Ohio | Department of Job and Family Services

John R. Kasich, Governor
Cynthia C. Dungey, Director

August 20, 2014

Dear Vendor:

This letter is to announce the release of the Ohio Department of Job and Family Services' (ODJFS) Request for Proposals (RFP) number JFSR1415068082 for the purpose of obtaining a qualified state-supported Ohio college or university (hereinafter referred to as "vendor") to design and implement a study to evaluate the validity and reliability of Ohio's Comprehensive Assessment and Planning Model – Interim Solution (CAPMIS) used by child protective services (CPS) caseworkers within a Differential Response (DR) system. ODJFS is seeking proposal responses from vendors that are qualified and experienced in performing in-depth program research, evaluation and statistical analyses in the field of child protective services, specifically with clinical and actuarial assessments of safety and risk. **Note: This RFP release contains various revisions pertaining to vendor qualifications and programmatic requirements to a previously issued ODJFS RFP. Interested vendors are advised to submit proposals that address the requirements specified in this procurement opportunity and not to the previously published CAPMIS RFP (#JFSR1415068054).**

If you are interested in submitting a proposal for this important project, please obtain the RFP through the ODJFS web site at http://www.jfs.ohio.gov/rfp/. If you do not have Internet access to this document or experience problems opening the above referenced ODJFS URL, please contact the RFP/RLB Unit at the following telephone number:

ODJFS, Office of Contracts and Acquisitions
30 East Broad Street, 31st Floor, Suite 3150
Columbus, Ohio 43215-3414
PH: (614) 728-5693

Responses must be prepared and submitted in strict accordance with the requirements and time frames given in the RFP. Thank you for your attention to this request.

Sincerely,

Jay Easterling
Deputy Director
Contracts and Acquisitions

Safety and Risk Assessment: A Study of the Validity and Reliability of Ohio's Comprehensive Assessment and Planning Model – Interim Solution (CAPMIS)

RFP#: JFSR1415068082

The Ohio Department of Job and Family Services

CAPMIS RFP

RFP number JFSR1415068082

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ODJFS REQUEST FOR PROPOSALS (RFP):
SAFETY AND RISK ASSESSMENT:
A STUDY OF VALIDITY AND RELIABILITY OF OHIO'S
COMPREHENSIVE ASSESSMENT AND PLANNING MODEL—INTERIM SOLUTION (CAPMIS)

RFP Number JFSR1415068082

SECTION I. GENERAL PURPOSE

1.1 Purpose

The Ohio Department of Job and Family Services (ODJFS) releases this Request for Proposals (RFP) for the purpose of obtaining a qualified state-supported Ohio college or university (hereinafter referred to as "vendor") to design and implement a study to evaluate the validity and reliability of Ohio's Comprehensive Assessment and Planning Model – Interim Solution (CAPMIS) used by child protective services (CPS) caseworkers within a Differential Response (DR) system. **Note: This RFP release contains various revisions to a previously issued ODJFS RFP pertaining to vendor qualifications and programmatic requirements. Interested vendors are advised to submit proposals that address the requirements specified in this procurement opportunity and not to the previously published CAPMIS RFP (#JFSR1415068054).** ODJFS is seeking proposal responses from vendors that are qualified and experienced in performing in-depth program research, evaluation and statistical analyses in the field of child protective services, specifically with clinical and actuarial assessments of safety and risk. The vendor selected through this RFP process will be required to evaluate the ten CAPMIS assessment tools and the three CAPMIS service planning tools to determine if the tools support key decision-making across the case continuum.

1.2 Background

Ohio's DR system has two pathways for responding to screened in reports of abuse or neglect: Traditional Response (TR); and Alternative Response (AR). Pathway assignment occurs after each report has been accepted for assessment/investigation by a county public children services agency (PCSA). CAPMIS is comprised of ten assessment tools and three service planning tools. Each tool has specific utility and criteria for application at distinct points in time during the life of a case.

The CAPMIS Toolset includes the following:

1. Safety Assessment;
2. Family Assessment;
3. Alternative Response Family Assessment;
4. Specialized Assessment/Investigation;
5. Ongoing Case Assessment/Investigation;
6. Case Plan;
7. Alternative Response Family Service Plan;
8. Case Review;
9. Alternative Response Ongoing Case Assessment;
10. Alternative Response Family Service Plan Review;
11. Reunification Assessment;
12. Semiannual Administrative Review (SAR); and,
13. Safety Plan.

CAPMIS is a decision-support protocol used by Ohio's CPS caseworkers and supervisors throughout the life of a child welfare case. The model is considered an "interim solution" because the scoring methodology that produces the cumulative risk scores for the actuarial risk assessment has been validated for only one county in the state.

The primary purpose of this evaluation is to determine how validly and reliably the 13 CAPMIS tools aid in decision-making at critical points throughout the continuum of child welfare service provision (e.g., case opening/closure; identification of service needs; permanency planning; removal/reunification). The secondary purpose of the evaluation is to validate the scoring logic of the actuarial risk assessment and risk reassessment tools. Additionally, the evaluation should provide an assessment of inter-rater reliability and efficacy in the application of the protocol across the case continuum.

The project will utilize data from randomly selected CPS cases from agencies representative of all regions (i.e., central, northwest, northeast, southeast, southwest) and county demographics in the state (e.g., rural, urban, metro, and small). CAPMIS assessment tools, service planning tools, and case review tools utilized in both the traditional pathway and the alternative response pathway are to be included in the evaluation. The case information for the evaluation will be provided from Ohio's SACWIS database, and if necessary, hard copy case records maintained at the individual agencies. The vendor, once selected, will be subject to all Ohio laws and policies regarding confidentiality of CPS case records, and may have direct access to Ohio's Statewide Automated Child Welfare Information System (SACWIS) database.

Recommendations from the evaluation may be used to revise the CAPMIS protocol, including the scoring logic used for the actuarial assessment and reassessment tools. Following completion of the evaluation and any subsequent modifications, the protocol will be finalized as Ohio's Comprehensive and Planning Model (CAPM).

In February 2002, ODJFS convened a workgroup of state and county staff to develop the Family Assessment and Planning Model (FAPM). The FAPM was piloted in four county agencies with an evaluation of the efficacy of the protocol in supporting caseworker decision-making throughout the life of a case. FAPM was found to be worker-friendly with content validity and workload savings. After release of the evaluation in 2004, researchers from the Children and Family Research Center, School of Social Work, University of Illinois at Urbana-Champaign, conducted an independent review of the FAPM design. They determined that the FAPM design was congruent with national trends in CPS practice and recommended the inclusion of an actuarial risk assessment tool within FAPM to enhance the model. The Structured Decision Making Model Actuarial Risk Assessment and Risk Reassessment tools (which were being implemented in a single Ohio county at that time) were integrated into FAPM, creating CAPMIS.

At the time CAPMIS was developed, blending clinical and actuarial systems was a relatively new and innovative approach to assessing risk of child maltreatment. CAPMIS was piloted in the same four Ohio counties that piloted the FAPM: Greene, Hancock, Lorain, and Muskingum. The Ohio State University College of Social Work conducted an evaluation of CAPMIS from 2005 through 2007. The purpose of the evaluation was to: 1) provide information and identify issues related to the implementation of CAPMIS; 2) assess consistency and reliability in the use of CAPMIS tools; 3) examine the predictive validity of CAPMIS tools; and 4) analyze the impact of CAPMIS in relation to service outcomes. A copy of the executive summary from that evaluation and final report is included in **Appendix A** of this RFP.

The statewide roll out and implementation of Ohio's SACWIS was completed in December 2008. Ohio's SACWIS contains all of the CAPMIS tools and several counties chose to implement CAPMIS and SACWIS concurrently. All of the tools are required to be entered into SACWIS.

The following table provides an overview of each CAPMIS tool:

CAPMIS Tool	Characteristics	Pathway
Safety Assessment JFS 01401	This tool contains an assessment of 14 identified safety factors, past history, child vulnerability, and the caregivers' protective capacities. It is a point in time documentation of child safety. It is required to be completed within four working days of a screened in report of child abuse, neglect, or dependency.	Traditional Alternative
Safety Plan JFS 01409	A safety plan is required when an active safety threat(s) in the home cannot be controlled or reduced and safety interventions must be implemented. It is a voluntary plan with specific and concrete action steps for protecting an unsafe child. The safety plan is developed with the family and identifies specific activities to secure the safety of the child; the person responsible for each activity; how the activities will control the identified safety threats; and how the plan will be monitored.	Traditional Alternative
Family Assessment JFS 01400	This tool contains a safety reassessment; an assessment of child harm (present and historical); a clinical risk assessment comprised of an analysis of each child and adult in the family, family functioning, and historical information; the family's perception; an actuarial risk assessment; report disposition and case analysis. It is required to be completed within 30 days of a screened in child abuse, neglect, or dependency report. The Family Assessment includes a risk classification tool and supports caseworkers' decision of whether or not a family needs ongoing agency services.	Traditional
Alternative Response Family Assessment JFS 01419	This tool contains a safety reassessment; an assessment of child harm (present and historical); a clinical risk assessment comprised of an analysis of each child and adult in the family, family functioning, and historical information; the family's perception; an actuarial risk assessment; and case analysis. It is required to be completed within 45 days of a screened in child abuse or neglect report assigned to the AR pathway. The Family Assessment includes a risk classification tool and supports caseworkers' decisions of whether or not a family needs ongoing agency services.	Alternative
Ongoing Case Assessment Investigation JFS01402	This tool contains a safety reassessment; an assessment of child harm (present only); interview description; actuarial risk assessment; risk reassessment rationales; case disposition; and service planning. It is required to be completed within 30 days of a screened in child abuse, neglect, or dependency report for open	Traditional

	cases in which a Family Assessment had been previously completed. (The Ongoing Case Assessment/Investigation tool is used to document assessment activities and to determine the need for a case plan amendment when a report of child abuse and/or neglect is received on an open, ongoing case within the traditional response pathway.)	
Alternative Response Ongoing Case Assessment JFS 01423	This tool contains a safety reassessment; an assessment of child harm (present only); assessment description; actuarial risk assessment; risk reassessment rationales; and service planning. The Ongoing Case Assessment is used to document assessment activities and to determine the need for a case plan amendment when a report of child abuse and/or neglect is received on an open, ongoing case within the alternative response pathway. It is required to be completed within 45 days of a screened in child abuse, neglect report for open cases in which an Alternative Response Family Assessment had been previously completed.	Alternative
Specialized Assessment/Investigation JFS 01403	This tool contains notification requirements for out-of-home care child maltreatment investigations; interview description for each principal of the report; an assessment of safety in the out-of-home care setting; findings and summary of the investigation; and post investigative notifications. It is required to be completed within 30 days of a screened in child abuse or neglect report to document investigative activities involving out-of-home care settings, and involving an alleged perpetrator who has access to the child by virtue of his/her employment or affiliation with an institution.	Traditional
Alternative Response Family Service Plan JFS 01418	This plan is developed with the family at any point after completion of the safety assessment (JFS 01401) when the public children services agency (PCSA) and the family have identified and agreed upon the need for voluntary concrete and/or therapeutic services. This plan must be completed within 30 days of completion of the Alternative Response Family Assessment (JFS 01419) for any case receiving services beyond the completion of the JFS 01419.	Alternative
Case Plan JFS 01410	A case plan is developed when either in-home supportive services are provided to the child and the family (voluntarily or court ordered) or when a child is placed in an out-of-home care setting. Services and activities are designed to address the causal and/or contributing factors identified in the family assessment. Case plans provide a clear and specific guide for the caseworker and the family in order to address maladaptive behaviors and the conditions that negatively influence safety, risk, and family functioning. The case plan should be developed with the family members and identify intervention services that will change an individual's behaviors in order to affect change. The case plan must be completed within 30 days from completion of the Family	Traditional

	Assessment (JFS 01400).	
Alternative Response Family Service Plan Review JFS 01417	This tool is a review of the family service plan. It assesses the services identified and provided, as well as the progress of the services in addressing the identified concerns. The tool is comprised of four sections: a safety review, a service review, an actuarial risk reassessment, and case status. It is completed no later than every 90 days from the date the AR Family Assessment was completed.	Alternative
Case Review JFS 01413	This tool is comprised of a safety reassessment; family's perception; services review; clinical risk assessment comprised of an analysis of each child and adult in the family, family functioning, and historical information; and an actuarial risk reassessment. It is completed no later than every 90 days from whichever of the following activities occurred first: the date agency worker signed the case plan, original court complaint date, date of placement, or date of court ordered protective supervision. The Case Review supports the caseworkers' decision regarding the need for continued agency intervention, provision of community services and the need for a case plan amendment.	Traditional
Semiannual Administrative Review JFS 01412	This tool contains a case progress review, child well-being reassessment, review of independent living services, review of substitute care, protective supervision in-home supportive services issues, review of permanency planning and a review of permanency goal status. It is completed every six months based upon which of the following occurs first: the date agency worker signed the case plan, original court complaint date, date of placement, or date of court ordered protective supervision. The Semi-Annual Administrative Review (SAR) is the review of the appropriateness of and whether services provided to families have impacted safety, risk and child well-being.	Traditional Alternative
Reunification Assessment JFS 01404	This tool includes a review of child safety, compliance with court orders, family conditions and dynamics, resources, strengths, protective capacities, child vulnerability and interventions needed. This tool is required to be completed when reunification with the removal family is being considered and the child has been placed outside of the home for 30 days or more. The Reunification Assessment assists the caseworker in determining whether or not a family and child are ready for reunification.	Traditional Alternative

1.3 Objectives of the Project

A. The objective of the evaluation is to obtain an external professional evaluation of CAPMIS that will assist ODJFS in revising the CAPMIS protocol. Specifically, an evaluation of the validity and reliability of each CAPMIS tool is needed to determine if changes to the model are needed to meet program

mandates. The evaluation will inform the ODJFS-Office of Families and Children (OFC) about possible revisions to CAPMIS resulting in the creation of CAPM.

B. The selected vendor's evaluation must identify to what extent CAPMIS provides sufficient and appropriate information to enable caseworkers to determine levels of safety and risk at critical points throughout the life of a child welfare case at which the key decision-making must occur. The critical points in time identified in the CAPMIS protocol include:

1. Acceptance of a child abuse or neglect report which begins an assessment/investigation;
2. Completion of an assessment/investigation of a child abuse/neglect report;
3. The removal of a child from his/her home;
4. The reunification of a child to his/her home;
5. During completion of administrative reviews for cases receiving ongoing services; and,
6. Prior to case closure for cases receiving ongoing services.

C. Validity and reliability shall be evaluated by the selected vendor for each of the CAPMIS tools (as listed in Section 1.2 of the RFP). Additionally, outcome measures should be linked to inform the recommendations regarding revisions to the tools' content and structure as well as the CAPMIS protocol. The final report must answer the practice questions below, thereby identifying the level of validity and reliability of each tool within Ohio's CAPMIS in accordance with Section 4.1, B., 6., of this RFP; and,

D. Research methods and approaches, such as sample size and accuracy, must be selected to assure confidence in the assessment of the elements of the matrix. The selected vendor must identify a sampling methodology to be used that assures the sample size to be sufficient to provide stable and reliable data.

SECTION II. PROCUREMENT PROCESS INFORMATION

2.1 Anticipated Procurement Timetable

DATE	EVENT/ACTIVITY
08/20/14	ODJFS releases RFP on ODJFS and DAS Web Sites; Q&A period opens. - RFP becomes active; vendors may submit inquiries for RFP clarification.
09/10/14	Vendor Q&A period for vendor questions closes, 8 a.m. **- No further inquiries for RFP clarification will be accepted.**
09/15/14	ODJFS provides final answers to vendor questions (estimated).
3:00 P.M. 10/01/14	**Deadline for vendors to submit proposals to ODJFS (3 p.m.).** - This is the beginning of the ODJFS process of proposal review. **LATE PROPOSALS WILL NOT BE CONSIDERED. NO EXCEPTIONS WILL BE MADE.**

10/17/14	ODJFS issues contract award notification letter (estimated). **- Vendors that submitted proposals in response to this RFP will be sent letters stating whether their proposal was selected for award of the contract.**
11/20/14	Implementation* (estimated–following notification of all contractual and funding approvals). **- ODJFS contracts are not valid and effective until the state Office of Budget Management approves the purchase order.**
06/30/15	Initial contract period ends. All work must be completed and approved by ODJFS Contract Manager.
7/1/15-6/30/16 7/1/16-11/20/16	Possible contract renewal periods (SFYs 16 and 17)** **- Contract renewals are subject to all contract and fiscal reviews, vendor performance, and available funding.**

ODJFS reserves the right to revise this schedule in the best interest of the State of Ohio and/or to comply with the State of Ohio procurement procedures and regulations.

* According to requirements of ORC 126.07, ODJFS contracts are not valid and enforceable until the Office of Budget and Management (OBM) certifies the availability of appropriate funding, as indicated by the approval of the Purchase Order (P.O.). The selected vendor may neither perform work nor submit an invoice for payment for work performed for this project for any time period prior to the P.O. approval date. The ODJFS Contract Manager will notify the contractor when the requirements of ORC Section 126.07 have been met.

**The contract period is expected to run from approximately November 20, 2014 through June 30, 2015, with the possibility for renewal contracts that would be in effect from July 1, 2015 through June 30, 2016 and July 1, 2016 through November 20, 2016, contingent upon satisfactory performance, continued availability of funding, and all required approvals.

2.2 Internet Question & Answer (Q&A) Period; RFP Clarification Opportunity

Vendors may ask clarifying questions regarding this RFP provided those questions are asked via the Internet during the question and answer (Q&A) period as outlined in Section 2.1, Anticipated Procurement Timetable. To ask a question, vendors must use the following Internet process:

- **Access the ODJFS Web Page at http://jfs.ohio.gov//**
- **Select "Doing Business with ODJFS" from the bottom of the page;**
- **Select "RFP's" from the left side column;**
- **Select RFP Number *JFSR1415068082* from the list of competitive opportunities;**
- **Follow the link to the dedicated web page;**
- **Select "Submit Inquiry" near the bottom of the web page;**
- **Follow instructions there for submitting questions; or, to view posted questions and answers,**
- **Select "View Q and A" near the bottom of the web page.**

Questions must reference the relevant part of this RFP, the heading for the provision under question, and the page number of the RFP where the provision can be found. The question must be submitted with the name of

a vendor representative, the company name and business phone number. ODJFS may, at its option, disregard any questions which do not appropriately reference an RFP provision or location, or which do not include identification for the originator of the question. ODJFS will not respond to any questions submitted after **8:00 a.m.** on the date the Q&A period closes.

Questions submitted may be no more than 4,000 characters in length, but there is no limit on the number of questions submitted. The answers provided by ODJFS are accessed by following the instructions above, but rather than selecting "Submit Inquiry," vendors and others should select "View Q and A." ODJFS strongly encourages vendors to ask questions early in the Q&A period so that answers can be posted with sufficient time for any possible follow-up questions.

ODJFS responses to questions asked via the Internet will be posted on the Internet website dedicated to this RFP, for reference by all vendors. Questions about this or any ODJFS RFP are answered by ODJFS **only** in this public forum. **ODJFS reserves the right to determine whether to post answers to vendor questions (*e.g.,* as received before or after the closing of the Q&A period).**

Vendor proposals in response to this RFP are to take into account any information communicated by ODJFS in the Q&A process. **It is the responsibility of all vendors to check this site on a regular basis for responses to questions, as well as for any amendments or other pertinent information regarding this RFP.**

Accessibility to vendor questions and ODJFS answers will be clearly identified on the website dedicated to this RFP, **once any answers are made available.**

IMPORTANT: Requests from vendors for copies of previous RFPs or past vendor proposal or score sheets or past or current contracts for this or similar past projects, are Public Records Requests (PRRs), and are not clarification questions regarding the present RFP. PRRs submitted in accordance with directions provided in Section 2.3, Communication Prohibitions, will be honored, however, the posted time frames for ODJFS responses to Internet questions submitted for RFP clarification do not apply to PRRs.

Vendors are to base their RFP responses, and the details and costs of their proposed projects, on the requirements and performance expectations established in this RFP for the future contract, NOT on details of any current or past related contract. Requirements under any other project may or may not be required by ODJFS under any future contract, and so may not be useful information for vendors who choose to respond to the present RFP. If vendors ask questions about existing or past contracts using the Internet Q&A process, ODJFS will use its discretion in deciding whether to provide answers.

There is an established time period for the vendor Q&A process (see Section 2.1, Anticipated Procurement Timetable, above). ODJFS may disregard those questions submitted past the stated time frame for submission of vendor questions, or which do not pertain to issues of RFP clarity, or which are requests for public information. ODJFS is under no obligation to acknowledge questions submitted through the Q&A process if those questions are not in accordance with these instructions.

* Should vendors experience technical difficulties accessing the ODJFS website where the RFP and its related documents are published, they may contact the ODJFS Office of Contracts and Acquisitions, RFP/RLB Unit, at (614) 728-5693 for guidance.

2.3 Communication Prohibitions

From the issuance date of this RFP until a contract is awarded to a vendor, there may be no communications concerning the RFP between any vendor and any employee of ODJFS in the issuing office, or any other ODJFS employee, or any other individual regardless of their employment status, who is in any way involved in the development of the RFP or the selection of the contractor.

The only exceptions to this prohibition are as follows:

1. Communications conducted pursuant to Section 2.2, Internet Question & Answer (Q&A) Period; RFP Clarification Opportunity;

2. As necessary in any pre-existing or on-going business relationship between ODJFS and any vendor that could submit a proposal in response to this RFP;

3. As part of any vendor interview process or proposal clarification process initiated by ODJFS, which ODJFS deems necessary in order to make a final selection;

4. If it becomes necessary to revise any part of this RFP, ODJFS will post those revisions, amendments, etc., to the website dedicated to this RFP;* and

5. Any Public Records Request (PRR) made through the ODJFS Office of Legal and Acquisition Services (OLAS).

*** Important Note:** Amendments to the RFP or to any documents related to it will be accessible to vendors through the original web page established for the RFP. All interested vendors must refer to that web page regularly for amendments or other announcements. ODJFS may not specifically notify vendors of changes or announcements related to this RFP except through the website posting. It is the affirmative responsibility of vendors to be aware of and to fully respond to all updated information posted on this web page.

ODJFS is not responsible for the accuracy of any information regarding this RFP that is obtained or gathered through a source other than the Q&A process described in this RFP. Any attempts at prohibited communications by vendors may result in the disqualification of those vendors' proposals.

If interested vendors have a need to communicate regarding this RFP, they must contact ODJFS using one of the mechanisms provided for in Sections 2.2, Internet Question & Answer (Q&A) Period; RFP Clarification Opportunity, or 2.3, Communication Prohibitions, of this RFP. Vendors are cautioned that communication attempts which do not comply with these instructions will not be answered, and that ODJFS will not consider any proposals submitted to any address other than the one provided in Section 5.1 of this RFP. Vendor proposals must be submitted to ODJFS in strict accordance with proposal submission instructions provided in Section 5.1, Proposal Submission Information.

2.4 Program Resource Library

ODJFS recognizes that interested vendors may not be familiar with some of the documents referenced in this RFP, may need historical program information, and may be interested in more details on the program.

Therefore ODJFS has created a Program Resource Library which may be used to access pertinent documents for this project.

Provided as Appendix A of this RFP:

- Executive Summary of the OSU CAPMIS Evaluation with CAPMIS Evaluation Final Report (The Ohio State University, 2008) [220 total pages]

ODJFS has also made the following documents available online:

From the ODJFS eManuals website (http://emanuals.odjfs.state.oh.us/emanuals/):

- Child Protective Services Worker Manual

From the ODJFS Forms Central website (http://www.odjfs.state.oh.us/forms/inter.asp):

- Safety Assessment Tool (JFS 01401)
- Safety Assessment Instructions (JFS 01401-I)
- Family Assessment (JFS 01400)
- Family Assessment Instructions (JFS 01400-I)
- Alternative Response Family Assessment (JFS 01419)
- Alternative Response Family Assessment Instructions (JFS 01419-I)
- Ongoing Case Assessment Investigation (JFS 01402)
- Ongoing Case Assessment Investigation Instructions (JFS 01402-I)
- Alternative Response Ongoing Case Assessment (JFS 01423)
- Alternative Response Ongoing Case Assessment Instructions (JFS 01423-I)
- Case Plan (JFS 01410)
- Case Plan Instructions (JFS 01410-I)
- Alternative Response Family Service Plan (JFS 01418)
- Alternative Response Family Service Plan Instructions (JFS 01418-I)
- Case Review (JFS 01413)
- Case Review Instructions (JFS 01413-I)
- Alternative Response Family Service Plan Review (JFS 01417)
- Alternative Response Family Service Plan Review Instructions (JFS 01417-I)
- Semiannual Administrative Review (JFS 01412)
- Semiannual Administrative Review Instructions (JFS 01412-I)
- Reunification Assessment (JFS 01404)
- Reunification Assessment Instructions (JFS 01404-I)

SECTION III. VENDOR EXPERIENCE AND QUALIFICATIONS

Proposals must address all the following minimum vendor qualifications as well as organizational and staff experience and capabilities:

3.1 Mandatory Vendor Qualifications

In order to be considered for the contract expected to result from this RFP, ODJFS requires that interested vendors **MUST** meet, at minimum, **ALL** the following qualification requirements:

A. Provide a statement of affirmation that the vendor is a state-supported Ohio college or university;

B. Provide a statement of affirmation that the vendor has at least five (5) years experience in the research and analysis of social welfare programming and initiatives;

C. Identify and assign a Lead Researcher who possesses a Doctorate Degree in Social Work, Social/Behavioral Science, Social Research, Public Administration or a related discipline and a minimum of five (5) years experience in the social services field. Social work practice in the field of child protective services is preferred;

D. Identify and assign a Project Manager/Supervisor (may be the Lead Researcher) to supervise this project. The Project Manager/Supervisor must possess at minimum:

1. A graduate degree in social work, quantitative psychology, or other related/equivalent discipline for research and evaluation;
2. Five (5) years experience in project management;
3. Experience in statistical, quantitative and qualitative data analysis; and,
4. Experience in research, assessments, and evaluation.

E. Vendor Subcontractors

If the selected vendor plans to collaborate with subcontractors, the staff qualifications specified above are applicable to all subcontract staff based on their respective roles in the project. Please refer to Section 5.2 A, Tab 1 as well as Sections 8.8 and 8.9 for further specifications on inclusion of subcontractors.

Important: It is the affirmative responsibility of the vendor submitting a proposal to remove all personal confidential information (such as home addresses and social security numbers) of vendor staff and/or of any subcontractor and subcontractor staff from resumes or any other part of the proposal package. Following submission to ODJFS, all proposals submitted may become part of the public record. ODJFS reserves the right to disqualify any vendor whose proposal is found to contain such prohibited personal information.

Vendors which do not meet ALL the above experience and qualifications will be disqualified from further consideration for contract award. Additionally, the Technical Proposal Score Sheet (Attachment C.) identifies other mandatory criteria, all of which must be met in Phase I for the proposal to be accepted for full detailed scoring.

3.2 Organizational Experience and Capabilities

As part of the evaluation process, vendors are to provide the following information to be scored by ODJFS:

A. Samples of at least two, but no more than four, similar sized projects completed in the past five years that demonstrate expertise in conducting an evaluation for reliability, validity, and application; and,

B. Names and contact information for at least three entities for which the vendor has performed similar large scale projects in the past five (5) years.

3.3 Staff Experience and Capabilities

Key project staff are to have at least five years experience in the research and analysis of social welfare programming and initiatives and experience in the research and analysis of child protective services programming and initiatives, including, but not limited to, development and application of child safety and risk assessment models. Experience in the evaluation of clinical and actuarial assessment models is preferred.

The vendor proposal is to demonstrate significant expertise by assigning staff to key leadership roles for this project. Key positions will require profiles and curriculum vitae. The vendor is to:

A. Identify, by position and by name, those staff considered key to the project's success. At minimum, key staff identified must include a lead researcher and a project manager/supervisor meeting the qualifications described below.

1. Lead Researcher:
   In addition to the mandatory qualifications as specified in Section 3.1, C., vendors are to demonstrate in their proposals that their assigned Lead Researcher possesses:
   a. At minimum five (5) years post doctorate experience conducting social science research and or program evaluation applying research methodology to social welfare programming; research experience in the child welfare field preferred;
   b. Experience in child welfare data extraction and collection; and,
   c. Experience in performing in-depth program research, evaluation and statistical analyses; experience performing in-depth program research, evaluation and statistical analyses in the field of child protective services. Experience in the evaluation of clinical and actuarial assessment models is preferred.

2. Project Manager/Supervisor:
   In addition to the mandatory qualifications as specified in Section 3.1, D., vendors are to demonstrate in their proposals that their assigned Project Manager/Supervisor has:
   a. Five (5) years experience in the social services field; social work practice in the field of child protective services preferred; and,
   b. Experience in statistical, quantitative and qualitative data analysis; preferably in the child protective services field;

B. Vendor research staff working on this project are not considered key staff; however, they must:
   a. Possess a Bachelor's degree in a social science discipline or be enrolled in an undergraduate educational program pursuing a Bachelor's degree in a social science discipline; -OR-,
   b. Be knowledgeable of the social work assessment processes in the child protective services field;

C. Identify, if applicable, all and/or any potential subcontractors which may be utilized in the project. As applicable to project role, the subcontractors must possess the aforementioned qualifications. Documentation of said qualifications is to be submitted with the proposal.

Proposals lacking documentation of the appropriate education and experience shall be disqualified from consideration.

Important: **It is the affirmative responsibility of the vendor submitting a proposal to remove all personal confidential information (such as home addresses and social security numbers) of vendor staff and/or of any subcontractor and subcontractor staff from resumes or any other part of the proposal package. Following submission to ODJFS, all proposals submitted may become part of the public record. ODJFS reserves the right to disqualify any vendor whose proposal is found to contain such prohibited personal information.**

SECTION IV. SCOPE OF WORK & SPECIFICATIONS OF DELIVERABLES

4.1 Proposed Work Plan for the Scope of Work

ODJFS seeks to obtain a qualified a researcher/evaluator to design and implement a study to evaluate the validity and reliability of Ohio's CAPMIS utilized by CPS caseworkers within Ohio's system. The researchers are expected to be qualified and experienced in performing in-depth program research, evaluation and statistical analyses in the field of child protection services. Experience in the evaluation of clinical and actuarial assessment models is preferred.

A. **PRE-IMPLEMENTATION ACTIVITIES** Vendor proposals are to include a detailed outline of the approach that the vendor will take to finalize the work plan prior to implementation of the evaluation study. These pre-implementation activities may include, but are not limited to:

1. Compliance with ODJFS and/or county agency confidentiality requirements;
2. Identification of sample size;
3. Identification of sampling methodology;
4. Developing and providing the review tools for approval by ODJFS to gather outcome data;
5. If applicable, establishment of on-site visit protocols;
6. Establishment of testing protocols;
7. Achieving necessary approvals and clearances by ODJFS and/or county agencies;
8. Execution of a data sharing agreement; and,
9. Prior to initiation of any project activities, the selected vendor will be required to submit to ODJFS for review and approval, the FINALIZED work plan, which is comprised of both the pre-implementation and the implementation work plans.

B. **IMPLEMENTATION ACTIVITIES** The following information is a summary of the duties, activities and responsibilities of the selected vendor for this RFP; further details are provided in Section 4.4, Specifications of Deliverables. **Vendor proposals are to address all aspects of the requirements described in this section in the vendor technical proposals.** These duties, activities and responsibilities include, but are not limited to the following:

1. As part of the vendor's proposed work plan, the proposal must describe the methodology/rationale that would be used for determining the specific data needed from Ohio's SACWIS to be used. After contract implementation, the selected vendor for this project will be required to identify the SACWIS data and enter into a no-cost data sharing agreement with ODJFS to obtain the necessary data reports from SACWIS. The data

collection phase is to be no more than 12 months inclusive of the pre-implementation activities.

2. The vendor's proposal shall include the identification of their recommended sampling methodology to gather a statewide representative sample from Ohio's diverse PCSAs (counties of varying sizes; urban verses rural; and different regions of the state). The SACWIS shall be the primary source from which to gather data. The vendor shall identify how the data should be pulled from SACWIS. Interviews and focus groups are not to be a primary data collection methodology;

3. Travel to county agencies is unlikely, but may be necessary to review hard copy case record data that are not documented in SACWIS. The selected vendor may need to interview county agency staffs to clarify and/or gather additional case information, complete worker surveys, or conduct other evaluation activities as specified in the final project plan. The vendor proposal shall identify a general process to be used (including every possible consideration for both effectiveness and economy) should county staff interviews/case reviews be necessary;

4. Design and implement a study to evaluate the validity and reliability of Ohio's CAPMIS utilized by CPS caseworkers within a DR system. The researcher/evaluator will examine how validly and reliably the CAPMIS assessment tools measure risk and safety of children at critical decision-making points that occur throughout the continuum of child welfare service provision. Additionally, an assessment of the degree the implementation of the model has had on the reliability and consistency of services and outcomes across workers and with the same worker across cases must be completed;

   The study proposed must be designed to examine how validly and reliably the CAPMIS tools measure risk and safety of children at critical points in time in which the key decision-making occurs throughout the continuum of child welfare service provision. The selected vendor's completed study must identify the following:

   a. Validation of the CAPMIS actuarial risk assessment;
   b. Reliability of the CAPMIS actuarial risk assessment;
   c. Validation of the CAPMIS actuarial risk re-assessment;
   d. Reliability of the CAPMIS actuarial risk re-assessment;
   e. Validation of the CAPMIS clinical risk assessment;
   f. Reliability of the CAPMIS clinical risk assessment;
   g. Validation of the CAPMIS clinical risk re-assessment;
   h. Reliability of the CAPMIS clinical risk re-assessment;
   i. Validation of the CAPMIS safety assessment;
   j. Reliability of the CAPMIS safety assessment;
   k. Validation of the safety re-assessment;
   l. Reliability of the safety re-assessment;
   m. Application of the CAPMIS tools as designed to support case practice and key decisions;
   n. Efficacy of the CAPMIS tools in the assistance of completing and documenting key decisions at critical points in time; and,

o. The frequency in which repetitive or redundant information is recorded (e.g., no new information) within specific sections of the CAPMIS tools by caseworkers and the impact on the resultant assessments and corresponding decisions.

5. The selected vendor's final report will answer the practice question below, thereby identifying the level of validity and reliability of each tool comprising Ohio's CAPMIS. To what extent does CAPMIS prompt the collection and analysis of information to enable caseworkers to determine current levels of safety and risk at critical points in which the key decision-making must occur throughout the continuum of child welfare service provision (life of a child welfare case)? The critical points include, but are not limited to the following:

   a. Acceptance of a child abuse or neglect report which begins an assessment/investigation;
   b. Initiation and initial Assessment;
   c. Completion of a family assessment (intake closure or transfer to on-going services);
   d. Service planning and development;
   e. The removal of a child from his/her home;
   f. Reunification of a child to his/her home;
   g. During completion of Administrative Reviews for cases receiving ongoing services; and
   h. Case closure.

6. The following should be evaluated for each of the CAPMIS tools. Additionally, outcome measures should be linked to inform the recommendations regarding revisions to the tools' content and structure as well as the CAPMIS protocols. They are as follows:

   a. Content Validity
      - Do the elements on the current CAPMIS tools gather information necessary to determine current level of safety of children and the current level of risk to children? If not, specifically what information is missing that should be on the CAPMIS tools?
      - Are there elements on the current CAPMIS tools which can be eliminated because there is insufficient evidence (i.e., research or practice-based knowledge) to support that a particular element identifies safety and/or risk? Are there specific elements that should be eliminated or combined with other elements?

   b. Criterion Related Validity
      - Do the CAPMIS Safety Assessment (JFS 01401), Family Assessment (JFS 01400), Alternative Response Family Assessment (JFS 01419), Ongoing Case Assessment Investigation (JFS 01402), Alternative Response Ongoing Case Assessment (JFS 01423), Case Plan (JFS 01410), Alternative Response Family Service Plan (JFS 01418), Case Review (JFS 01413), Alternative Response Family Service Plan Review (JFS 01417), Semiannual Administrative Review (JFS 01412), Reunification Assessment (JFS 01404) (i.e., element information collected and the decision-making process) measure safety?
      - Do the CAPMIS Safety Assessment (JFS 01401), Family Assessment (JFS 01400), Alternative Response Family Assessment (JFS 01419), Ongoing Case Assessment Investigation (JFS 01402), Alternative Response Ongoing Case Assessment (JFS 01423), Case Plan (JFS 01410), Alternative Response Family Service Plan (JFS 01418), Case Review (JFS 01413), Alternative Response Family Service Plan Review (JFS

01417), Semiannual Administrative Review (JFS 01412), and Reunification Assessment (JFS 01404) (i.e., element information collected and the decision-making process) measure risk?

- Is there correlation between specific elements and overall level of safety (independently and clustered)?
- Is there correlation between specific elements and overall level of risk (independently and clustered)?
- Are some elements more predictive of safety?
- Are some elements more predictive of risk?

c. Differential Validity
   - Is there a difference in the content or criterion related validity of the CAPMIS tools by type of maltreatment, i.e., physical abuse, neglect, and sexual abuse?
   - Are there gender differences based on the gender of the victims in relation to the maltreatment type?
   - Is there a difference in the content or criterion related validity of the CAPMIS tools across key decision-making points?
   - What types of outcome data support the validity of the CAPMIS?

d. Reliability
   - Does CAPMIS generate consistent ratings across caseworkers (inter-rater)?
   - Does the CAPMIS generate consistent ratings by the same caseworker across cases (intra-rater)?

7. The proposed plan must describe how research methods and approaches, such as sample size and accuracy, will be selected to assure confidence in the assessment of the elements identified in the table below. The selected vendor must identify/finalize a sampling methodology to be used that assures the sample size will be sufficient to provide stable and reliable data. The proposed plan must describe how the evaluation should account for the items outlined within the following table. The proposed plan must describe how the evaluation should account for the items within the following table to ensure a comprehensive review.

	Pre-Post Comparisons (Outcomes) I	Safety Assessment and Risk Assessment Internal Analyses (Processes) II
Quantitative	Disposition at intake Case Decision Actual response time Type of maltreatment substantiated Type of maltreatment substantiated Perpetrator Type of family data collected Open past substantiation Open past indicated	Forms completed Missing data Relationship of data: Within forms Between forms To major case decisions Predictive validity Sensitivity Specificity

	Types of services Court petitions Foster placements Duration of placement Duration of case from opening to close Recidivism Recurrence Worker activity Phone contacts Home visits Office visits Off-site interview Written requests Other	
	III	IV
Qualitative	Evaluator agreement with: Indication Response time Level of danger Placement Return home Case closure Level of effort Level of satisfaction	Level of satisfaction Level of effort Implementation barriers Effect on relationship Overall abilities Competence Professionalism Decision-making Model strengths and weaknesses

8. The proposed plan must describe how an analysis of the findings of this project are to be compared to at least three other similar research studies which have been conducted elsewhere, excluding the previous Ohio study (literature review).

Prior to initiation of any project activities, the selected vendor will be required to submit to ODJFS for review, revising & approval, the FINALIZED work plan, which is comprised of both the pre-implementation and the implementation work plans.

Additionally, vendor proposals submitted in response to this RFP must reflect the vendor understanding of, and commitment to, perform this Scope of Work fully. The selected vendor will be responsible for the deliverables as described in Section 4.4, including all preparatory and intervening steps, whether or not ODJFS has explicitly specified or delineated them within the RFP. In developing their proposals, all vendors must fully and appropriately plan and cost out their proposed activities, including all necessary preparatory and intervening steps.

4.2 Number of Participants

The sample size will be determined collaboratively with the vendor once selected. Stratification of Ohio's 88 PCSAs will be discussed in relation to the evaluation and the need to have a representative sample of Ohio's counties.

4.3 Administrative Structures

Vendors are to include, at minimum, the following administrative structures and technical approach for the proposed work plan. The vendor shall:

A. State the key objectives of the proposed project. [NOTE: Vendors are advised to refrain from simply restating the objectives as identified in Section 1.3 of this RFP.];

B. Provide a technical approach and work plan to be implemented. This includes the proposed work plan comprised of the pre-implementation and implementation plans (4.1 A & B), and should describe how their work plan, if implemented would result in the completion of all ODJFS goals for this project (1.3, B. through D.) and all deliverables as described in Section 4.4, below.

