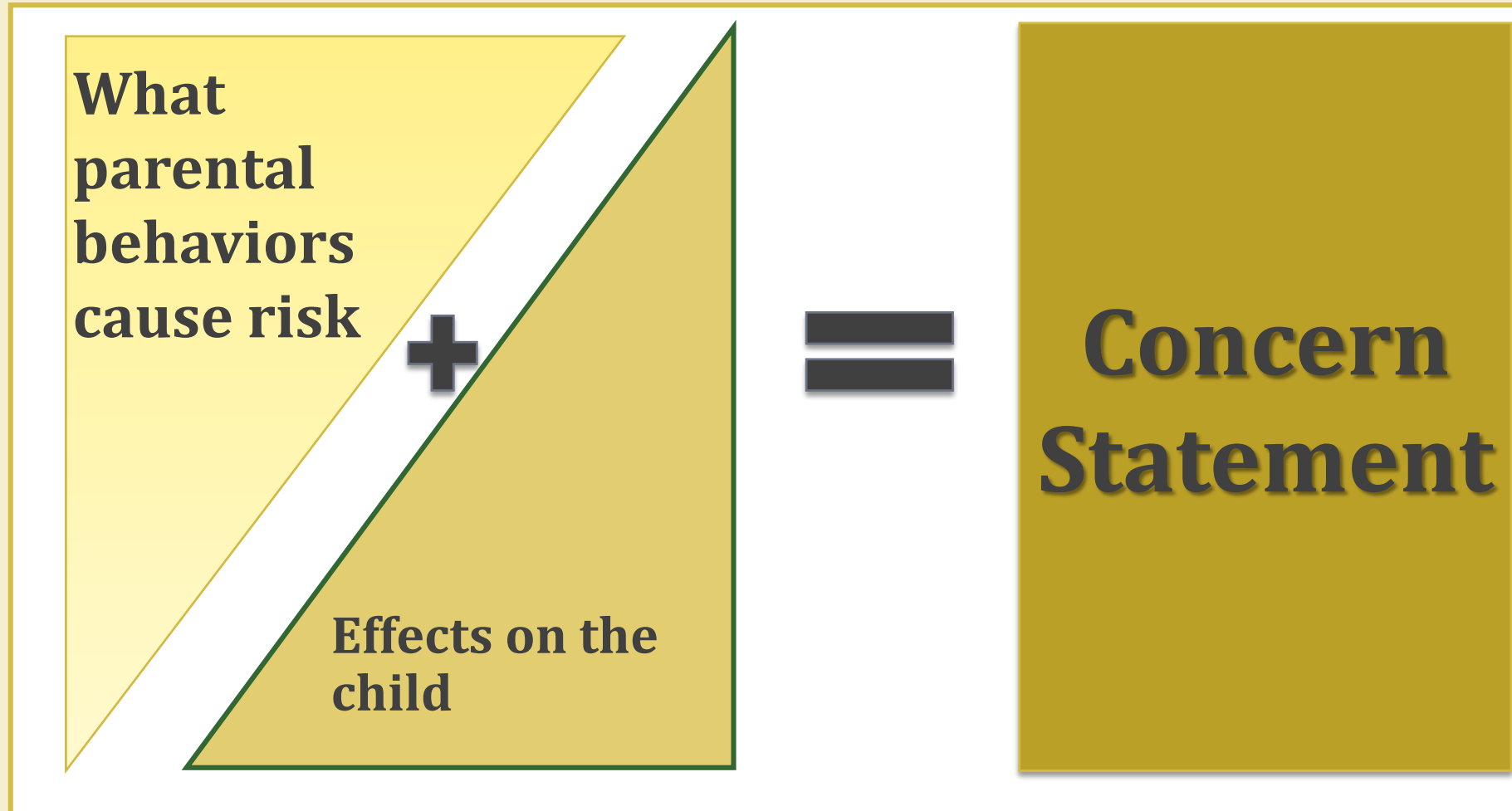
4. What strengths and family/community supports does the family have?

5. What steps will the family take to achieve what the Family and Caseworker want to see happen? Identify the individuals who will complete these action steps. (Services to address the concerns/needs)

6. How will the Family's progress be measured?

7. When will the family's progress be reviewed?

Developing Quality Case Plans: Concern Statements



Concern Statements Should:

- ✓ Involve the Family
- ✓ Include attitudes, beliefs, or knowledge deficits that contribute to maltreatment
- ✓ Use Clear, Engaging Language
- ✓ Relay impact of caregiver's behavior in straight forward, non-judgmental language
- ✓ Be specific to the Family

Well-Written?

Craig is violent with Cassie, his wife, to the point of causing visible injuries. Craig doesn't seem to care about his children as he becomes violent with Cassie in their presence. Cassie says she is going to leave Craig but never does and puts her needs before the needs of her children.

Well-Written?

Dad's low cognitive functioning makes him incapable of providing for his toddler and new infant. There was also an insufficient amount of toys and children's items in his home to provide an enriching environment for the children.

Well-Written Concern 1

Robert has repeatedly physically assaulted and thrown household items at Alicia causing physical injuries to Alicia in the form of bruises, a black eye, and superficial cuts. Robert has damaged their property and monitors Alicia's phone usage and repeatedly calls her place of employment to confirm she is at work. The children have witnessed several altercations of violence which have resulted in the children exhibiting out of character behaviors, which have included; overreacting to noises, nightmares, re-enacting physical violence when playing with dolls, and extensive crying.

Well-Written Concern 2

Alicia uses alcohol and marijuana to relieve the stress of her relationship with Robert and being the sole income provider for their family. Alicia is not able to control her use of alcohol and drinks almost every day. Alicia has blacked out due to intoxication while caring for the children, and on one occasion drove with the children while intoxicated. Robert drinks several times a week to the point of intoxication. He is using alcohol to cope with daily stressors.

Case Plan Concerns

- CONCERN (1 of X)

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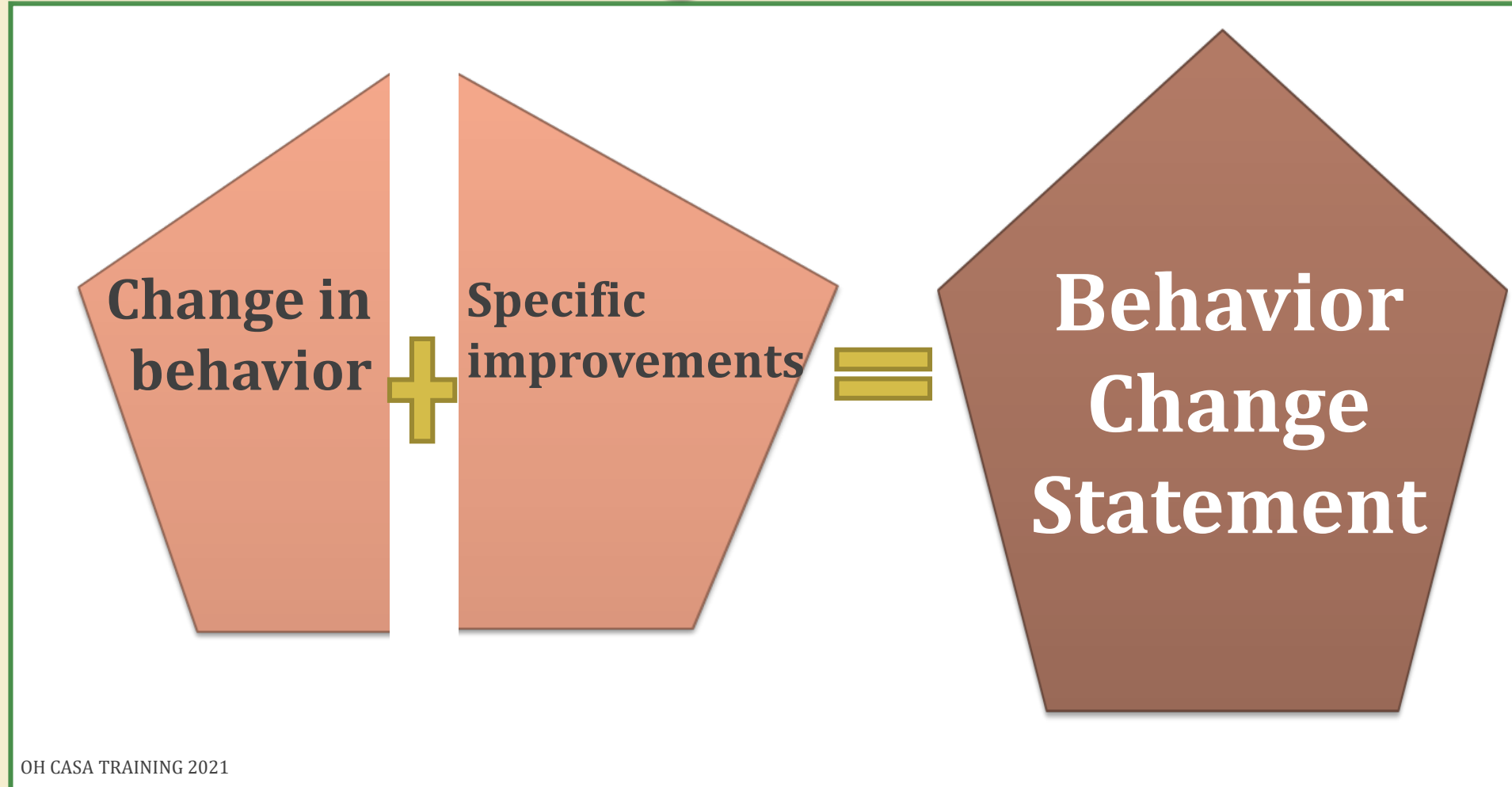
4. What strengths and family/community supports does the family have?