C. The work plan and approach section of the vendor's proposal should also include a proposed timeline for the project activities. The ODJFS targeted timeframe for the execution and completion of this work (as described in this RFP) is as follows: twelve (12) months for data collection, six (6) months for data analysis and report writing, and six (6) months to present the findings at various venues around Ohio [starting approximately November 20, 2014 through November 20, 2016];

D. Provide a status reporting procedure for reporting work completed, and resolution of unanticipated problems;

E. Provide a current organizational chart (including any subcontractors and all organizational partnerships and collaborations) and specify the key management and administrative personnel who will be assigned to this project; and,

F. Provide a timeline for each component of the scope of work and the project overall including the staff hours for personnel involved. Include a Table of Organization (including any subcontractors) and a chart showing the number of hours devoted to the project by vendor or sub-contractor staff. The vendor must provide the percentage of time each key management person will devote to the project.

4.4 Specifications of Deliverables

The following deliverables are given as a guideline for vendor's development of proposals. Actual contract deliverables will be based upon the technical proposal submitted by the selected contractor. The work plan will be finalized through consultation with the ODJFS contract manager, and approved in writing by the ODJFS contract manager, before any implementation steps are taken.

All significant variations from the work plan as approved by ODJFS will require notification, and formal approval by the ODJFS contract manager prior to implementation of any changes. The contracted services shall include, but may not be limited to, the following:

A. Deliverable 1:

A final version of the technical proposal and WORK PLAN which is to include a time line for all work activities needed to accomplish the evaluation. Additionally, it is to include an organizational chart (including any subcontractors and all organizational partnerships and collaborations) depicting the key management and administrative personnel who will be assigned to this project. It is to include the design and implementation of the study, and analysis of study results. The work plan will be finalized within 30 days of notification from the ODJFS contract manager that funds are encumbered.

B. Deliverable 2:

A recommended sampling methodology for the evaluation including stratification of Ohio's diverse PCSAs (population characteristics, urban verses rural, metro verses small agency), and the recommended sample size for the evaluation. The sampling methodology will be finalized within 30 days of notification from the ODJFS contract manager that funds are encumbered.

C. Deliverable 3:

IMPLEMENTATION of a study and all related or supportive activities, as described in the ODJFS-approved work plan. The study must be started and completed within a period of time that will allow for a first draft of the study findings to be completed no later than June 30, 2016.

D. Deliverable 4:

Written STATUS REPORTS will be submitted monthly, discussing the work completed in the previous month, work continuing into the next month, problems and suggested/requested resolutions and any preliminary findings. Face-to-face meetings with ODJFS and other identified persons will be held quarterly for the purpose of monitoring progress of the project and the provision of any needed technical assistance. Additional meetings may be required on an as-needed basis to address questions, problems, or opportunities.

E. Deliverable 5:

FINAL REPORTS, comprehensively describing all factors of the project design, findings from the research of literature, all aspects of the data collection, statistical reports, methodologies, detailed analysis and the findings of the study. The findings must address whether or not the assessment tools contained in the CAPMIS adequately prompt the assessment of child safety and risk at the initial assessment and then throughout the life of a child welfare case. Do the tools prompt and support the assessment of safety and risk while guiding case decision-making?

All problems encountered in the design or implementation of the project, and their causes, must be included, as well as discussion of steps taken to overcome them and identifiable or likely ramifications for the project. The statistical report must be presented in detailed format. The final report must also include detailed and supported recommendations to ODJFS about any possible improvements to the CAPMIS tools and protocol, and the outcomes the contractor believes can reasonable result from their implementation. A brief summation of all the topics

included in the full final report must be submitted as an Executive Summary, which could also suffice as a stand-alone document.

The analysis of the findings of this project must be compared to at least three other similar research studies which have been conducted elsewhere, excluding the previous Ohio study (literature review). The first draft of the final report of the study findings will be due to ODJFS no later than May 19, 2016 with the final draft report of the study findings due no later than July 19, 2016. A final project report will be due no later than November 1, 2016.

F. Deliverable 6:

PRESENTATIONS by Contractor staff representative(s) at up to eight meetings of ODJFS and/or county children services staff, or others as deemed appropriate by ODJFS on project activities to be specified collaboratively by ODJFS and contractor. These presentations would take place at geographically representative locations around Ohio, and will last up to three hours each, inclusive of a period for group discussion. All meeting arrangements including meeting rooms, presentation equipment, and duplication of any handout materials will be the responsibility of ODJFS. Any reports or handout materials to be used by contractor representative must be supplied to ODJFS contract manager six weeks in advance of scheduled meetings for clearance of materials and duplication. Presentations are projected to be delivered September, October and November of 2016 and concluding no later than November 20, 2016.

4.5 Selected Vendor Compensation Structure

Contractor invoices must be submitted on a monthly basis, due by the last day of the month following the month of activity. The invoice must reflect each respective deliverable cost as stated in the vendor's proposed cost proposal. ALL PRODUCTS/DELIVERABLES ARE SUBJECT TO ODJFS APPROVAL PRIOR TO VENDOR RECEIVING PAYMENT FOR SERVICES.

SECTION V. PROPOSAL FORMAT & SUBMISSION

5.1 Proposal Submission Information

ODJFS requires proposal submissions in both paper and electronic format. The proposal must be prepared and submitted in accordance with instructions found in this section. The proposal submission must be comprised of:

- **Six (6)** paper copies (one signed original and five copies) and one CD-ROM copy of the technical proposal;

  It is the vendor's affirmative responsibility to ensure that all copies and all formats of the proposal are identical. Any pages or documents omitted from any or all copies can negatively affect the vendor's score and possibly result in the vendor's disqualification. In the event of any discrepancies or variations between copies, ODJFS is under no obligation to resolve the inconsistencies and may make its scoring and vendor selection decisions accordingly, including the decision to disqualify the vendor.

AND

- in a sealed, separate envelope, **three (3)** paper copies (one signed original and two copies) and one CD-ROM copy of the cost proposal.

The vendor's original technical and cost proposals must contain all the information and documents specified in Section 5.2, Format for Organization of the Proposal. The vendor's total proposal submission (both the technical and cost proposals in all required copies) must be received by ODJFS complete no later than 3:00 p.m. on **Wednesday, October 1, 2014.** Faxes or e-mailed submissions will not be accepted. **Proposals must be addressed to:**

Office of Contracts and Acquisitions
Ohio Department of Job and Family Services
30 East Broad Street, 31st Floor
Columbus, Ohio 43215-3414
ATTN: RFP/RLB Unit

The entire vendor technical proposal should be converted into **one single secure .pdf document** saved to the technical proposal CD-ROM submitted to ODJFS, if possible. If the proposal's size necessitates more than a single .pdf document to contain the entire technical proposal, vendors must still send the CD-ROM copy of the proposal, but use the fewest separate .pdf documents possible.

Along with the technical proposal, the vendor must submit the cost proposal in a separate, sealed envelope/package labeled: **"NOTE: DO NOT OPEN. COST PROPOSAL ENCLOSED FOR CAPMIS SERVICES, RFP: JFSR1415068082 SUBMITTED BY [VENDOR'S NAME HERE]. "**

The CD-ROM copy of the cost proposal must include all cost proposal components, including any required or voluntary attachments. **The CD-ROM containing the cost proposal must be submitted in the sealed envelope containing the hardcopy cost proposal**.

Both CD-ROMs must be labeled with the vendor's name, the RFP number, and the proposal submission date or proposal due-date, at minimum. The requested CD-ROMs may be used in the formal ODJFS proposal review process, and will be used by ODJFS for archiving purposes and for fulfillment of Public Records Requests; failure to include or to properly label them may, at ODJFS discretion, result in the rejection of the vendor from any consideration.

All proposal submissions must be received, complete, at the above address, via mail or hand delivery by the above date and time. Materials received separately from a vendor's proposal submission (*e.g.,* letters of recommendation from past customers) will not be added to the proposal nor considered in the review and scoring process. Materials received after the date and time as stated above will not be added to any previously received submissions, nor will they be considered.

OCA will accept proposals at any time during normal ODJFS business hours prior to the posted submission deadline (date and time). For hand delivery on the due-date, vendors must allow sufficient time for traffic incidents, downtown parking considerations, and for security procedures in the lobby of the Rhodes State

Office Tower (address as stated above) and on the 31st Floor. All proposals must be received **no later than the specified deadline, both date and time,** by the Office of Contracts and Acquisitions (OCA), on the 31st Floor of the Rhodes Tower. ODJFS is not responsible for proposals incorrectly addressed or for proposals delivered to any ODJFS location other than the address specified above. No confirmation of mailed proposals can be provided.

Submission of a proposal indicates acceptance by the vendor of the conditions contained in this RFP, unless clearly and specifically noted in the proposal submitted and confirmed in the contract between ODJFS and the vendor selected.

5.2 Format for Organization of the Proposal

In developing their proposals, vendors must fully and appropriately plan and cost out their proposed projects (cost information must be restricted to the cost proposal only), including all necessary preparatory and intervening steps, regardless of whether those steps are delineated in this RFP. The vendor's technical proposal must contain the following components, at minimum. It is mandatory that vendor proposals be organized in the following order and that wherever appropriate, sections/portions of the vendor proposal make reference by section number/letter to those RFP requirements to which they correspond.

A sample Technical Proposal Score Sheet is provided as Attachment C. of this RFP. **Vendors are strongly encouraged to use the Score Sheet to check their proposals for quality, compliance, and completeness prior to submission**.

A. Proposal Organization

The vendor's technical proposal must contain the following components, organized in primary tabs and divided into sub-tabs, as described below. Any other information thought to be relevant, but not applicable to a specific RFP section number/letter may be provided as an appendix to the proposal and so marked as an additional tab. ODJFS reserves the right not to review submitted appendices which includes information or materials not required in the RFP. All pages beyond Tab 1 shall be sequentially numbered.

Vendors must organize their technical proposals in the following order:

Tab 1 Required Vendor Information and Certifications Document

Attachment A., Section I. --In this section, the vendor is required to provide required information and certifications of eligibility for state contract awards, as described in Attachment A., Section I. to this RFP, entitled "Required Vendor Information & Certifications Document." Vendors may, at their discretion, either print Attachment A., Section I., complete and sign it, and return it as the content of their proposal Tab 1; or they may provide all the required information and certifications (each fully re-stated from Attachment A.) on their own letterhead, properly signed, and include that replication in their proposal Tab 1. Vendors who fail to provide all information and certifications as described in Attachment A., Section I. in their proposal Tab 1 will be disqualified.

Attachment A., Section II. -- Standard Affirmation and Disclosure Form Banning the Expenditure of Public Funds on Offshore Services. This form must be completed and signed by every vendor or applicant seeking to do business with the Ohio Department of Job and Family Services. This must be submitted as part of the response to any request for proposals, invitation to bid, request for grant applications, informal quotations, or other such competitive process. **Failure by any vendor to complete, sign, and return the Standard Affirmation and Disclosure Form with its proposal will result in rejection of the proposal as being non-responsive and disqualified from further consideration.**

The signed originals of the above referenced forms (RFP Attachment A., Sections I. and II.) are to be provided in the vendor's original proposal; photocopies of the completed and signed forms must also be provided with each of the required copies.

In the event that the vendor proposes the use of any subcontractor(s), information on the subcontractor(s) and letters of commitment as required by Section 8.8, Minority Business Enterprise or 8.9, Subcontractor Identification and Participation Information should also be provided in Tab 1.

In order to be acknowledged as a vendor with an Ohio presence (as described in RFP Section 8.23, Ohio Presence Consideration) for additional scoring consideration, the vendor must demonstrate in this Tab1 section of its proposal either that it currently has a physical presence in Ohio or has concrete plans for establishing a physical presence. Information to be presented includes the actual or proposed location of the vendor's presence, a description of the work to be performed at that location, and the number of its personnel to operate from the Ohio location. If the Ohio location is planned but not yet operational, an estimated implementation schedule should be provided.

Tab 2 Vendor Experience and Qualifications

Sub-Tab 2a. Mandatory Vendor Qualifications (Section 3.1, A through E)
The vendor must include information to demonstrate how the vendor meets the mandatory qualifications as described in Section 3.1, of this RFP.

Sub-Tab 2b. Organizational Experience and Capabilities (Section 3.2, A through B)
In this section, the vendor is to include their response to the organization experience and capabilities requirements (including any subcontractors) as described in Section 3.2, of this RFP.

Sub-Tab 2c. Staff Experience and Capabilities (Section 3.3, A through C)
In this section, the vendor is to include their response to the staff experience and capabilities requirements (including any subcontractors) as described in Section 3.3, of this RFP.

Tab 3 Administrative Structures (Section 4.3, A through F)

This section should describe in detail (in the order as outlined) the vendor's administrative structures as specified in Section 4.3, Administrative Structures of this RFP.

Sub-Tab 3a.	Sec. 4.3, Item A
Sub-Tab 3b(1).	Sec. 4.3, Item B (pertaining to the vendor's proposed work plan comprised of the pre-implementation plans detailed in Sec. 4.1, A.)
Sub-Tab 3b(2).	Sec. 4.3, Item B (pertaining to the vendor's proposed work plan comprised of the implementation plans detailed Sec. 4.1, B.)
Sub-Tab 3b(3).	Sec. 4.3, Item B (pertaining to the objectives of the project as detailed in Sec. 1.3, B. through D.)
Sub-Tab 3b(4).	Sec. 4.3, Item B (pertaining to all deliverables as described in Sec. 4.4)
Sub-Tab 3c.	Sec. 4.3, Item C
Sub-Tab 3d.	Sec. 4.3, Item D
Sub-Tab 3e.	Sec. 4.3, Item E
Sub-Tab 3f.	Sec. 4.3, Item F

Tab 4 Vendor Attachments or Appendices

Organizational Experience and Capabilities (Section 3.2, A through B)
Required samples of work products described in RFP Section 3.2

B. Cost Proposal

Three (one signed original and two copies) copies of the Cost Proposal must be submitted in a separate, sealed envelope, and labeled: **"NOTE: DO NOT OPEN. COST PROPOSAL ENCLOSED FOR CAPMIS SERVICES, RFP: JFSR1415068082 SUBMITTED BY [VENDOR'S NAME HERE]. "**

This envelope/package must also contain the labeled cost proposal CD-ROM**.** The Proposal must include a statement that the prices quoted are firm.

Vendors are to complete the Cost Proposal Form, provided as Attachment D. to this RFP according to instructions, sign it, and submit it fully completed as the separate sealed cost proposal. The Cost Proposal Form requires interested vendors to provide a group of individual prices for those services defined in Section 4.4 Specifications of Deliverables. Vendors are to use their professional expertise of the effort required to perform those services and to offer to ODJFS their flat, all-inclusive fee for performing each. The prices offered in the selected vendor's cost proposal will be the prices in effect throughout the contract period, including any renewal contracts.

Vendors are to use the format in Attachment D., Cost Proposal Form, to submit their cost proposal for SFY 15 as well as renewal periods SFYs 16 and 17. At the vendor's discretion, additional documentation may also be included with the completed Attachment D. as explanatory information, but when making the vendor selections and when executing the contract, ODJFS will consider only the dollar amounts displayed on the Cost Proposal Form.

In calculating their total proposed cost, vendors must consider cost resulting from each deliverable listed in Section 4.4 of this RFP, as well as all program costs, primary and incidental, necessary to complete all program activities (whether explicitly identified by ODJFS in this RFP or not).

C. IMPORTANT –DISQUALIFIERS FOR PROPOSAL ERRORS:

- Any vendor's technical proposal found to contain any prohibited cost information shall be disqualified from consideration. Prohibited cost information is defined as any dollar amounts which might be deemed to be indicative of the relative cost or economy of the proposed project. Information on the assets, value, or historical business volume of the vendor is NOT considered to be such prohibited cost information, and MAY be included in any vendor's technical proposal as information on business capacity and stability. All prohibited cost information must be submitted with the separate, sealed cost proposal. The technical proposal is defined as any part of the vendor's proposal (either as required by ODJFS or sent at vendor's discretion), such as work plan, resumes, letters of recommendation, letters of cooperation from any subcontractors, etc., which is not specifically identified by ODJFS as a required component of the separate, sealed cost proposal. Should a vendor determine to include in the technical proposal any documents which contain such cost information, the cost information in those documents must be made unreadable by the vendor before submission of the proposal to ODJFS. Failure to follow these instructions will result in disqualification.

- Any trade secret, proprietary, or confidential information (as defined in Section 8.5 of this RFP) found anywhere in a vendor's proposal shall result in immediate disqualification of that vendor's proposal.

- Any sensitive personal information on vendor *or* sub-contract staff (e.g., social security numbers, addresses) must be omitted from vendor proposals, or rendered fully unreadable, or ODJFS may at its option disqualify the vendor from any consideration.

SECTION VI. CRITERIA FOR PROPOSAL EVALUATION & SELECTION

6.1 Scoring of Proposals

ODJFS will contract with a vendor that best demonstrates the ability to meet requirements as specified in this RFP. Vendors submitting a response will be evaluated based on the capacity and experience demonstrated in their technical and cost proposal. All qualifying proposals will be reviewed and scored by a Proposal Review Team (PRT), comprised of staff from ODJFS, Office of Families and Children and their designees. Vendors should not assume that the review team members are familiar with any current or past work activities with ODJFS. Proposals containing assumptions, lack of sufficient detail, poor organization, lack of proofreading and unnecessary use of self-promotional claims will be evaluated accordingly. PRT members will be required to sign disclosure forms to establish that they have no personal or financial interest in the outcome of the proposal review and contractor selection process.

Selection of the vendor will be based upon the criteria described in this RFP. The PRT reserves the right to reject any and all proposals, in whole or in part, received in response to this request. The review team may waive minor defects that are not material when the intent is not unreasonably obscured. In scoring the proposals, ODJFS will score in three phases:

A. **Phase I. Review—Initial Qualifying Criteria:**

In order to be fully reviewed and scored, proposals submitted must pass Phase I. Review as required in the Technical Proposal Score Sheet. **Any "no" for the listed Phase I. criteria will eliminate a proposal from further consideration. Please refer to Attachment C., Technical Proposal Score Sheet for a complete listing of initial disqualifiers.**

B. **Phase II. Review—Criteria for Scoring the Technical Proposal**:

The PRT will then score those qualifying technical proposals, not eliminated in Phase I. Review, by assessing how well the vendor meets the requirements as specified in the RFP. Using the score sheet for Phase II scoring (see Attachment C. of this RFP for specific evaluation criteria), the PRT will read, review, discuss and reach consensus on the final technical score for each qualifying technical proposal.

Any proposal which does not meet the minimum required technical proposal score as defined in Attachment C. will be disqualified from any further consideration and its cost proposal will neither be opened nor considered. **Please refer to Attachment C., Technical Proposal Score Sheet for maximum and minimum allowable scoring thresholds and definitions of scoring values.**

IMPORTANT: Before submitting a proposal to ODJFS in response to this RFP, vendors are strongly encouraged to use the Technical Proposal Score Sheet (Attachment C.) to review their proposals for completeness, compliance and quality.

C. **Phase III. Review—Criteria for Considering the Cost Proposal**

The cost proposal will be reviewed by ODJFS. The grand total of each technically qualified vendor's cost proposal is divided by that vendor's final technical proposal score. This compares the cost with the quality of the technical proposal which will provide an average cost-per-quality point earned on the technical proposal.

ODJFS may, at its sole discretion, negotiate with all technically qualifying vendors for a revised cost proposal. Vendors may then submit one last and best offer, or may request that ODJFS view its original cost proposal as its last and best offer, or may formally withdraw from further consideration, and shall formally indicate its choice according to directions provided by ODJFS at that time. Upon receipt of all last and best offers, ODJFS will then consider those vendors' revised cost proposals which are within the budget according to the process described in this section above, and in the Technical Proposal Score Sheet, Attachment C., for vendor selection purposes.

6.2 Review Process Caveats

ODJFS may, at its sole discretion, waive minor errors or omissions in vendors' technical and/or cost proposals or related forms when those errors do not unreasonably obscure the meaning of the content.

ODJFS reserves the right to request clarifications from vendors to any information in their Technical and/or Cost proposals or related forms, and may request such clarification as it deems necessary at any point in the proposal review process. Any such requests for proposal clarification when initiated by ODJFS, and vendors' verbal or written response to those requests, shall not be considered a violation of the communication prohibitions contained in Section 2.3 of this RFP. Such communications are expressly permitted when initiated by ODJFS, but are at the sole discretion of ODJFS.

Should ODJFS determine a need for interviewing vendors prior to making a final selection, responses to interview questions shall be scored in a manner similar to the process described in Section 6.1, Scoring of Proposals, above. Such scored results may be either added to those vendors' proposal scores, or will replace certain criteria scores, at the discretion of ODJFS. The standards for scoring the interviews and the method used for considering the results of the interviews shall be applied consistently for all vendors participating in the interview process for that RFP.

ODJFS reserves the right to negotiate with vendors for adjustments to their proposals should ODJFS determine, for any reason, to adjust the scope of the project for which this RFP is released. Such communications are not violations of any communications prohibition, and are expressly permitted when initiated by ODJFS, but are at the sole discretion of ODJFS.

Any vendor deemed not responsible, or any submitting a proposal deemed not to be responsive to the terms of this RFP, shall not be awarded the contract.

6.3 Final Vendor Recommendation

The PRT will recommend to the Director of ODJFS (or the Director's designee) the technically qualified vendor offering the proposal most advantageous to ODJFS, as determined by the processes and requirements established in this RFP.

6.4 Tie Breaker

In the event that two or more of the proposals have a score which is tied after final calculation of both the technical proposal and the cost proposal scores, the proposal with the higher score in the technical proposal will prevail.

SECTION VII. PROTEST PROCEDURE

7.1 Protests

Any vendor objecting to the award of a contract resulting from the issuance of this RFP may file a protest of the award of the contract, or any other matter relating to the process of soliciting the proposals. Such a protest must comply with the following guidelines:

A. A protest may be filed by a prospective or actual bidder objecting to the award of a contract resulting from this RFP. The protest shall be in writing and shall contain the following information:

1. The name, address, and telephone number of the protestor;
2. The name and number of the RFP being protested;
3. A detailed statement of the legal and factual grounds for the protest, including copies of any relevant documents;
4. A request for a ruling by ODJFS;
5. A statement as to the form of relief requested from ODJFS; and
6. Any other information the protestor believes to be essential to the determination of the factual and legal questions at issue in the written protest.

B. A timely protest shall be considered by ODJFS, if it is received by the ODJFS Office of Contracts and Acquisitions, within the following periods:

1. A protest based on alleged improprieties in the issuance of the RFP or any other event preceding the closing date for receipt of proposals which are apparent or should be apparent prior to the closing date for receipt of proposals shall be filed no later than 3:00 p.m. the closing date for receipt of proposals, as specified in Section 2.1, Anticipated Procurement Timetable, of this RFP.

2. If the protest relates to the announced intent to award a contract, the protest shall be filed no later than 3:00 p.m. of the *eighth (8th)* business day after the issuance of formal letters sent to all responding vendors regarding the State's intent to make the award. The date on these ODJFS letters to responding vendors is the date used to determine if a protest regarding the intent to award is submitted by the end of the protest period.

C. An untimely protest may be considered by ODJFS if ODJFS determines that the protest raises issues significant to the department's procurement system. An untimely protest is one received by ODJFS' Office of Contracts and Acquisitions after the time periods set forth in Item B. of this section.

D. All protests must be filed at the following location:

Deputy Director
ODJFS Office of Contracts and Acquisitions
30 East Broad Street, 31st Floor
Columbus, Ohio 43215

E. When a timely protest is filed, a contract award shall not proceed until a decision on the protest is issued or the matter is otherwise resolved, unless the Director of ODJFS determines that a delay will severely disadvantage the Department. The vendor(s) who would have been awarded the contract shall be notified of the receipt of the protest.

F. The ODJFS Office of Contracts and Acquisitions shall issue written decisions on all timely protests and shall notify any vendor who filed an untimely protest as to whether or not the protest will be considered.

7.2 Caveats

ODJFS is under no obligation to issue a contract as a result of this or any solicitation if, in the opinion of ODJFS and the proposal review team, none of the proposals are responsive to the objectives and needs of the Department. ODJFS reserves the right to not select any vendor should ODJFS decide not to proceed. Changes in this RFP of a material nature will be provided via the agency website. All vendors are responsible for obtaining any such changes without further notice by ODJFS.

SECTION VIII. CONDITIONS AND OTHER REQUIREMENTS

Through this section of the RFP, ODJFS notifies vendors seeking award of a contract of certain conditions and requirements which may affect their eligibility or willingness to participate in any procurement (RFP, RLB, etc.) process; or their eligibility to be awarded a contract; and of requirements that would be in effect should they be awarded a contract.

8.1 State Contracts

Proposals must list any current contracts the vendor has with State of Ohio agencies. The list must indicate the purpose of the contract, the amount of the contract, the time period covered by the contract, and the percentage of the project completed. Vendors must complete a copy of the Required Vendor Information and Certifications Document (provided as Attachment A.) to report this information and include the completed document in the vendor's proposal as specified in Section 5.2, A. of this RFP.

8.2 Interview

Vendors submitting proposals may be required to participate in an in-depth interview as part of the evaluation process. The interview, if necessary, may include participants from ODJFS and/or other state or county agency staff or other representatives it may appoint, as appropriate. ODJFS reserves the right to select from responding vendors for interviews and may not interview all vendors submitting proposals. The vendor shall bear all costs of any scheduled interview.

8.3 Start Work Date

The selected vendor must be able to begin work no later than seven (7) working days after the time funds are encumbered and approved by the Office of Budget and Management. The selected vendor will be notified by the ODJFS project manager when work may begin. **Any work begun by the vendor prior to this notification will NOT be reimbursable by ODJFS.**

8.4 Proposal Costs

Costs incurred in the preparation of this proposal are to be borne by the vendor, and ODJFS will not contribute in any way to the costs of the preparation. Any costs associated with interviews will be borne by the vendor and will not be ODJFS' responsibility (see Section 8.2, above).

8.5 Trade Secrets Prohibition; Public Information Disclaimer

Vendors are prohibited from including any trade secret information as defined in Ohio Revised Code (ORC) 1333.61 in their proposals in response to any ODJFS RFP, Requests for Letterhead Bids (RLB) or other such procurement efforts. ODJFS shall consider all proposals or similar responses voluntarily submitted to any ODJFS procurement document to be free of trade secrets, and such proposals if opened by ODJFS may, in their entirety, be made a part of the public record.

All proposals and any other documents submitted to ODJFS in response to any RFP, RLB, etc., shall become the property of ODJFS. This RFP and, after the selection of a vendor for award, any proposals received in response to an RFP/RLB and opened, reviewed and considered by ODJFS are deemed to be public records pursuant to ORC 149.43. For purposes of this section, the term "proposal" shall mean both the technical proposal (or application or other response documentation) and the cost proposal submitted by the selected vendor/applicant, if opened, and any attachments, addenda, appendices, or sample products.

Any proposals submitted in response to any ODJFS procurement efforts which make claims of trade secret information shall be disqualified from consideration immediately upon the discovery of such unallowable claim.

8.6 Contractual Requirements

A. Any contract resulting from the issuance of this RFP is subject to the terms and conditions as provided in the model contract, which is included as Attachment B. of this RFP;

B. Many of the terms and conditions contained in the model contract (See Attachment B.) are required by state and federal law; however, the vendor may propose changes to the model contract by annotating the model, and returning it with the vendor's proposal submission. Any changes are subject to ODJFS review and approval;

C. Payments for any and all services provided pursuant to the contract are contingent upon the availability of state and federal funds;

D. All aspects of the contract apply equally to work performed by any and all subcontractors;

E. The contractor, and any subcontractor(s), will not use or disclose any information made available to them for any purpose other than to fulfill the contractual duties specified in the RFP. The contractor, and any subcontractor(s), agrees to be bound by the same standards of confidentiality that apply to the employees of ODJFS and the State of Ohio. Any violation of confidentiality will result in an immediate termination of the contract, and may result in legal action;

F. As a condition of receiving a contract from ODJFS, the contractor, and any subcontractor(s), shall certify compliance with any court order for the withholding of child support which is issued pursuant to Section 3119, 3121, 3123, and 3125 of the ORC. The contractor, and any subcontractor(s), must also agree to cooperate with ODJFS and any Ohio Child Support Enforcement Agency in ensuring that the contractor or employees of the contractor meet child support obligations established under state law;

G. By signing a contract with ODJFS, a vendor agrees that all necessary insurance is in effect; and

H. The selected contractor shall be required to comply with prevailing wage standards, as established in ORC 4115.03 to 4115.16.

8.7 Travel Reimbursement

Travel should be folded into the overhead, per diem, or the hourly rates which are built into the cost of the deliverables. Travel is not to be listed separately unless otherwise specified in Section 5.2, B., Cost Proposal, of this RFP.

8.8 Minority Business Enterprise

ODJFS is required by Section 125.081(B) and 123.151 of the ORC to award fifteen percent (15%) of its total procurements to vendors certified as Minority Business Enterprises (MBE). Ohio certified MBE is defined in ORC Section 122.71. If the proposal is not submitted by a certified MBE, the vendor is strongly encouraged to subcontract a minimum of fifteen percent (15%) of the total contract price to an Ohio certified MBE.

The proposal must clearly indicate the name of the proposed Ohio MBE vendor and the exact nature of the work to be performed under the proposed subcontract. The proposal must include a letter from the proposed MBE, signed by a person authorized to legally bind the subcontractor, indicating the following:

A. The subcontractor's legal status, federal tax ID number, and principle business address;
B. The name, phone number, and fax number of a person who is authorized to legally bind the subcontractor to contractual obligations;
C. A complete description of the work the subcontractor will do;
D. A commitment to do the work, if the vendor is selected;
E. A statement that the subcontractor has and understands the RFP, the nature of the work, and the requirements of the RFP; and
F. A copy of the Ohio MBE certificate.

There may be no dollar amounts of any kind included with the MBE information; inclusion of dollar amounts will result in the disqualification of the primary vendor's entire proposal.

A listing of Ohio certified MBEs can be accessed through the Ohio Department of Administrative Services (DAS) Web Site at: http://das.ohio.gov/Eod/MBESearch/index.asp.

While ODJFS strongly encourages the use of MBE subcontractors, the vendor's use of an MBE subcontractor will have no effect on vendors' technical scores or on final contractor selection for this RFP, **unless** Section VI,

Criteria for Proposal Evaluation and Selection of this RFP (and/or the Technical Proposal Score Sheet for this RFP) affirmatively establish an MBE participation criterion.

8.9 Subcontractor Identification and Participation Information

Any vendors proposing to use a subcontractor for any part of the work described in this RFP must clearly identify the subcontractor(s) and their tasks in their proposals. The proposal must include a letter from the proposed subcontractor(s), signed by a person authorized to legally bind the subcontractor, indicating the following:

A. The subcontractor's legal status, federal tax ID number, and principle business address;
B. The name, phone number, and fax number of a person who is authorized to legally bind the subcontractor to contractual obligations;
C. A complete description of the work the subcontractor will do;
D. A commitment to do the work, if the vendor is selected;
E. A statement that the subcontractor has read and understands the RFP, the nature of the work, and the requirements of the RFP.

There may be no dollar amounts of any kind included with sub-contractor information; inclusion of dollar amounts will result in the disqualification of the primary vendor's entire proposal.

8.10 Public Release of Evaluations and/or Reports

Public release of any evaluation or monitoring reports funded under this agreement will be made only by ODJFS. Prior to public release of such reports, ODJFS must have at least a 30-day period for review and comment.

8.11 Confidentiality

All contracts will require that the contractor maintain the confidentiality of information and records which state and federal laws, rules, and regulations require to be kept confidential.

8.12 Key Personnel

ODJFS will require a clause in the resulting contract regarding key personnel in that any person identified as critical to the success of the project may not be removed without reasonable notice to ODJFS, and replacements will not be made without ODJFS approval.

8.13 Ethical & Conflict of Interest Requirements

A. No contractor or individual, company or organization seeking a contract shall promise or give to any ODJFS employee anything of value that is of such character as to manifest a substantial and improper influence upon the employee with respect to his or her duties;

B. No contractor or individual, company or organization seeking a contract shall solicit any ODJFS employee to violate any of the conduct requirements for employees;

C. Any contractor acting on behalf of ODJFS shall refrain from activities which could result in violations of ethics and/or conflicts of interest. Any contractor or potential contractor who violates the requirements and prohibitions defined here or of Section 102.04 of the ORC is subject to termination of the contract or refusal by ODJFS to enter into a contract; and

D. ODJFS employees and contractors who violate Sections 102.03, 102.04 2921.42 or 2921.43 of the ORC may be prosecuted for criminal violations.

8.14 Health Insurance Portability & Accessibility Act (HIPAA) Requirements

As a condition of receiving a contract from ODJFS, the contractor, and any subcontractor(s), will be required to comply with 42 U.S.C. Sections 1320d through 1320d-8, and the implementing regulations found at 45 C.F.R. Section 164.502 (e) and Sections 164.504 (e) regarding disclosure of protected health information under the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Protected Health Information (PHI) is information received by the contractor from or on behalf of ODJFS that meets the definition of PHI as defined by HIPAA and the regulations promulgated by the United States Department of Health & Human Services, specifically 45 CFR 164.501 and any amendments thereto. The selected vendor can reasonably anticipate HIPAA language in the contract that results from this RFP.

In the event of a material breach of contractor obligations under this section, ODJFS may at its option terminate the contract according to provisions within the contract for termination.

8.15 Waiver of Minor Proposal Errors

ODJFS may, at its sole discretion, waive minor errors or omissions in vendors' technical and/or cost proposals or forms when those errors do not unreasonably obscure the meaning of the content.

8.16 Proposal Clarifications

ODJFS reserves the right to request clarifications from vendors of any information in their technical and/or cost proposals or forms, and may request such clarification as it deems necessary at any point in the proposal review process.

8.17 Contractual Requirements and Prevailing Wage Requirements

Any contract resulting from the issuance of this solicitation is subject to the terms and conditions as provided in the model contract, which is provided as Attachment B. to this RFP. Potential vendors are strongly encouraged to read the model contract and to be fully aware of ODJFS' contractual requirements. Additionally, the selected contractor will be required to comply with prevailing wage standards, as established in ORC 4115.03-4115.16.

8.18 Unresolved Findings for Recovery (ORC 9.24)

ORC Section 9.24 prohibits ODJFS from awarding a contract to any entity against whom the Auditor of State has issued a finding for recovery, if the finding for recovery is "unresolved" at the time of award. By submitting a proposal, the vendor warrants that it is not now, and will not become, subject to an "unresolved" finding for recovery under ORC 9.24 prior to the award of any contract arising out of this RFP, without

notifying ODJFS of such finding. ODJFS will review the Auditor of State's website prior to completion of evaluations of proposals submitted pursuant to this RFP. ODJFS will not evaluate a proposal from any vendor whose name, or the name of any of the subcontractors proposed by the vendor, appears on the website of the Auditor of the State of Ohio as having an "unresolved" finding for recovery.

8.19 Mandatory Contract Performance Disclosure

Each proposal must disclose whether the vendor's performance, or the performance of any of the proposed subcontractor(s), under contracts for the provision of services that are the same or similar to those to be provided for the project which is the subject of this RFP has resulted in any "formal claims" for breach of those contracts. For purposes of this disclosure, "formal claims" means any claims for breach that have been filed as a lawsuit in any court, submitted for arbitration (whether voluntary or involuntary, binding or not), or assigned to mediation. If any such claims are disclosed, vendor shall fully explain the details of those claims, including the allegations regarding all alleged breaches, any written or legal action resulting from those allegations, and the results of any litigation, arbitration or mediation regarding those claims, including terms of any settlement. While disclosure of any formal claims in response to this section will not automatically disqualify a vendor from consideration, at the sole discretion of ODJFS, such claims and a review of the background details may result in a rejection of the vendor's proposal. ODJFS will make this decision based on its determination of the seriousness of the claims, the potential impact that the behavior that led to the claims could have on the vendor's performance of the work, and the best interests of ODJFS.

8.20 Mandatory Disclosures of Governmental Investigations

Each proposal must indicate whether the vendor and any of the proposed subcontractor(s) have been the subject of any adverse regulatory or adverse administrative governmental action (federal, state, or local) with respect to vendor's performance of services similar to those described in this RFP. If any such instances are disclosed, vendor must fully explain, in detail, the nature of the governmental action, the allegations that led to the governmental action, and the results of the governmental action including any legal action that was taken against vendor by the governmental agency. While disclosure of any governmental action in response to this section will not automatically disqualify a vendor from consideration, such governmental action and a review of the background details may result in a rejection of the vendor's proposal at the sole discretion of ODJFS. The decision by ODJFS on this issue will be based on a determination of the seriousness of the matter, the matter's potential impact on the vendor's performance of the work, and the best interests of ODJFS.

8.21 Mandatory Disclosures of Work Location

Proposals must explicitly state the location(s) (city, county, state) where work described in this RFP would be performed, whether by the vendor or by any subcontractors.

8.22 Vendor Selection Restriction

Any vendor deemed not responsible, or submitting a proposal deemed not to be responsive to the terms of this RFP, shall not be awarded the resulting contract.

8.23 Ohio Presence Consideration

The vendor that is awarded the contract resulting from this RFP is required to maintain a physical presence in Ohio throughout the term of the contract, including all renewal periods. Therefore, each vendor must either demonstrate in its proposal that it currently has a physical presence in Ohio or demonstrate concrete plans for establishing a physical presence, to include the actual or proposed location of the vendor's presence. Vendor proposals must identify the work to be performed for this project at that location and identify vendor personnel, either by staff name or function, that will operate from the Ohio location. ODJFS reserves the right, at its sole discretion to reject any proposals which fail to comply with this requirement.

8.24 Prohibition Against Services Performed Outside the United States

All vendors seeking an award of an ODJFS contract must attest that no funds provided by ODJFS would be used to purchase services provided outside the United States or to contract with a subcontractor who will use the funds to purchase services provided outside the United States. This required attestation is identified as the "Location of Business Form" included in the "Required Vendor Information & Certifications Documents," provided as Attachment A., Section II., to this RFP. The entire form must be printed, completed, and signed by the interested vendor's authorized representative, and returned to ODJFS as a component of the vendor technical proposal. **Failure to properly complete Attachment A. will result in the disqualification of the vendor's proposal from consideration.**

8.25 Proposal Submissions As Public Record

Vendors will be required to attest in Attachment A., Section I., Item #15 that no information included in their proposal submission is confidential and/or a trade secret (as defined in Sections 3.3, 5.2, C., and 8.5 of the RFP or where found in an RLB document) and may be posted in its entirety on the Internet for public viewing, or otherwise publicly released. Following submission to ODJFS, all proposals submitted may become part of the public record. ODJFS reserves the right to disqualify any vendor whose proposal is found to contain such prohibited information. The vendor affirms that it shall be solely responsible for any and all information disclosed in the proposal submission and any or all information released by ODJFS in any public records requests.

SECTION IX. ATTACHMENTS AND THEIR USES

A. Required Vendor Information and Certifications (*To be completed & included in proposal packet as specified in Sec. 5.2, A.)*
B. ODJFS Model Contract (*For vendor reference purposes)*
C. Technical Proposal Score Sheet (*For vendor self-evaluation purposes…do not submit)*
D. Cost Proposal Form (*To be completed & included in cost proposal packet as specified in Sec. 5.2, B.)*

SECTION X. APPENDICES AND THEIR USES

A. Executive Summary of the OSU CAPMIS Evaluation with CAPMIS Evaluation Final Report (220 total pages.)

Thank you for your interest in this project.

Attachment A

Attachment A consists of <u>2 distinct and different sections</u>. Both sections must be completed and included in Tab 1 of the proposal.

Section I – Required Vendor Information

Section II - Location of Business Form

Attachment A—Section I.

REQUIRED VENDOR INFORMATION and CERTIFICATIONS

Purpose: ODJFS requires the following information on vendors who submit proposals or bids in response to any ODJFS Requests for Proposals (RFPs) or Requests for Letterhead Bids (RLBs), in order to facilitate the development of the contract (or finalization of a purchase) with the selected vendor. ODJFS reserves the right to reject your proposal if you fail to provide this information fully, accurately, and by the deadline set by ODJFS. Further, some of this information (as identified below) **must** be provided in order for ODJFS to accept and consider your proposal\bid. **Failure to provide such required information will result in your proposal's immediate disqualification.**

Instructions: Provide the following information regarding the vendor submitting the proposal or bid. Vendors may either print this attachment, complete and sign it, or may provide the required information and certifications (each fully re-stated from this attachment) on their letterhead as the opening pages of their proposals. It is mandatory that the information provided is certified with an original signature (in blue ink, please) from a person with authority to represent the vendor. Vendors are to provide the completed and signed information and certifications as the cover pages of their original proposal submitted to ODJFS.

IMPORTANT: If the RFP\RLB specified a maximum page limit for vendor proposals\bids, the attachment of any required certifications, other documents, or additional pages needed to fully provide the information requested here will NOT be counted against that page limit.

Vendors must provide all information

1. ODJFS RFP/RLB #:	**2. Proposal Due Date:**
3. Vendor Name: (legal name of the vendor – person or organization – to whom contract\purchase payments would be made)	
3a. Vendor's Ohio Administrative Knowledge System (OAKS) ID#: [Vendors may apply for an OAKS vendor ID# at: http://ohiosharedservices.ohio.gov/Vendors.aspx. The necessary forms to be completed and remitted to Ohio Shared Services are the Vendor Information Form (OBM-5657) and the IRS Form W-9. Completion and/or submission of these forms to Ohio Shared Services does not assume a vendor/applicant award of any ODJFS contract/grant.]	
4. Vendor Corporate Address:	**5. Vendor Remittance Address: (or "same" if same as Item # 5)**
6. Print or type information on the vendor representative/contact person authorized to answer questions on the proposal\bid: **Vendor Representative NAME and TITLE:** **Address:**	**E-Mail Address:** **Phone #:** _____ **Fax #:** _____
7. Print or type the name of the vendor representative authorized to address contractual issues, including the authority to execute a contract on behalf of the vendor, and to whom legal notices regarding contract termination or breach, should be sent (if not the same individual as in #7, provide the following information on each such representative and specify their function)**:** **Vendor Representative NAME and TITLE:** **Address:**	**E-Mail Address:** **Phone #:** _____ **Fax #:** _____

8. **Is this vendor an Ohio certified MBE? Yes ☐ No ☐ If yes, attach a copy of current certification to proposal\bid.** (IF ODJFS has specified the RFP\RLB\purchase document as an opportunity open exclusively to Ohio Certified MBEs, then failure to attach a copy of current certification WILL RESULT IN DISQUALIFICATION.)

9. Mandatory Vendor Certifications:

ODJFS may not enter into contracts with/make purchases from any vendors who have been found to be ineligible for state contracts under specific federal or Ohio statutes or regulations. Vendors responding to any ODJFS RFP\RLB or other purchase opportunity MUST certify that they are NOT INELIGIBLE by signing each of the three statements below. **Failure to provide proper affirming signature on any of these statements will result in the disqualification of your proposal\bid.**

I_____ (signature of representative shown in Item # 7, above) **hereby certify and affirm that** _____ (name of the vendor shown in Item # 3, above)**, has not been debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in transactions by the United States Department of Labor, the United States Department of Health and Human Services, or any other federal department or agency as set forth in 29 CFR Part 98, or 45 CFR Part 76, or other applicable statutes.**

AND

I_____ (signature of representative shown in Item #7, above) **hereby certify and affirm that** _____ (name of the vendor shown in Item # 3, above)**, is not on the list established by the Ohio Secretary of State, pursuant to ORC Section 121.23, which identifies persons and businesses with more than one unfair labor practice contempt of court finding against them.**

AND

I_____ (signature of representative shown in Item #7, above) **hereby certify and affirm that** _____ (name of the vendor shown in Item # 3, above)**, either is not subject to a finding for recovery under ORC Section 9.24, or has taken appropriate remedial steps required under that statute, or otherwise qualifies under that section to enter into contracts with the State of Ohio.**

10. Equal Employment Opportunity Information on the Vendor and any Subcontractor(s)

A. Provide vendor employee data both nationwide (including Ohio staff), and Ohio office employees separately:

	Nationwide:	**Ohio Offices:**
Total Number of Employees:	_____	_____
% of those who are Women:	_____	_____
% of those who are Minorities:	_____	_____

B. **If you are the selected vendor, will you subcontract any part of the work?**

☐ **NO** -*or*- ☐ **YES, but for less than 50% of the work** -*or*- ☐ **YES, for 50% or more of the work**

If yes, provide the following information on each subcontractor (additional pages may be added as needed):

Subcontractor Name: _____
Address: _____
_____
Work To Be _____
Performed: _____
(a brief description) _____

Subcontractor's Estimated Percentage of Total Project (in % of work, not % of dollars): _____

If 50% or more of the work will be subcontracted, then ALSO provide the following information on ALL proposed subcontractors:

	Nationwide:	**Ohio Offices:**
Total Number of Employees:	_____	_____
% of those who are Women:	_____	_____
% of those who are Minorities:	_____	_____

C. Identify all state contracts which the vendor has had approved by the Controlling Board since the beginning of the last fiscal year (i.e., since July 01, 2011) through this fiscal year to date. Also include contracts approved for ODJFS or institutions of higher education:

Total number of contracts: _____

For each state contract, list the state agency and provide the following information:

State Agency/Educational Institution: _____
Contract Dollar Amount: _____

State Agency/Educational Institution: _____
Contract Dollar Amount: _____

State Agency/Educational Institution: _____
Contract Dollar Amount: _____

Attach additional pages if needed

11. Vendor and Grantee Ethics Certification

As a vendor or grantee doing business with* or receiving grants from the State of Ohio, I certify on behalf of _____(name of vendor or grantee):

(1) I have reviewed and understand Ohio ethics and conflict of interests laws, as found in Chapter 102. and Sections 2921.42 and 2921.43 of the Ohio Revised Code.
(2) I acknowledge that failure to comply with this certification, is, by itself, grounds for termination of this contract or grant with the State of Ohio.

_____ _____
Signature of authorized agent Date

*"Doing business with" includes all contracts for goods and services, excluding purchases made using the State of Ohio's Payment Card Program that cost less than $1,000.

12. I have read the ODJFS Model Contract attached to the RFP/RLB, and if awarded a contract, I will not ____(or) I will_____ request changes to the standard language, and have marked the requested changes and returned the model document with this proposal for consideration by ODJFS. (If so, ODJFS will review those requested changes if you are the selected vendor. All requested changes to model contract language are subject to ODJFS approval.) (**NOTE:** Item 13 is not applicable and not required when the subject ODJFS procurement opportunity is offered only to State Term Schedule Vendors.)

13. I _____, (vendor representative in Item # 7) hereby affirm that this proposal accurately represents the capabilities and qualifications of _____ (vendor's name), and I hereby affirm that the cost(s) bid to ODJFS for the performance of services and/or provision of goods covered in this proposal in response to the ODJFS RFP/RLB/other purchase opportunity is a firm fixed price, inclusive of all incidental as well as primary costs. (Failure to provide the proper affirming signature on this item may result in the disqualification of your proposal\bid.)

14. Location of Business Declaration: Vendors responding to any ODJFS RFP/RLB/RFGA (etc.) must certify that no public funds shall be spent on services provided/performed offshore by completing, signing, and returning the "Location of Business Form," which is the final section of this attachment. **FAILURE TO PROPERLY COMPLETE, SIGN AND RETURN THIS FORM, INCLUDING THE "LOCATION OF BUSINESS FORM," WILL RESULT IN DISQUALIFICATION OF THE VENDOR FROM CONSIDERATION FOR AWARD OF AN ODJFS CONTRACT**.

15. I _____, **(vendor representative in Item # 7) hereby attest that I understand that <u>any and all information</u> included in this proposal is not confidential and/or trade secret information (as defined in Sections 3.3, 5.2, D., 8.5, and 8.25 of the RFP or where found in an RLB document) and that the proposal submission may be posted in its entirety on the Internet for public viewing.** Following submission to ODJFS, all proposals submitted may become part of the public record. ODJFS reserves the right to disqualify any vendor whose proposal is found to contain such prohibited personal information. **The vendor affirms that they shall be solely responsible for any and all information disclosed in the proposal submission and any or all information released by ODJFS in a public records request(s).**

Attachment A—Section II.

Location of Business Form

Pursuant to Governor's Executive Order 2011-12K (www.governor.ohio.gov), no public funds shall be spent on services provided offshore. This form serves as a certification of compliance with this policy and required disclosures. Please answer the following questions about the project or service you are seeking to perform for or the funding for which you are applying from the Ohio Department of Job and Family Services:

1. Principal location of business of Contractor:

_____ _____
(Address) (City, State, Zip)

Name/Principal location of business of subcontractor(s):

_____ _____
(Name) (Address, City, State, Zip)

_____ _____
(Name) (Address, City, State, Zip)

2. Location where services will be performed by Contractor:

_____ _____
(Address) (City, State, Zip)

Name/Location where services will be performed by subcontractor(s):

_____ _____
(Name) (Address, City, State, Zip)

_____ _____
(Name) (Address, City, State, Zip)

3. Location where state data will be stored, accessed, tested, maintained or backed-up, by Contractor:

_____ _____
(Address) (Address, City, State, Zip)

Name/Location(s) where state data will be stored, accessed, tested, maintained or backed-up by subcontractor(s):

_____ _____
(Name) (Address, City, State, Zip)

_____ _____
(Name) (Address, City, State, Zip)

(Name)	(Address, City, State, Zip)

4. Location where services to be performed will be changed or shifted by Contractor:

(Address)	(Address, City, State, Zip)

Name/Location(s) where services will be changed or shifted to be performed by subcontractor(s):

(Name)	(Address, City, State, Zip)
(Name)	(Address, City, State, Zip)
(Name)	(Address, City, State, Zip)

By signing below, I hereby certify and affirm that I have reviewed, understand, and will abide by the Governor's Executive Order 2011-12K. I attest that no funds provided by ODJFS for this project or any other agreement will be used to purchase services provided outside the United States or to contract with a subcontractor who will use the funds to purchase services provided outside the United States. I will promptly notify ODJFS if there is a change in the location where any of the services relating to this project will be performed. If I am signing this on behalf of a company, business, or organization, I hereby acknowledge that I have the authority to make this certification on behalf of that entity.

Signature	Date
Entity Name	Address (Principal place of business)
Printed name of individual authorized to sign on behalf of entity	City, State, Zip

OHIO DEPARTMENT OF JOB AND FAMILY SERVICES
CONTRACT FOR SERVICES

C-1415-00-0000

RECITALS:

This Contract is entered into between the Ohio Department of Job and Family Services (ODJFS) and Vendor Name (CONTRACTOR).

A. ODJFS issued a Request for Proposal (RFP) titled _____, numbered _____, and dated _____, which is hereby incorporated by reference.

B. The ODJFS proposal review team recommended for award the Proposal submitted by CONTRACTOR on [DATE] which is hereby incorporated by reference.

C. In the event of any inconsistency or ambiguity between the provisions of the RFP, the Proposal, or this Contract, the provisions of this Contract will determine the obligations of the parties. In the event that this Contract fails to clarify any inconsistency or ambiguity between the RFP and the Proposal, the RFP will determine the obligations of the parties. In the event of a disputed issue that is not addressed in any of the aforementioned documents, the parties hereby agree to make every reasonable effort to resolve this dispute in keeping with the objectives of this Contract and the budgetary and statutory constraints of ODJFS.

ARTICLE I. PURPOSE; DELIVERABLES

A. INSERT LEGAL AUTHORITY IF AVAILABLE. CONTRACTOR will perform its responsibilities under this Contract in accordance with the RFP and the Proposal. The responsibilities (Deliverables) are summarized as follows:

INSERT DELIVERABLES

B. The ODJFS Contract Manager is ODJFS Contract Manager.

C. The ODJFS Contract Manager may periodically communicate specific requests and instructions to CONTRACTOR concerning the performance of the Deliverables described in this Contract. CONTRACTOR agrees to comply with any requests or instructions to the satisfaction of ODJFS within ten business days after CONTRACTOR's receipt of the requests or instructions. ODJFS and CONTRACTOR expressly understand that any requests or instructions will be strictly to ensure the successful completion of the Deliverables described in this Contract, and are not intended to amend or alter this Contract in any way. If CONTRACTOR believes that any requests or instructions would materially alter the terms and conditions of this Contract or the compensation stated hereunder, CONTRACTOR will immediately notify ODJFS pursuant to the notice provision of this Contract. CONTRACTOR agrees to consult with the ODJFS Contract Manager as necessary to ensure understanding of the Deliverables and the successful completion thereof.

D. Ownership of Deliverables:

1. All Deliverables provided by CONTRACTOR under this Contract or with funds hereunder, including any documents, data, photographs and negatives, electronic reports/records, or other media, are the property of ODJFS, which has an unrestricted right to reproduce, distribute, modify, maintain, and use the Deliverables. CONTRACTOR will not obtain copyright, patent, or other proprietary protection for the Deliverables. CONTRACTOR will not include in any Deliverable any copyrighted matter, unless the copyright owner gives prior written approval for ODJFS and CONTRACTOR to use such copyrighted matter in the manner provided herein. CONTRACTOR agrees that all Deliverables will be made freely available to the public unless ODJFS determines that, pursuant to state or federal law, such materials are confidential or otherwise exempted from disclosure. IF THIS SECTION IS MODIFIED ALSO MODIFY ART. VI(A)

2. All Deliverables provided or produced pursuant to this Contract will be considered "works made for hire" within the meaning of copyright laws of the United States and the State of Ohio. ODJFS is and will be deemed sole author of the Deliverables and sole owner of all rights therein. If any portion of the Deliverables is deemed not a "work made for hire," or if there are any rights in the Deliverables not conveyed to ODJFS, CONTRACTOR agrees to, and by executing this Contract does, assign ODJFS all worldwide rights, title, and interest in and to the Deliverables. ODJFS acknowledges that its sole ownership of the Deliverables under this Contract does not affect CONTRACTOR's right to use general concepts, algorithms, programming techniques, methodologies, or technology that CONTRACTOR developed prior to or as a result of this Contract or that are generally known and available.

3. CONTRACTOR understands that it must submit a written request to ODJFS and receive express written permission from ODJFS to include any of its own pre-existing, proprietary materials in any of the Deliverables under this Contract. ODJFS's approval of the inclusion of pre-existing, proprietary materials is predicated on CONTRACTOR granting to ODJFS and the State of Ohio a worldwide, non-exclusive, perpetual, royalty-free license to use, modify, sell, and otherwise distribute all such materials that are included in the Deliverables under this Contract. Upon request by CONTRACTOR, ODJFS will incorporate into any future copies of the Deliverables under this Contract any proprietary notice(s) CONTRACTOR may reasonably require for any pre-existing, proprietary materials included in the Deliverables of this Contract. Any proprietary notices will be the minimum required by law so as not to be seen as an endorsement by ODJFS of or advertisement for CONTRACTOR.

ARTICLE II. EFFECTIVE DATE OF THE CONTRACT

A. This Contract is in effect from the date of issuance of an approved State of Ohio purchase order (or _____, whichever is later, through _____, unless this Contract is suspended or terminated prior to the expiration date. This Contract may be renewed through June 30, 2017, upon satisfactory completion of activities hereunder, appropriation of funds by the Ohio General Assembly, and at the sole discretion of ODJFS. ODJFS will issue a notice to CONTRACTOR if ODJFS decides to renew this Contract. CONTRACTOR will not obligate resources in anticipation of a renewal until notice is provided.

B. It is expressly understood by both ODJFS and CONTRACTOR that this Contract will not be valid and enforceable until the Director of the Ohio Office of Budget and Management, first certifies, pursuant to Section 126.07 of the Ohio Revised Code (ORC), that there is a balance in the appropriation not already allocated to pay existing obligations. The ODJFS Contract Manager will notify CONTRACTOR when this certification is given.

ARTICLE III. COMPENSATION

A. The total amount payable under this Contract is TOTAL AMT Dollars ($TOTAL). ODJFS will pay an amount up to SFY1 AMT Dollars ($SFY 1) for State Fiscal Year SFY1 and up to SFY2 AMT Dollars ($SFY2) for State Fiscal Year SFY2 expressly for the completion of the Deliverables. CONTRACTOR understands that the terms of this Contract do not provide for compensation in excess of the total amount listed in this section. CONTRACTOR hereby waives the interest provisions of ORC 126.30.

It is further agreed that reimbursement of travel expenditures shall not exceed [SFY1 Travel Dollar Amount] Dollars ($SFY1 Travel) for SFY [SFY1] and [SFY2 Travel Dollar Amount] Dollars ($SFY2) for SFY [SFY2], which amounts are included in the total compensation figures above. Expense reimbursement authorized by this section is limited to actual and necessary expenses subject to the limits as established pursuant to ORC 126.31, which are set forth in OAC 126-1-02, as well as any other laws, regulations, or Governor's Executive Orders limiting travel expenses. CONTRACTOR expressly agrees not to submit claims for expenses which do not meet the requirements of this section and further agrees to submit all claims to the ODJFS Contract Manager for approval prior to submitting a claim for reimbursement.

B. Compensation will be paid pursuant to CONTRACTOR's accepted budget [or cost proposal] as incorporated below [or as attached].

C. CONTRACTOR will submit detailed invoices on a monthly, quarterly, annual basis to the ODJFS Bureau of Accounts Payable at 30 East Broad Street, 37th Floor, Columbus, Ohio 43215. CONTRACTOR agrees to use an invoice instrument to be prescribed by ODJFS and will include in each invoice:

1. CONTRACTOR's name, complete address, and federal tax identification number;

2. Contract number and dates;

3. Purchase order number;

4. Amount and purpose of the invoice, including such detail as required per the compensation section of this Contract, deliverables completed, description of services rendered, hourly rates and numbers of hours (if applicable), amount of monthly fee (if applicable), and itemized travel and other expenses if permitted by this Contract; and

5. Description of Deliverables performed during the billing period.

D. CONTRACTOR expressly understands that ODJFS will not compensate CONTRACTOR for any work performed prior to CONTRACTOR's receipt of notice from the ODJFS Contract Manager that the provisions of ORC 126.07 have been met as set forth in ARTICLE II, nor for work performed after the ending date of this Contract.

E. CONTRACTOR expressly understands that ODJFS does not have the ability to compensate CONTRACTOR for invoices submitted after the State of Ohio purchase order has been closed. CONTRACTOR must submit final invoices for payment no later than 90 calendar days after the ending date of this Contract. Failure to do so will be deemed a forfeiture of the remaining compensation due hereunder.

F. CONTRACTOR understands that availability of funds is contingent on appropriations made by the Ohio General Assembly or by funding sources external to the State of Ohio, such as federal funding. If the Ohio General Assembly or the external funding source fails at any time to continue funding ODJFS for the payments due under this Contract, this Contract will be terminated as of the date funding expires without further obligation of ODJFS or the State of Ohio.

G. CONTRACTOR and ODJFS understand that the terms of this Contract, when combined with any other payments made to or open encumbrances with CONTRACTOR during the same State Biennium, cannot establish compensation in excess of Fifty Thousand and 00/100 Dollars ($50,000.00) aggregate without prior approval from the State Controlling Board in accordance with ORC 127.16.

ARTICLE IV. SUSPENSION AND TERMINATION, BREACH AND DEFAULT

A. This Contract will automatically terminate upon expiration of the time period in ARTICLE II, or upon completion of all Deliverables, or once all of the compensation has been paid.

B. Notwithstanding other provisions in this ARTICLE, either party may terminate this Contract at will by giving 90 calendar days written notice to the other party. Upon 30 calendar days written notice to CONTRACTOR, ODJFS may suspend this Contract at ODJFS's sole discretion.

C. Notwithstanding the provision of Section A, above, ODJFS may suspend or terminate this Contract immediately upon delivery of a written notice to CONTRACTOR if:

1. ODJFS loses funding as described in ARTICLE III;

2. ODJFS discovers any illegal conduct by CONTRACTOR; or

3. CONTRACTOR has violated any provision of ARTICLE VIII.

D. Except as provided in Sections A and B of this ARTICLE, CONTRACTOR will have 30 calendar days within which to cure any breach that is curable after receipt of written notice from ODJFS that CONTRACTOR is

in breach of any of its obligations under this Contract. If CONTRACTOR fails to cure the breach within the 30 calendar days after written notice or if the breach is not curable, ODJFS may immediately suspend or terminate this Contract. ODJFS may also suspend or terminate this Contract when breaches are persistent, regardless of whether they are cured within 30 calendar days. For purposes of this Section, "persistent" means that ODJFS has notified CONTRACTOR three times in writing of CONTRACTOR's failure to meet any of its contractual obligations. The three notices do not have to relate to the same obligation or type of failure. After the third notice, ODJFS may suspend or terminate this Contract without a cure period if CONTRACTOR again fails to meet any contractual obligation. At the sole discretion of ODJFS, certain instances of breach may require a shorter cure period than the 30 calendar days generally applicable in this Section. In such instances, ODJFS will include in its notice of breach the shorter cure period deemed appropriate.

E. CONTRACTOR, upon receiving notice of suspension or termination, will:

1. Cease performance of the suspended or terminated Deliverables;

2. Take all necessary steps to limit disbursements and minimize costs including, but not limited to, suspending or terminating all contracts and subgrants related to suspended or terminated Deliverables;

3. Prepare and furnish a report to ODJFS, as of the date the notice of termination or suspension was received, that describes the status of all Deliverables and includes the results accomplished and the conclusions reached through Deliverables;

4. Return all records in their native format relating to cost, work performed, supporting documentation for invoices submitted to ODJFS, and copies of all materials produced under or pertaining to this Contract; and

5. Perform any other tasks ODJFS requires.

F. In the event of suspension or termination under this ARTICLE, ODJFS will, upon receipt of a proper invoice from CONTRACTOR, determine the amount of any unpaid Contract funds due to CONTRACTOR for Deliverables performed before CONTRACTOR received notice of termination or suspension. In order to determine the amount due to CONTRACTOR, ODJFS will base its calculations on the payment method described in ARTICLE III and any funds previously paid by or on behalf of ODJFS. ODJFS will not be liable for any further claims submitted by CONTRACTOR.

G. If ODJFS terminates this Contract for any reason provided in this ARTICLE, except for termination at will pursuant to Section B or termination for loss of funding pursuant to Section C, ODJFS will be entitled to utilize another contractor to complete the Deliverables of this Contract on any commercially reasonable terms as ODJFS and the covering contractor may agree. In this event, CONTRACTOR will be liable to ODJFS for all costs related to covering the project to the extent that such costs, when combined with payments already made to CONTRACTOR prior to termination, exceed the costs that ODJFS would have incurred under this Contract. CONTRACTOR's liability under this Section is in addition to any other remedies available to ODJFS pursuant to this Contract.

H. Upon CONTRACTOR's breach or default of provisions, obligations, or duties embodied in this Contract or any term of an award, a federal statute or regulation, an assurance, a State plan or application, a notice of award, or other applicable rule, ODJFS reserves the right to exercise any administrative, contractual, equitable, or legal remedies available without limitation. Any waiver by ODJFS of an occurrence of breach or default is not a waiver of subsequent occurrences. If ODJFS or CONTRACTOR fails to perform any obligation under this Contract and the other party subsequently waives the failure, the waiver will be limited to that particular occurrence of a failure and will not be deemed to waive other failures that may occur. Waiver by ODJFS will not be effective unless it is in writing signed by the ODJFS Director.

ARTICLE V. NOTICES

A. ODJFS and CONTRACTOR agree that communication regarding Deliverables, scope of work, invoice or billing questions, or other routine instructions will be between CONTRACTOR and the identified ODJFS Contract Manager.

B. Notices to ODJFS from CONTRACTOR that concern changes to CONTRACTOR's principal place of operation, billing address, legal name, federal tax identification number, mergers or acquisitions, corporate form, excusable delay, termination, bankruptcy, assignment, any notice pursuant to ARTICLE VIII, and/or any other formal notice regarding this Contract will be sent to the ODJFS Deputy Director of Contracts and Acquisitions at 30 East Broad Street, 31st Floor, Columbus, Ohio 43215.

C. Notices to CONTRACTOR from ODJFS concerning termination, suspension, option to renew, breach, default, or other formal notices regarding this Contract will be sent to CONTRACTOR's representative at the address appearing on the signature page of this Contract.

D. All notices will be in writing and will be deemed given when received. All notices must be sent using a delivery method that documents actual delivery to the appropriate address herein indicated (*e.g.*, certified mail).

ARTICLE VI. RECORDS, DOCUMENTS AND INFORMATION

CONTRACTOR agrees that all records, documents, writings, and other information, created or used pursuant to this Contract will be treated according to the following terms, and that the terms will be included in any subcontracts executed for the performance of the Deliverables under this Contract:

A. CONTRACTOR agrees that any media produced pursuant to this Contract or acquired with Contract funds will become the property of ODJFS. This includes all documents, reports, data, photographs (including negatives), and electronic reports and records. ODJFS will maintain the unrestricted right to reproduce, distribute, modify, maintain, and use the media in any way ODJFS deems appropriate. CONTRACTOR further agrees not to seek or obtain copyright, patent or other proprietary protection for any materials or items produced under this Contract. CONTRACTOR understands that all materials and items produced under this Contract will be made freely available to the public unless ODJFS determines that certain materials are confidential under federal or state law.

B. All ODJFS information that is classified as public or private under Ohio law will be treated as such by CONTRACTOR. Should the nature of any information be in question, ODJFS will determine whether the information is public or private. CONTRACTOR will restrict the use of any information, systems, or records ODJFS provides to the specific Deliverables of this Contract. CONTRACTOR and its employees agree to be bound by the same standards and rules of confidentiality that apply to employees of ODJFS and the State of Ohio. CONTRACTOR agrees that the terms of this section will be included in any subcontract executed by CONTRACTOR for work under this Contract.

C. CONTRACTOR information that is proprietary and has been specifically identified by CONTRACTOR as proprietary will be held as confidential by ODJFS. Proprietary information is information that would put CONTRACTOR at a competitive disadvantage in CONTRACTOR's market place and trade if it were made public. ODJFS reserves the right to require reasonable evidence of CONTRACTOR's assertion of the proprietary nature of any information. The provisions of this ARTICLE are not self-executing. CONTRACTOR must demonstrate that any information claimed as proprietary meets the definition of "trade secrets" found at ORC 1333.61.

D. All records relating to cost, work performed, supporting documentation for invoices submitted to ODJFS, and copies of all materials produced under or pertaining to this Contract will be retained by CONTRACTOR and will be made available for audit by state and federal government entities that include but are not limited to, ODJFS, the Ohio Auditor of State, the Ohio Inspector General and all duly authorized law enforcement officials. The records and materials will be retained and made available for a minimum of three years after CONTRACTOR receives the last payment pursuant to this Contract. If an audit, litigation or similar action is initiated during this time period, CONTRACTOR will retain the records until the action is concluded and all issues are resolved, or until the end of the three-year period if the action is resolved prior to the end of the three-year period. If applicable, CONTRACTOR must meet the requirements of the federal Office of

Management and Budget (OMB) Circulars A-110, A-122, and A-133. CONTRACTOR acknowledges, in accordance with ORC 149.43, that financial records related to the performance of services under this Contract are presumptively deemed public records.

E. All records relating to cost, work performed, supporting documentation for invoices submitted to ODJFS, and copies of all materials produced under or pertaining to this Contract will be retained by CONTRACTOR in accordance to the appropriate records retention schedule. The appropriate records retention schedule for this Contract is INSERT RECORDS SCHEDULE. If any records are destroyed prior to the date as determined by the appropriate records retention schedule, CONTRACTOR agrees to pay all costs associated with any cause, action or litigation arising from such destruction.

F. CONTRACTOR agrees to retain all records in accordance to any litigation holds that are provided to them by ODJFS, and actively participate in the discovery process if required to do so, at no additional charge. Litigation holds may require CONTRACTOR to keep the records longer than the approved records retention schedule. CONTRACTOR will be notified by ODJFS when the litigation hold ends and retention can resume based on the approved records retention schedule. If CONTRACTOR fails to retain the pertinent records after receiving a litigation hold from ODJFS, CONTRACTOR agrees to pay all costs associated with any cause, action or litigation arising from such destruction.

G. CONTRACTOR hereby agrees to current and ongoing compliance with Title 42, Sections 1320d through 1320d-8 of the United States Code (42 USC 1320d to1320d-8) and the implementing regulations found at Title 45, Parts 164.502(e) and 164.504(e) of the Code of Federal Regulations (45 CFR 164.502(e) and 164.504(e)) regarding disclosure of Protected Health Information under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). CONTRACTOR further agrees to include the terms of this section in any subcontracts that may be executed pursuant to this Contract.

ARTICLE VII. AMENDMENT AND ASSIGNMENT

A. This writing constitutes the entire agreement between ODJFS and CONTRACTOR with respect to all matters herein. Only a writing signed by both parties may amend this Contract. However, ODJFS and CONTRACTOR agree that any amendments to any laws or regulations cited herein will result in the correlative modification of this Contract without the necessity for executing written amendments. Any written amendment to this Contract will be prospective in nature.

B. CONTRACTOR agrees not to assign any interest in this Contract nor transfer any interest in the Contract without the prior written approval of ODJFS. CONTRACTOR will submit any requests for approval of assignments and transfers to the ODJFS Contract Manager at least ten business days prior to the desired effective date. CONTRACTOR understands that any assignments and transfers will be subject to any conditions ODJFS deems necessary and that no approval by ODJFS will be deemed to provide for any ODJFS obligation that exceeds the Contract amount specified in ARTICLE III of this Contract.

ARTICLE VIII. CONTRACTOR CERTIFICATION OF COMPLIANCE WITH SPECIAL CONDITIONS

By accepting this Contract and by executing this Contract, CONTRACTOR hereby affirms current and continued compliance with each condition listed in this ARTICLE. CONTRACTOR's certification of compliance with each of these conditions is considered a material representation of fact upon which ODJFS relied in entering into this Contract:

A. If at any time, CONTRACTOR is not in compliance with the conditions affirmed in this Section, ODJFS will consider this Contract *void ab initio* and will deliver written notice to CONTRACTOR. Any funds the State of Ohio paid CONTRACTOR for work performed before CONTRACTOR received notice that the Contract is *void ab initio* will be immediately repaid or the State of Ohio may commence an action for recovery against CONTRACTOR.

1. **Federal Debarment Requirements.** CONTRACTOR affirms that neither CONTRACTOR nor any of its principals or subcontractors, is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in transactions by any federal agency. CONTRACTOR also affirms that within three years preceding this Contract neither CONTRACTOR nor any of its principals:

a. Have been convicted of, or had a civil judgment rendered against them for commission of fraud or other criminal offense in connection with obtaining, attempting to obtain, or performing a federal, state, or local public transaction or contract under a public transaction; for violation of federal or state antitrust statutes; for commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements; or for receiving stolen property; or

b. Are presently indicted or otherwise criminally or civilly charged by a government entity (Federal, State, or local) for the commission of any of the offenses listed in this paragraph and have not had any federal, state, or local, public transactions terminated for cause or default.

2. **Qualifications to Conduct Business.** CONTRACTOR affirms that it has all of the approvals, licenses, or other qualifications needed to conduct business in Ohio and all are current. If at any time during the Contract period CONTRACTOR, for any reason, becomes disqualified from conducting business in the State of Ohio, CONTRACTOR will immediately notify ODJFS in writing and will immediately cease performance of all Deliverables.

3. **Unfair Labor Practices.** CONTRACTOR affirms that neither CONTRACTOR nor its principals are on the most recent list established by the Ohio Secretary of State, pursuant to ORC 121.23, which would identify CONTRACTOR as having more than one (1) unfair labor practice contempt of court finding.

4. **Finding for Recovery.** CONTRACTOR affirms that neither CONTRACTOR nor its principals or subcontractors, is subject to a finding for recovery under ORC 9.24, or it has taken the appropriate remedial steps required, or otherwise qualifies under ORC 9.24 to contract with the State of Ohio.

B. If at any time CONTRACTOR is not in compliance with the conditions affirmed in this Section, ODJFS may immediately suspend or terminate this Contract and will deliver written notice to CONTRACTOR. CONTRACTOR will be entitled to compensation, upon submission of a proper invoice per ARTICLE III, only for work performed during the time CONTRACTOR was in compliance with the provisions of this Section. Any funds paid by the State of Ohio for work performed during a period when CONTRACTOR was not in compliance with this Section will be immediately repaid or the State of Ohio may commence an action for recovery against CONTRACTOR.

1. **Americans with Disabilities.** CONTRACTOR, its officers, employees, members, and subcontractors hereby affirm current and ongoing compliance with all statutes and regulations pertaining to The Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973.

2. **Fair Labor Standards and Employment Practices.**

a. CONTRACTOR certifies that it is in compliance with all applicable federal and state laws, rules, and regulations governing fair labor and employment practices.

b. In carrying out this Contract, CONTRACTOR will not discriminate against any employee or applicant for employment because of race, color, religion, gender, national origin, military status, disability, age, genetic information, or sexual orientation, in making any of the following employment decisions: hiring, layoff, termination, transfer, promotion, demotion, rate of compensation, and eligibility for in-service training programs.

c. CONTRACTOR agrees to post notices affirming compliance with all applicable federal and state non-discrimination laws in conspicuous places accessible to all employees and applicants for employment.

d. CONTRACTOR will incorporate the foregoing requirements of this Paragraph 2 in all of its subgrants or subcontracts for any of the work prescribed herein.

3. **Ethics and Conflicts of Interest Laws.**

a. CONTRACTOR certifies that by executing this Contract, it has reviewed, knows and understands the State of Ohio's ethics and conflict of interest laws. CONTRACTOR further agrees that it will not engage in any action(s) inconsistent with Ohio ethics laws or any Executive Orders.

b. CONTRACTOR certifies, by executing this Contract, that no party who holds a position listed or described in ORC 3517.13 (I) or (J), has made, while in his/her current position, one (1) or more personal monetary contributions in excess of One Thousand and 00/100 Dollars ($1,000.00) to the current Governor or to the Governor's campaign committee when he was a candidate for office within the previous two (2) calendar years. ORC 3517.13 does not apply to professional associations organized under ORC Chapter 1785.

c. CONTRACTOR agrees to refrain from promising or giving to any ODJFS employee anything of value that could be construed as having a substantial and improper influence upon the employee with respect to the employee's duties. CONTRACTOR further agrees that it will not solicit any ODJFS employee to violate ORC 102.03, 2921.42, or 2921.43.

d. CONTRACTOR agrees that CONTRACTOR, its officers, employees, and members have not nor will they acquire any interest, whether personal, business, direct or indirect, that is incompatible, in conflict with, or would compromise the discharge and fulfillment of CONTRACTOR's functions and responsibilities under this Contract. If CONTRACTOR, its officers, employees, or members acquire any incompatible, conflicting, or compromising interest, CONTRACTOR agrees it will immediately disclose the interest in writing to the ODJFS Chief Legal Counsel at 30 East Broad Street, 31st Floor, Columbus, Ohio 43215-3414. CONTRACTOR further agrees that the person with the conflicting interest will not participate in any Deliverables until ODJFS determines that participation would not be contrary to public interest.

4. **Lobbying Restrictions.**

a. CONTRACTOR affirms that no federal funds paid to CONTRACTOR by ODJFS through this Contract or any other agreement have been or will be used to lobby Congress or any federal agency in connection with a particular contract, grant, cooperative agreement or loan. CONTRACTOR further affirms compliance with all federal lobbying restrictions, including 31 USC 1352. If this Contract exceeds One Hundred Thousand and 00/100 Dollars ($100,000.00), CONTRACTOR affirms that it has executed and filed the Disclosure of Lobbying Activities standard form LLL, if required by federal regulations.

b. CONTRACTOR certifies compliance with the Ohio executive agency lobbying restrictions contained in ORC 121.60 to 121.69.

5. **Child Support Enforcement.** CONTRACTOR agrees to cooperate with ODJFS and any child support enforcement agency in ensuring that CONTRACTOR and its employees meet child support obligations established by state and federal law including present and future compliance with any court or valid administrative order for the withholding of support issued pursuant to the applicable sections of ORC Chapters 3119, 3121, 3123, and 3125.

6. **Pro-Child Act.** If any Deliverables call for services to minors, CONTRACTOR agrees to comply with the Pro-Children Act of 1994; Public Law 103-277, Part C – Environment Tobacco Smoke that requires smoking to be banned in any portion of any indoor facility owned, leased, or contracted by an entity that will routinely or regularly use the facility for the provision of health care services, day care, library services, or education to children under the age of 18.

7. **Drug-Free Workplace.** CONTRACTOR, its officers, employees, members, any subcontractors and/or any independent contractors (including all field staff) associated with this Contract agree to comply with all applicable state and federal laws, including, but not limited to, 41 USC Chapter 10, regarding a drug-free workplace. CONTRACTOR will make a good faith effort to ensure that none of CONTRACTOR's officers, employees, members, or subgrantees will purchase, transfer, use, or possess illegal drugs or alcohol or abuse prescription drugs in any way while working or while on public property.

8. **Work Programs.** CONTRACTOR agrees not to discriminate against individuals who have or are participating in any work program administered by any county department of Job and Family Services under ORC Chapter 5101 or 5107.

9. **MBE/EDGE.** Pursuant to the Governor's Executive Order 2008-13S, CONTRACTOR agrees to purchase goods and services under this Contract from certified Minority Business Enterprise (MBE) and Encouraging Diversity, Growth, and Equity (EDGE) vendors whenever possible. CONTRACTOR agrees to encourage any of its subgrantees or subcontractors to purchase goods and services from certified MBE and EDGE vendors.

10. **Expenditure of Public Funds for Offshore Services—Executive Order Requirements.**

    a. CONTRACTOR certifies that by executing this Contract, it has reviewed, understands, and will abide by the Governor's Executive Order 2011-12K and shall abide by those requirements in the performance of this Contract, and shall perform no services required under this Contract outside of the United States.

    b. Prior to performing any services, and when there is a change in the location of any services provided under this Contract, CONTRACTOR must disclose:

        (1) The location(s) where all services will be performed by CONTRACTOR or any subcontractor;

        (2) The location(s) where any state data associated with any of the services through this Contract will be accessed, tested, maintained, backed-up, or stored; and

        (3) The principal location of business for the contractor and all subcontractors.

    c. CONTRACTOR also affirms, understands, and agrees to immediately notify ODJFS of any change or shift in the location(s) of services performed by CONTRACTOR or its subcontractors under this Contract, and no services shall be changed or shifted to a location outside of the United States.

    d. Termination, Sanction, Damages**:** ODJFS is not obligated and shall not pay for any services provided under this Contract that CONTRACTOR or any of its subcontractors performed outside of the United States. If services are performed outside of the United States, this will be treated as a material breach of the Contract, and CONTRACTOR shall immediately return to ODJFS all funds paid for those services.

        In addition, if CONTRACTOR or any of its subcontractors perform any such services outside of the United States, ODJFS may, at any time after the breach, terminate this Contract for such breach, upon written notice to CONTRACTOR. If ODJFS terminates the Contract, ODJFS may buy substitute services from a third party, and may recover the additional costs associated with acquiring the substitute services.

11. **Certification of Compliance.** CONTRACTOR certifies that it is in compliance with all other applicable federal and state laws, regulations, and rules and will require the same certification from its subgrantees or subcontractors.

ARTICLE IX. MISCELLANEOUS PROVISIONS

A. **Independent Contractor.** CONTRACTOR agrees that no agency, employment, joint venture, or partnership has been or will be created between ODJFS and CONTRACTOR. CONTRACTOR further agrees that as an independent contractor, it assumes all responsibility for any federal, state, municipal or other tax liabilities along with workers compensation, unemployment compensation and insurance premiums that may accrue as a result of funds received pursuant to this Contract. CONTRACTOR agrees that it is an independent contractor for all purposes including, but not limited to, the application of the Fair Labor Standards Act, the Social Security Act, the Federal Unemployment Tax Act, the Federal Insurance

Contribution Act, provisions of the Internal Revenue Code, Ohio tax law, Workers Compensation law, and Unemployment Insurance law.