5. What steps will the family take to achieve what the Family and Caseworker want to see happen? Identify the individuals who will complete these action steps. (Services to address the concerns/needs)

6. How will the Family's progress be measured?

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Quality Case Plans: Behavior Change Statements Should



Behavior Change Statements

- ✓ Language should be in the future tense
- ✓ Engage the Family
- ✓ Use behaviorally observable terms
- ✓ Utilize the following structure
 - ❖ *First Sentence:* A general description of needed change
 - ❖ *Following Sentence:* The change will result in:
 - ❖ *Bulleted list:* Outcomes, including parents' behavior, related to the concern and care of the children

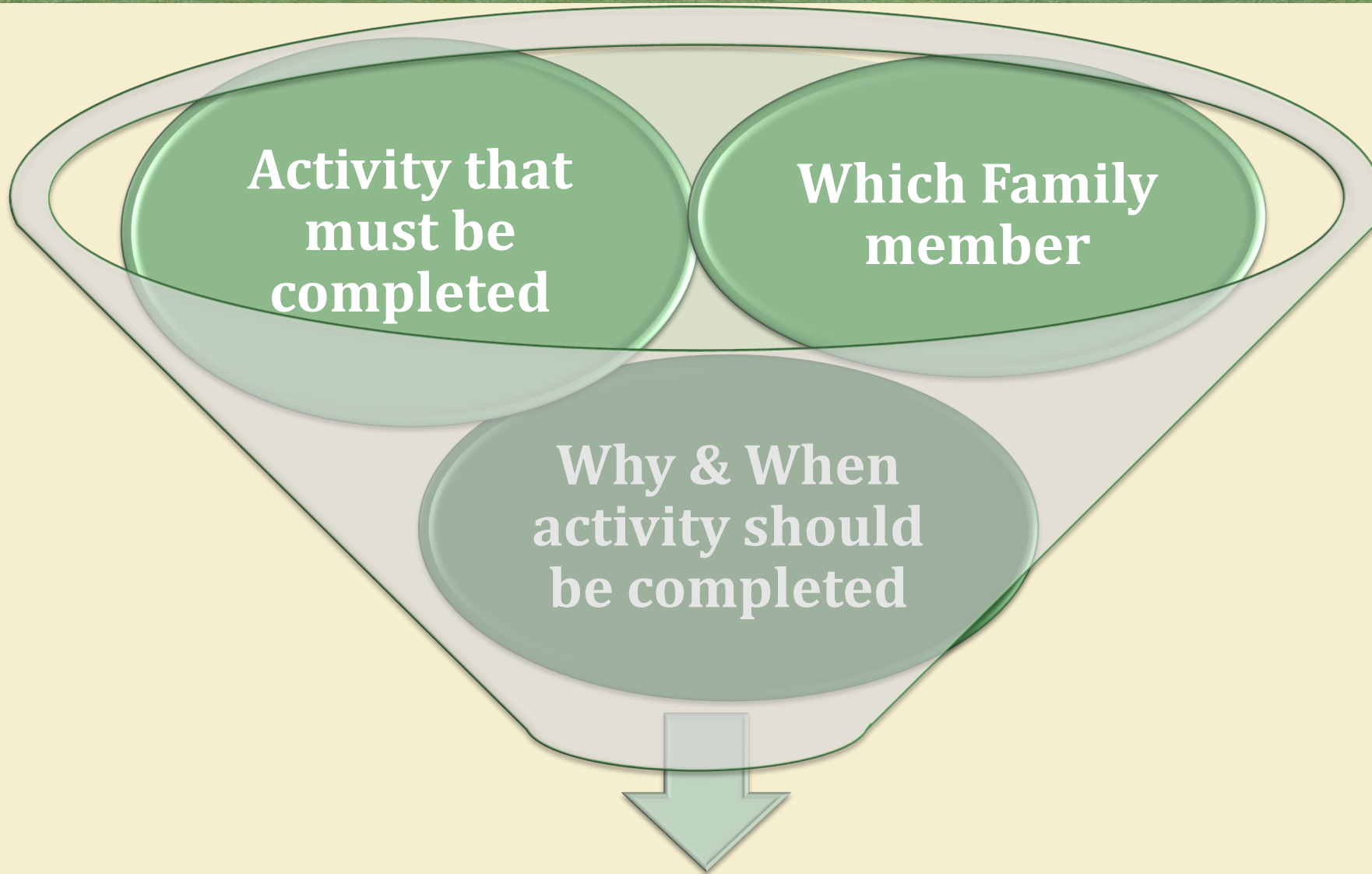
Example of Behavior Change Statement

- Mike will not use heroin. When Mike does not use heroin he will:
 - Assure the children are supervised by himself or a responsible adult, within sight or sound at all times
 - Take an active role in caring for and nurturing the children (for example: bathing, feeding, dressing, playing with them)
 - Be aware of what his children need.
 - Provide clothing according to weather conditions
 - Attend programs to assist in learning how to appropriately meet his children's needs

Case Plan Concerns

- CONCERN (1 of X)

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Family Activities

Family Activities Should:

- ✓ Should include Step-by-Step Detail
- ✓ Engage the Family
- ✓ Be transparent and straightforward when discussing non-negotiables
- ✓ Show the link between desired behavior change and the activity
- ✓ Use easy to understand language

Example of Family Activities

POORLY Written Family Activity

“Ms. Wilson will engage in consultation with her doctor to discuss the efficacy of her medication intervention.”

WELL Written Family Activity

“Ms. Wilson will meet with her doctor once a month to talk about how her medication is working for her.”

Caseworker and Service Team Activities Should:

- ✓ Explicitly state activities in clear language
- ✓ Activities should parallel those in the family activities
- ✓ Include linking services, not just referring services
- ✓ Include steps service providers are expected to complete
- ✓ Answer the question “How will the CW/Service Team help the family make this change?”