B. **Limitation of Liability.** To the extent allowable by law, CONTRACTOR agrees to hold ODJFS harmless in any and all claims for personal injury, property damage, and/or infringement resulting from Deliverables. CONTRACTOR's sole and exclusive remedy for any ODJFS failure to perform under this Contract will be an action in the Ohio Court of Claims pursuant to ORC Chapter 2743 that will be subject to the limitations set forth in this ARTICLE. In no event will ODJFS be liable for any indirect or consequential damages, including loss of profits, even if ODJFS knew or should have known of the possibility of such damages. To the extent that ODJFS is a party to any litigation arising out of or relating in any way to this Contract or the performance thereunder, such an action shall be brought only in a court of competent jurisdiction in Franklin County, Ohio.

C. **Infringement of Patent or Copyright.** To the extent allowable by law and subject to ORC 109.02, CONTRACTOR agrees to defend any suit or proceeding brought against ODJFS, any official or employee of ODJFS acting in his or her official capacity, or the State of Ohio due to any alleged infringement of patent or copyright arising out of the performance of this Contract, including all work, services, materials, reports, studies, and computer programs provided by CONTRACTOR. ODJFS will provide prompt notification in writing of such suit or proceeding; full right, authorization, and opportunity to conduct the defense thereof; and full disclosure of information along with all reasonable cooperation for the defense of the suit. ODJFS may participate in the defense of any such action. CONTRACTOR agrees to pay all damages and costs awarded against ODJFS, any official or employee of ODJFS in his or her official capacity, or the State of Ohio as a result of any suit or proceeding referred to in this Section C. If any information and/or assistance is furnished by ODJFS at CONTRACTOR's written request, it is at CONTRACTOR's expense. If any of the materials, reports, or studies provided by CONTRACTOR are found to be infringing items and the use or publication thereof is enjoined, CONTRACTOR agrees to, at its own expense and at its option, either procure the right to publish or continue use of such infringing materials, reports, or studies; replace them with non-infringing items of equivalent value; or modify them so that they are no longer infringing. The obligations of CONTRACTOR under this Section survive the termination of this Contract, without limitation.

D. **Liens.** CONTRACTOR will not permit any lien or claim to be filed or prosecuted against ODJFS or the State of Ohio because of any labor, services, or materials furnished. If CONTRACTOR fails, neglects, or refuses to make prompt payment of any claims for labor, services, or materials furnished to CONTRACTOR in connection with this Contract, ODJFS or the State of Ohio may, but is not obligated to, pay those claims and charge the amount of payment against the funds due or to become due to CONTRACTOR under this Contract.

E. **Delay.** Neither party will be liable for any delay in its performance that arises from causes beyond its control and without its negligence or fault. The delaying party will notify the other promptly of any material delay in performance and will specify in writing the proposed revised performance date as soon as practicable after notice of delay. The delaying party must also describe the cause of the delay and its proposal to remove or mitigate the delay. Notices will be sent pursuant to ARTICLE V. In the event of excusable delay, the date of performance or delivery of products may be extended by amendment, if applicable, for a time period equal to that lost due to the excusable delay. Reliance on a claim of excusable delay may only be asserted if the delaying party has taken commercially reasonable steps to mitigate or avoid the delay. Items that are controllable by CONTRACTOR's subcontractor(s) will be considered controllable by CONTRACTOR, except for third-party manufacturers supplying commercial items and over whom CONTRACTOR has no legal control. The final determination of whether an instance of delay is excusable lies with ODJFS in its discretion.

F. **Counterpart.** This Contract may be executed in one, or more than one counterpart, and each executed counterpart shall be considered an original, provided that such counterpart is delivered to the other party by facsimile, mail courier or electronic mail, all of which together shall constitute one and the same agreement.

ARTICLE X. CONSTRUCTION

This Contract will be governed, construed, and enforced in accordance with the laws of the State of Ohio. Should any portion of this Contract be found unenforceable by operation of statute or by administrative or judicial decision, the remaining portions of this Contract will not be affected as long as the absence of the illegal or unenforceable provision does not render the performance of the remainder of the Contract impossible.

Signature Page Follows:

Remainder of page intentionally left blank

ATTACHMENT C
RFP JFSR1415068082
Technical Proposal Score Sheet

PHASE I: Initial Qualifying Criteria **Vendor:_____**

The proposal must meet all of the following Phase I proposal acceptance criteria in order to be considered for further evaluation. Any proposal receiving a "no" response to any of the following qualifying criteria **shall be disqualified from consideration**.

ITEM #	PROPOSAL ACCEPTANCE CRITERIA	RFP Sec. Reference	YES	NO
1	Was the vendor's proposal received by the deadline as specified in the RFP?	2.1		
2	Did the vendor submit a proposal comprised of a Technical Proposal and, in a separate, appropriately labeled, sealed envelope, a Cost Proposal?	5.1 5.2, B.		
3	Does the vendor's proposal include all required affirmative statements and certifications, signed (in all required parts) by the vendor's responsible representative, as described in Attachment A to the RFP?	5.2, A.		
4	Is the vendor free from being prohibited to enter into a contract with ODJFS, due to restrictions related to the federal debarment list, unfair labor findings, or as established in ORC 9.24?	8.18 / 8.19 8.20		
5	Has the vendor provided a statement affirming that they are a state-supported Ohio college or university?	1.1 3.1, A.		
6	Has the vendor demonstrated at least five (5) years experience in the research and analysis of social welfare programming and initiatives?	3.1, B.		
7	Has the vendor identified and assigned a Lead Researcher that possesses a Doctorate Degree in Social Work, Social/Behavioral Science, Social Research, Public Administration or a related discipline and a minimum of five (5) years experience in the social services field (social work practice in the field of child protective services preferred)?	3.1, C.		
8	Has the vendor identified and assigned a Project Manager/Supervisor (may be the Lead Researcher) to supervise this project? Has the vendor demonstrated that the Project Manager/Supervisor possesses at minimum: 1. A graduate degree in social work, quantitative psychology, or other related/equivalent discipline for research and evaluation; 2. Five (5) years experience in project management; 3. Experience in statistical, quantitative and qualitative data analysis; and, 4. Experience in research, assessments, and evaluation?	3.1, D. 3.3, A., 1.		
9	Has the vendor demonstrated that their subcontractor, if applicable, has met all the required qualifications as stated in Section 3.1 / 3.1,E. of the RFP? [If the vendor will not be working with a subcontractor, the response to this requirement will default to "Yes".]	3.1, E.		
10	Did the review team (in its initial/cursory review of the vendor's proposal) determine that the proposal was free of trade secret/proprietary information as specified/restricted in the RFP?	5.2, C. 8.5		
11	Did the vendor remove all personal confidential information (such as home addresses and social security numbers) of vendor staff and/or of any subcontractor and subcontractor staff from resumes or any other part of the proposal package? [As stated in the RFP, "ODJFS reserves the right to disqualify any vendor whose proposal is found to contain such prohibited personal information."]	3.1/3.3 5.2, C. 8.25		
	If response to the above criterion is "no", has ODJFS exercised its right to allow prohibited personal information in vendors' proposals for this RFP project? a) If "yes" to this question, the vendor's proposal shall advance to Phase II scoring contingent upon vendor's proposal receiving a "yes" response to all other Phase I criteria. b) If "no" to this question, the vendor's proposal shall be disqualified and not receive further consideration.			

12. Has the vendor proposed any changes to the ODJFS model contract/ grant agreement attached to this competitive document for use in the event of its selection for this project? Requested changes to the model agreement have no effect on a vendor's / applicant's proposal score. However, any such requested changes must be approved by ODJFS either as requested or following a process of negotiation. At the sole discretion of ODJFS, any proposed changes to the ODJFS model agreement that cannot be accepted or negotiated without causing undue delay (as defined by ODJFS) in the execution of a contract may result in the disqualification of the vendor and its proposal. See Section 6.2, Review Process Caveats, and Section 8.6, Contractual Requirements of the RFP for more details on this situation.	Yes; changes proposed?	No changes proposed?
13. If changes were proposed by this vendor, are those changes such that ODJFS disqualifies the vendor?	Disqualified	NOT Disqualified

PHASE II: Criteria for Scoring of Technical Proposal

Qualifying technical proposals will be collectively scored by a Proposal Review Team (PRT) appointed by ODJFS, Office of Families and Children (OFC). For each of the evaluation criteria given in the following score sheet, reviewers will collectively judge whether the technical proposal exceeds, meets, partially meets or does not meet the requirements expressed in the RFP, and assign the appropriate point value, as follows:

0	6	8	10
Does Not Meet Requirement	Partially Meets Requirement	Meets Requirement	Exceeds Requirement

Technical Performance Scoring Definitions:

"Does Not Meet Requirement"- A particular RFP requirement was not addressed in the vendor's proposal, **Score: 0**

"Partially Meets Requirement"-Vendor proposal demonstrates some attempt at meeting a particular RFP requirement, but that attempt falls below acceptable level, **Score: 6**

"Meets Requirement"-Vendor proposal fulfills a particular RFP requirement in all material respects, potentially with only minor, non-substantial deviation, **Score: 8**

"Exceeds Requirement"-Vendor proposal fulfills a particular RFP requirement in all material respects, and offers some additional level of quality in excess of ODJFS expectations, **Score: 10**

A technical proposal's total PHASE II score will be the sum of the point value for all the evaluation criteria. The review team will collectively score each individual qualifying proposal. Technical proposals which do not meet or exceed a total score of at least **256 points** (a score which represents that the selected vendor has the capability to successfully perform the project/program services) out of a maximum of **336 points**, will be disqualified from further consideration, and its cost proposal will neither be opened nor considered. Only those vendors whose Technical Proposals meet or exceed the minimum required technical points will advance to PHASE III of the technical proposal score sheet.

ITEM #	EVALUATION CRITERIA	RFP SEC. REF.	Weighting	Doesn't Meet 0	Partially Meets 6	Meets 8	Exceeds 10
VENDOR QUALIFICATIONS							
MANDATORY VENDOR QUALIFICATIONS							
1	The vendor has demonstrated at least five (5) years experience in the research and analysis of social welfare programming and initiatives.	3.1, B.	1.5				
2	The vendor has identified and assigned a Lead Researcher that possesses a Doctorate Degree in Social Work, Social/Behavioral Science, Social Research, Public Administration or a related discipline and a minimum five (5) years experience in the social services field (social work practice in the field of child protective services preferred).	3.1, C.	3.0				
3	The vendor has identified and assigned a Project Manager/Supervisor (may be the Lead Researcher) to supervise this project? Has the vendor demonstrated that the Project Manager/Supervisor possesses at minimum: 1. A graduate degree in social work, quantitative psychology, or other related/equivalent discipline for research and evaluation; 2. Five (5) years experience in project management; 3. Experience in statistical, quantitative and qualitative data analysis; and, 4. Experience in research, assessments, and evaluation.	3.1, D.	2.0				
ORGANIZATIONAL EXPERIENCE & CAPABILITIES							
4	The vendor has provided samples of at least two, but no more than four, similar sized projects completed in the past five (5) years that demonstrates expertise in conducting an evaluation for reliability, validity, and application.	3.2, A.	1.5				
5	The vendor has provided names and contact information for at least three entities for which the vendor has performed similar large scale projects in the past five (5) years.	3.2, B.	1.5				

ITEM #	EVALUATION CRITERIA	RFP SEC. REF.	Weighting	Doesn't Meet 0	Partially Meets 6	Meets 8	Exceeds 10
STAFF EXPERIENCE & CAPABILITIES							
In this section, the vendor must have identified the individual(s) who will fulfill each of these roles and must have clearly demonstrated that each identified individual has the required education and experience to fulfill his/her assigned position and, if applicable, explained the methodology that has been or will be utilized in carrying out responsibilities under the contract.							
6	The vendor has included profiles and curriculum vitae of all key positions.	3.3	1.5				
7	The vendor has identified and assigned a Lead Researcher that: a. Possesses at minimum five (5) years post doctorate experience conducting social science research and or program evaluation applying research methodology to social welfare programming; research experience in the child welfare field preferred; b. Experience in child welfare data extraction and collection; and, c. Experience in performing in-depth program research, evaluation and statistical analyses; experience performing in-depth program research, evaluation and statistical analyses in the field of child protective services specifically with clinical assessments and actuarial assessments of safety and risk preferred.	3.3, A., 1.	3.0				
8	The vendor has identified and assigned a Project Manager/Supervisor that has: a. Five (5) years experience in the social services field; social work practice in the field of child protective services preferred; and, b. Experience in statistical, quantitative and qualitative data analysis; preferably in child protective services field.	3.3, A., 2.	3.0				
9	The vendor has demonstrated that research staff working on this project: a. Possess a Bachelor's degree in a social science discipline or be enrolled in an undergraduate educational program pursuing a Bachelor's degree in a social science discipline; -OR-, b. Are knowledgeable of the social work assessment processes in the child protective services field.	3.3, B.	2.0				
10	The vendor has identified if applicable, all and/or any potential subcontractors which may be utilized in the project. As applicable to project role, the subcontractors must possess the aforementioned qualifications as outlined in Section 3.3 of the RFP. [Vendors who do not utilize any subcontractors will receive a "meets" score for this criterion by default.]	3.3, C.	1.0				
ADMINISTRATIVE STRUCTURES							
11	The vendor has provided a project plan that identifies and explains how the proposed project will achieve key objectives (as identified in Section 1.3 of the RFP) such as; evaluation of the validity and reliability of each of the CAPMIS tools; identification of the extent CAPMIS provides the prompting and analysis of information to enable caseworkers to determine levels of safety and risk at critical points throughout the life of a child welfare case at which the key decision-making must occur including: acceptance of a child abuse or neglect report which begins an assessment/investigation; completion of an assessment/investigation of a child abuse/neglect report; the removal of a child from his/her home; completion of administrative reviews for cases receiving ongoing services; and, prior to case closure for cases receiving ongoing services, and at reunification of a child to his/her home.	4.3, A.	2.0				
12	The vendor has provided a technical approach and work plan to be implemented.	4.3, B.	1.0				
13	The vendor has provided a plan which includes how the following pre-implementation activities will be addressed: 1. Compliance with ODJFS and/or county agency confidentiality requirements; 2. Identification of sample size; 3. Identification of sampling methodology; 4. Developing and providing the review tools for approval by ODJFS to gather outcome data; 5. If applicable, establishment of on-site visit protocols; 6. Establishment of testing protocols; 7. Achieving necessary approvals and clearances by ODJFS and/or county agencies; 8. Execution of a data sharing agreement; and, 9. Outline of the approach the vendor will take to finalize the work plan.	4.1, A.	2.0				

ITEM #	EVALUATION CRITERIA	RFP SEC. REF.	Weighting	Doesn't Meet 0	Partially Meets 6	Meets 8	Exceeds 10
14	The proposed work plan includes: 1. A description of the methodology/rationale that would be used for determining the specific data needed from Ohio's SACWIS to be used in the evaluation; 2. The identification of the recommended sampling methodology to gather a statewide representative sample from Ohio's diverse PCSAs; 3. A general process to conduct county staff interviews / case reviews if necessary to gather evaluation data; 4. The identification of how validly and reliably the CAPMIS assessment tools measure risk and safety of children at critical decision-making points that occur throughout the continuum of child welfare service provision; 5. The degree the implementation of the model has had on the reliability and consistency of services and outcomes across workers and with the same worker across cases is included in the proposal; and, 6. The manner in which the proposed study must be designed to examine how validly and reliably the CAPMIS tools measure risk and safety of children at critical points in time in which the key decision-making occurs throughout the continuum of child welfare service provision. 7. A description of how research methods and approaches, such as sample size and accuracy, will be selected to assure confidence in the assessment of the elements identified in the table in the RFP; identify/finalize a sampling methodology to be used that assures the sample size will be sufficient to provide stable and reliable data; a description of how the evaluation should account for the items outlined within the following table; a description how the evaluation should account for the items within the following table to ensure a comprehensive review. 8. A description of how an analysis of the findings of this project are to be compared to at least three other similar research studies which have been conducted elsewhere, excluding the previous Ohio study (literature review).	4.1, B.	2.0				
15	The proposal addresses the determination of the level of validity and reliability of each CAPMIS tool; including to what extent CAPMIS prompts the collection and analysis of information to enable caseworkers to determine current levels of safety and risk at critical points in which the key decision-making occurs throughout the continuum of child welfare service provision.	4.1, B., 5.	2.0				
16	The work plan and approach section of the vendor's proposal includes a proposed timeline for the project activities. The ODJFS targeted timeframe for the execution and completion of this work (as described in this RFP) is as follows: twelve (12) months for data collection to include pre-implementation activities, six (6) months for data analysis and report writing, and six (6) months to present the findings at various venues around Ohio.	4.3, C.	1.0				
17	The vendor has provided a status reporting procedure for reporting work completed and resolution of unanticipated problems.	4.3, D.	1.0				
18	The vendor has provided a current organizational chart (including any subcontractors and all organizational partnerships and collaborations) and specified the key management and administrative personnel who will be assigned to this project.	4.3, E.	1.0				
19	The vendor has provided a timeline for each component of the scope of work and the project overall including the staff hours for personnel involved. Include a Table of Organization (including any subcontractors) and a chart showing the number of hours devoted to the project by vendor or sub-contractor staff. The vendor must provide the percentage of time each key management person will devote to the project.	4.3, F.	1.0				
PROPOSAL ORGANIZATION							
20	The vendor has submitted a proposal which complies with the specified submission format.	5.1	.25				
21	The vendor has submitted a proposal which is free of self-promotional claims.	5.1	.25				
22	The vendor has submitted a proposal which has been thoroughly proofread for spelling and grammatical errors.	5.1	.25				
TRADE SECRET INFORMATION							
23	The review team in its comprehensive review of the vendor's proposal has determined that the proposal was free of trade secret/proprietary information as specified/restricted in the RFP. **[A "no" response will disqualify the vendor's proposal and will not advance to the consideration of the vendor's Cost Proposal.]**	5.2, C. 8.5			**YES**	**NO**	
Column Subtotal of "Partially Meets" points							
Column Subtotal of "Meets" points							

Column Subtotal of "Exceeds" points		
GRAND TOTAL SCORE:		

Based upon the Grand Total Technical Score earned, does the vendor's proposal proceed to the Phase III evaluation of its Cost Proposal? (Vendor's Grand Total Technical Score must be at least 256 points.) Yes ___ No ___ (If "No," Vendor's Cost Proposal will not be opened.)

ATTACHMENT D:
Cost Proposal Form and Instructions
(Page 1 of 2)

Vendors are to complete the Cost Proposal Form, provided as Attachment D. to this RFP according to instructions, sign it, and submit it fully completed as the separate sealed cost proposal. The Cost Proposal Form requires interested vendors to provide a group of individual prices for those services defined in Section 4.4 Specifications of Deliverables. Vendors are to use their professional expertise of the effort required to perform those services and to offer to ODJFS their flat, all-inclusive fees for performing each. The prices offered in the selected vendor's cost proposal will be the prices in effect throughout the contract period, including any renewal contracts.

Vendors are to use the format in Attachment D., Cost Proposal Form, to submit their cost proposal for SFYs 15, 16 and 17. At the vendor's discretion, additional documentation may also be included with the completed Attachment D. as explanatory information, but when making the vendor selections and when executing the contract, ODJFS will consider only the dollar amounts displayed on the Cost Proposal Form. In calculating their total proposed cost, vendors must consider cost resulting from each deliverable listed in Section 4.4 of this RFP, as well as all program costs, primary and incidental, necessary to complete all program activities (whether explicitly identified by ODJFS in this RFP or not). *ODJFS encourages vendors to plan their projects according to the targeted timeframe described in Section 4.3, C of this RFP, which would result in 24 months of project activity.

Part I. Cost Summary				
DELIVERABLES (Sec. 4.4, A. through F., of the RFP)	**SFY 2015 (Partial) (est. 11/20/14 – 6/30/15)**	**SFY 2016 (7/1/15 – 6/30/16)**	**SFY 2017* (Partial) (7/1/16 – 11/20/16)**	**Total Deliverable Cost for All SFYs**
1.	$			$
2.	$			$
3.	$	$	$	$
4.	$	$	$	$
5.		$	$	$
6.		$	$	$
SFY 15 Grand Total	$			
SFY 16 Grand Total		$		
SFY 17 Grand Total			$	
Project Grand Total				$

I hereby affirm that the above costs as quoted above are firm and all-inclusive. Signed: _____ (To be signed by the vendor's representative authorized to address contractual issues, including the authority to execute a contract on behalf of the vendor, and to whom legal notices regarding contract termination or breach, should be sent.)

Print/type the above vendor's representative name and title: _____

Company/Organization Name: _____

Part II—Cost Narrative

Vendors have the option of attaching a succinct cost narrative to explain and justify costs, and to submit it as part of the Cost Proposal. A Cost Narrative may be advisable to explain any costs which the vendor has chosen to combine, to explain how hourly rates were achieved, or to make the connections between costs and the technical proposal.

CAPMIS EVALUATION REPORT

Executive Summary

Scottye J. Cash, Ph.D.
A. Celeste Burke, Ph.D.
Tom Gregoire, Ph.D.

The Ohio State University

College of Social Work

EXECUTIVE SUMMARY

The Comprehensive Assessment and Planning Model—Interim Solution (CAPMIS)
Pilot Implementation Evaluation

The Comprehensive Assessment and Planning Model—Interim Solution (CAPMIS) pilot implementation project began May 1, 2005. Greene, Hancock, Lorain, and Muskingum counties served as the pilot counties for implementation and evaluation of the new CAPMIS model. The counties were chosen based on their willingness to serve as pilot sites and their varied size. The model was developed to provide a structured, reliable, and valid set of tools for assessing safety and risk and for working with families who have come to the attention of the county child welfare agency. The evaluation project began October 1, 2005 and concludes June 30, 2008. The research team at the Ohio State University worked in partnership with the administrators and staff at the Ohio Department of Job and Family Services (ODJFS) and staff and supervisors in the pilot counties. The evaluation had four primary goals which remained the focus of the evaluation. These include: implementation of the CAPMIS model, reliability of the use of the tools, validity of the tools, and the relationship between needs, services, and outcomes. Four of the CAPMIS tools are the primary focus of this report. These tools include: the Safety Assessment (SA), Family Assessment (FA), Case Review (CR), and Semiannual Administrative Review (SAR). The frequency of use for the remaining tools within the protocol was not high enough to provide a valid sample for evaluation.

Implementation

The majority of the first year was devoted to the Implementation component of the evaluation. Focus groups were conducted at each pilot site with caseworkers and supervisors. Participants were asked to identify strengths and limitations for each tool. Several focus groups were conducted to allow ample time for data collection. Data were analyzed using a content analysis approach. The following is a summary focus group findings and content analysis.

- Provide ongoing technical assistance when issues arise in the field

- The pilot counties were encountering issues, a common occurrence for pilot projects, when implementing the tools in the field. The staff of ODJFS worked with the Pilot Implementation Managers to identify and develop strategies to answer technical questions as they arise.
- Note: ODJFS was on a strict schedule to create and implement the Ohio Statewide Automated Child Welfare Information System (SACWIS). SACWIS was being developed and tested while CAPMIS was being piloted in the four counties. This created an added need for clear, supportive technical assistance to support the counties as they are implementing both the CAPMIS model on the SACWIS computer framework.

- Clarify substantive issues
  - There was some confusion around the different constructs implemented in CAPMIS. These included: creating a distinction between safety and risk, the difference between strengths and the absence of risk contributors (e.g., does the absence of a risk contributor indicate that the item is a strength), and the management of screening and assessment of sexual abuse. Additional technical assistance was created to clarify and resolve the confusion. The technical assistance included: on-site visits with staff, the development of supportive materials, and the creation of a Question and Answer repository that is updated frequently.
- Address the perceived redundancy in the Family Assessment
  - Caseworkers expressed frustration regarding the perceived redundancy of assessment areas between the risk contributors and the Abuse and Neglect Scales. Additional training and technical assistance were provided. This helped workers and supervisors understand the importance of both the risk contributors and the Abuse and Neglect scales when assessing families.
- Address concerns about county differences
  - The Pilot Implementation Committee was created to provide a forum where county Pilot Implement Managers could discuss their questions, concerns, and problematic cases with ODJFS. Each county faced different challenges in the application of the model. ODJFS was successful at providing an open forum to

generate understanding of the issues faced in and across counties. These county differences will be even more pronounced as the other counties have their own idiosyncrasies for demographics and community expectations.

- Address the identified data sources and collection issues in the counties
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  - When a discrepancy was identified, the reviewer logged the discrepancies with explanations for their disagreement with the caseworker. The discrepancy logs provided a source of qualitative data that were then analyzed using content analysis.
    - Analysis of the discrepancy logs showed that the discrepancies are more subjective and less "concrete" in nature. For example, many of the items on the Abuse and Neglect scales on the Family Assessment are very specific and concrete in the interpretation (e.g., Prior reports).
    - Recommendations include providing additional training on how the more subjective items are operationalized and measured consistently.
    - There were also some discrepancies between similar items from the risk contributors and the items on the Abuse and Neglect scales. It is recommended that training focus specifically on the differences between the concepts on the different parts of the Family Assessment and the reasoning behind the inclusion of similar types of assessment items.

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were not possible for all counties for specific research questions as the sample size was too small to be useful. In other cases, the data violated the statistical assumptions of the analysis therefore making the results invalid and not appropriate for discussion. The following sections summarize the overall conclusions about how the risk contributors and Abuse and Neglect Scales performed in relation to the stated dependent variable.

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- Adult Substance Use—increased likelihood of substantiation
- Adult Response to Stress—increased likelihood of substantiation
- Adult Parenting—increased likelihood of substantiation
- Resource Management—increased likelihood of substantiation

Identified Items on Neglect Scale

- Neglect Report—decreased likelihood of substantiation
- Prior Report—decreased likelihood of substantiation
- Number of Children >3—increased likelihood of substantiation

- Number of adults is >1—decreased likelihood of substantiation
- Caregiver Issues—increased likelihood of substantiation
- Harmful Relationships—increased likelihood of substantiation
- Substance Abuse—increased likelihood of substantiation
- Financial Difficulties—increased likelihood of substantiation
- Caregiver Response to Investigation—increased likelihood of substantiation

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- Caregiver Substance Abuse—increased likelihood of substantiation
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- Adult Parenting—increased likelihood case will open
- Adult Victimize other children—decreased likelihood case will open
- Adult Impact of Past Services—increased likelihood case will open

Identified Family Functioning (Greene, Lorain, Muskingum)

- Family Roles—increased likelihood case will open
- Resource Management—increased likelihood case will open

- Extended Family Support—increased likelihood case will open

Identified Items on Neglect Scale (Hancock, Lorain, Muskingum)

- Prior Report—increased likelihood case will open
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- Caregiver Issues—increased likelihood case will open
- Substance Abuse—increased likelihood case will open
- Severe Financial Difficulty—increased likelihood case will open
- Caregiver Motivation to Improve—increased likelihood case will open
- Caregiver Response to investigation—increased likelihood case will open

Identified Items on Abuse Scale (all counties)

- Report for historical abuse and/or Emotional Abuse—decreased likelihood case will open
- Prior Abuse Reports—increased likelihood case will open
- Prior CPS History—increased likelihood case will open
- Number of Children >2—decreased likelihood case will open
- Caregiver(s) Abused as a Child—increased likelihood case will open
- 2nd Caregiver Alcohol Use—increased likelihood case will open
- 2nd Caregiver Drug Use—increased likelihood case will open
- Caregiver History of Domestic Violence—increased case likelihood case will open
- Caregiver Parenting Problems—increased case likelihood case will open

Is there a difference in risk scores for cases recurring versus those that did not?

Yes. Scores for the risk contributors and Abuse and Neglect total risk scores were higher for cases that recurred as compared to those that did not.

Are the number of risk contributors for each subscale (e.g., Child Functioning) related to the cases experiencing a recurrence?

There were small differences between almost all. In the case of Child Functionally, they were essentially the same.

Is there a difference in recurrence by level of risk?

Yes. There are some differences which are specific to the level of risk.

Is there a difference in recurrence by level of substantiation?

No. All three disposition levels had similar percentages of cases that recurred.

Is there a difference in recurrence by case decision?

Yes. Referred cases were slightly more likely to have a recurrence. Cases that close have lower risks and are closed. Cases that are opened have higher risks and are opened. The moderate cases seem to fall in the gap and are referred for services because the risks aren't as high. These cases are not completely closed because the risks are somewhat higher than the closed cases.

What is the relationship between safety factors and the likelihood case will have recurrence?

Safety Factors and Recurrence

- #3 serious harm—increased likelihood of recurrence
- #8 immediate needs—decreased likelihood of recurrence
- #15 other—decreased likelihood of recurrence

What is the relationship between risk totals and the likelihood cases will have recurrence?

Identified Risk Contributors and Level of Risk on Recurrence (Lorain)

- Adult Impact of Past Services—increased likelihood of recurrence
- Moderate Risk (compared to Low Risk) —increased likelihood of recurrence
- High/Intensive Risk (compared to Low Risk)—increased likelihood of recurrence

Identified Items on Neglect Scale and Recurrence (Lorain)

- Prior reports—increased likelihood of recurrence

- 2 or more adults in home—increased likelihood of recurrence
- Caregiver is 28 years or older—increased likelihood of recurrence
- Inconsistent attitude—increased likelihood of recurrence
- Unmotivated—decreased likelihood of recurrence
- Unrealistic—decreased likelihood of recurrence

Identified Items on Abuse Scale and Recurrence (Lorain)

- Prior CPS History—increased likelihood of recurrence
- Number of Children >1—decreased likelihood of recurrence

Needs, Services, and Goal Attainment

Needs and Services

- The relationship between needs/concerns and services referred and goal attainment were explored for Lorain County. The needs and service referrals were matched based on specific criteria so that the overall need type (e.g., concrete need) was matched with the specific service type (e.g., concrete service). These data showed that across many domains of needs, the family received the corresponding service referral. For example, if a family had a need that was considered to be a concrete need, the family received a concrete service referral? Data also indicated that some service referrals were made even when that particular need had not been identified.

What is the relationship between concerns identified and related service referrals?

- Concrete Concern (n=221): 55.2% had need identified and received service referral
- Placement Concern (n=246): 20.3% had need identified and received service referral
- Safety Concern (n=254): 45.7% had need identified and received service referral
- Child Abuse and Neglect (n=251): 25.9% had need identified and received service referral
- Legal Concern (n=131): 45.8% had need identified and received service referral

- Clinical Concern (n=240): 66.3% had need identified and received service referral
- Behavioral Adult (n=243): 34.6% had need identified and received service referral
- Behavioral Child (n=230): 20.9% had need identified and received service referral
- Emotional Adult (n=229): 17.0% had need identified and received service referral
- Emotional Child (n=240): 35.0% had need identified and received service referral

For each of the categories, there are some alternative possibilities in the mismatch between needs and services. When a concern was identified, most often, the service referral was made to address that concern. For some cases, a concern was identified and the corresponding referral was not made; this however rarely occurred. The most identified mismatch occurred between those cases where a concern was not identified, however the service referral was still provided. The exact reason for these mismatches is not know, however it is hypothesized that availability and access to resources may be contributing factors for some of these mismatches.

Goal Attainment

- A goal attainment score was created for clients with at least one Case Review. Goal attainment was measured at each Case Review (number of Case Reviews ranged from 0-5) and the goal attainment score was compared by the number of Case Reviews. On the whole, the goal attainment score increased from the first Case Review to the last Case Review. This overall increase in goal attainment is what would be expected given that family goal achievement should increase over time.

How does goal attainment differ by the number of case reviews?

- Cases with only 1CR had the highest goal attainment at the first Case Review.
- Cases with 2CRs increased their goal attainment from Time 1 to Time 2, which would indicate the increase desired for cases that close.

- Cases with 3CRs initially showed a decline in goal attainment levels from CR1 to CR2. There was, however, an increase from CR2 to CR3, which is in the desired direction for cases that closed after 3CRs.
- Cases with 4CRs showed consistent increases in their goal attainment across all four Case Reviews.
- Cases with 5CRs showed an initial increase in goal attainment from CR1 to CR2. These cases had a decrease in goal attainment from CR2 to CR3. The goal attainment rose again from CR3 to CR4 and from CR4 to CR5.

Recommendations

The following recommendations are highlighted below.

- Determine the reason for the variability in how the Safety Assessment is used.
- Minimize the “magic” copy and paste functions between the Safety Assessment and Family Assessment and within the Family Assessment. Emphasize the difference between safety and risk concepts. Discuss how working with the family over time will optimally increase the knowledge about the family. Therefore the assessment will change with this new information.
- Acknowledge the perceived redundancy and repetition between the risk contributors and the Abuse and Neglect Scale items. Additional training is warranted to further explain how the risk contributors and the Abuse and Neglect Scales work together to provide a comprehensive assessment of the family and the situation.
- Emphasize the importance of using these tools to minimize the idiosyncrasies both within and between counties. The CAPMIS tools have made a notable improvement in consistency and accuracy in the decision-making process. It is recommended that this theme is emphasized at all trainings.
- Find or create a tool that can reliably assess the risks associated specifically with sexual abuse. Sexual abuse has unique dynamics that may differ from the dynamics present for child abuse and neglect.
- Make documentation inclusive to the CAPMIS tools so that the decisions made about the tools are appropriately documented and supported. Continue to

require that the reasons a “No” or “No Risk Contributor” response is made and how the information for that particular item was obtained and documented.

- Find or create a tool that assesses family, adult, or child’s needs which theoretically should be amenable to change. There are three widely known family assessment instruments that are in the public domain. These include the North Carolina Family Assessment System, The Strengths and Stressors, and the Family Assessment Form. This would help identify services based on needs and assess changes in needs when a case decision is being made (i.e., reunification, case closure).
- Continue to monitor and evaluate the model as additional counties “go live.” Additionally, specifically evaluate the validity of the decisions and outcomes made using the tools. Because SACWIS is an electronic and web-based program, the data retrieval process and subsequent data cleaning and analysis might be more feasible.

These findings and recommendations provide a glimpse of the comprehensiveness and complexity associated with this evaluation (and pilot implementation). ODJFS has demonstrated a willingness to listen to consumers (i.e., caseworkers, supervisors, and administrators) regarding suggestions for adaptations or improvements to the CAPMIS model. Finally, the unique approach of a combined consensus and actuarial approach to risk seems helpful when assessing and working with families.

CAPMIS EVALUATION REPORT

FINAL REPORT

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The Ohio State University

College of Social Work

ACKNOWLEDGEMENTS

The CAPMIS Pilot Evaluation Project was successful based on the work, expertise, commitment, and passion of many individuals. The implementation of this evaluation project began in 2004 with a series of meetings with Rick Smith and Candace Valach. Over the next few months, as the CAPMIS model was adapted from the previous FAPM model, the evaluation parameters and implementation strategies were created and the partnership between ODJFS and OSU began. We would like to formally thank all of those involved in creating this partnership and helping to ensure its success throughout a complicated and continual adaptation process. Leslie McGee served as the Contract Manager. In this role, she has served as a key link between ODJFS, the four pilot counties, and OSU. Our success in conducting this evaluation was due in a large part to her assistance, coordination of activities and people, and expertise. The staff at ODJFS including Julie Wirt, Catherine Lawhorn, David Thomas, Denielle Ell-Rittinger, and Dorothy Striker were also key to the success of the project. They were willing to provide us with resources and guidance on the history of CAPMIS, training on the CAPMIS model, and feedback on many drafts of the various products from the evaluation. Their continuing commitment to the success of CAPMIS both in practice and the evaluation has been impressive and critical to the project's success. We would like to thank the ODJFS Office of Children and Families administration including, but not limited to Rick Smith, Tom Roelant, Sandra Holt, and Rose Handon. During the evaluation, we relied heavily on the pilot county's administrators, supervisors, caseworkers, and technical support individuals. Without their cooperation and willingness to allow us access to all aspects of their agency, the evaluation would not have occurred. We would like to thank the following agencies and people. In Greene County, Dr. Rhonda Reagh, Executive Director, Brenda Bloom, Pilot Implementation Manager, and the staff of Greene County Children Services. In Hancock County, Judy Wauford , Executive Director, Diana Hoover, Pilot Implementation Manager, and the staff of the Hancock County Department of Job and Family Services. In Lorain County, Dr. Gary Crow, Executive Director, Sandra Hamilton, Pilot Implementation Manager, Trista Picola, Marius Fetke, and the staff of Lorain County Children Services Board. In Muskingum County, we would like to thank the Executive Director, David Boyer, and the Pilot Implementation Manager, Stacie Gillespie. The contribution of these individuals and their agencies was both impressive and key to the success of the evaluation.

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Principal Investigator during the first year of the project. Dr. Bronson was instrumental in developing and implementing the evaluation proposal and protocols. Dr. Atanas Rountev, a professor from the Computer Science Department in the College of Engineering, served as a Co-Principal Investigator from 2005-2007. Dr. Rountev provided us with the tools, technology, and expertise needed to download the data on each family from the Word templates used by the counties. Dr. Rountev spent numerous hours working to create computer-based applications that translated the data from a Word file into a file that could be analyzed using SPSS. The research team was a critical component of the success of the project. These individuals showed commitment to the project that exceeded our expectations. Their contributions cannot be adequately captured in these words, however these contributions and commitment will always be remembered and appreciated. The members of the research team are identified below based on their role and time on the project.

Project Coordinators
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Amanda Ripke (2006)
Seojin Won (2006-2007)
Jennifer Zimmerman (2005-2008)
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Deb Merritt (2007-2008)
Katie Spinks (2007)
Technical Support
Hye Jung Choi (2007)

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Any project that is conducted is often supported by a group of people who may not conduct the research or write the reports, but instead provide their own unique expertise to the project. These individuals include, Tony Tripodi, Dean College of Social Work, William Meezan, Dean College of Social Work, Judy Nodjak, Senior Fiscal Office, College of Social Work, Sue Meier, Business Manager, College of Social Work, Tom Seeber, IT Director, and Nancy Messerly, OD Consultant, Office of Human Resources.

Finally, we would like to thank our families and friends for your understanding and support while we worked on and completed this project.

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EXECUTIVE SUMMARY

The Comprehensive Assessment and Planning Model—Interim Solution (CAPMIS) Pilot Implementation Evaluation

The Comprehensive Assessment and Planning Model—Interim Solution (CAPMIS) pilot implementation project began May 1, 2005. Greene, Hancock, Lorain, and Muskingum counties served as the pilot counties for implementation and evaluation of the new CAPMIS model. The counties were chosen based on their willingness to serve as pilot sites and their varied size. The model was developed to provide a structured, reliable, and valid set of tools for assessing safety and risk and for working with families who have come to the attention of the county child welfare agency. The evaluation project began October 1, 2005 and concludes June 30, 2008. The research team at the Ohio State University worked in partnership with the administrators and staff at the Ohio Department of Job and Family Services (ODJFS) and staff and supervisors in the pilot counties. The evaluation had four primary goals which remained the focus of the evaluation. These include: implementation of the CAPMIS model, reliability of the use of the tools, validity of the tools, and the relationship between needs, services, and outcomes. Four of the CAPMIS tools are the primary focus of this report. These tools include: the Safety Assessment (SA), Family Assessment (FA), Case Review (CR), and Semiannual Administrative Review (SAR). The frequency of use for the remaining tools within the protocol was not high enough to provide a valid sample for evaluation.

Implementation

The majority of the first year was devoted to the Implementation component of the evaluation. Focus groups were conducted at each pilot site with caseworkers and supervisors. Participants were asked to identify strengths and limitations for each tool. Several focus groups were conducted to allow ample time for data collection. Data were analyzed using a content analysis approach. The following is a summary focus group findings and content analysis.

- Provide ongoing technical assistance when issues arise in the field

  - The pilot counties were encountering issues, a common occurrence for pilot projects, when implementing the tools in the field. The staff of ODJFS worked with the Pilot Implementation Managers to identify and develop strategies to answer technical questions as they arise.
  - Note: ODJFS was on a strict schedule to create and implement the Ohio Statewide Automated Child Welfare Information System (SACWIS). SACWIS was being developed and tested while CAPMIS was being piloted in the four counties. This created an added need for clear, supportive technical assistance to support the counties as they are implementing both the CAPMIS model on the SACWIS computer framework.
- Clarify substantive issues
  - There was some confusion around the different constructs implemented in CAPMIS. These included: creating a distinction between safety and risk, the difference between strengths and the absence of risk contributors (e.g., does the absence of a risk contributor indicate that the item is a strength), and the management of screening and assessment of sexual abuse. Additional technical assistance was created to clarify and resolve the confusion. The technical assistance included: on-site visits with staff, the development of supportive materials, and the creation of a Question and Answer repository that is updated frequently.
- Address the perceived redundancy in the Family Assessment
  - Caseworkers expressed frustration regarding the perceived redundancy of assessment areas between the risk contributors and the Abuse and Neglect Scales. Additional training and technical assistance were provided. This helped workers and supervisors understand the importance of both the risk contributors and the Abuse and Neglect scales when assessing families.
- Address concerns about county differences
  - The Pilot Implementation Committee was created to provide a forum where county Pilot Implement Managers could discuss their questions, concerns, and problematic cases with ODJFS. Each county faced different challenges in the application of the model. ODJFS was successful at providing an open forum to

generate understanding of the issues faced in and across counties. These county differences will be even more pronounced as the other counties have their own idiosyncrasies for demographics and community expectations.

- Address the identified data sources and collection issues in the counties
  - The scope and type of data available from each county was highly variable. The tools were all created as Word templates. This allowed data entry to be streamlined and prevented the additional purchase and training expenses associated with additional computer programs. The Word templates also allowed for electronic data entry in a systematic and uniform manner. The four different counties each collected data and used these templates in very different manners. Some caseworkers completed the tools with pen and paper while others completed the tools on the computer. Each county, however, had different protocols for saving the data. Some counties adjusted or adapted the template over time which created a serious issue in fidelity to the tool and model. The evaluation team worked with ODJFS and county staff to develop data collection strategies. These strategies inevitably changed throughout the project as more information was obtained on the actual data available at each site. The counties were very committed to being as flexible and supportive as possible in collecting the electronic data available. The data issues, however, had an ongoing impact on the evaluation. The data decisions made throughout the project were based on ensuring the integrity of the data were maintained. Significant cleaning processes were implemented to so that data from each tool could be matched across tools and with state provided data. This process was implemented to ensure that the data were as accurate and reliable as possible.

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- Number of adults is >1—decreased likelihood of substantiation
- Caregiver Issues—increased likelihood of substantiation
- Harmful Relationships—increased likelihood of substantiation
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- Adult Parenting—increased likelihood case will open
- Adult Victimize other children—decreased likelihood case will open
- Adult Impact of Past Services—increased likelihood case will open

Identified Family Functioning (Greene, Lorain, Muskingum)

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- Resource Management—increased likelihood case will open

- Extended Family Support—increased likelihood case will open

Identified Items on Neglect Scale (Hancock, Lorain, Muskingum)

- Prior Report—increased likelihood case will open
- Age of Caregiver < 27—increased likelihood case will open
- Harmful Relationships—increased likelihood case will open
- Caregiver Issues—increased likelihood case will open
- Substance Abuse—increased likelihood case will open
- Severe Financial Difficulty—increased likelihood case will open
- Caregiver Motivation to Improve—increased likelihood case will open
- Caregiver Response to investigation—increased likelihood case will open

Identified Items on Abuse Scale (all counties)

- Report for historical abuse and/or Emotional Abuse—decreased likelihood case will open
- Prior Abuse Reports—increased likelihood case will open
- Prior CPS History—increased likelihood case will open
- Number of Children >2—decreased likelihood case will open
- Caregiver(s) Abused as a Child—increased likelihood case will open
- 2nd Caregiver Alcohol Use—increased likelihood case will open
- 2nd Caregiver Drug Use—increased likelihood case will open
- Caregiver History of Domestic Violence—increased case likelihood case will open
- Caregiver Parenting Problems—increased case likelihood case will open

Is there a difference in risk scores for cases recurring versus those that did not?

Yes. Scores for the risk contributors and Abuse and Neglect total risk scores were higher for cases that recurred as compared to those that did not.

Are the number of risk contributors for each subscale (e.g., Child Functioning) related to the cases experiencing a recurrence?

There were small differences between almost all. In the case of Child Functionally, they were essentially the same.

Is there a difference in recurrence by level of risk?

Yes. There are some differences which are specific to the level of risk.

Is there a difference in recurrence by level of substantiation?

No. All three disposition levels had similar percentages of cases that recurred.

Is there a difference in recurrence by case decision?

Yes. Referred cases were slightly more likely to have a recurrence. Cases that close have lower risks and are closed. Cases that are opened have higher risks and are opened. The moderate cases seem to fall in the gap and are referred for services because the risks aren't as high. These cases are not completely closed because the risks are somewhat higher than the closed cases.

What is the relationship between safety factors and the likelihood case will have recurrence?

Safety Factors and Recurrence

- #3 serious harm—increased likelihood of recurrence
- #8 immediate needs—decreased likelihood of recurrence
- #15 other—decreased likelihood of recurrence

What is the relationship between risk totals and the likelihood cases will have recurrence?

Identified Risk Contributors and Level of Risk on Recurrence (Lorain)

- Adult Impact of Past Services—increased likelihood of recurrence
- Moderate Risk (compared to Low Risk) —increased likelihood of recurrence
- High/Intensive Risk (compared to Low Risk)—increased likelihood of recurrence

Identified Items on Neglect Scale and Recurrence (Lorain)

- Prior reports—increased likelihood of recurrence
- 2 or more adults in home—increased likelihood of recurrence

- Caregiver is 28 years or older—increased likelihood of recurrence
- Inconsistent attitude—increased likelihood of recurrence
- Unmotivated—decreased likelihood of recurrence
- Unrealistic—decreased likelihood of recurrence

Identified Items on Abuse Scale and Recurrence (Lorain)

- Prior CPS History—increased likelihood of recurrence
- Number of Children >1—decreased likelihood of recurrence

Needs, Services, and Goal Attainment

Needs and Services

- The relationship between needs/concerns and services referred and goal attainment were explored for Lorain County. The needs and service referrals were matched based on specific criteria so that the overall need type (e.g., concrete need) was matched with the specific service type (e.g., concrete service). These data showed that across many domains of needs, the family received the corresponding service referral. For example, if a family had a need that was considered to be a concrete need, the family received a concrete service referral? Data also indicated that some service referrals were made even when that particular need had not been identified.

What is the relationship between concerns identified and related service referrals?

- Concrete Concern (n=221): 55.2% had need identified and received service referral
- Placement Concern (n=246): 20.3% had need identified and received service referral
- Safety Concern (n=254): 45.7% had need identified and received service referral
- Child Abuse and Neglect (n=251): 25.9% had need identified and received service referral
- Legal Concern (n=131): 45.8% had need identified and received service referral
- Clinical Concern (n=240): 66.3% had need identified and received service referral

- Behavioral Adult (n=243): 34.6% had need identified and received service referral
- Behavioral Child (n=230): 20.9% had need identified and received service referral
- Emotional Adult (n=229): 17.0% had need identified and received service referral
- Emotional Child (n=240): 35.0% had need identified and received service referral

For each of the categories, there are some alternative possibilities in the mismatch between needs and services. When a concern was identified, most often, the service referral was made to address that concern. For some cases, a concern was identified and the corresponding referral was not made; this however rarely occurred. The most identified mismatch occurred between those cases where a concern was not identified, however the service referral was still provided. The exact reason for these mismatches is not know, however it is hypothesized that availability and access to resources may be contributing factors for some of these mismatches.

Goal Attainment

- A goal attainment score was created for clients with at least one Case Review. Goal attainment was measured at each Case Review (number of Case Reviews ranged from 0-5) and the goal attainment score was compared by the number of Case Reviews. On the whole, the goal attainment score increased from the first Case Review to the last Case Review. This overall increase in goal attainment is what would be expected given that family goal achievement should increase over time.

How does goal attainment differ by the number of case reviews?

- Cases with only 1CR had the highest goal attainment at the first Case Review.
- Cases with 2CRs increased their goal attainment from Time 1 to Time 2, which would indicate the increase desired for cases that close.
- Cases with 3CRs initially showed a decline in goal attainment levels from CR1 to CR2. There was, however, an increase from CR2 to CR3, which is in the desired direction for cases that closed after 3CRs.

- Cases with 4CRs showed consistent increases in their goal attainment across all four Case Reviews.
- Cases with 5CRs showed an initial increase in goal attainment from CR1 to CR2. These cases had a decrease in goal attainment from CR2 to CR3. The goal attainment rose again from CR3 to CR4 and from CR4 to CR5.

Recommendations

The following recommendations are highlighted below.

- Determine the reason for the variability in how the Safety Assessment is used.
- Minimize the “magic” copy and paste functions between the Safety Assessment and Family Assessment and within the Family Assessment. Emphasize the difference between safety and risk concepts. Discuss how working with the family over time will optimally increase the knowledge about the family. Therefore the assessment will change with this new information.
- Acknowledge the perceived redundancy and repetition between the risk contributors and the Abuse and Neglect Scale items. Additional training is warranted to further explain how the risk contributors and the Abuse and Neglect Scales work together to provide a comprehensive assessment of the family and the situation.
- Emphasize the importance of using these tools to minimize the idiosyncrasies both within and between counties. The CAPMIS tools have made a notable improvement in consistency and accuracy in the decision-making process. It is recommended that this theme is emphasized at all trainings.
- Find or create a tool that can reliably assess the risks associated specifically with sexual abuse. Sexual abuse has unique dynamics that may differ from the dynamics present for child abuse and neglect.
- Make documentation inclusive to the CAPMIS tools so that the decisions made about the tools are appropriately documented and supported. Continue to require that the reasons a “No” or “No Risk Contributor” response is made and how the information for that particular item was obtained and documented.

- Find or create a tool that assesses family, adult, or child's needs which theoretically should be amenable to change. This would help identify services based on needs and assess changes in needs when a case decision is being made (i.e., reunification, case closure).
- Continue to monitor and evaluate the model as additional counties "go live." Additionally, specifically evaluate the validity of the decisions and outcomes made using the tools. Because SACWIS is an electronic and web-based program, the data retrieval process and subsequent data cleaning and analysis might be more feasible.

These findings and recommendations provide a glimpse of the comprehensiveness and complexity associated with this evaluation (and pilot implementation). ODJFS has demonstrated a willingness to listen to consumers (i.e., caseworkers, supervisors, and administrators) regarding suggestions for adaptations or improvements to the CAPMIS model. Finally, the unique approach of a combined consensus and actuarial approach to risk seems helpful when assessing and working with families.

CAPMIS EVALUATION REPORT

SECTION I.

INTRODUCTION AND OVERVIEW OF REPORT

I.1 Introduction

The *Comprehensive Assessment and Planning Model--Interim Solution* (CAPMIS) was developed by the Ohio Department of Job and Family Services to provide a comprehensive procedure for assessing cases that enter the children's services system in Ohio. The CAPMIS pilot was another in a series of efforts undertaken by ODJFS intended to enhance the effectiveness and efficiency of services for families and children at risk for abuse and/or neglect. In particular, these are efforts intended to ensure that Ohio public children services agencies are equipped with state-of-the-art methods. These methods are used to for assess and monitor both risk and safety, as well as mitigate harm to children from abuse or neglect. In addition, these changes are designed to ensure that families receive the services and supports needed to prevent a recurrence of abuse or neglect, keep children in their homes when possible, and to sustain reunification when it occurs.

A number of changes have been made in the specific tasks and methods for conducting the evaluation in order to work with the systems (i.e., ODJFS and county child welfare agencies). Despite the changes made to the data collection process and corresponding decisions, the principle aims have remained much the same. As indicated in previous reports, the purpose of the evaluation is to: 1) provide information

and identify issues related to the implementation of CAPMIS, 2) assess consistency in the use of CAPMIS tools, 3) examine the predictive validity of CAPMIS tools, and 4) analyze the impact of CAPMIS in relation to service outcomes. A variety of data sources, data collection methods and analysis strategies were used to achieve these four aims. A separate section is devoted to findings associated with each study aim.

I.2 Report Organization

The report is organized into sections related to each of the four study aims identified above. Section II recaps findings and recommendations reported in year 1 from evaluation of the CAPMIS implementation process during the first year of the 2-year pilot (May 1, 2005 to June 30, 2006). Section II also includes information regarding the sources and methods of data used to ascertain issues arising from the implementation process year 1. Section III provides information on the methodologies used to conduct the reasonable person review and highlights the issues learned after completing the reasonable person review process Section III provides a discussion on differences and similarities in how caseworker's make decisions both within a case and across cases. The findings suggest some areas where consistency may be somewhat of an issue in how caseworker's are using the tools both within and across cases. Section IV provides a thorough discussion on the validity of CAPMIS tools in relation to a number of case decisions (i.e., substantiation and case opening) and outcomes (goal attainment and recurrence). Section V examines and reports findings about the relationship between the needs identified and the services the family (or family member) were referred to (from the Case Review). Section V also includes an analysis of goal attainment across Case Reviews completed with the family. Section VI includes a

discussion on the challenges and limitations experienced during the evaluation. These challenges, at times, had an impact on the decisions made during the evaluation, which then influenced the type of data collected, analyzed, and reported. Section VII provides the conclusion and overall listing of recommendations and supporting reasons for the recommendations. Additional materials generated from this project are included in the attached appendices.

SECTION II.

SUMMARY OF YEAR 1 CAPMIS EVALUATION FINDINGS

During year 1 of the CAPMIS evaluation study, a number of issues were identified related to implementation of the CAPMIS protocol. Year 1 findings and recommendations were originally presented by the evaluation team members to ODJFS staff and pilot county staff in 2006 (see Cash, et al 2006 in Appendix II-A). Given the extension of time granted to complete evaluation activities, two years have passed since the initial findings and recommendations. Effort has since been made by ODJFS staff and/or evaluation team members to address many of these issues. Efforts in response to findings and recommendations made in year 1 are noted in the recap and update of each issue that follows. It is important here to note that, as a group, the pilot agency staff tended to be very positive about the general approach to assessment encompassed by this set of tools. Numerous comments were made by staff in various venues during CAPMIS evaluation activities about the improved structure and content provided by this protocol.

Initial information about implementation of the Screening Guidelines and CAPMIS tools came from a variety of sources including review of: a) archived notes and field notes taken by research staff at Pilot Implementation Committee (PIC) meetings, b) notes from sites visits conducted by ODJFS to provide technical assistance (TA) in pilot counties, c) a database containing questions and answers (Q&A) exchanged between pilot agency staff and ODJFS via email and d) a series of focus groups conducted in

each of the pilot sites. Separate focus groups (intake workers, ongoing workers, and supervisors) were conducted in each pilot county to obtain information from the full range of CAPMIS users. Protocols used to conduct these focus groups, to capture demographic information about pilot agency participants, and to collect written feedback about the use of the CAPMIS protocol and perceived training needs have been included in previous reports along with detailed summaries of findings obtained from these activities (Copies of these materials are presented in Appendix II-B).

II.1. Responsiveness to clarification and implementation issues

II.1.A. Resolution to existing CAPMIS questions

Despite a generally positive endorsement of the CAPMIS protocol, participants in the pilot counties raised several concerns regarding the use of these tools with the different types of cases encounter in their settings. One of the chief concerns expressed repeatedly by pilot agency staff in year 1 was the need for definitive, consistent and timely responses from ODJFS representatives to questions about the use of specific items and tools encompassed by the CAPMIS protocol. In the absence of such resolution, staff in different counties interpreted and applied tools in different ways. Some of these differing interpretations and applications emerged during discussions at PIC meetings. Other instances emerged during focus group meetings with staff in each county agency. Not surprisingly, divergent ideas about the purpose and intended use of CAPMIS tools led to unintended variations in the implementation of the CAPMIS protocol. The variability and deviation concerns were expressed to ODJFS as these implementation issues with the CAPMIS protocol would be amplified greatly if they were

not resolved before training and implementation occurred in the remaining 84 Ohio counties.

Year 1reporting by the evaluation team acknowledged evidence regarding the "extent of the commitment the pilot agencies have made to implementing the new screening guidelines and the CAPMIS protocol" and noting that this commitment is "rooted in a solid collaboration with ODJFS staff." "Implementation in the context of collaboration and commitment" is one of the strengths of this endeavor. Credit should be given to both state and county partners for their contributions to forging such a solid and sustaining collaboration. This is particularly noteworthy given the daunting logistical and substantive challenges involved in implementing the CAPMIS protocol statewide.

In the Year 1 Report, several specific recommendations were made in an effort to enhance responsiveness to the concerns raised by county agency staff. Also, there was an effort to resolve outstanding issues prior to statewide implementation of CAPMIS. Recommendations included:

1. Create a compendium of unresolved issues and specific questions.
2. Develop a set of written responses to this compendium of questions.
3. Where appropriate, incorporate these responses into a set of "Q by Qs" (question by question guidelines) into a manual along with more basic guidelines regarding the use of each CAPMIS tool.
4. Develop a plan for a more extensive response to particular issues related to ongoing confusion about substantive matters and make sure that these responses get integrated into plans for future training on CAPMIS.

To date, progress has been made in relation to each of the four recommendations identified above. The PIC members led the effort to collect outstanding issues and catalogue particular unresolved questions. The ODJFS program staff incorporated those initial questions along with others that arose through statewide training and implementation into the CAPMIS Q and A document. The evaluation team members have developed detailed case examples that illustrate the application of CAPMIS tools to various situations encountered by caseworkers when assessing children and families. These case examples are being revised and will become another source of reference material for use in training or as follow up to training on the use of the CAPMIS protocol. A number of particular efforts have been undertaken to address sources of confusion county staff identified in year 1 by clarifying terms and expunging elements from the CAPMIS protocol as it was transferred into the SACWIS format.

II.1.B. Reliable mechanism for rapid response

Throughout the pilot implementation process, ODJFS developed a number of strategies for responding to questions about the application of the CAPMIS tools raised by agencies. These strategies included regular meetings with agency representatives (PIC meetings), responses utilizing a Q&A email database, and technical assistance site visits. All of these mechanisms were regarded as extremely useful in identifying concerns. However, these methods were deemed less valuable as a means for resolving such matters. Agencies contend that information provided in the context of training and technical assistance was not always consistent. Pilot agencies also expressed some frustration at the apparent failure to implement or acknowledge their

suggested changes. Moreover, turnover and redeployment of ODJFS staff during the pilot period also contributed to difficulty in tracking, resolving and disseminating information in response to agency questions and concerns. Specific recommendations made in year 1 included:

1. Identify a person or persons responsible for collecting, collating, and developing a "triage" strategy to sort questions or concerns into three categories: a) response already exists; b) response can be readily developed & disseminated by assigned staff or, c) response requires consultation and collaboration to develop. Ideally this responsibility would be assigned to a team of ODJFS staff. It could also be "outsourced" to consultants already involved in development of the CAPMIS protocol and/or training re: use of the CAPMIS protocol. Some tailoring of responses might need to be made in relation to regional variation or distinctively different county contexts (e.g. urban vs. rural counties).
2. Develop a mechanism for disseminating responses—errata or addendums to the set of "Q by Qs" via email or online in a dedicated website as new questions arise and get resolved.
3. Determine that such matters will get resolved within a specified period of time (30-90 days) once they have been raised by agency staff.

Given continued turnover and reassignment of personnel at ODJFS, and subsequent rollout in the other Ohio counties, the need to address these concerns has become even more pressing. This is particularly true regarding the need for a systematic process to address challenges raised by implementation of the CAPMIS protocol in an increasingly diverse set of county agencies. Delegating such

responsibilities to knowledgeable staff members at ODJFS is critical to being responsive within a delimited period of time. An online Question & Answer exchange remains a key way in which ODJFS staff members respond to requests for clarification from county agency staff. At this point, ODJFS staff members involved with CAPMIS/SACWIS implementation are collecting and responding to questions within two days.

Moreover, once the Q by Qs and case examples become available these resources will become available online following training on the use of the CAPMIS protocol. It will be important to ensure that provisions are in place for maintaining these resources as “living” documents. This may mean modifying them as the protocol benefits from the broader, more expansive implementation over time with adapted use in all 88 Ohio counties.

II.2 Concerns about the use of screening guidelines

Evidence obtained in year 1 indicates that staff finds the screening guidelines useful in many ways. However, they raised a number of questions regarding these guidelines. In particular, they expressed a lack of clarity about the appropriate distinction between screening and assessment and how particular screening guidelines are to be applied. Additionally, the questioned how screening guidelines relate to disposition (i.e. substantiated, unsubstantiated, or indicated). As counties develop and utilize their own screening tools and interpret guidelines differently, apparent differences between counties in the distribution of cases across these various categories may occur. While some variation between counties is likely to be inevitable, such differences can be amplified with the involvement of all 88 Ohio counties. Over time, such differences may

limit the effectiveness of CAPMIS as it is implemented statewide. Specific recommendations made previously to address these issues included the following:

1. Develop a standard protocol for screening
2. Incorporate this protocol into future training for CAPMIS and clarify the distinction between screening and assessment
3. Provide clarity regarding the application of guidelines regarding child sexual abuse, Family in Need of Services (FINS), and how to categorize domestic violence in relation to abuse or neglect during screening.

To date, some effort has been made to address the issues raised in recommendation #3 above. The evaluation team continues to assert the need for ODJFS, in collaboration with their county partners, to develop and adopt a format that further standardizes application of the screening guidelines.

II.3. Clarify substantive issues within CAPMIS model

In previous reports, evidence was presented regarding the need to address substantive issues central to the conceptual content contained in the CAPMIS protocol. These substantive concerns included confusion about the distinction between a safety threat versus emerging danger, and a safety threat versus risk. This confusion contributed to a lack of clarity about safety planning, especially in situations where children are placed outside the home with extended family members. A second substantive issue revolved around a lack of clarity regarding the distinction between "strengths" and "non risk contributors." More particular concerns existed about how best to characterize domestic violence as a risk factor and to explain to parents how it is

related to child abuse and neglect. Several points of confusion emerged about how to manage screening and assessment of sexual abuse allegations. In particular, staff expressed concerns about using age as the sole criteria for designation of a child as a perpetrator. Pilot agency staff indicated that the current guidelines regarding sexual abuse are contradictory. They asserted that the absence of a question about sexual abuse is a glaring omission from the actuarial risk assessment tool. Other staff raised concerns about lack of attention on this tool to current mental health and housing status issues.

Staff also raised concerns that the immutable elements on the actuarial risk assessment tool place, and keep, many families at too high a risk level. They asserted this makes it difficult to adequately determine progress toward risk reduction over time. Moreover, this issue was raised in conjunction with concerns about potential liability for using overrides of risk scores to make decisions about children and their families, especially when it comes to closing a case. Recommendations made in year 1 included:

1. Determine how the screening guidelines (and any standard protocol to be developed) and the actuarial assessment can be modified to address these fundamental issues and concerns raised by staff before this tool gets incorporated into CAPMIS/SACWIS statewide.
2. Develop more specific examples and sample cases that illustrate how staffs are to utilize and apply core concepts such as active safety threat, emerging danger, strengths vs. non risk contributors, etc.

3. Incorporate changes and clarification around these substantive issues into training and supportive documentation such as training manuals and Q by Qs, and into materials for agency staff providing on site supervision to case workers.

Substantial progress has been made in relation to aspects of the recommendations in items 2 & 3 above. Significant effort has been made by ODJFS staff to clarify many of the substantive issues raised about CAPMIS. ODJFS has also shared this information with agency staff in the pilot counties. They will incorporate such information into training materials as the training is offered in additional Ohio counties. In addition, the evaluation team has incorporated attention to many of these issues in the development of Q by Qs and Case Examples. Recommendation #1 was not adopted because ODJFS staff indicated that it is ultimately the agency's responsibility to make the screening decisions.

II.4. Address perceived redundancy in CAPMIS tools

During the process evaluation year 1, pilot agency staff asked for help in better understanding and communicating with families about the rationale for the use of various CAPMIS tools. Lack of clarity about the rationale behind use of various CAPMIS tools was apparent with regard to questions about the need for staff to explain their "no" responses on particular tools. Subsequent review of case records indicated that, often, such information was omitted. Moreover, rationale for the use of the actuarial risk assessment tool was still unclear to some agency staff. This contributed to concern about apparent redundancy in the implementation of the CAPMIS model. Further

consideration of this concern is warranted upon further analysis of quantitative data available to the evaluation team in year two. Comparability in the findings produced by data gathered using the actuarial risk assessment and that gathered from assessment of risk using risk contributor items suggests that redundancy might be reduced by eliminating either the actuarial risk items or the risk contributor items.

Redundancy in the implementation of the CAPMIS protocol was most often raised in the context of implementing the Case Reviews every 3 months when they coincide, as the often do, with the Semi-annual Administrative Reviews conducted every 6 months. Staff also called attention to perceived redundancy in information collected by the Safety Assessment and Family Assessment. Agency staff noted that redundancy was perceived to be more burdensome when a new report set in motion a subsequent and sometimes overlapping set of timelines around data collection from families. Agency staff acknowledged some lack of clarity about when a new report needed to be filed for on an ongoing case. However, they indicated that once initiated the amount of redundant information increased dramatically.

In practice, staff often dealt with these redundancies by “cutting and pasting” information. Here, they moved the same information from one form to another to save. The evaluation team remains concerned that, over time, this practice could erode the original intent behind intermittently updating information about children and families. Additionally, it could lead to ritual adherence to process, rather than substantive focus on changing circumstances for the children and families that these tools are intended to detect. Previous recommendations made in order to assist staff with these issues included:

1. Develop written rationales regarding the purpose and application of each tool that can be incorporated into training materials and supportive documentation.
2. Develop or assist agencies to develop scripted spiels for staff to use when requesting information from families.
3. Consider substituting SAR for Case Review at the 6 and 12 month intervals, **or**
4. Institutionalize current practice so that when SAR and case reviews occur simultaneously information in SACWIS will automatically "fill" overlapping fields to reduce the amount of information that staff must enter twice.

Some steps have been taken to further explicate the purpose of various tools and items in the CAPMIS protocol. These rationales are also further articulated in the Q by Qs being developed by evaluation team members. As long as agency staff members collect information using Word templates errors in data collection about families are likely to occur. During data retrieval for the CAPMIS evaluation, it was necessary to match various tools associated with individual cases stored in separate word template files. These efforts revealed that case ID's and content about family members did not always match. Additionally, other information about families was sometimes "jumbled" or omitted altogether. This may have resulted from copying and pasting from one form to another, to expedite data collection. In other cases, it appeared that data from a new case may have inadvertently been placed into a template already containing data for another case. Cutting and pasting from one form to another may also have produced problems with data because the format of the Word templates could be altered—

deliberately or by accident—resulting in problems created by moving information from one form to another with slightly different alignment of items. The retrieval and extraction of data about cases contained in the Word templates revealed dozens of variations in the Word templates. These included variations in templates by caseworkers within counties and differences between counties. Managing data collection in the interim between implementation of CAPMIS and SACWIS in Ohio counties is important to minimizing the amount of lost or inaccurate data collected about children and their families.

II.5. Address county differences for implementing CAPMIS

Gathering information from pilot counties about their experience implementing CAPMIS highlighted the importance of taking into consideration widely different agency and county contexts. These contextual differences include variations in the way agencies related to other key constituents in their communities. Agencies identified a number of challenges resulting from implementation of Screening Guidelines and CAPMIS tools as they interacted with courts, schools, and other community-based service providers. For example, many courts differ in the ways they receive and act on information put into Safety Plans. Some agencies experienced repercussions from changes in their ability to accept referrals from schools and other agencies. Affected counties are still in the process of figuring out how to deal with the impact on community relations that this sort of change requires. As CAPMIS is implemented statewide, the challenges posed by such issues will increase dramatically. Helping county agencies

anticipate and respond appropriately to repercussions from implementing CAPMIS is important to the successful implementation of this protocol.

The experience of implementing CAPMIS also varied in relation to a number of differences in agency characteristics. Most notable are differences in the number, type, and pattern used to deploy staff charged with implementing CAPMIS. Larger agencies obviously have many more staff to train than smaller agencies. Larger agencies also tend to have a more differentiated division of labor involving more variation in the compartmentalizing of duties related to use of the CAPMIS protocol with implications as well for the way supervision occurs around the applications of the CAPMIS protocol.

Individuals in different roles reported having received different types and amounts of experience with components of the CAPMIS protocol during training and implementation. Coordination between various categories of workers in these larger, more complex agencies will be important to ensure effective use of the CAPMIS protocol when those who screen and/or assess families hand off cases to those who work with ongoing cases. Even in smaller agencies some division of labor exists along these lines. Agencies will be challenged to ensure that staff members in varied roles receive adequate preparation to use the CAPMIS tools. Concerns about the impact of agency staffing differences with the implementation of CAPMIS illuminate the need to consider varied needs of individuals in supervisory and direct care roles. Agencies must also recognize that, over time, staff may move in and out of roles. As individuals move out of agencies and new staff are hired, there will be a number of challenges for agencies in maintaining fidelity to the CAPMIS implementation. Smaller agencies may

be more at risk for sustaining continuity in the utilization of CAPMIS tools in the wake of rapid turnover.

Another serious consideration involves differences in the capacity for agencies to deal with the data demands of CAPMIS implementation. The pilot agencies represented a select group of highly motivated and committed collaborators. Despite their level of commitment, these participants reported being greatly challenged by the demands of implementing CAPMIS. Nowhere is this more apparent than when it comes to logistics around gathering and storing data obtained using versions of the tools formatted in Word templates. Each agency proceeded to collect, store, summarize and retrieve data in very different ways. Agencies vary greatly in terms of their technical capacity to address demands for electronic data storage and retrieval. Also, storage of hard copies made it difficult to easily review information about children and their families. Recommendations made by the evaluation team included:

1. Conduct an inventory of existing capacity or “readiness” for adoption of the CAPMIS model. This information should focus on availability of technical resources. It should also address more fundamental issues related to agency structure, staffing, turnover and readiness for change.
2. Use information from the inventory to inform the development and roll out of training and to anticipate need for ongoing training related to turnover.
3. Develop strategies for assisting agencies with computing, professional development and other tangible resources.

It is hoped that concerns about collection, storage, and retrieval of data for children and their families using the CAPMIS protocol would be addressed through

deployment of SACWIS. However, given the delay in deployment of SACWIS, it is important to continue to address these concerns on an on-going basis.

II.6. Address concerns about training

One of the most immediate challenges identified year 1 was the need to adjust training and technical assistance strategies regarding CAPMIS with county agency staff around the state. Pilot agencies expressed concern about the proposal to provide the other 84 counties with only limited training on the use of the CAPMIS tools. They raised concerns that other agencies in Ohio have not had prior experience with FAPM which shares some common conceptual elements with CAPMIS. They also pointed out that most agencies were also likely to have limited prior experience with the actuarial risk tools. Pilot agency staff also raised concerns about inconsistencies in the presentation of guidelines for implementation of CAPMIS during the provision of training and during subsequent technical assistance. They suggested that trainers provide more specific examples. They also suggested that trainers apply CAPMIS to actual cases. As noted above, they asked for clarification and improved documentation guidelines for the implementation of the Screening Guidelines and CAPMIS tools. The CAPMIS evaluation team suggested that these issues be addressed by:

1. Addressing related items re: resolution of outstanding questions, clarifying and documenting rationale.
2. Making sure trainers and technical assistance providers are on the same page and deliver consistent information to staff in county agencies (i.e. examine strategy in place for “training of trainers” re: CAPMIS).

3. Design a modular approach to training that takes into account different roles and positions occupied in agency settings while providing all staff with an overview and understanding of the entire CAPMIS protocol.
4. Incorporate more examples and used more case-based approaches to training and technical assistance.
5. Offer training quarterly for individuals who join agencies or change roles.
6. Determine if particular elements of training and technical assistance can be made available in other formats (i.e., video, online).

A number of these issues have been or are being addressed by ODJFS staff, training providers, and by evaluation team members. In addition, Q by Qs for the Safety Assessment, Family Assessment, Case Review, and Semi-annual Administrative Review, developed by evaluation team members is currently being revised. They should be available soon to provide additional resources to caseworkers for further clarification. Case examples produced by evaluation team are also being revised. They should provide caseworkers with reference materials rooted in a case-based approach to use of the CAPMIS tools.

II.7. Address simultaneous roll out of CAPMIS & SACWIS

Perhaps one of the most daunting challenges for pilot agencies, and agencies elsewhere in Ohio, has been the prospect for the roll out of both CAPMIS and SACWIS in tandem. The year 1 report called for more attention to the coordination of these two major initiatives since each requires considerable investment of agency time and resources. ODJFS was urged to consider resolving problems associated with use of

the Word templates. This would help address concerns for data quality and preservation of data during the period when county agencies would be using CAPMIS tools without access to SACWIS. As noted previously, during the CAPMIS pilot, agencies ended up with numerous versions of templates for each tool. Reasons for these numerous versions were related to the tools being modified during the implementation pilot period. However, the number of different versions has proliferated as agencies “unlocked” and modified these templates for various reasons. Moreover, once a template is “unlocked,” it is all too easy to modify a form unintentionally. Problems with multiple versions of templates for each tool added to the confusion surrounding implementation of the CAPMIS protocol. Sometimes older versions continued to be used even after new versions were introduced. This often occurred as caseworkers resorted to the “cut and paste” strategy to address redundancy in collection of information from families. The reliance on Word templates makes data extraction to evaluate CAPMIS or to monitor progress with families very difficult. Although the CAPMIS evaluation team was able to develop programming language to extract data from the Word templates, the presence of numerous versions of Word templates greatly delayed this process. These concerns warrant continued attention given the delay in the implementation of SACWIS. Specific recommendations to deal with these concerns included:

1. Finalize all CAPMIS Word templates, distribute only the final version to agencies, and prevent the capacity to “unlock” these templates.
2. Incorporate standard screening items into SACWIS.

3. Develop a master plan regarding the coordination of training and implementation of CAPMIS and SACWIS. This master plan should be based on outcomes of efforts to assess and enhance agency capacity to participate in these initiatives.

To the extent that counties must continue to utilize Word Templates, counties must adopt measures that limit the proliferation of variations in versions of these templates. Moreover, ODJFS needs to provide guidelines to county agencies about strategies for saving each case using the Word templates in electronic form. ODJFS may also want to invest in the use of a data extraction program to retrieve data about clients for CAPMIS cases stored in Word templates until SACWIS comes online in each county.

SECTION III.

CONSITENCY IN IMPLEMENTATION OF CAPMIS TOOLS

The implementation of the CAPMIS protocol occurs within an understandably multifaceted and complex context. Families come into contact, get screened in, and served by county child welfare agencies in somewhat different ways from county-to-county. Although the screening guidelines used by the four pilot counties are the same, as noted previously, county differences exist in the interpretation of those guidelines. Screening Guidelines are used to assist workers in determining whether reported cases should be accepted for assessment/investigation or screened out (without any action from the PCSA). Screening Guidelines also determine how screened in reports should be classified based on the information provided by the referent. It is important to note that the forms used to refer a case to intake vary for each pilot county, however. The CAPMIS protocol encompasses a number of distinct components referred to in this report as tools. These include: the Safety Assessment (SA), Safety Plan (SP), Family Assessment (FA), Case Reviews (CR), Semiannual Administrative Reviews (SAR), and Reunification Assessments (RA). The specific CAPMIS tools used for a particular case depend on the type of case (i.e. family in need of services, dependency case, etc.) and the length of time that a case remains open in the child welfare service system.

Information provided below identifies issues related to implementation of the CAPMIS protocol that emerged from subsequent evaluation efforts in year 2. These

include findings about implementation of the CAPMIS protocol in the four pilot counties from examination of the way in which workers use key tools. These key tools include: the safety assessment, safety plan, and family assessment. Implications about issues in the implementation of CAPMIS are drawn from examination of descriptive analyses of data caseworkers obtained using these tools, and from findings obtained based on conduct of the case record review and identification of discrepancies observed by reviewers and noted in an annotated discrepancy "log."

Information about the frequency of response to items on key CAPMIS tools is provided for each county for all items on these tools in Appendix III-A. Data tables for selected items are presented here, however, in an effort to highlight findings that have implications for understanding—or at least asking additional questions—about how the CAPMIS protocol implementation. In addition, information follows regarding implications for implementation and use of tools based on findings from the identification of "discrepancies" between case workers and evaluation team reviewers in the data used to assess clients and make decisions about cases.

III.1 Safety Assessment and Safety Response data

In this section, the information provided summarizes Safety Factor items identified on the Safety Assessment. Figure III.1.1 and Figure III.1.2 below provide information regarding the frequency of occurrence of each safety factor. As evident in Table III.1.1, each individual safety factor is identified by caseworkers for a relatively small number of cases. The percentage of cases in which a particular safety factor is deemed to be present varies greatly, however, by item and by county. Of particular interest are apparent differences by county. These data suggest that staff in Hancock

County routinely identify more safety factors than staff in other counties. This difference is especially evident when comparing information presented for Greene County. Overall, staff members in Greene County appear to identify safety factors less frequently than staff in other county agencies. This is evident by the consistently low percentages presented for each item. In Greene County, the maximum number of safety factors is four compared to nine in each of the other pilot counties.

These data indicates that agencies in different counties are using the Safety Assessment tool differently. County differences in particular items provide some notion about where some of the differences in interpretation and use of the Safety Assessment occur. This includes Safety Factor #1 pertaining to determination by case workers that "A child has received serious, inflicted, physical harm." In Hancock County this item was checked for 12% of their cases. Other counties reported much smaller percentages. An even bigger difference appears in identification of safety factors related to family violence by staff in Hancock County, in particular with regard to item 4. This item indicates that "the behavior of any member of the family or other person having access to the child is violent and/or out of control". This safety factor was checked for nearly one fourth of the cases in Hancock County compared to 5.3%, 5.1%, and 1.8% in Muskingum, Lorain, and Greene counties, respectively. Hancock County caseworkers also report a concern about child sexual abuse more frequently as noted on Table III.1.1 for item 14 where this safety factor was identified in 13.3% of cases compared to 3.3% in Greene County, 2.7% of cases in Lorain County, and less than one percent (0.3%) in Muskingum County.