Examples of Caseworker and Service Team Activities

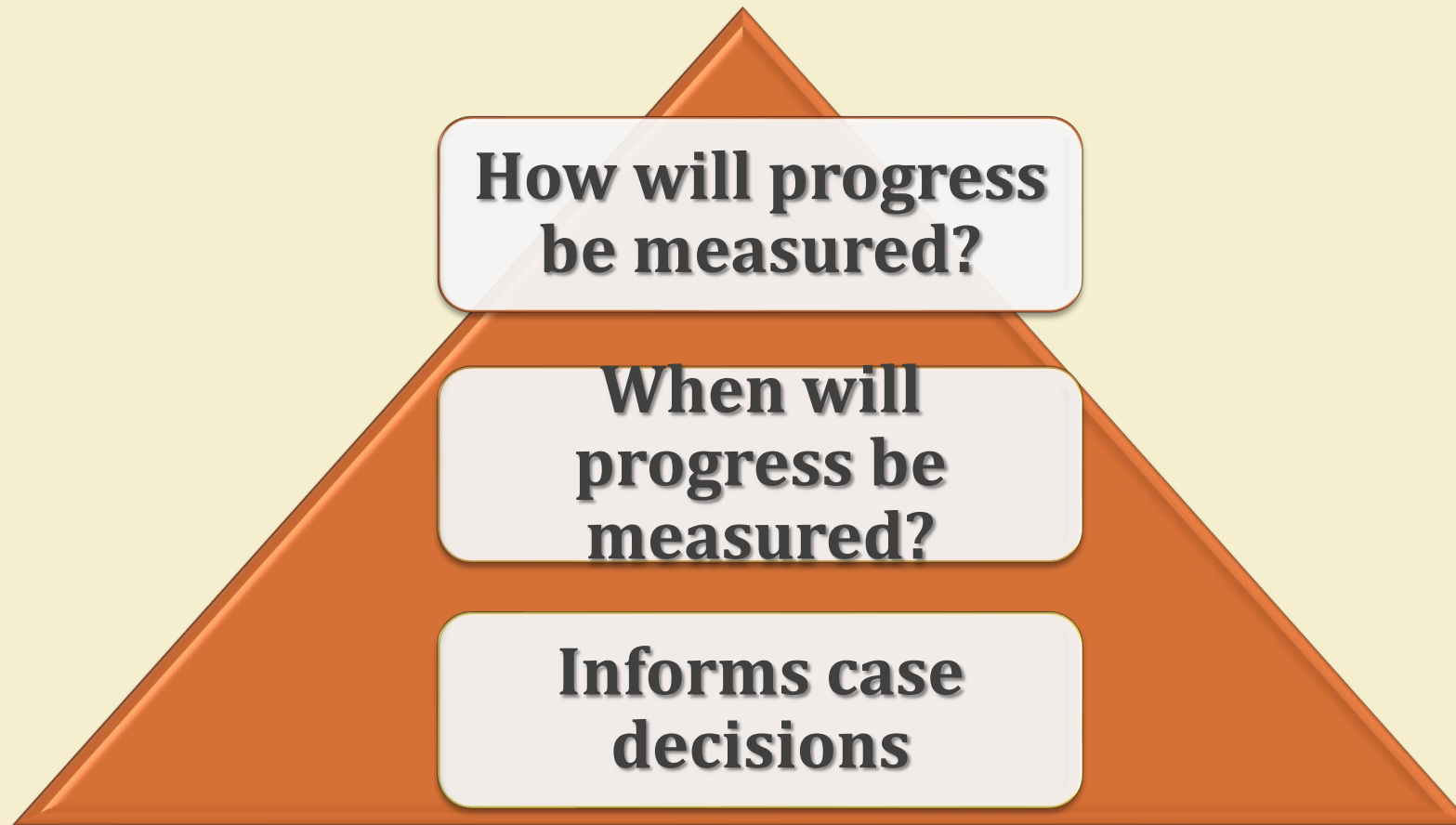
- “The Counselor at Substance Abuse Services will contact Todd within three days of receiving the referral to schedule the appointment for the initial assessment.”
- “The caseworker will conduct random, unannounced home visits to make sure that dangerous or hazardous items are not within reach of the children.”
- “The caseworker will talk with the substance abuse counselor about Mr. Hernandez’s attendance and progress in treatment.”

Case Plan Concerns

- CONCERN (1 of X)

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6. How will the Family's progress be measured?
7. When will the family's progress be reviewed?

Quality Case Plans: Behavior Change Measures



Example of How Will the Family's Progress be Measured

- Caseworker will observe Ms. Warner's interactions with her children during visits. Evidence of progress in learning and using non-physical discipline would include:
 - Use of discipline strategies such as time-out, natural and logical consequences, restricting privileges or other methods learned from the parent mentor
 - No use of physical discipline such as hitting, punching, spanking, slapping, or pinching.

Case Plan Concerns

- CONCERN (1 of X)

- 1. What are the concerns/needs for the family?**
- 2. What does the Family and Caseworker want to see happen to address the identified concerns/needs?**