Figure III.1.1: Safety Factors 1-7 All Counties

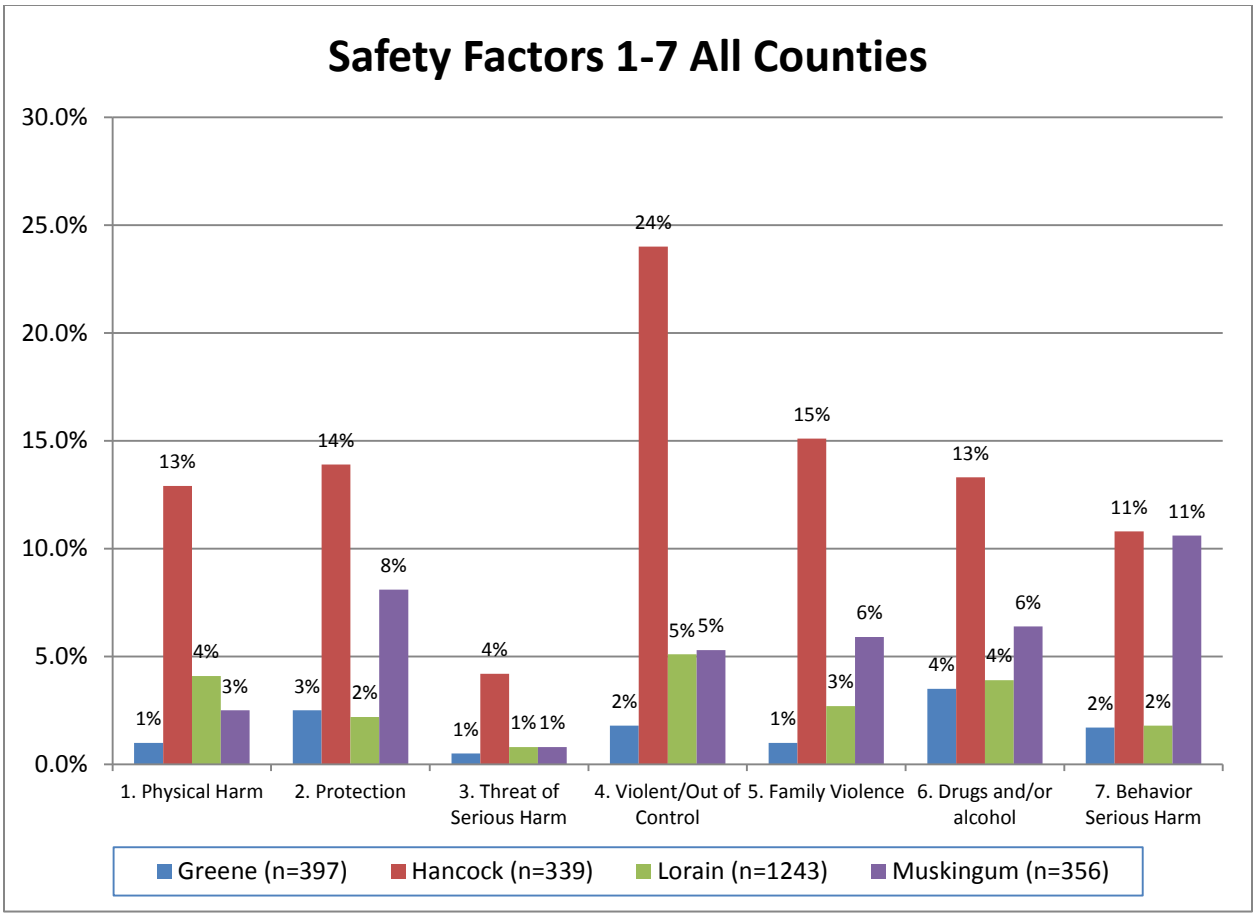
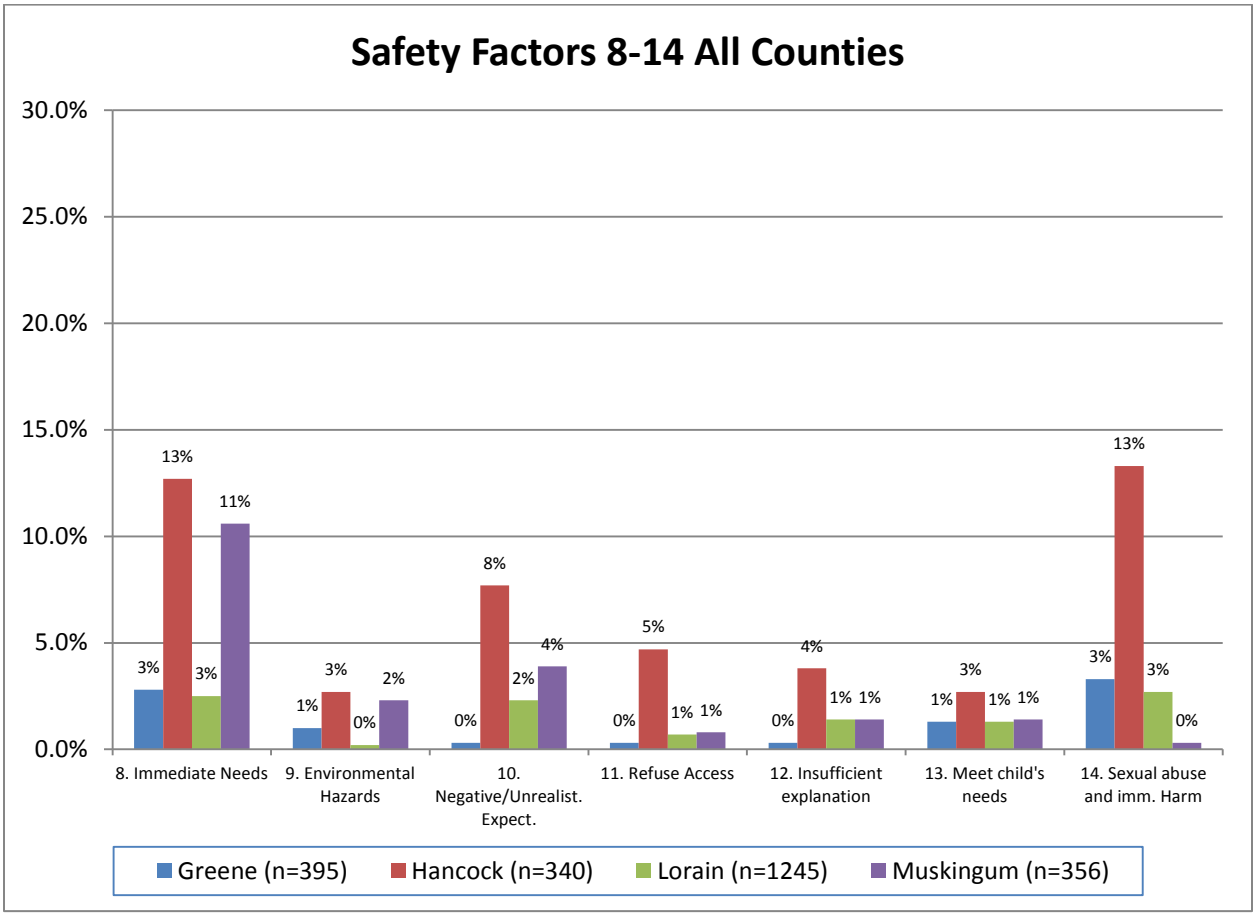
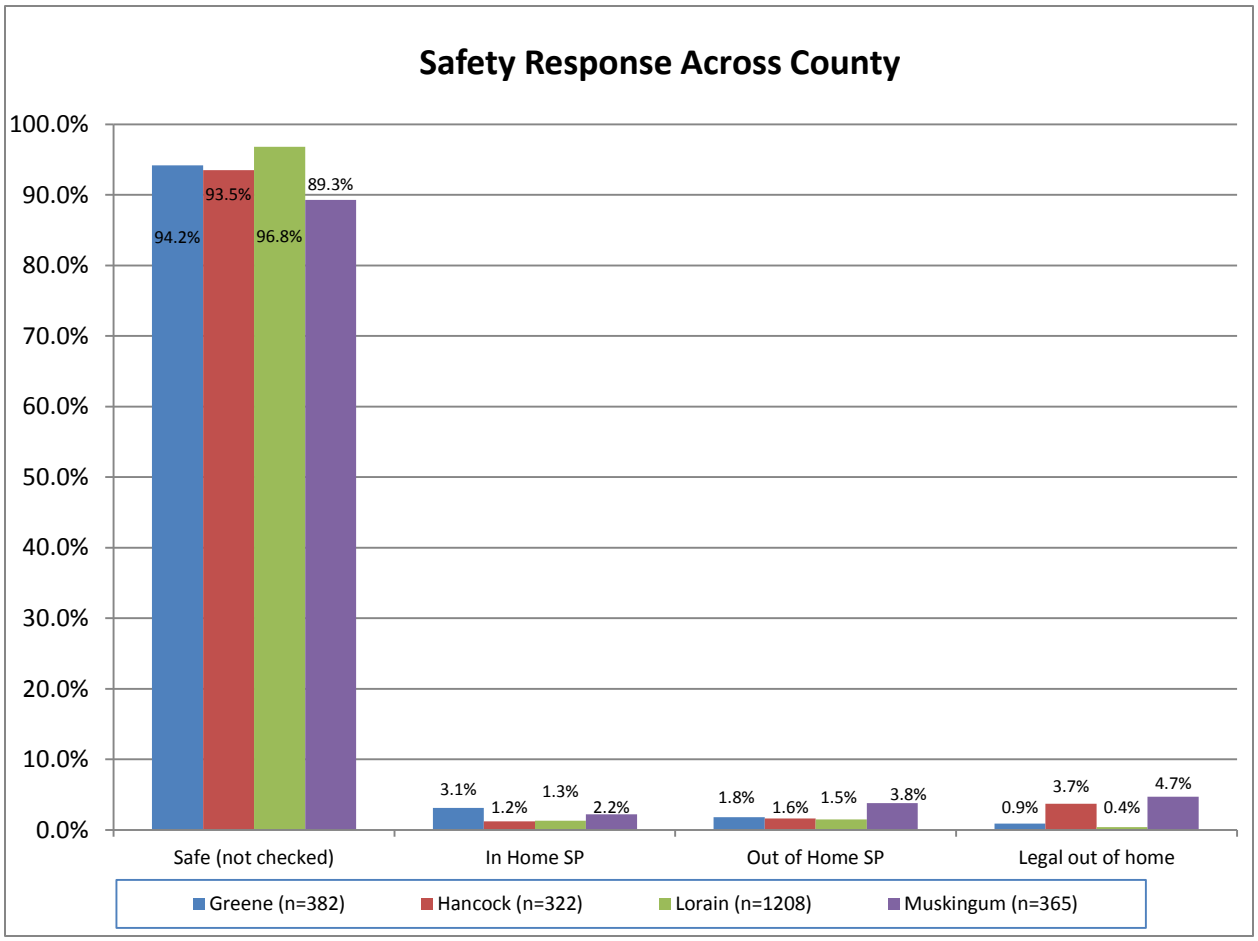

Safety Factors 1-7 All Counties
30.0%
25.0%
20.0%
15.0%
10.0%
5.0%
0.0%
1%
13%
4%
3%
3%
14%
2%
8%
1%
4%
1%
1%
2%
24%
5%
5%
1%
15%
3%
6%
4%
13%
4%
6%
2%
11%
2%
11%
1. Physical Harm
2. Protection
3. Threat of Serious Harm
4. Violent/Out of Control
5. Family Violence
6. Drugs and/or alcohol
7. Behavior Serious Harm
Greene (n=397)
Hancock (n=339)
Lorain (n=1243)
Muskingum (n=356)

Figure III.1.2: Safety Factors 8-14 All Counties



Given the relatively low number of safety factors identified on the Safety Assessment by all county agencies, it is not surprising that children are typically determined to be safe. As evident in Figure III.1.3 below, however, differences do exist in the percentage of cases designated as safe in each county. Percentages vary from a high of 96.8% in Lorain County to a low of 89.3% in Muskingum County. Although the numbers and percentages are small, Hancock and Muskingum counties are more likely than their counterparts in Lorain and Greene counties to use "Legally authorized out-of-home placements" as a Safety Response.

Figure III.1.3: Safety Factors 8-14 All Counties



III.2 Perceived Reliability of CAPMIS from Case Record Review

Section III.2 provides findings from the Case Record Review (CRR) that was used to assess the perceived reliability in the way data are being collected and documented on the Safety Assessment and Family Assessment. These findings result from the conduct of a systematic (CRR). Some information about evaluation team's CRR protocol has been reported previously. Detailed information is provided below, however, about the method used. Information provided about the perceived consistency and accuracy of CAPMIS data is based on a review by research team members, trained in the use of CRR protocol. This review was aimed at identifying apparent discrepancies between data in checked boxes on the CAPMIS tools and narrative information about the case on the same forms. It is important to emphasize that these are "reasonable person" reviews, rather than reviews conducted by professional child welfare system staff. Moreover, reviewers may have less information than caseworkers when making a determination about the presence of safety factors, risks, and/or risk contributors. Therefore, it is difficult to determine whether apparent discrepancies represent inconsistent or inaccurate applications of the CAPMIS tools or indicate the lack of sufficient documentation to clearly explain the rationale behind a caseworker's determination.

III.2.1 Case Record Review: Method

The method of design included the development and piloting of a protocol to review items on the CAPMIS tools. Two pilots were conducted in which research team members reviewed 30 cases, identified perceived discrepancies, and compared their findings to establish inter-rater reliability. Overall, evaluation team members reviewed

15% of cases collected from each county (i.e. 210 in Lorain, 92 in Greene, 76 in Muskingum and 57 in Hancock County). For each case, at least one pair of Safety Assessments and Family Assessments were reviewed. For a small proportion of "multiple iteration" cases, more than one pair of SA and FA tools were reviewed because of subsequent allegations of maltreatment. The CRR is comprised of distinct components involving review of Safety Assessment items and the Family Assessment risk contributor items.

The Safety Assessment was reviewed to identify apparent discrepancies between each safety factor assessment item checked, yes or no, by the caseworker. Further information is provided in the accompanying narrative explanation. If the caseworker identified a safety factor without explaining the reason for the response, the researcher determined that there was disagreement with the item due to lack of narrative support, and identified this as a discrepancy. Discrepancies were noted on the CRR review tool and in a discrepancy log kept by each reviewer. The discrepancy log also allowed reviewers to record evidence from the narrative on which their judgment regarding the existence of a discrepancy was based.

The first section of the Family Assessment CRR was conducted in a similar manner. Researchers reviewed Family Assessment risk contributor items and evaluated agreement between each item checked by the caseworker as a "risk" or "non-risk" contributor. Researchers also examined the accompanying narrative statement. Reviewer disagreements with items on the Family Assessment were recorded on the discrepancy log. Here, the reviewer explained their reasoning behind identification of each discrepancy. These reviewer comments also included brief summaries of issues

from the case record and/or verbatim phrases that they believed provided evidence for their identification that a discrepancy was present in the record.

The evaluation team acknowledged early in the development of the CRR protocol that without having been in the “caseworker’s shoes,” it would be difficult at times to understand and make clear judgments about discrepancies in particular situations. Ultimately, making a judgment as a “reasonable person” reviewing case records involved determining the extent to which the caseworker was able to convey information regarding a particular safety factor or a given risk contributor. Given the limited information provided to reviewers, and the inherently subjective nature of caseworker determinations, the evaluation team included an “unknown” (U) option for reviewers on the CRR protocol for each item. Reviewers used the “U” option if the caseworker “answers the given prompt but does not provide enough detailed information for the reviewer to determine whether the narrative prompt is an identified safety factor or not.” This box was also used when the narrative prompt was skipped completely. For the FA, “U” was checked if the reviewer was unable to determine that an item “is or is not a risk contributor from the information provided within the narrative description on the actual tool (for example, skipped in the narrative or not enough detail provided).” Note that the reviewers did not have access to case notes which may have included the supporting decision.

For items addressing functioning and relationships in the FA, the reviewers were looking for any mention by the caseworker to support their claim for the existence of a risk contributor if the item had been checked as a “risk.” For example, a caseworker may mention that the parent was depressed and mark the “emotional/mental health

functioning" item as a risk contributor. This would likely be sufficient cause for agreement. However, the mention of an emotional or mental health issue without a checkmark identifying it as a risk, or any indication in the narrative of mitigating circumstances, was recorded as a discrepancy. Where a caseworker marked an item as a Non-risk Contributor and mentioned mitigating circumstances as ameliorating the risk, the "U" option was utilized. Information presented below includes discrepancies identified for items with the least amount of ambiguity on the part of reviewers.

The CRR protocol and discrepancy logs were also used to record findings from review of final case decisions and safety responses reported by caseworkers. Using the discrepancy log the reviewer was asked to note whether she "agreed" (A), "disagreed" (D) or was "unsure" (U) about the decision made by the caseworker. Evaluation of the final case decision or safety response was made by a reviewer only after reading and reviewing information contained in all pairs of SA and FA tools available for each case. Cases where a reviewer either disagreed or was unsure about the caseworker's final case decision or safety response automatically triggered review by reviewer. Each week, the Case Record Reviewers met with the Principle Investigators to discuss discrepancies recorded on the discrepancy logs. Weekly meetings were used to discuss issues that presented new or unique challenges about their interpretation of the information. Ongoing meetings provided an opportunity to maintain consistency between reviewers in the application of the CRR protocol.

III.2.2 Findings from CRR by county and for all counties

In this section information is presented about identified discrepancies during the review of SA and FA tools in each county, thus providing evidence regarding consistency by caseworkers in their use of individual assessment questions. The Lorain County discrepancy findings were reported previously in the June 2007 Quarterly Report. These findings are also included in this report to provide all information for all counties in one place. Tables are provided by county and by tool. These tables indicate the number and percentage of cases in which a discrepancy was identified by reviewers for each safety factor and risk contributor reported. Information is also provided so that comparisons can be made across counties. It is important to note that relatively few discrepancies were identified by reviewers, overall. The number of discrepancies identified does vary, however, by item. The items with notable discrepancies are discussed below with suggestions from reviewers about why such discrepancies may exist.

Overall, there were few discrepancies found upon review of SA items in Hancock County as shown in Table III.2.2.1 below and none exceeded 5 percent. In Hancock County, the highest percent discrepant was 4.5% for child physical harm. When caseworkers mentioned physical harm in the case narrative, but then responded “no” to this safety factor item, they often reported “mitigating circumstances” as part of the rationale for their response. However, reviewers noted that in many cases they did not feel documentation of mitigating circumstances was adequately expressed to justify a “no” response.

Table III.2.1.1: Number & Percent of Cases with/without SA discrepancies by item in Hancock County (n=67)

HANCOCK COUNTY **Safety Assessment Item**	**No Discrepancy %**	**1 or more discrepancies %**
Child physical harm	95.5	4.5
Caretaker doesn't protect	98.5	1.5
Caretaker threats	98.5	1.5
Violent behavior	100	0
Violent acts	98.5	1.5
Substance use danger	100	0
Disability danger	100	0
Unwilling caretaker, basic needs	97.0	3.0
Environmental hazards	98.5	1.5
Neg. behavior, unrealistic expectations	97.0	3.0
Refuses access to child, may flee	97.0	3.0
Injury explanation unconvincing	100	0
Unwilling caretaker, phys. or mental needs	98.5	1.5
Sex abuse danger	98.5	1.5
Other Factor	100	0

Data reported below in Table III.2.2.2 regarding discrepancies between caseworkers and reviewers about identification of risk and non-risk contributors in the Family Assessment in Hancock County show a different result. As shown in Table III.2.2.2, a greater number of discrepancies existed among cases when reviewing the Family Assessment items than were found when reviewing items in the Safety Assessment. In Hancock County, reviewers identified discrepancies in more than twenty percent of the cases reviewed for each of the following Family Assessment items: parenting practices (25.4%), response to stressors (22.4%), and impact of past services

(20.9%). These findings suggest lower perceived accuracy or consistency in the way these items are being used by caseworkers to assess families. This may indicate ambiguity on the part of workers about the meaning of these items, about the underlying conditions that represent risk, or about the way in which mitigating circumstances ought to be taken into account when identifying risk.

Table III.2.2.2: Number & Percent of Cases with/without FA discrepancies by item in Hancock County (n=67)

HANCOCK COUNTY **Family Assessment Items**	**No Discrepancy %**	**1 or More Discrepancy %**
Self protection	97.0	3.0
Physical/Cognitive/Social development	80.6	19.4
Emotional/Behavioral functioning	91.0	9.0
Cognitive abilities	86.6	13.4
Physical health	86.6	13.4
Emotional/mental health functioning	83.6	16.4
Domestic relations	88.1	11.9
Substance use	88.1	11.9
Response to stressors	77.6	22.4
Parenting practices	74.5	25.4
Caretaker victimization of other children	97.0	3.0
Caretaker abuse/neglect as a child	92.5	7.5
Impact of past services	79.1	20.9

CRR of Muskingum cases also showed very few discrepancies between caseworkers and reviewers upon examination of Safety Assessment items as demonstrated by Table III.2.2.3 below. Reviewers reported the largest proportion of discrepancies about the designation of unwilling caretaker, basic needs as a safety

factor. Similar to findings reported above for Hancock County, the discrepancies associated with this item still represented a relatively small (5.2%) proportion of all the cases reviewed. Even fewer discrepancies were identified, however, for all other items listed in Table III 2.2.3. On several items the CRR yielded no discrepancies at all. This is also similar to findings reported for these items in Hancock County.

Table III.2.2.3: Number & Percent of Cases with/without SA discrepancies by item in Muskingum County (n=77)

MUSKINGUM COUNTY **Safety Assessment Items**	**No Discrepancy %**	**1 or More Discrepancy %**
Child physical harm	100	0
Caretaker doesn't protect	98.7	1.3
Caretaker threats	100	0
Violent behavior	98.7	1.3
Violent acts	98.7	1.3
Substance use danger	98.7	1.3
Disability danger	97.4	2.6
Unwilling caretaker, basic needs	94.8	5.2
Environmental hazards	97.4	2.6
Neg. behavior, unrealistic expectations	100	0
Refuses access to child, may flee	98.7	1.3
Injury explanation unconvincing	100	0
Unwilling caretaker, physical or mental needs	96.1	3.9
Sex abuse danger	98.7	1.3
Other Factor	100	0

Table III.2.2.4 below, however, demonstrates that reviewers discovered more discrepancies around use of the FA items, intended to assist caseworkers in assessing the presence of various contributors to risk in children's lives. As evident in this table, discrepancies appeared in 10% or more of the cases for 11 out of 13 items from the FA.

This percentage was twice that for two items: “Impact of past services” (20.8%), and “Response to stressors” (22.1%). High rates of discrepancy call into question the consistency with which caseworkers are using risk contributor constructs.

Table III.2.2.4: Number & Percent of Cases with/without FA discrepancies by item in Muskingum County (n=77)

MUSKINGUM COUNTY **Family Assessment Items**	**No Discrepancy %**	**1 or More Discrepancy %**
Self protection	98.7	1.3
Physical/Cognitive/Social development	88.3	11.7
Emotional/Behavioral functioning	87.0	13.0
Cognitive abilities	89.6	10.4
Physical health	89.6	10.4
Emotional/mental health functioning	88.3	11.7
Domestic relations	89.6	10.4
Substance use	89.6	10.4
Response to stressors	77.9	22.1
Parenting practices	83.1	16.9
Caretaker victimization of other children	97.4	2.6
Caretaker abuse/neglect as a child	87.0	13.0
Impact of past services	79.2	20.8

Table III.2.2.5 provides safety assessment information for Greene County. This data indicate that reviewers observed very few discrepancies in caseworkers' use of the Safety Assessment items. In fact, Greene County had fewer discrepancies than any of the other counties. As noted previously, case workers in Greene County identify fewer safety factors for children overall. This data suggests, however, that when Greene County caseworkers do identify safety factors, they provide documentation in the narrative to support their assessment.

Table III.2.2.5: Number & Percent of Cases with/without SA discrepancies by item in Greene County (n=96)

GREENE COUNTY **Safety Assessment Items**	**No Discrepancy %**	**1 or More Discrepancy %**
Child physical harm	100	0
Caretaker doesn't protect	99.0	1.0
Caretaker threats	99.0	1.0
Violent behavior	97.9	2.1
Violent acts	99.0	1.0
Substance use danger	100	0
Disability danger	100	0
Unwilling caretaker, basic needs	100	0
Environmental hazards	100	0
Neg. behavior, unrealistic expectations	100	0
Refuses access to child, may flee	100	0
Injury explanation unconvincing	100	0
Unwilling caretaker, phys. or mental needs	100	0
Sex abuse danger	99.0	1.0
Other Factor	100	0

As was the case for Hancock and Muskingum counties, reviewers identified many more discrepancies regarding FA items compared to SA items in Greene County

as well. Discrepancies were identified in more than 10 percent of cases for 5 of the 13 items displayed below in Table III.2.2.6. These items included: substance abuse (10.4%), parenting practices (11.5%), emotional/behavioral functioning (11.5%), emotional/mental health functioning (19.8%), and domestic relations (14.6%). In addition, discrepancies were found in nearly ten percent of cases for four other risk contributor items: physical health (8.3%), response to stressors (8.3%), caretaker abuse/neglect as a child (8.3%), and impact of past services (8.3%).

Table III.2.2.6: Number & Percent of Cases with/without FA discrepancies by item in Greene County (n=96)

GREENE COUNTY **Family Assessment Items**	**No Discrepancy %**	**1 or More Discrepancy %**
Self protection	100	0
Physical/Cognitive/Social development	93.8	6.3
Emotional/Behavioral functioning	88.5	11.5
Cognitive abilities	95.8	4.2
Physical health	91.7	8.3
Emotional/mental health functioning	80.2	19.8
Domestic relations	85.4	14.6
Substance use	89.6	10.4
Response to stressors	91.7	8.3
Parenting practices	88.5	11.5
Caretaker victimization of other children	93.8	6.3
Caretaker abuse/neglect as a child	91.7	8.3
Impact of past services	91.7	8.3

Similar results to those found in other counties are evident below for Lorain County data about discrepancies in the use of SA items. Table III.2.2.7 shows that 245

cases were reviewed, and that the percent of cases in which discrepancies were identified was less than 5 percent for all items. No discrepancies were observed for several of the safety items on Table III.2.2.7. In Lorain County, as in other counties, caseworkers identify relatively few safety factors. When they do identify them, they generally provide support in their narrative for doing so.

Table III.2.2.7: Number & Percent of Cases with/without SA discrepancies by item in Loraine County (n=245)

LORAIN COUNTY **Safety Assessment Items**	**No Discrepancy %**	**1 or more Discrepancies %**
Child physical harm	96.7	3.3
Caretaker doesn't protect	99.2	0.8
Caretaker threats	99.6	0.4
Violent behavior	98.8	1.2
Violent acts	98.8	1.2
Substance use danger	98.8	1.2
Disability danger	99.6	0.4
Unwilling caretaker, basic needs	99.6	0.4
Environmental hazards	99.2	0.8
Neg. behavior, unrealistic expectations	100	0
Refuses access to child, may flee	100	0
Injury explanation unconvincing	100	0
Unwilling caretaker, phys. or mental needs	100	0
Sex abuse danger	99.6	0.4
Other Factor	100	0

Lorain County data are presented below in Table III.2.2.8 showing information obtained from review of the FA items used by caseworkers to assess the presence of

risk contributors in families. As was the case in the other pilot counties, these data provide evidence that caseworkers have more difficulty using the items in a consistent manner. Many more perceived inaccuracies are identified in the use of these items than were identified for the safety factor items. Discrepancies were identified in more than 10 percent of cases for 7 of the 13 items. In addition, discrepancies were identified in nearly 10 percent of cases 3 other items. The item asking caseworkers to determine if "parenting practices" is a risk contributor was identified as discrepant in one-fourth (25.5%) of the cases reviewed. These data provide further evidence that caseworkers are finding these items particularly difficult to use in an accurate and consistent manner.

Table III.2.2.8: Number & Percent of Cases with/without FA discrepancies by item in Lorain County (N=243)

LORAIN COUNTY **Family Assessment Items**	**No Discrepancy %**	**1 or more Discrepancy %**
Self protection	95.5	4.5
Physical/Cognitive/Social development	88.1	11.9
Emotional/Behavioral functioning	84.4	15.6
Cognitive abilities	91.4	8.6
Physical health	90.9	9.1
Emotional/mental health functioning	90.9	9.1
Domestic relations	88.5	11.5
Substance use	93.0	7.0
Response to stressors	84.8	15.2
Parenting practices	74.5	25.5
Caretaker victimization of other children	91.8	8.2
Caretaker abuse/neglect as a child	87.7	12.3
Impact of past services	33.0	13.6

The information provided in Table III.2.2.9 below summarizes data about discrepancies found in the use of SA items for all four counties. This table shows how discrepancies identified by reviewers are distributed across counties. This table demonstrates the relatively low incidence of discrepancies identified overall for these items, and also shows that when they were identified, discrepancies were dispersed among items. This suggests that no particular item or set of items pose more difficulty to caseworkers than others.

Table III.2.2.9: Discrepancy Information from review of SA by item for all counties

	Number and Percent of cases with discrepancies			
Safety Assessment Items	**Lorain (N = 245) %**	**Hancock (N = 67) %**	**Muskingum (N = 77) %**	**Greene (N = 96) %**
Child physical harm	3.3	4.5	0	0
Caretaker doesn't protect	0.8	1.5	1.3	1.0
Caretaker threats	0.4	1.5	0	1.0
Violent behavior	1.2	0	1.3	2.1
Violent acts	1.2	1.5	1.3	1.0
Substance use danger	1.2	0	1.3	0
Disability danger	0.4	0	2.6	0
Unwilling caretaker, basic needs	0.4	3.0	5.2	0
Environmental hazards	0.8	1.5	2.6	0
Neg. behavior, unrealistic expectations	0	3.0	0	0
Refuses access to child, may flee	0	3.0	1.3	0
Injury explanation unconvincing	0	0	0	0
Unwilling caretaker, phys. or mental needs	0	1.5	3.9	0
Sex abuse danger	0.4	1.5	1.3	1.0
Other Factor	0	0	0	0

Table III.2.2.8 above stands in stark contrast to Table III.2.2.10 below. Data presented below suggests that few caseworkers are having difficulty determining self protection as a risk contributor. These discrepancies were identified in less than 10 percent of cases in each county around determining whether caretaker victimization of other children is a risk contributor. This table provides a clear indication, however, that discrepancies were found in 10 percent or more cases, in one or more counties for the remaining items. These data also suggest that discrepancies are not equally distributed across counties. This indicates that caseworkers in different counties may be having more difficulty using particular items than are caseworkers in other counties.

Table III.2.2.10: Discrepancy Information from review of FA by item for all counties

	Number and Percent of cases with discrepancies			
Family Assessment Items	**Lorain (N=243) %**	**Hancock (N= 67) %**	**Muskingum (N= 7) %**	**Greene (N=96) %**
Self protection	4.5	3.0	1.3	0
Physical/Cognitive/Social development	11.9	19.4	11.7	6.3
Emotional/Behavioral functioning	15.6	9.0	13.0	11.5
Cognitive abilities	8.6	13.4	10.4	4.2
Physical health	9.1	13.4	10.4	8.3
Emotional/mental health functioning	9.1	16.4	11.7	19.8
Domestic relations	11.5	11.9	10.4	14.6
Substance use	7.0	11.9	10.4	10.4
Response to stressors	15.2	22.4	22.1	8.3
Parenting practices	25.5	25.4	16.9	11.5
Caretaker victimization of other children	8.2	3.0	2.6	6.3
Caretaker abuse/neglect as a child	12.3	7.5	13.0	8.3
Impact of past services	13.6	20.9	20.8	8.3

For example, Table III.2.2.10, suggests that caseworkers in all counties appear to have difficulty determining when parenting practices constitute a risk contributor; these discrepancies were identified in more than 10 percent of cases in each county. However, this proportion is much greater in Lorain and Hancock counties where reviewers reported discrepancies in one-fourth of the cases reviewed. A similar pattern can be observed in Table III.2.2.10 regarding the response to stressors item; a

discrepancy was noted in more than one-fifth of cases in Hancock and Muskingum counties with smaller percentages of cases exhibiting discrepancies in Lorain and Greene counties. For example, if the caseworker suggested that the children were too young to self-protect, or simply that the children were very young, the researcher would have agreed with the caseworker's report that a risk contributor was present. Similarly, if the caseworker mentioned prior history or any historical evidence suggesting caretaker victimization of other children, the researcher likely agreed with the identified risk. For Greene County, the percent of cases in which a discrepancy was found by reviewers was much higher (19.8%) for the item pertaining to the presence of risk related to the emotional/mental health functioning of a family member than in Lorain or Muskingum counties but more similar to the rate found in Hancock County. These data suggest general ambiguity about the use of these items overall. It also points to some differences in their meaning and use by caseworkers across counties. Of course, it is important to note, once again, that case reviewers may not have all of the information that caseworkers used to determine the presence of a particular risk contributor. Nevertheless, it is also important to observe that the information provided in the record does not make the basis for their decision apparent to a reasonable person reviewer.

III.3 Content analysis of CRR discrepancy logs

As noted previously, reviewers extracted and noted information from the case record that led them to conclude a discrepancy was evident when comparing checked data provided by caseworkers to narrative data. In this section, findings are reported from content analysis of the discrepancy log notes. The primary purpose of this analysis was to collate and categorize information that led reviewers to identify a discrepancy in the case record. Content analysis of this information is presented in this section in an effort to shed light on what these perceived discrepancies are about by examining and summarizing the content of information contained in the discrepancy logs kept by CRR team members. More specifically, the content analysis was designed to assist in answering the following questions:

- What commonalities are evident from analysis of the material reviewers recorded in their logs as a rationale for their determination that a discrepancy was evident?
- What does analysis of this information reveal about issues that are particularly challenging for caseworkers using CAPMIS tools?

III.3.1 Method

Information in logs about evidence for identified discrepancies was combined in order to have a sufficient number of examples, and to take into account reviewer comments about discrepancies associated with particular items across all counties. In most cases, the discrepancies represented situations where a caseworker did not identify a safety factor or risk contributor but the

reviewer determined, based on content in the narrative, that a safety factor or risk contributor existed. Only in a very few incidences did reviewers take issue with a caseworker's assertion that a safety factor or risk contributor was present. Thus, perceived discrepancies are generally tied to a reasonable person reviewer's concern that the documentation (for the safety factor or risk contributor, on the SA and FA, respectively) did not provide a rationale for why circumstances did not rise to the level of designation as a safety factor or risk contributor. Reviewers did not have access to the caseworker's progress notes. These notes may have provided more information on the circumstances or rationale for decisions. Therefore, it is not clear whether perceived discrepancies represent a misunderstanding or inconsistency in the use of CAPMIS tools or represent a lack of sufficient documentation to allow a reasonable person to understand the logic behind a caseworker's assessment of circumstances in the lives of children.

To conduct the content analysis, discrepancy log notes were grouped in relation to the Safety or Family Assessment item to which they pertained. They were then examined to identify emerging similarities based on recurring words or phrases extracted directly from the case record and/or summarized by the reviewer. Based on the discrepancy note content, common issues or themes that emerged were organized into distinct categories. This assisted reviewers in identifying where there might be a discrepancy between the narrative and the decision on the SA or FA.

Once categories were developed, definitions were created for each. The thematic categories and category definitions were reviewed and discussed by multiple research team members. Members sought to ensure agreement in the designation of categories and the assignment of items to each category. For a majority of the case record notes that led to a determination that a discrepancy existed, more than one type of rationale emerged. Therefore, the number of items categorized is greater than the number of discrepancies identified. For example, the issue “child had a mark from a belt” indicates the child had a mark (first thematic category) and indicates a violent behavior toward the child (second thematic category) because an implement (the belt) was used to strike the child. Thus, this issue would be counted twice, once in each thematic category.

In addition to the explicit thematic categories, an “other” category was created and used in two specific scenarios. When the content was unclear or deemed irrelevant to the particular assessment item, the issue was categorized as “other.” Also included as “other” were the few situations in which a discrepancy existed because the caseworker had noted the presence of a safety factor or risk contributor even though the case narrative suggested otherwise. For example, information in the CRR log was identified as a discrepancy on the FA because the caseworker had identified the item adult cognitive abilities as a risk contributor. However, the reviewer noted that in the narrative that caseworker had “described mother as being of average intelligence and having her GED, which does not equate to risk.” This discrepancy was identified by the reviewer because the caseworker indicated the presence of a risk contributor, but

provided apparently contradictory evidence in the narrative. As stated previously, this sort of discrepancy disputing the caseworker's representation that a risk contributor was present when the narrative suggested otherwise occurred infrequently. Consequently, there were not enough notes in the logs to constitute creation of a separate category so these instances were included in the "other" category. Overall, few log notes of any kind were placed in the "other" category.

III.3.2. Findings from content analysis of CRR discrepancy logs

This section relates findings obtained from the content analysis. The tables integrated throughout the narrative provide a comprehensive list of each Safety and Family Assessment item and the corresponding thematic categories that emerged from analysis of the notes. However, the narrative places particular emphasis on the categories associated with the more discrepant issues including the safety assessment factor serious physical harm and the following family assessment risk contributors: child physical/cognitive/social development, child emotional/behavioral functioning, adult physical health, adult emotional/mental health, adult domestic relations, adult response to stressors and family roles, interactions and relationships.

Categories of concern related to Safety Assessment items

Serious physical harm

Content analysis of log notes associated with the SA item serious physical harm resulted in two thematic categories: child has a mark/bruise/injury and violent behavior toward the child (i.e. hitting). The thematic category child has a mark/bruise/injury refers to a physical injury that the child has on some part of his/her body (i.e. back, buttocks, face) which is typically described as a mark or a bruise. Some items in this category may indicate a mechanism (i.e. spanking) to explain the injury. This is not always the case, however. Furthermore, the items in this category may or may not include terms that specify the degree of severity (i.e. extensive bruising, multiple marks). The thematic category, violent behavior toward the child (i.e. hitting) refers to a violent behavior of an adult caretaker toward a child. The behavior is identified by verbs used to describe an action, such as “hit” or “spanked.” The behavior typically involves striking the child in some way and may employ implements such as a belt or paddle. This category does not include statements describing a mark, bruise, or injury without the attribution of an action leading to that injury.

As shown in Table III.3.1 below, a majority (13 issues, 54%) of the log notes associated with perceived discrepancies related to serious physical harm could be placed in a thematic category designated as a concern about evidence in the narrative that the “child has a mark/bruise/injury.” Furthermore, the assessment item serious physical harm included the highest number of total issues (21) noted in reviewer logs when compared with other items on the safety

assessment instrument. Reviewers assessed information in the narrative about the presence of a bruise/injury as a safety factor while caseworkers did not. It is important to note, however, that in the Safety Assessment field guide the presence of a bruise or injury, in and of itself, would not rise to the level of a safety factor, leading caseworker to respond “no” in some cases. Without further documentation on the Safety Assessment, however, it is not apparent to a reasonable person reviewer if this represents an oversight on the part of the caseworker or constitutes a deliberate choice based on other evidence about the nature of the bruise or injury not recorded on the assessment tool. Notably, serious physical harm was not the only assessment item which yielded categories of concern pertinent to a child’s physical safety. The safety assessment items behavior of adult violent and out of control and family violence also provoked concern leading reviewers to register discrepancies between checked items and information contained in the narrative. Analysis of reviewer log notes yielded a category of concern for discrepancies in information about physical abuse of a child, as exemplified by the note that, “children tell relatives that mother has hurt/choked them.” Similarly, reviewers registered concerns that caseworkers failed to designate family violence as a safety factor based on evidence in the narrative that, “adult behavior puts child at risk for danger/harm.” This assertion on the part of the reviewer was demonstrated by a note that narrative evidence indicated: “caretaker disciplining child with belt and smacking child in the face.” Table III.3.1 summarizes the frequency of occurrence of various issues identified for each safety factor in the log notes.

Table III.3.1: Number and Type of Issues Identified for: Serious physical harm, Caretaker cannot or will not protect, Credible threat that would result in harm, Behavior of adult out of control, Family violence

SAFETY FACTOR		
Serious Physical Harm **Type of Issues Identified**	**Number of Times Issue Mentioned**	**Percent of Issues Mentioned**
Child has a mark/bruise/injury	13	54%
Violent behavior toward the child (i.e. hitting)	10	42%
Caregiver has the potential to become violent	1	4%
Total # of Issues Identified	**24**	
Caretaker cannot or will not protect **Type of Issues Identified**	**Number of Times Issue Mentioned**	**Percent of Issues Mentioned**
Parental lack of protection of the child	3	60%
Parental lack of supervision of the child	1	20%
Parents' violent behavior does not inhibit ability to protect the child	1	20%
Total # of Issues Identified	**5**	
Credible threat that would result in harm **Types of Issues Identified**	**Number of Times Issue Mentioned**	**Percent of Issues Mentioned**
Threats by adults not to tell	2	100%
Total # of Issues Identified	**2**	
Behavior of Adult Violent and Out of Control **Types of Issues Identified**	**Number of Times Issue Mentioned**	**Percent of Issues Mentioned**
Physical abuse of a child	6	43%
Domestic violence	6	43%
Caretakers are violent and out of control	1	7%
Family violence	1	7%
Total # of Issues Identified	**14**	
Family Violence **Types of Issues Identified**	**Number of Times Issue Mentioned**	**Percent of Issues Mentioned**
Domestic violence/marital discord	5	45%
Adult behavior puts child at risk for danger/harm	5	45%
Child has aggressive behaviors	1	10%
Total # of Issues Identified	**11**	

Caretaker cannot or will not protect

Table III.3.1 above also summarizes issues identified as the basis for perceived discrepancies associated with use by caseworkers of the safety assessment item, caretaker cannot or will not protect, pertained to a parent's lack of protection (3 issues, 60%) from an overt risk such a violent person in the home. For example, a note about a perceived discrepancy related to this item stated, "narrative contains an incident of an adult entering the house to beat up the ACV (a teenager). Although the mother was upset about this, she did not protect him from outside harm." In addition, information in the narrative about a parent's lack of supervision (1 issue, 20%) putting the child at risk for possible harm was also noted as the basis for identification of a discrepancy as exemplified by information in the case record that, "child was left home without adult's supervision."

Credible threat that would result in harm

Table III.3.1 also provides information about issues recorded in reviewer logs notes about discrepancies associated with caseworker's response to the safety assessment item credible threat that would result in harm. Two mentions were identified in reviewer logs pertaining to an adult threatening a child not to disclose the abuse to another adult (2 issues, 100%). This issue was exemplified in the statement, "adult threatened children to tell mother about the abuse."