- 3. What is causing these concerns/needs for the family?**
- 4. What strengths and family/community supports does the family have?**
- 5. What steps will the family take to achieve what the Family and Caseworker want to see happen? Identify the individuals who will complete these action steps. (Services to address the concerns/needs)**
- 6. How will the Family's progress be measured?**
- 7. When will the family's progress be reviewed?**

Case Management

Case Review

- Monthly home visits
- Family visits
- Case Reviews
- Semi-Annual Reviews (SAR)

Semi-Annual Administrative Reviews

Frequency

*Every 6 months

*Federal
Legislation-
Adoption and
Safe Families Act
of 1996

Review Requirements

Ohio Revised
Code 2151.416 &
2151.417

Ohio Administrative
Code 5101:2-38-10

Planning

Case members
invited

Procedures
followed

Categories to
review

Case Management

Ongoing Assessments

- Safety re-assessment
- Risk re-assessment
- Reunification assessment

Permanency Planning: 12 Out of 22 Months

Reunification

- Return to the home of removal
- Placement with a non-custodial parent

Custody to 3rd party

- Relative
- Kinship caregiver
- Foster parent
- Adoption (TPR)

Other

- Transitional Youth Services
- IL Program



Take a few minutes to identify:

- **3 takeaways**
- **3 activities you hope to use!**



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