Behavior of Adult Violent and Out of Control

Log notes concerning discrepancies associated with the safety assessment item, behavior of adult violent and out of control, suggest that the narrative revealed information about the physical abuse of a child (6 issues, 43%) or domestic violence (6

issues, 43%) that had not been noted as a safety factor. Concern about possible physical abuse is represented by statements in the case record narrative such as "children tell relatives that mother has hurt/choked them," "stepfather leaving marks left by a belt," and "throwing objects at the child." Concerns about lack of designation of domestic violence as a safety factor were based on statements of a history of domestic violence such as "family has a history of DV and violent behavior," and "mother reporting history of DV with father." Information about these concerns is also shown in Table III.3.1

Family Violence

Family violence included the categorization of reviewer concerns as: "domestic violence/marital discord" (5 issues, 45%) and "adult behavior puts child at risk for harm" (5 issues, 45%). These items are also shown in Table III.3.1 above. The incidents in the record associated with domestic violence/marital discord include statements taken from the record such as "recent DV" and "DV within the home has resulted in three police calls." Incidents included in the latter category included statements such as "mother uses drugs and it puts child in danger" and "children were abused and witnessed abuse." It is important to note the overlap between snippets of information from the record that appear in this category and poor documentation associated with discrepancies in statements suggesting "the behavior of adult is violent and out of control" and warrants the designation as a safety factor.

Alcohol and other drug use (AOD)

The safety assessment item alcohol and drug use led reviewers to identify discrepancies in the record associated with failure to identify the presence of a safety

factor related to information present in the narrative characterized as: “child/family members report parents’ AOD” (4 issues, 33%), “AOD influences parenting skills/abilities and safety of child” (7 issues, 58%), “parents report AOD use (5 issues, 42%) and “parent has history of AOD,” (5 issues, 42%). For this Safety Assessment item, reviewer notes often referred to more than one category of concern. For example, the reviewer note: “family member (MGM) reporting suspected drug use of a caretaker. MO with a known history of using drugs,” includes information coded as: “child/family members report parents’ AOD” and also coded as: “parent has a history of AOD.” This information is summarized in Table III.3.2 below.

Table III.3.2: Number and Type of Issues Identified re: Discrepancies Associated with AOD use, Behavior is symptomatic and puts child in danger

SAFETY FACTOR		
Alcohol and Drug Use **Types of Issues Identified**	**Number of Times Issue Mentioned**	**Percent of Issues Mentioned**
Child/family members report parents' AOD	4	19%
AOD influences parenting skills/abilities and safety of child	7	33%
Parents report AOD use.	5	24%
Parent has history of AOD	5	24%
Total # of Issues Identified	**21**	
Behavior is symptomatic and puts child in danger **Type of Issues Identified**	**Number of Times Issue Mentioned**	**Percent of Issues Mentioned**
Parent has a history of mental illness	6	55%
Caregivers' mental health interferes with ability to parent	2	18%
Caregiver diagnosed with mental illness and will not comply with treatment	1	9%
Other	2	18%
Total # of Issues Identified	**11**	

Behavior is symptomatic and puts child in danger

Information, also presented in Table III.3.2 above, summarizes categories in reviewer notes supporting their determination that a discrepancy was evident in the case record overlooking the presence of a safety factor that parental behavior is symptomatic and puts child in danger. Most often reviewer notes referenced evidence in the narrative indicating that: "parent has a history of mental illness" (6 issues, 75%). Issues pertinent to designation of a discrepancy related to mental health concerns of a parent or other caretaker were based on information in the case record that a parent had a "history of mental health hospitalization" or "receipt of social security insurance due to a mental health disorder." Other discrepancies were related to information

indicating “parent’s mental health interferes with parenting abilities” (2 issues, 18%) or the “caretaker diagnosed with a mental illness and will not comply with treatment” (i.e. “mother will not go to Nord, and won’t take medication) (1 issue, 9%). Discrepancy issues which indicated a parent’s mental health puts child in danger included “father is limited in ability to care for young children as he suffers from seizures and mental health challenges” and “mother’s thought patterns were illogical and incomplete.”

Basic needs

Table III.3.3 below examines concerns leading reviewers to note discrepancies associated with the safety assessment item pertaining to basic needs. Discrepancies noted by reviewers were related to those which they believed demonstrated, family has a lack of basic needs (7 issues, 50%). The basic needs referenced in the narrative by reviewers included: lack of food, inability to pay utilities and rent, lack of personal hygiene supplies, and need for furniture.” There are three categories in this assessment item: caregiver not seeking medical treatment for child” (1 issue, 7%), lack of parental supervision putting children at risk for harm (2 issues, 14%), and concern for neglect (2 issues, 14%). These categories shared the theme that the parent’s act of omission placed the child at risk for harm. These items were different from the item family has a lack of basic needs because they specifically indicated the parent’s failure to act on behalf of the child.

Environmental hazards

Notes about concerns related to the safety assessment item environmental hazards were categorized as: home environment is unsafe or unsanitary (9 issues, 100%). Issues in this category included: broken windows, insect infestations, and soiled floors

due to animal feces. This category of concerns also includes statements such as “heavy items stacked around house that could result in serious injury if knocked over,” “house in deplorable conditions with animal feces ground into the floors,” and “worker informed family that it would have to address unsanitary home condition for a toddler.”

Table III.3.3: Number and Type of Issues Identified re: Basic needs, Environmental hazards, Negative/unrealistic expectations, Family refusal, Caregiver unwilling to meet child’s needs

SAFETY FACTOR		
Basic Needs **Type of Issues Identified**	**Number of Times Issue Mentioned**	**Percent of Issues Mentioned**
Family lacks basic needs	7	50%
Caregiver not seeking medical treatment for the child.	1	7%
Lack of parental supervision putting children at risk for harm	2	14%
Concern for neglect	2	14%
Other	2	14%
Total # of Issues Identified	**14**	
Environmental Hazards **Type of Issues Identified**	**Number of Times Issue Mentioned**	**Percent of Issues Mentioned**
Home environment is unsafe/unsanitary	9	100%
Total # of Issues Identified	**9**	
Negative Unrealistic Expectations **Type of Issues Identified**	**Number of Times Issue Mentioned**	**Percent of Issues Mentioned**
Child is performing adult responsibilities	1	20%
Mother has negativity toward the child	1	20%
Adult admits to emotional/mental abuse of the children	2	40%
Other	1	20
Total # of Issues Identified	**5**	

Basic Needs **Type of Issues Identified**	**Number of Times Issue Mentioned**	**Percent of Issues Mentioned**
Total # of Issues Identified	**7**	
Caregiver unwilling to meet child's needs. **Type of Issues Identified**	**Number of Times Issue Mentioned**	**Percent of Issues Mentioned**
Caregiver not seeking physical health treatment for the child	2	29%
Caregiver not seeking mental health treatment for the child	2	29%
Family Refusal **Type of Issues Identified**	**Number of Times Issue Mentioned**	**Percent of Issues Mentioned**
Family uncooperative with caseworker	5	71%
Other	2	29%
Caregiver unwilling to meet the child's needs	1	14%
Other	2	29%
Total # of Issues Identified	**7**	

Negative acts/Unrealistic epectations

Concerns noted by reviewers that led to identification of discrepancies associated with the safety assessment item: negative acts and unrealistic expectations included issues regarding children performing adult responsibilities. Here are some examples: "eldest child is performing an undue amount of caretaking for the younger children, including diaper changes and other duties while parents sleep on the weekends" (1 issue, 20%), negativity toward the child such as an "overall feel of negativity toward ACV") (1, 20%), and emotional/mental abuse such as "adult 2 admitted to being 'mentally abusive' toward children at times" (2 issues,40%). There were few total issues in this category. Information about the occurrence of such concerns is shown in Table III.3.3 above.

Family Refusal

Table III.3.3. also summarizes concerns about families refusing to cooperate with the caseworker. Discrepancy log related to the safety assessment item family refusal included items place into a category designated: family uncooperative with caseworker (5 issues, 71%). Issues associated with uncooperativeness included statements indicating the family was denying caseworker access to the home, or access to interview the child, and suspicion the family might relocate to avoid agency involvement.

Caregiver unwilling to meet child's needs

The assessment item caregiver unwilling to meet child's needs also provoked concerns leading reviewers to identify perceived discrepancies in the caseworkers' use of this item. Evidence reported in Table III.3.3 above summarizes these concerns in relation to categories regarding the caregiver not seeking physical (2 issues, 29%) or mental health treatment for the child (2 issues, 29%). As noted above, one incidence identified during the CRR was based on a rather general statement in the case narrative that, "mother is unwilling to meet the child's needs." The other notes made by reviewers noted references in the case record about a parent's lack of follow through for physical or mental health treatment.

Sexual Abuse

A number of perceived discrepancies were identified during the CRR related to identification of sexual abuse as a safety factor. Notes in the reviewer logs indicate discrepancies associated with the sexual abuse safety item were related to concerns that the caseworker did not identify the item as a safety factor when information in the

narrative indicated: “sexual abuse is suspected” (5 issues, 45%), “past sexual abuse (not a current safety threat)” (2 issues, 18%), “safety threat indicated,” (1 issue, 9%), or “child was sexually abused” (3 issues, 27%). Case reviewers perceived the suspicion of sexual abuse to indicate the presence of a safety factor. Items categorized as suspicion of sexual abuse includes information in the case record indicating that: “report is for sexual abuse” or describing physical symptoms (i.e. “vagina appeared red”) (see Table III.3.4 below).

Table III.3.4: Number and Type of Issues Identified re: Discrepancies Associated designation of Sexual Abuse as a Safety Factor

SAFETY FACTOR		
Sexual Abuse **Type of Issues Identified**	**Number of Times Issue Mentioned**	**Percent of Issues Mentioned**
Sexual abuse is suspected	5	45
Past sexual abuse	2	18
Safety threat indicated	1	9
Child was sexually abused	3	27
Total # of Issues Identified	**11**	

Categories of concern about Family Assessment Risk Contributors

Child Self Protection

As Table III.3.5 below indicates, few discrepancies were identified by reviewers related to the designation of child self-protection as a risk contributor. For those cases in which a discrepancy was identified reviewers typically based their decision on information in the record indicating that child is too young to protect self (3 issues, 60%).

Child- Physical/Cognitive/Social Development

A number of concerns shown in Table III.3.5 resulted in reviewers identifying a perceived discrepancy because caseworkers had not designated a child’s physical/cognitive/social development as a risk contributor. Reviewers

noted that they based their decision that a discrepancy existed on information in the narrative that a child had a physical condition (10 issues, 27%), or a cognitive development delay or related problem (19 issues, 51%) existed for the child. Concerns that the child has a physical health condition were based on statements in the case record that a child had a chronic health condition such as diabetes, asthma, heart condition, blood disease, or seizures. The perceived discrepancy could be an indication that caseworkers are uncertain about when an illness constitutes a risk contributor. The discrepancy could also reflect a lack of documentation by caseworkers of the mitigating circumstances influencing their determination that the condition does not constitute a risk contributor.

Concerns summarized on Table III.3.5 that the child has a cognitive delay suggest that caseworkers had not correctly designated this item as a risk contributor pose the same dilemma. It is not clear that perceived discrepancies are indicative of inconsistency in the identification of risk contributors or the lack of documentation regarding mitigating circumstances. Content analysis of information that raised concerns among reviewers can be categorized as concerns related to the presence of developmental delays (i.e. child has a current IEP) or educational issues (i.e. child is in special education classes) that appear not to have been taken into account by the caseworker when responding to the risk contributor item.

Table III.3.5: Number and Type of Issues Identified re: Concerns Associated with Child Self Protection, Physical/Cognitive/Social Development; Emotional/behavioral functioning

Risk Contributor		
Child Self Protection **Type of Issue Identified**	**Number of Times Issue Mentioned**	**Percent of Issues Mentioned**
Due to child's age, child is too young to protect self	3	60%
Other	2	40%
Total # of Issues Identified	**5**	
Child Physical/Cognitive/Social Development **Type of Issues Identified**	**Number of Times Issue Mentioned**	**Percent of Issues Mentioned**
Child has a physical health condition	10	27%
Child has a cognitive delay	19	51%
Child has a social delay	1	3%
Other	7	19%
Total # of Issues Identified	**37**	
Child Emotional/Behavioral Functioning **Type of Issues Identified**	**Number of Times Issue Mentioned**	**Percent of Issues Mentioned**
Child is exhibiting internalizing behaviors	4	9%
Child exhibiting externalizing behaviors	36	77%
Child's behaviors are related to parental behaviors	3	6
Other	4	11
Total # of Issues Identified	**47**	

Child Emotional/Behavioral Functioning

As shown in Table III.3.5 above, the greatest total number of concerns identified by reviewers was associated with assessment of child emotional/behavioral functioning as a risk contributor. As was the case with previous assessment items, reviewers perceived evidence to be present in the narrative that constituted a risk contributor but the casework had checked "NRC". Concerns noted in discrepancy logs included a variety of statements in the

record that the child is exhibiting externalizing behaviors included 36 (77%) issues. Issues placed into this category included reference in the narrative to the child exhibiting problems such as depression and anxiety. Reviewers also raised concerns that a child is exhibiting externalizing behaviors such as school related problems (truancy and suspension), legal related issues (being on probation, etc.), anger/aggression, ADHD/ADD, and general mood/behavior problems. School and general behavior problems accounted for most of the issues constituting this category. Once again, it is not clear if the perceived discrepancies are attributable to misunderstanding in the designation of conditions warranting identification as a risk contributor or do not understand how to document information about the mitigating circumstances leading them to determine that no risk contributor is present.

Adult Cognitive Abilities

Reviewer concerns raised about the caseworker's designation of adult cognitive abilities as a risk contributor were placed into several categories based on the content analysis of discrepancy log notes. These categories are: adult suffered accident related injury inferring with cognitive abilities (1 discrepancy, 13%), cognitive deficits interfering with parenting abilities (4 discrepancies, 50%), and an other category (3 discrepancies, 38%). The case record reviewers identified a caregiver's diagnosis of MRDD and/or a low IQ as deficits perceived to indicate the presence of a risk contributor.

Adult-Physical Health Condition

References in the reviewer logs to discrepancies associated with this assessment item included concerns categorized as adult has a physical health

condition, which had 18 (90%) issues. Of note, four of the issues indicated the adult's physical condition was the consequence of a motor vehicle accident. In addition, the physical health issues noted in the discrepancy logs included conditions of less specificity such as back pain and blackouts. The worker manual and the Family Assessment field guide provide examples of what constitutes a RC versus a NRC. The presence of a physical health condition and/or a cognitive delay does not mean that the caseworker designates the condition as a risk contributor. The examples in the manual and field guide provide direction for the caseworker as to what level these conditions or delays must be present to become considered a RC. However, it is not clear from the standpoint of a reasonable person review how the caseworker made the determination to designate the presence of a condition as a NRC.

Table III.3.6: Number and Type of Issues Identified re: Adult cognitive abilities, physical health, or emotional/mental health functioning

RISK CONTRIBUTOR		
Adult Cognitive Abilities **Type of Issues Identified**	**Number of Times Issue Mentioned**	**Percent of Issues Mentioned**
Adult suffered accident related injury interfering with cognitive abilities	1	13%
Cognitive deficits interfering with parenting abilities	4	50%
Other	3	38%
Total # of Issues Identified	**8**	
Adult Physical Health **Type of Issues Identified**	**Number of Times Issue Mentioned**	**Percent of Issues Mentioned**
Adult has a physical health condition	18	90%
Other	2	10%
Total # of Issues Identified	**20**	
Adult Emotional/Mental Health Functioning **Type of Issues Identified**	**Number of Times Issue Mentioned**	**Percent of Issues Mentioned**
ADHD	2	4%
Mood disorder	6	13%
Depression/Anxiety/PTSD	14	30%
Anger management/conduct disorder	7	15%
Possible psychosis	2	4%
Emotional/mental health issues unspecified	9	19%
Alcohol and other drug use	3	6%
Other	4	9%
Total # of Issues Identified	**47**	

Adult Emotional/Mental Health Functioning

A similar lack of clarity surrounds documentation in the FA. It is unclear what conditions and circumstances surrounding a caseworker decision that an adult emotional/mental health functioning issue constitutes a risk contributor. Of the 311 issues identified from content analysis of discrepancy logs about the family assessment instruments, 47 (15%) were related to perceived

discrepancies in the designation of adult emotional/mental health functioning as a risk contributor. Items identified in the record that led reviewers to believe a risk contributor was present when the caseworker had checked NRC include mentions made of specific disorders (i.e. mood disorders, depression/anxiety/PTSD, etc.). As shown in Table III.3.6, most often this included mention of parental depression, anxiety, and/or PTSD. Moreover, six of the fourteen references to parental depression, anxiety, and/or PTSD included a reason for the parent's reported depression or anxiety such as unemployment or legal problems. The narrative, however, did not clearly explain mitigating circumstances leading the caseworker to conclude that these problems did not rise to the level of designation as a risk contributor. Sometimes evidence in the narrative made reference more generally to the presence of a mood disorder or to the presence of an emotional/mental health issues unspecified, but without clear explanation about mitigating circumstances.

Adult-Domestic Relations

The assessment item, adult domestic relations, includes concerns raised by reviewers and classified into a category based on the common theme related to some reference in the case narrative to a history of domestic violence. A concern around this theme was noted by reviewers 13 times (41%) of all items mentioned pertaining to the adult domestic relations item on the FA. This category included statements such as "domestic violence happened in the past with ex-wife" and "mother was a victim of domestic violence." Other categories noted in Table III.3.7 below included mention of recent domestic violence (6,

19%) and/or domestic violence with associated legal issues such as probation or upcoming court hearing (7, 22%). Specific issues included recent domestic violence, indicated current domestic violence as specified by the verb tense used such as “mother is a victim of domestic violence” and/or other time current frame indicator domestic violence, for example, “described that Adult 1 and current significant other have each had DV incidents in the recent past.” Domestic violence with associated legal issues included statements such as “adult has a DV pending right now in municipal court” and “adult 1 was put on probation for 3 yrs for DV with another adult.” In the absence of information about mitigating circumstances, mention in the case record narrative of a family history of domestic violence prompted case reviewers to consider a discrepancy to exist if the caseworker checked NRC. This information is summarized in Table III.3.7 below.

Table III.3.7: Number and Type of Issues Identified re: Adult-Domestic Relations

RISK CONTRIBUTOR		
Adult Domestic Relations **Type of Issues Identified**	**Number of Times Issue Mentioned**	**Percent of Issues Mentioned**
History of domestic violence	13	41%
Recent domestic violence	6	19%
Domestic violence with legal involvement	7	22%
Domestic violence for multiple years	2	6%
Incidents of abusive behavior occur when parent is intoxicated	1	3%
Parent denies domestic violence however children report parent’s violence and records indicate violent history	1	3%
Other	2	6%
Total # of Issues Identified	**32**	

Adult Substance Use

Comments from reviewers about identification of discrepancies associated with adult substance use are summarized into categories including: adult recognizes past/present substance use (6 issues, 38%), children/extended family report adult's substance use (2 issues, 13%), and negative consequences due to substance abuse (5 issues, 31%). The category negative consequences due to substance abuse primarily included discrepancies indicating legal involvement such as DUI charges and involvement with child protective services due to substance use. The distribution of items in these categories is provided in Table III.3.8 that follows.

Table III.3.8: Number and Type of Issues Identified re: Adult substance use

RISK CONTRIBUTOR		
Adult-Substance Use **Type of Issues Identified**	**Number of Times Issue Mentioned**	**Percent of Issues Mentioned**
Adult recognizes past/present substance abuse	6	38%
Children/extended family report adult's substance use	2	13%
Negative consequences due to substance use	5	31%
Other	3	19%
Total # of Issues Identified	**16**	

Adult Response to Stressors

Discrepancies reported about adult response to stressors were assigned by reviewers to a single category designated maladaptive response to stressors which included 11 (100%) issues (See Table III.3.9 below). The most common examples reviewers noted from their reading of information in the case narrative pertained to included references made by the caseworker to adults "drinking alcohol," "not dealing with stress" and demonstrating "aggression directed toward

children." Sometimes text referenced in the case record is somewhat ambiguous. For example, in one case a worker noted that "mother did not say what she used as a stress release." In another case, the caseworker noted that "father admits that lack of finances are stressful and caused strain on the marriage." In these examples, the absence of evidence for a positive coping strategy is also coded as a maladaptive response to stressors.

Adult Parenting Practices

Findings are also presented in Table III.3.9 regarding issues identified by reviewers related to perceived discrepancies surrounding the assessment item pertaining to designation of parenting practices as a RC or NRC. These notes are summarized as references to information in the narrative about child abuse/neglect (2 issues, 12%), lack of engagement in parenting (3 issues, 18%), the use of objects to discipline child (4 issues, 24%), and parent needs parenting guidance/assistance (5 issues, 29%). Statements indicating child abuse/neglect included specific information in the narrative detailing violence between a child and parent in one case, and a parent allowing a child to witness sexual activity in another. The category: lack of engagement in parenting includes statements in the narrative claiming the caregiver does not discipline the child or participate in raising the child. The category use of objects to discipline the child included statements indicating that the parent used a particular implement like a belt to discipline the child. The parent needs parenting guidance/assistance category includes statements in the narrative such as a direct request for help (i.e. "mother states that she would need parenting class") or the

caseworker narrative implies parent may need help (i.e. “parent is overprotective of children and screaming at them”).

Family Roles, Interactions, and Relationship

The assessment item regarding family roles, interactions, and relationships included notes in reviewer logs categorized as tension among family members. As shown in Table III.3.9 below, 11 issues (48%) were evident in this category. This thematic category included statements identifying tensions between parents and extended family members such as grandparents, between parents and children, and between alleged child victims and their siblings. The specific reasons for the tensions may or may not be explicitly delineated within the statement. For example, “siblings are blaming ACV for break-up of family” versus “relationship between ACV and parents and between ACV and other siblings is not good.” Parental discord was identified as a separate category. References to tension or conflict between parents were counted in this category. Parental discord included: references to differences in parenting style, communication, custody battles, disagreements regarding visitation with child, disputes about financial contributions, aggression, and domestic violence. This category also included broader references to parental tension or strife; however the reason for the tension is not explicitly stated. For example, “adults have ongoing strife in their relationship which makes it difficult to communicate about the best interest of children.”

Table III.3.9: Number and Type of Issues Identified re: Adult responses to stressors, Adult parenting practices, Family roles, interactions, and relationship, Family resource management, Extended Family, Community and Social Supports

RISK CONTRIBUTOR		
Adult Response to Stressors **Type of Issues Identified**	**Number of Times Issue Mentioned**	**Percent of Issues Mentioned**
Maladaptive response to stressors	11	100%
Total # of Issues Identified	**11**	
Adult Parenting Practices **Type of Issues Identified**	**Number of Times Issue Mentioned**	**Percent of Issues Mentioned**
Child Abuse/Neglect	2	12%
Lack of engagement in parenting	3	18%
Use of objects to discipline child	4	24%
Parent needs parenting guidance/assistance	5	29%
Caregiver has adequate parenting practices	3	18%
Total # of Issues Identified	**17**	
Family, Roles, Interactions, and Relationship **Type of Issues Identified**	**Number of Times Issue Mentioned**	**Percent of Issues Mentioned**
Children are performing adult responsibilities	3	13%
Parental discord	8	35%
Tension among family members	11	48%
Other	1	4%
RISK CONTRIBUTOR		
Total # of Issues Identified	**23**	
Family Resource Management **Types of Issues Identified**	**Number of Times Issue Mentioned**	**Percent of Issues Mentioned**
Financial problems	8	73%
Disagreement on the involvement of extended family	1	9%
Other	2	18%
Total # of Issues Identified	**11**	

Family Extended Family, Community, and Social Supports **Types of Issues Identified**	**Number of Times Issue Mentioned**	**Percent of Issues Mentioned**
Family knowledgeable of community resources/services	2	50%
RISK CONTRIBUTOR		
Family has support system	1	25%
Family resistant to community supports	1	25%
Total # of Issues Identified	**4**	

In combination, the two categories of tension among family members and parental discord constitute most of the identified discrepancies related to the fact that caseworkers designated these issues as NRC rather than RC.

Family-Resource Management

Concerns identified in the narrative associated with the family resource management risk contributor item in the FA generally included some statement categorized as financial problems. As evident in Table III.3.9 above, most of the issues noted in CRR discrepancy logs fell into this category: 8 of 11 (73%). Items in the logs described discrepancies in the designation of a risk contributor in the presence of statements about a family's inability to pay monthly expenses, in particular rent.

Extended family, community, and social supports

Review of the use of the item from the FA related to assessment of extended family community and social supports resulted in few discrepancies on the part of reviewers (n=4) (see Table III.3.9 above). Discrepancies included notes about the presence of resources when the caseworker had identified this item as a risk contributor and the narrative indicated that the family knowledgeable of community

resources/services (2 issues, 50%), or the family has a support system (1 issue, 25%). In the fourth case, the discrepancy was identified because the narrative indicated the family resistant to community supports (1 issue, 25%). However, the caseworker checked this item as a NRC without explaining why narrative comments did not rise to the level of a RC.

Historical-Caretaker's victimization of other children

The assessment item, caretaker's victimization of other children, included the following categories: prior history of child abuse and neglect (8 issues, 62%), including references in the narrative such as LCCS history of 'indicated' abuse and there is history of victimization toward other children as well as previous history recorded.

Historical-Caretaker abused as child

A number of discrepancies were identified by reviewers based on their belief that information in the narrative indicated that a caretaker was abused as a child. This also represented a risk contributor. Reviewer logs contained references to evidence about a history of abuse particular forms of abuse or neglect, or less specific references to experiences of abuse or neglect. Table III.3.10 provides information about the distribution of discrepancies rooted in references that the caretaker sexually abused as a child (7 issues, 27%), that the caretaker physically abused as a child (6 issues, 23%), caretaker neglected as a child (1 issue, 4%), or caretaker involved with child welfare services as a child (2 issues, 8%).

Historical-Impact of Past Services

Notes in the reviewer logs related to discrepancies associated with assessment of the impact of past services, included the categories adult did not cooperate with past

services (2 issues, 17%), and adult regards past services as unhelpful/negative (9 issues, 75%). The items in the latter category included: mother states no benefit from past services, and little impact of services, as well as adult 2 reported that his counseling in the past wasn't beneficial.

Table III.3.10: Number and Type of Issues Identified re: Historical assessment items

RISK CONTRIBTOR		
Historical-Caretaker's Victimization of Other Children **Types of Issues Identified**	**Number of Times Issue Mentioned**	**Percent of Issues Mentioned**
History of child abuse and neglect	8	62%
Mother has three previous children who also had a positive toxicology screen at birth	1	8%
Other	4	31%
Total # of Issues Identified	**13**	
Historical-Caretaker Abused as a Child **Types of Issues Identified**	**Number of Times Issue Mentioned**	**Percent of Issues Mentioned**
Caretaker was sexually abused as a child	7	27%
Caretaker was physically abused as a child	6	23%
Caretaker neglected as a child	1	4%
Caretaker abuse as a child unspecified	7	27%
Caretaker involved with children services as a child	2	8%
Other	3	12%
Total # of Issues Identified	**26**	
Historical-Impact of Services **Types of Issues Identified**	**Number of Times Issue Mentioned**	**Percent of Issues Mentioned**
Adult did not cooperate with past services	2	17%
Adult regards past services as unhelpful/negative	9	75%
Family received benefits from past services	1	8%
Total # of Issues Identified	**12**	

Summary of findings from content analysis of CRR log notes

Table III.3.11 and Table III.3.12 report findings about the distribution of issues identified in the CRR discrepancy logs across all SA items and FA items, respectively. These tables demonstrate that more discrepancies, and therefore, many more issues, were identified and noted by reviewers on their logs for FA risk contributor items (n=329) than SA Safety Factor items (n=141). Table III.3.11 illustrates the percentage of issues within each Safety Assessment item based on the total number of issues (141) within all Safety Assessment items. The Safety Assessment items with the greatest percentages of issues include: serious physical harm (17%), behavior of adult is violent and out of control (11%), alcohol and drug use (10%), and basic needs (10%).

Table III.3.11 Number and Percent of all issues identified in relation to safety assessment discrepancies by item

Safety Assessment Item	Total Number of Issues Noted	Percentages of Issues Noted
Serious physical harm	24	17%
Caretaker cannot or will not protect	5	4%
Credible threat that would result in harm	2	1%
Behavior of adult is violent and out of control	14	11%
Family violence	11	8%
Alcohol and drug use	21	10%
Behavior of adult is symptomatic and puts child in danger	11	8%
Basic needs	14	10%
Environmental hazards	9	6%
Negative or unrealistic expectations	5	4%
Family refusal	7	5%
Caretaker has unconvincing or insufficient explanation for injury	0	0%
Caregiver unwilling to meet child's needs	7	5%
Sexual abuse	11	8%
Total Number of Discrepancy Issues	**141**	

Table III.3.12 below illustrates the distribution of issues identified for all risk contributor items on the Family Assessment. As this table shows, the Family Assessment items with the greatest percentages of issues include: child functioning physical/cognitive /social development (11%), child functioning emotional/behavioral functioning (14%), and adult functioning emotional/mental health functioning (14%).

Table III.3.12 Number and Percent of all issues identified in relation to family assessment risk contributor discrepancies by item

Family Assessment Item	Total Number of Issues Noted	Percentages of Issues Noted
Child self protection	5	2%
Child Functioning- Physical/cognitive/social development	37	11%
Child Functioning- Emotional/behavioral functioning	47	14%
Adult Functioning- Cognitive abilities	8	2%
Adult Functioning- Physical health	20	6%
Adult Functioning- Emotional/mental health functioning	47	14%
Adult Functioning- Domestic relations	32	10%
Adult Functioning-Substance use	16	5%
Adult Functioning-Response to stressors	11	3%
Adult Functioning-Parenting practices	17	5%
Family Functioning-Roles, interactions, and relationship	23	7%
Family Functioning-Resource Management	11	3%
Family Functioning-Extended family, community, and social supports	4	1%
Historical-Caretaker's victimization of other children	13	4%
Historical-Caretaker's history of abuse as a child	26	8%
Historical-Impact of past services	12	4%
Total Number of Discrepancy Issues	**329**	

This content analysis generated themes and patterns which emerged from the discrepancy log notes. The patterns inform evaluation of implementation issues related to the use of the SA and FA tools by identifying areas of the assessment where additional documentation is needed to support the decisions. Patters also indicate areas where training on specific items may be beneficial. Certain Family Assessment items yielded higher numbers of discrepancies and more items on which the reviewers identified a discrepancy between the narrative and the Safety Factor or the risk contributor. There appear to be higher number of issues leading to discrepancies for assessment items such as alcohol and drug use, mental health, domestic violence, and injury to the child. Forty of the discrepancy issues were related to historical factors including a history of domestic violence, parental mental illness, or parental alcohol and drug use. Of note, this number excludes issues affiliated with the family assessment historical item caretaker abused or neglected as a child which included 24 issues alone. Therefore, clarifying and emphasizing the documentation of the presence or absence of the risk factor (similar to how both “yes” and “no” responses are supported for each safety factor), is highly recommended. Inclusion of this information in the narrative will help ensure that documentation identifies how the risk contributors were determined and supports how the decisions were made.

Second, the family assessment items adult mental health functioning and child emotional/behavioral functioning yielded a significant number of discrepancy issues. The high incidence of discrepancy issues in these areas may have resulted from the absence of caseworker narratives describing

mediating factors that may ameliorate the effects of an adult or child's mental health/emotional/behavioral functioning. Training caseworkers to explicitly document whether mediating factors are observed and what those factors are will further clarify the reasoning behind caseworker decisions.

Third, the discrepancy issues identified by the case record reviewers demonstrate similarity between the Safety Assessment items family violence and behavior of adult is violent and out of control. For both of these Safety Assessment safety factors, discrepancy issues were identified that indicated domestic violence within the family. For example, one discrepancy issue under behavior of adult is violent and out of control states, "mother reporting history of domestic violence with father," and a discrepancy issue under family violence states "domestic violence has happened in the past." Another overlap is observed in that both of these Safety Assessment items yielded discrepancy issues indicating possible physical abuse of a child. For example, under behavior of adult is violent and out of control a discrepancy issue is described as "stepfather leaving marks left by a belt." Similarly, under the family violence item, is the discrepancy issue, caretaker disciplining child with a belt and smacking child in the face. The confusion caseworkers experience regarding these assessment items could be clarified in training by distinguishing how the two assessment items differ. Another training opportunity is to clarify how these items differ from the serious physical harm assessment item. These recommendations highlight specific areas of ambiguity for caseworkers in their assessment of risk contributors and safety factors or in their documentation of

their rationale so that a reasonable person reviewer or new caseworker can easily understand the conclusions reached during assessment.

III.4. Perceived Accuracy of Case Decisions from the CRR

As previously mentioned, the CRR included efforts to identify discrepancies in Safety and Family Assessments for individual items checked compared to narrative information provided by caseworkers, and with respect to final decisions made in comparison to information available in the case record. In the Safety Assessment, caseworkers are guided to make a decision about a child's safety by selecting one of four safety responses. This includes making a determination that a child is "safe," or putting into place an "in-home safety plan," an "out-of-home safety plan," or a "legally authorized out-of home placement." As was the case when evaluating the accuracy of individual items checked by caseworkers, reviewers based their identification of agreement or disagreement with the decision made by caseworkers about a particular safety response on comparison of narrative and check box information in the case record (Note: Reviewers did not have access to documentation that was not on the CAPMIS tools). Reviewers also retained the option to check "unknown" when they were unsure whether the safety response reflected an appropriate decision given the information present in the record. In the Family Assessment, reviewers examined caseworker decisions to transfer for ongoing PCSA services, to close, refer to community services, or to close a case altogether. Reviewers were asked to indicate: agree, disagree or unknown based upon their review and

interpretation of the caseworkers' final decisions using the available information in the case record.

For all cases in which a reviewer indicated a response of disagree or unknown, two additional reviews were undertaken in an effort to establish a consensus about the appropriate designation to associate with the decisions made about each of these cases. In some cases the original review was overturned from disagree to agree or from unknown to agree upon completing two additional reviews. The tables presented below summarize information about findings regarding agreement/ disagreement by reviewers with decisions made by caseworkers in each county. A checkmark represents a case for which at least two of three reviewers agreed with the caseworker's final decision. The mark of "X" represents a case where at least two of the three reviewers disagreed with the caseworker's final decision.

Altogether 67 pairs of assessment tools (representing 57 cases) were reviewed for Hancock County[1]. As evident in Table III.4.1 below, disagreement with caseworker decisions occurred during the initial review for only 7 Family Assessment final case decisions and 2 Safety Assessment safety responses, representing 7 cases[2] in all. When reviewed by second and third reasonable people only 3 final case decisions and 1 safety response from 4 different cases are noted as discrepancies by at least two reviewers. The data in Table III.4.1 points to a generally high level of agreement between caseworkers and reviewers about decisions made for the cases reviewed in Hancock County.

[1] As noted above, some cases sampled contained more than one family assessment and safety assessment because the family re-entered the system after subsequent allegations of maltreatment.
[2] In some cases, a reviewer disagreed with both the Safety Response and Final Case Decision for the same case.

Table III.4.1 Hancock County CRR Case Decision Disagreements

	Reviewer 1	Reviewer 2	Reviewer 3
Family Assessment			
☑	Disagree	Agree	Agree
☑	Disagree	Agree	Agree
X	Disagree	Agree	Disagree
☑	Disagree	Agree	Agree
X	Disagree	Disagree	Disagree
☑	Disagree	Agree	Agree
X	Disagree	Disagree	Agree
Safety Assessment			
X	Disagree	Disagree	Agree
☑	Disagree	Agree	Agree

Information provided in Table III.4.2 below demonstrates even more concurrence between reviewers and caseworkers regarding safety responses and final decisions in Greene County. Of the 92 cases reviewed from Greene County, first reviewers disagreed with the final decisions in 1 Family Assessment and the safety responses recorded in 2 Safety Assessments. This represents a total of 3 cases in which anomalies were initially identified. However, these disagreements did not hold upon subsequent consideration by two additional reviewers. As evident in Table III.4.2, no discrepancies were identified by multiple reviewers regarding decisions made by caseworkers in the FA and SA.

Table III.4.2 Greene County CRR Case Decision Disagreements

	Reviewer 1	Reviewer 2	Reviewer 3
Family Assessment			
☑	Disagree	Agree	Agree
Safety Assessment			
☑	Disagree	Agree	Agree
☑	Disagree	Agree	Agree

The same is true for Muskingum County (case n=76) where first reviewers disagreed with the information provided by caseworkers in three Family Assessments and one Safety Assessment, representing four different cases. As shown in Table III.4.3 below, subsequent reviewers agreed with the caseworker decisions that the initial reviewer had questioned.

Table III.4.3 Muskingum County CRR Case Decision Disagreements

	Reviewer 1	Reviewer 2	Reviewer 3
Family Assessment			
☑	Disagree	Agree	Agree
☑	Disagree	Agree	Agree
☑	Disagree	Agree	Not reviewed defaulted to "Agree"
Safety Assessment			
☑	Disagree	Agree	Agree

The evaluation team reviewed 210 cases from Lorain County. Of these, first reviewers recorded disagreement or were unsure about eight Family Assessments and nine Safety Assessments representing 14 different cases. Upon subsequent review, only

two Family Assessment disagreements and only four Safety Assessment disagreements were upheld, representing six distinct cases. Again, the consistency for case assessment outcomes is strong between reviewers and caseworkers.

Table III.4.4 Lorain County CRR Case Decision Disagreements

	Reviewer 1	Reviewer 2	Reviewer 3
Family Assessment			
☑	Disagree	Agree	Agree
☑	Disagree	Agree	Agree
☑	Disagree	Agree	Agree
☑	Unknown	Agree	Agree
X	Disagree	Disagree	Disagree
☑	Disagree	Agree	Agree
X	Disagree	Disagree	Agree
☑	Disagree	Agree	Agree

	Reviewer 1	Reviewer 2	Reviewer 3
Safety Assessment			
☑	Disagree	Agree	Agree
☑	Disagree	Agree	Agree
X	Disagree	Disagree	Agree
☑	Disagree	Agree	Agree
X	Disagree	Disagree	Disagree
☑	Unknown	Agree	Agree
X	Disagree	Disagree	Agree
X	Disagree	Disagree	Agree
☑	Disagree	Agree	Agree

SECTION IV:

ASSESSING THE VALIDITY OF CASE DECISIONS MADE USING THE FAMILY ASSESSMENT TOOL

To determine the validity of the CAPMIS Family Assessment a series of analyses were conducted to examine the relationship between risks and case decisions. The analyses explore in various ways answers to the research questions outlined below:

1. Is there a relationship between risk scores and substantiation?
2. Is there a relationship between risk scores and case decision?
3. Does maltreatment type have an impact on risk scores and substantiation?
4. Does maltreatment type have an impact on risks scores and case opening?
5. What risks are associated with the likelihood a case will be substantiated?
6. What risks are associated with the likelihood a case will be opened?
7. Is there a difference in risk scores for cases that had a recurrence versus those that did not?
8. Are the number of risk contributors for each subscale (e.g., Child Functioning) related to the case experiencing a recurrence or not?
9. Is there a difference in recurrence by level of risk?
10. Is there a difference in recurrence by level of substantiation?
11. Is there a difference in recurrence by case decision?
12. What risks are associated with the likelihood a case will have a recurrence?

<u>Substantiation and Case Decision Data</u>

The data for these analyses are from the merged data files that link cases from both the Safety Assessment and Family Assessment for each county. All data are based on family level data rather than individual adult or child data. The decision to use the family level data was based on availability of data, the organization of the data within and across the tools, the unit of analysis of data collected on the tools, and the consistency of data collected. Data availability was sometimes problematic as data were not always available on each family member across each tool. For example, a family member may be identified on one of the tools (e.g., the Safety Assessment) and then not on the other tools (e.g. the Family Assessment). As the assessment is conducted, caseworkers obtain more accurate information on the family and family constellation may change during this process. The organization of the data within each tool and from one form to the next, and at times within each, form varied. For example, a child may be identified in a specific order on the Safety Assessment and then on the Family Assessment, the order of the children and number of children may change. The same held true for the adults. This created problems of matching data across the tools, where each family member may be listed in a different order on each tool. (Note: in SACWIS this is no longer an issue as the caseworker enters the family member information. The corresponding fields on the tools are then pre-populated, keeping the ordering the same.) The unit of analysis was different within the tools. For the Safety Assessment, safety factors are evaluated for the entire family and not specific individuals in the family. On the Family Assessment, the child functioning, adult functioning, and adult historical risk contributors are identified at the individual level. However, the family functioning risk contributors and the Abuse Scale and the Neglect

Scale are at the family level. Based on these reasons, it was determined that the unit of analysis should be at the family level rather than the individual level. All individual level variables were transformed into family level variables. For each risk contributor, if any member of the family had a risk contributor identified (within each category), then it was coded that the risk contributor was present for the family.

The risk contributors in each category were summed to create a variable that measured the total number of risk contributors for each category (i.e., Child Functioning, Adult Functioning, Family Functioning, and Adult Historical). The risk contributor total overall was created by summing the risk contributors for each category (as identified above). The "Total Neglect Risk Score" (noted as the Neglect Scale) and the "Total Abuse Risk Score" (noted as the Abuse Scale) were obtained directly from the Family Risk Assessment of abuse/neglect component of the tool. It is important to reiterate that these analyses examine the independent components (i.e., risk contributors, Neglect Scale, and Abuse Scale) of the Family Assessment. However these are not separate tools.

IV.1 Relationship between Risks and Substantiation and Case Decision?

Two research questions are the focus of this section. First, is there a relationship between risk contributors, Abuse Scale, Neglect Scale and the substantiation decision (on the FA this is noted as Disposition)? Second, is there a relationship between risk contributors, Abuse Scale and Neglect Scale scores and case decision? The findings are presented for each county with the first chart illustrating the mean total scores for the different sections of the Family Assessment including the risk

contributors/strengths/needs assessment, and the Abuse Scale and Neglect Scale. The analyses are presented based on the following: individual risk contributors by category (i.e., Child Functioning, Adult Functioning, Family Functioning, and Adult History), the overall mean total of risk contributors (summed across risk contributor categories), the total score on the Abuse Scale and total score on the Neglect Scale, and the total number of Risk Contributors by substantiation decision. The second analysis presented for each county is a breakdown of the total scores for each risk contributor category (i.e., Child Functioning, Adult Functioning, Family Functioning, and Adult Historical) by substantiation. This same structure is used for illustrating the findings from the analyses on risk scores and case decision.

Measure of Substantiation

The measure of substantiation is referred to as “Disposition” on the Family Assessment and is based on the Ohio Administrative Code Rule 5101:2-1-01, where an "Indicated report" is a report to the central registry in which there is circumstantial, or other isolated indicators of child abuse or neglect lacking confirmation; or a determination by the caseworker that the child has been abused or neglected based upon completion of an assessment/investigation. A "Substantiated report" is a report sent to the central registry by the PCSA in which there is an admission of child abuse or neglect by the person(s) responsible; an adjudication of child abuse or neglect; or other forms of confirmation deemed valid by the PCSA. An "Unsubstantiated report-no evidence" is a report of child abuse or neglect sent to the central registry by the PCSA in which the investigation determined no occurrence of child abuse or neglect.

The case disposition is where the alleged abuse or neglect should be substantiated, indicated, or unsubstantiated. The case disposition is strategically placed after the risk contributors and Abuse and Neglect Scales have been completed. The case disposition decision is not based directly on the total number of risk contributors or on the scores from the Abuse and/or Neglect Scales but rather a set of criteria that are based on the Ohio Revised Code's definition of substantiation, indicated, and unsubstantiated. It is believed that even though the case disposition is not determined by the number of risk contributors and Abuse and Neglect scale totals, it will be related to substantiation. Substantiated cases will have more risk contributors and higher scores on the Abuse and Neglect Scales. The same would be true for indicated cases that would have lower total scores than substantiated cases and higher scores than those cases that are unsubstantiated. The individual categories for the risk contributors were also analyzed to determine the relationship between individual risk scores and the substantiation decision. Each county's findings are presented for this research question.

Case Decision

The case decision is based on a number of factors including an overall assessment informed by the risk contributors, the Abuse and Neglect scale scores and corresponding risk level and the case disposition (e.g., substantiation). The risk level and case disposition are used in the Preliminary Matrix-Indicated Case Decision to determine if the case should be transferred for ongoing services, closed and referred to community services, or simply closed. If there is a policy override (i.e., active safety plan, death of a child, access to the victim, child vulnerability, etc.), the case is

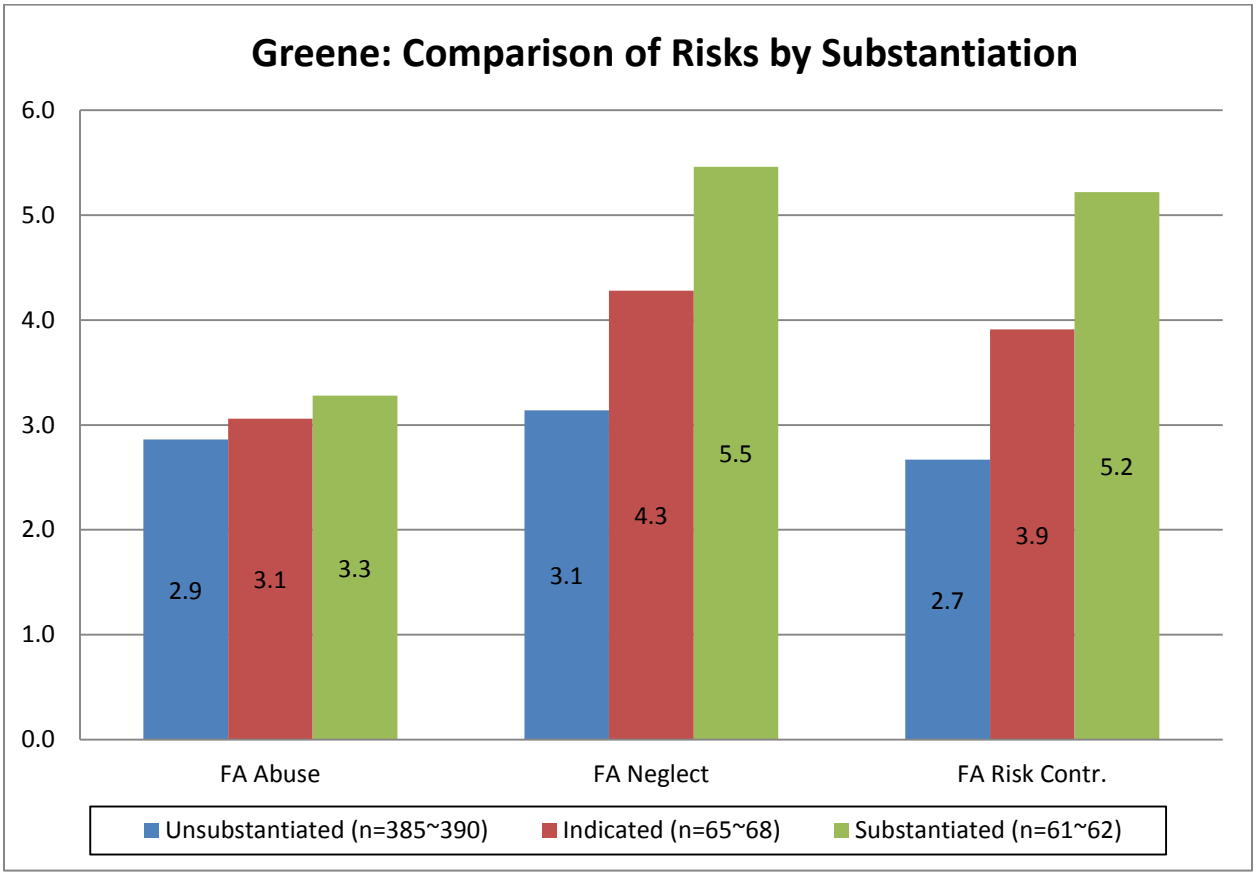
categorized as intensive risk and is transferred for ongoing services. When cases do not have a policy override, the caseworker takes into consideration the combination of risk contributors/ strengths and needs, Abuse and Neglect Scale scores, and case disposition to make the final case decision. The findings from the analyses are presented in the following sections.

Research Question: Is there a relationship between risk scores and substantiation?

Greene:

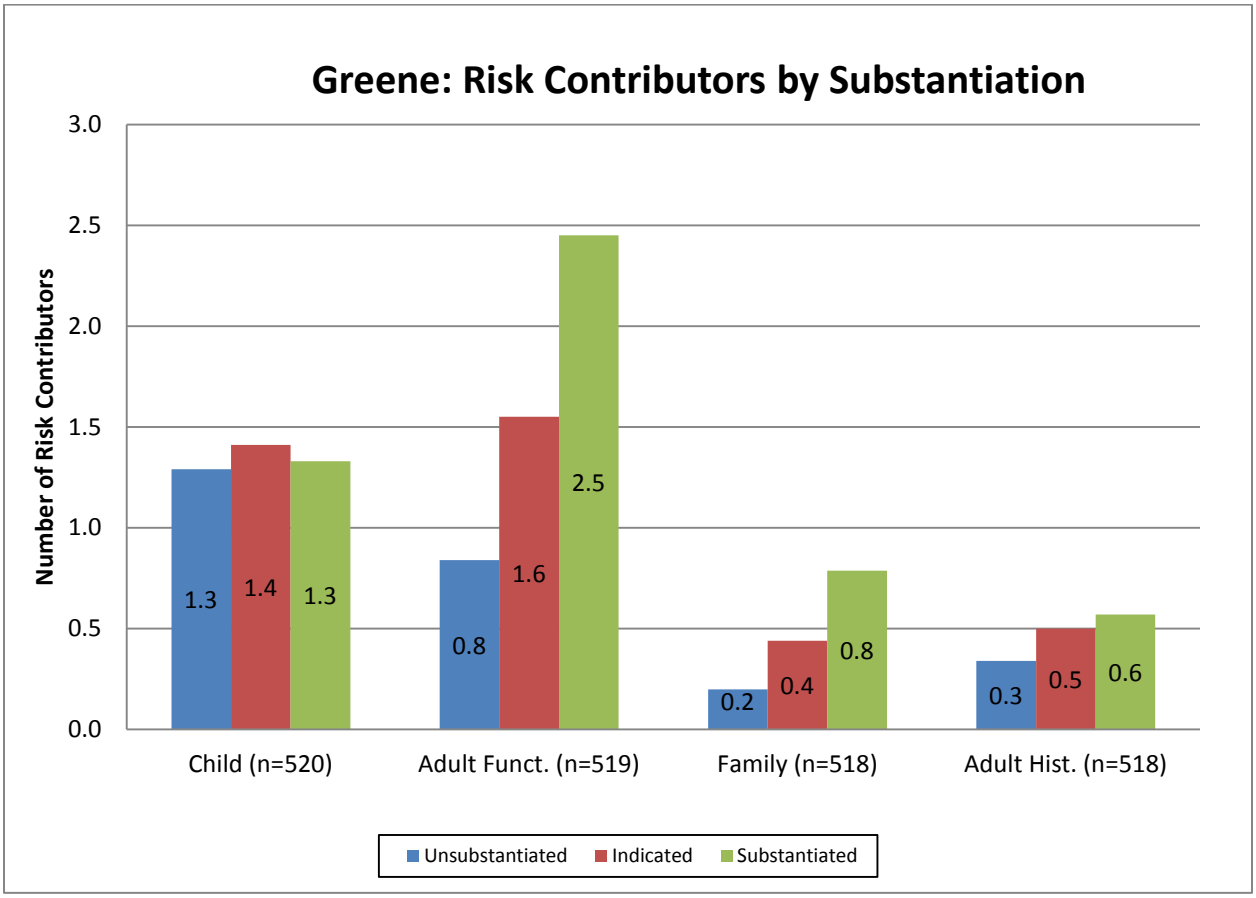
There is a difference between cases that are unsubstantiated, indicated, and substantiated (see Figure IV.1). Those cases that are unsubstantiated have fewer risk contributors and the scores on the Abuse and Neglect Scales. Substantiated cases have more risk contributors and higher scores on the Abuse and Neglect Scales. These differences would indicate that there is a relationship between risks and substantiation.

Figure IV.1: Greene: Comparison of Risks by Substantiation



When the individual risk contributor categories were analyzed for Greene (see Figure IV.2), the scores for the child risk contributor category were not necessarily consistent with the decision to substantiate. For cases that were indicated, the average score was 1.4. The average scores for both the unsubstantiated and substantiated cases were 1.3, thus illustrating a slight discrepancy in the relationship between child functioning risk contributors and substantiation. The other subcategories mean scores are all consistent with the substantiation decision.

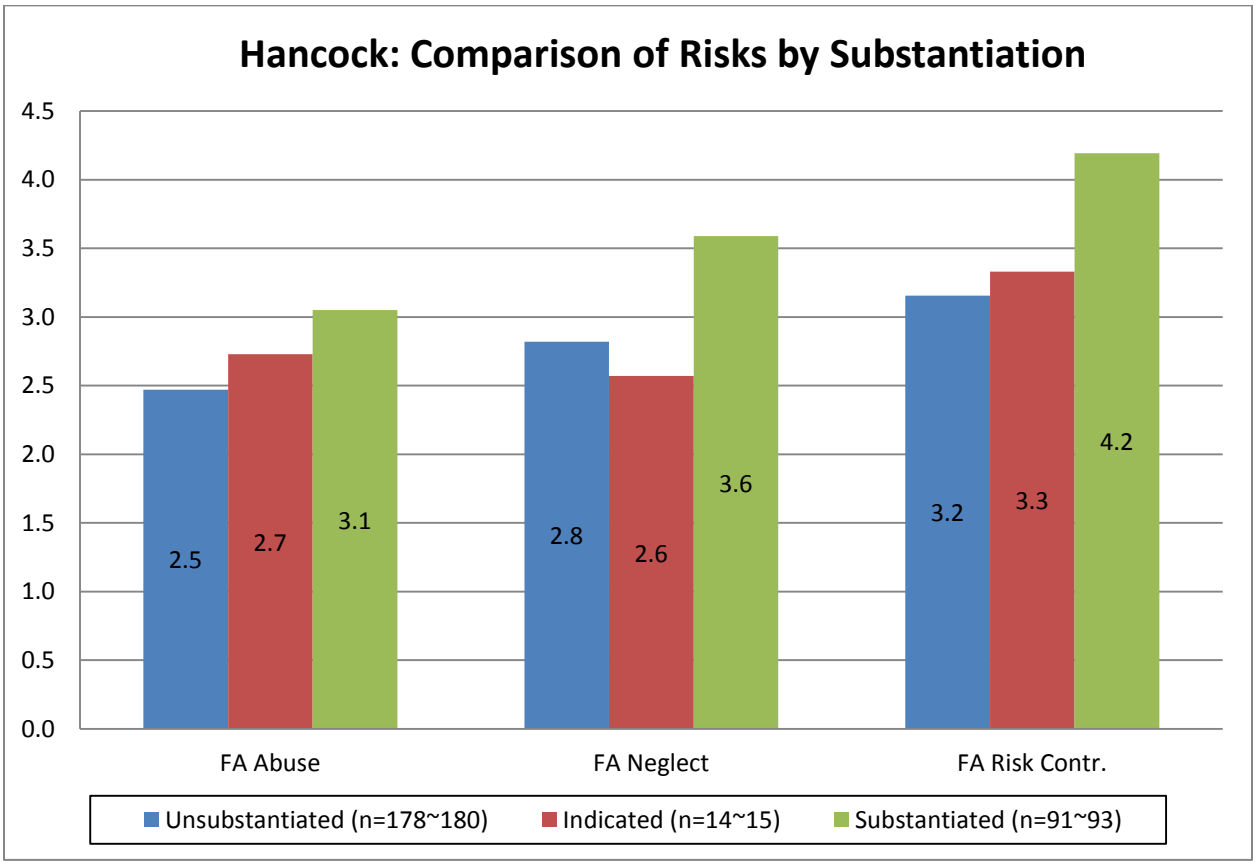
Figure IV.2: Greene: Risk Contributors by Substantiation



Hancock

The relationship between risk contributors and substantiation was examined for Hancock (see Figure IV.3).

Figure IV.3: Hancock: Comparison of Risks by Substantiation



The families in Hancock who have their case substantiated have more risk contributors and higher scores on the abuse and neglect actuarial tools. There is one inconsistency in scores for unsubstantiated and indicated for the FA Neglect actuarial tool. The unsubstantiated score is 2.8 and the score for indicated is 2.6. The sample size needs to be noted as there are very few indicated cases (n=15) and significantly more unsubstantiated cases (n=180). When the data were further examined, the range for total risk contributors for the unsubstantiated cases was zero to thirteen (0-13) and

the range for indicated cases was one to nine. On the whole, there is a relationship between risk scores and substantiated.

Figure IV.4: Hancock: Risk Contributors by Substantiation

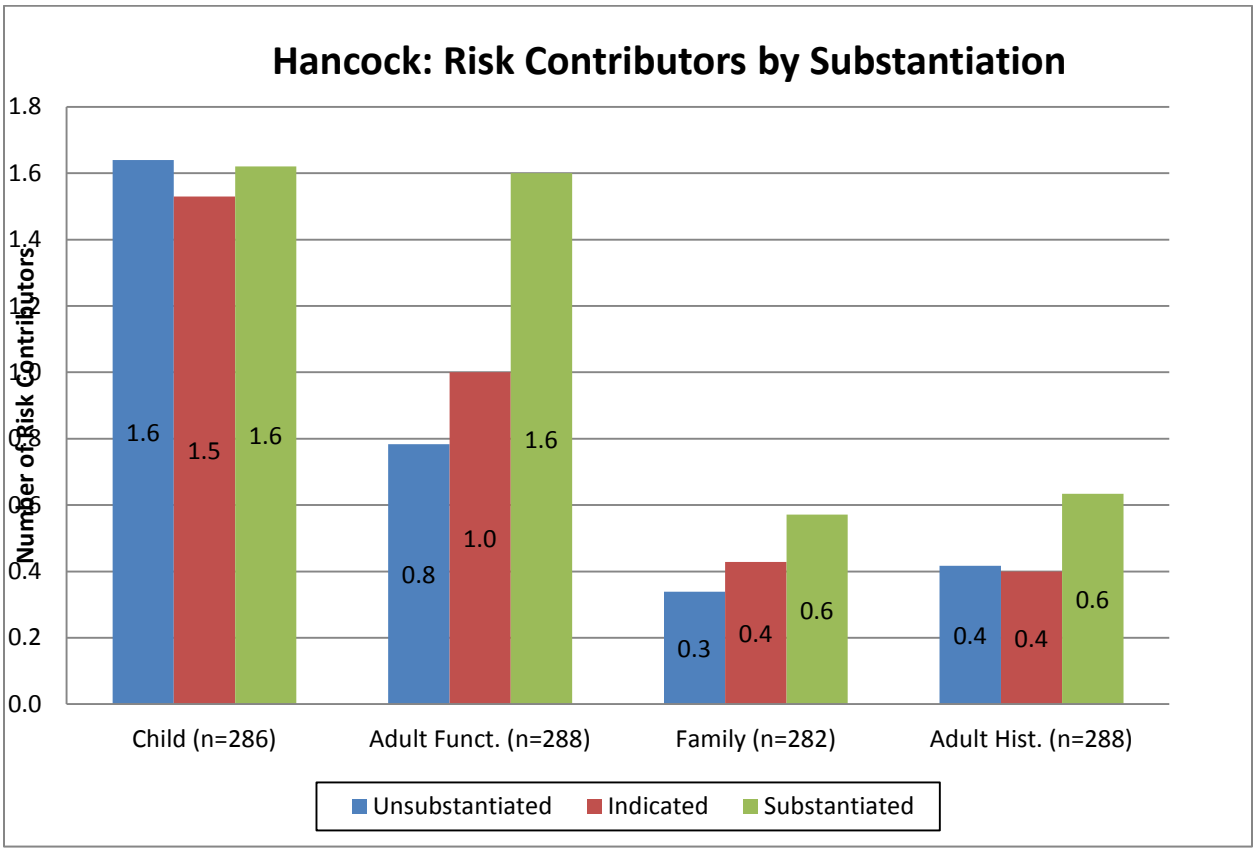
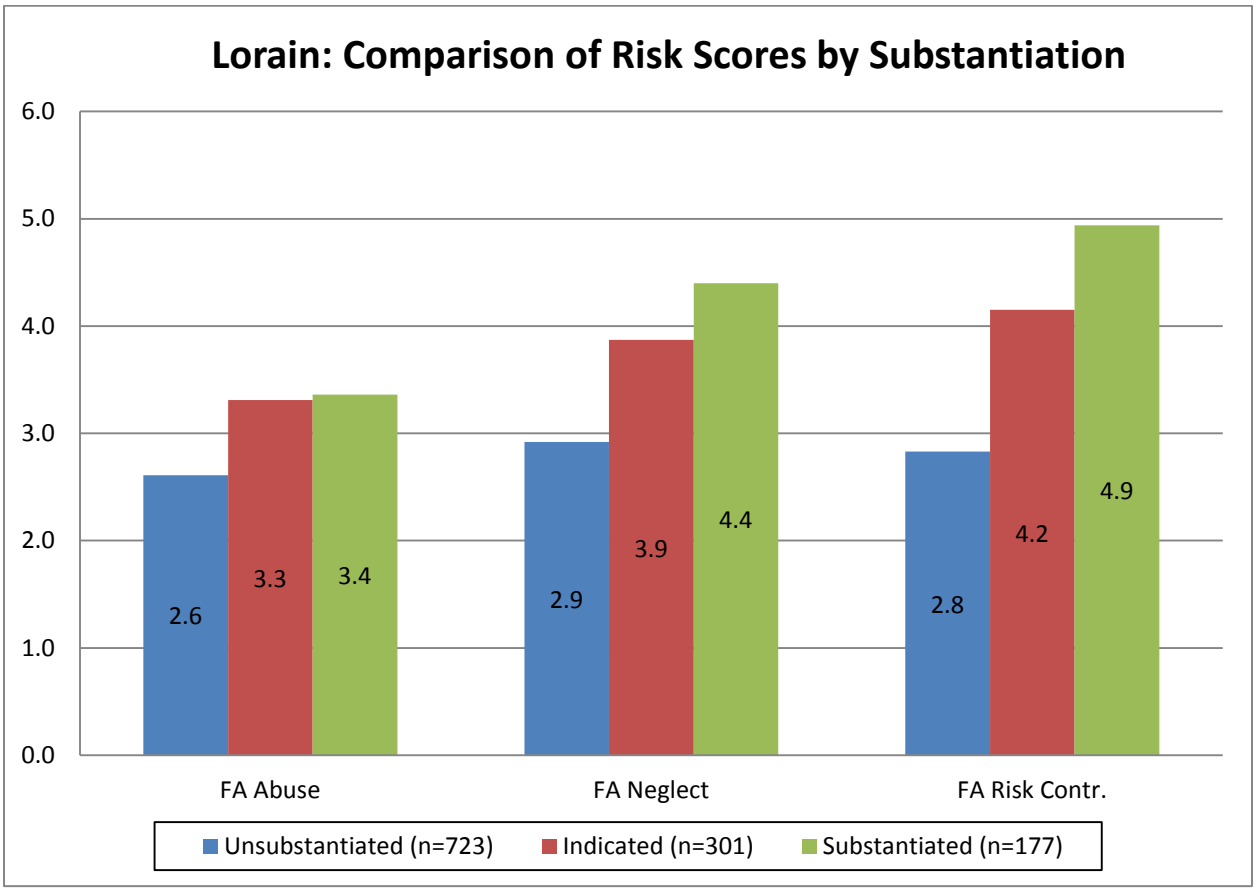


Figure IV.4 illustrates the findings of the risk contributor scores when categorized by the individual risk categories. The findings show that there is no difference in scores for the unsubstantiated and substantiated cases (average of 1.6). The indicated cases have a total of 1.5, which is lower than the substantiated cases (1.6) but is also lower than the unsubstantiated cases. The Adult History risk contributors are very similar for unsubstantiated and indicated with both, when rounded, at 0.40. The other risk contributor overall categories show consistency in the number of risk contributors and the substantiation decision. For Adult Functioning, the mean number of risk contributors for substantiated cases is two times higher than the mean number of risk contributors for unsubstantiated cases.

Lorain

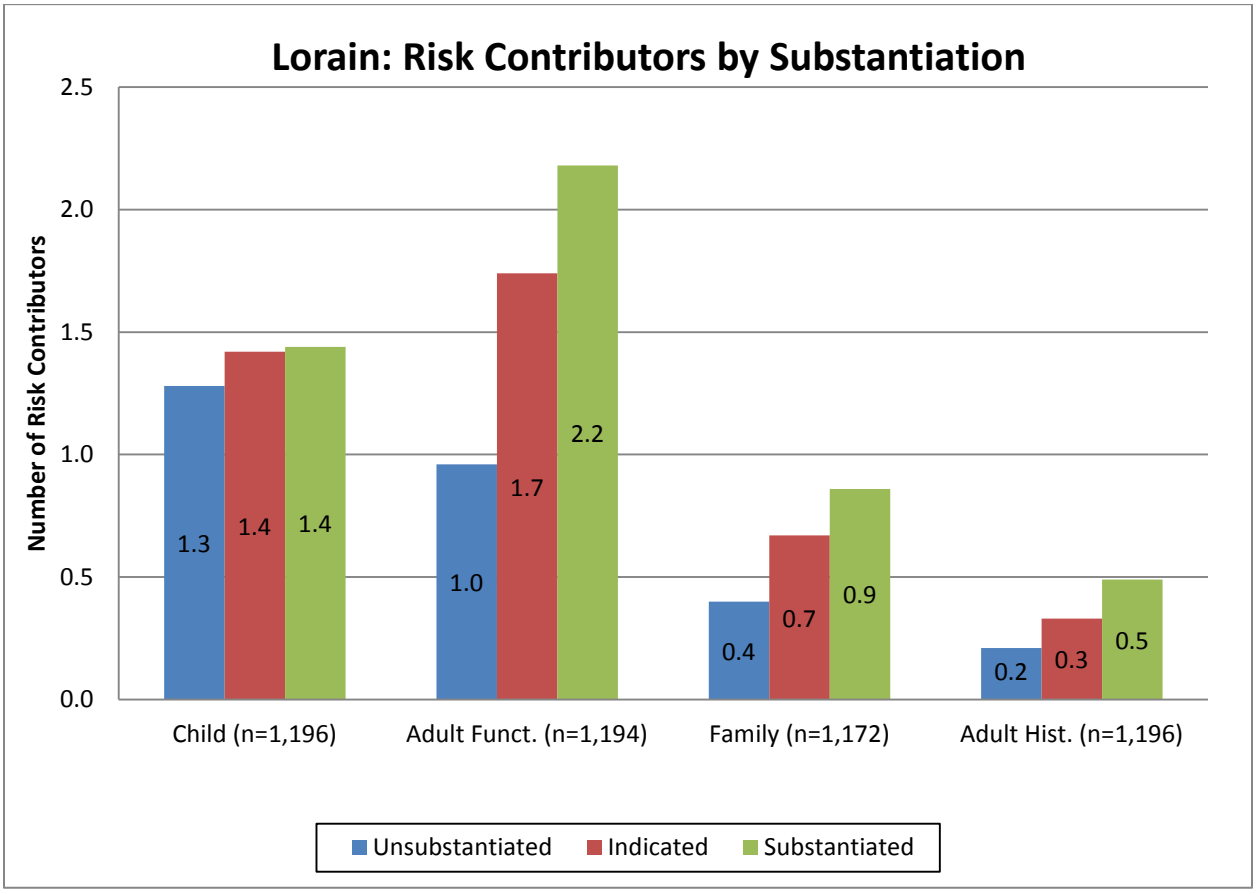
Figure IV.5 examines the relationship between risk scores and substantiation for Lorain County. The chart shows that unsubstantiated cases have lower scores on the risk contributors, Abuse Scale, and Neglect Scale than the indicated and substantiated cases. The same holds true for cases designated as indicated; the scores are higher than unsubstantiated and lower than substantiated. There is only a slight difference between scores on the Abuse Scale for indicated and substantiated.

Figure IV.5: Lorain: Comparison of Risk Scores by Substantiation



The relationship between risk contributor categories and substantiation for Lorain is presented in Figure IV.6. The differences between substantiation decisions for the child functioning risk contributors is minimal with a .1 difference between unsubstantiated (1.3) and both indicated (1.4) and substantiated (1.4). Adult Functioning, Family Functioning, and Adult History risk contributor totals are consistent with the substantiation decision.

Figure IV.6: Lorain: Risk Contributors by Substantiation



Muskingum

The totals number of risk contributors and scores on the Abuse and Neglect Scales were assessed to determine the difference between mean scores for each level of substantiation (see Figure IV.7). In Muskingum, there is consistency between all three risks scores and the substantiation decision.

Figure IV.7: Muskingum: Comparison of Risk Scores by Substantiation

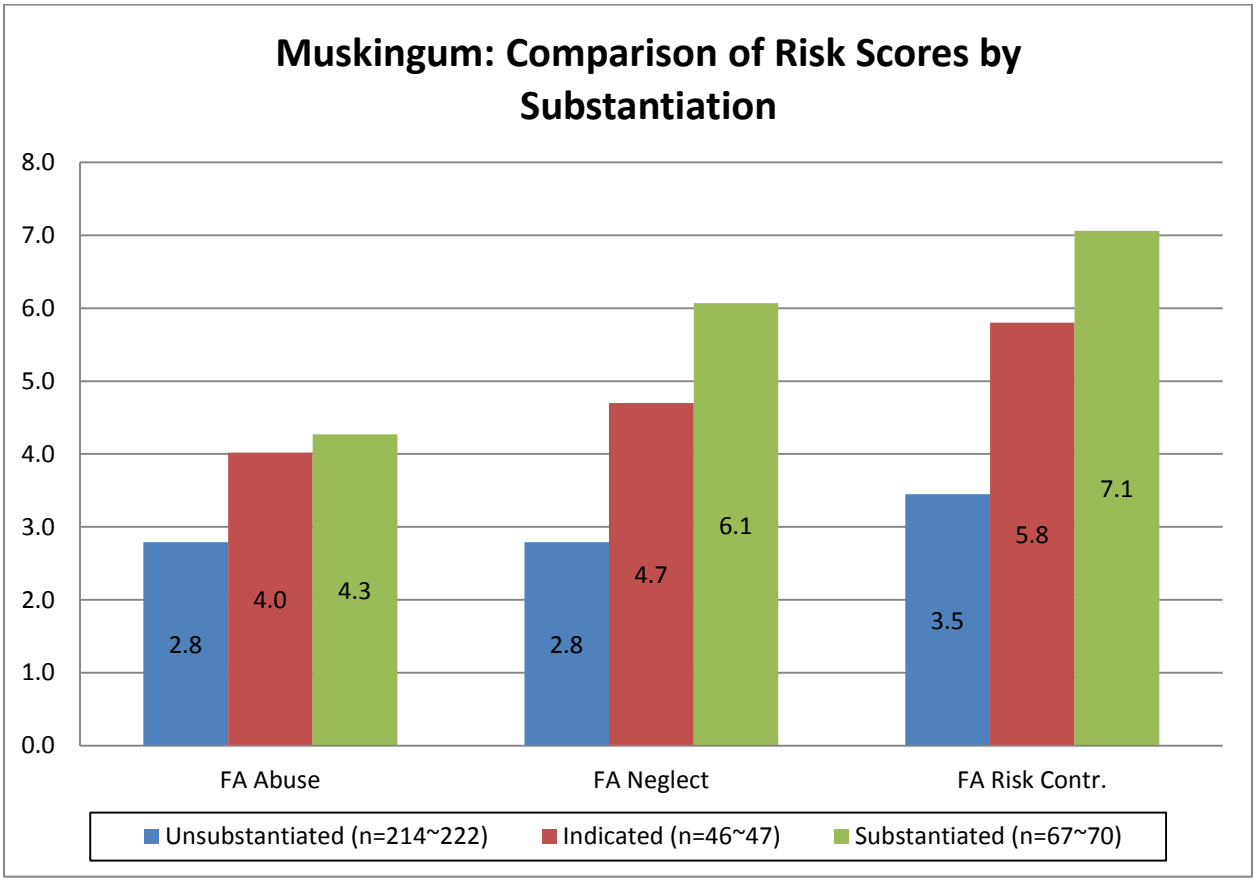
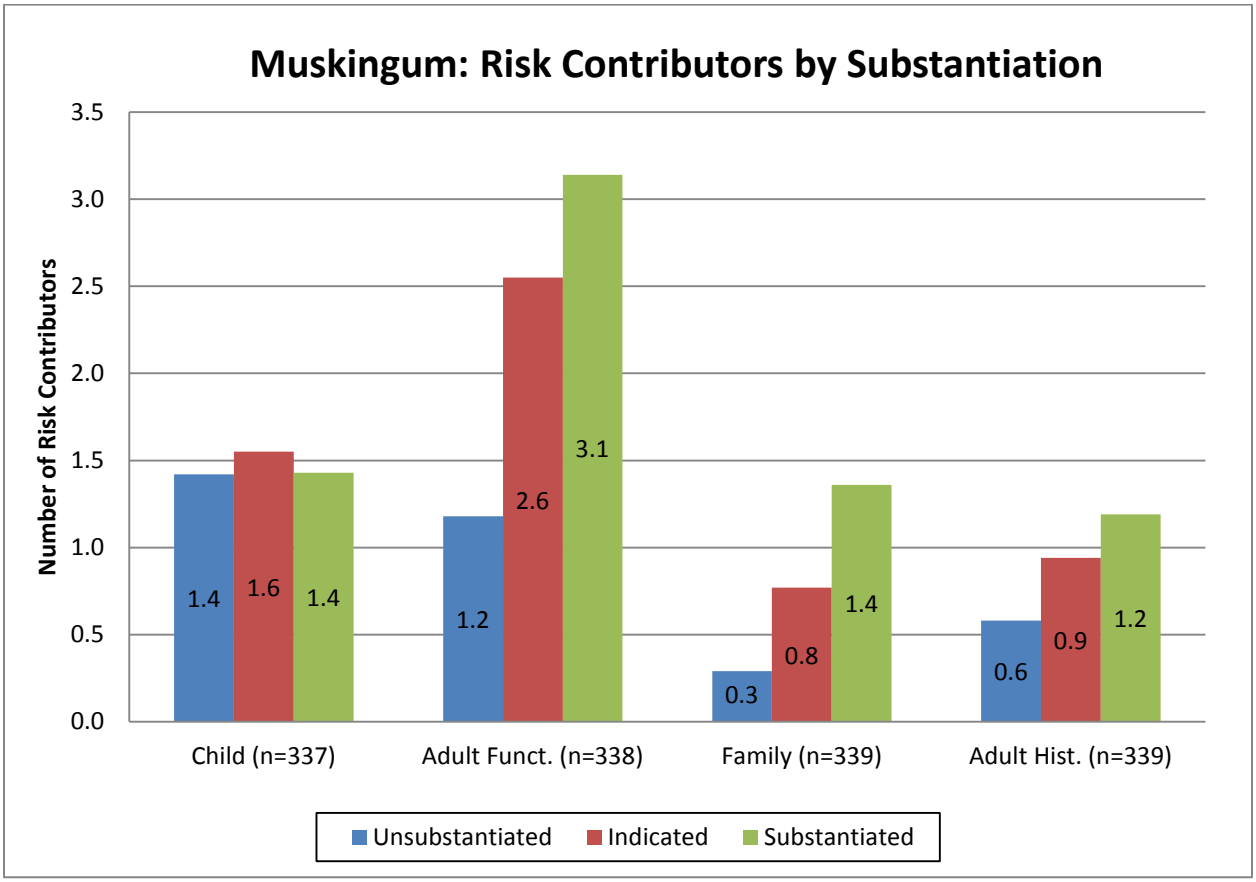


Figure IV.8: Muskingum: Risk Contributors by Substantiation



The total score on each of the risk contributor subscales were examined for their relationship to substantiation decision (see Figure IV.8). The child functioning scores were the same for the unsubstantiated (1.4) and substantiated cases (1.4). The cases designated as indicated, the score was 1.6, which was higher than the cases that were substantiated. The other scores for Adult Functioning, Family Functioning, and Adult Historical were all consistent with the level of substantiation.

Research Question: Is there a relationship between risk scores and case decision?

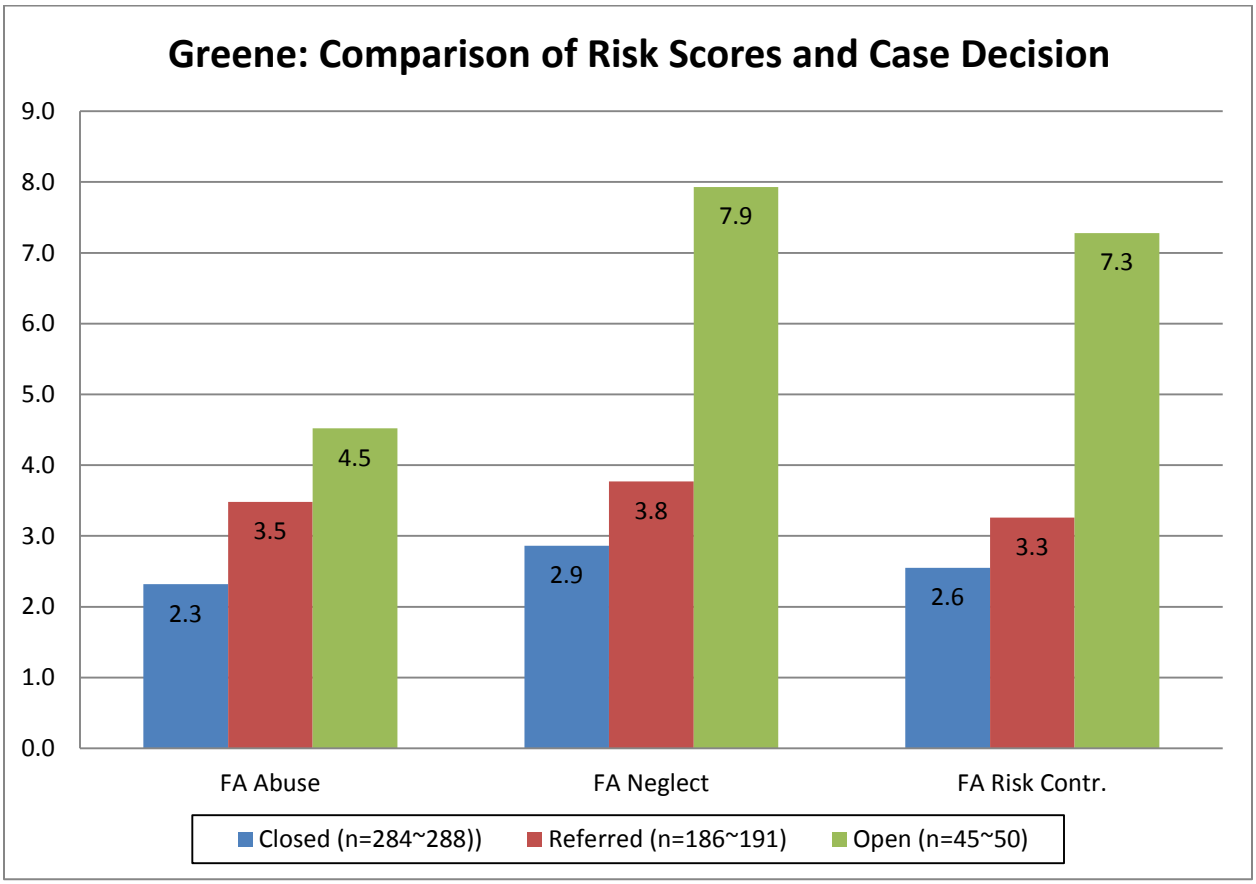
The charts for each county illustrate the differences in risk scores by case decision. The average number of risk contributors (across all categories) and the

average total risk score on the Abuse and Neglect Scales are presented in the charts. The second illustration (for each county) shows the individual totals for the subscales Child Functioning, Adult Functioning, Family Functioning, and Adult Historical risk contributors.

Greene

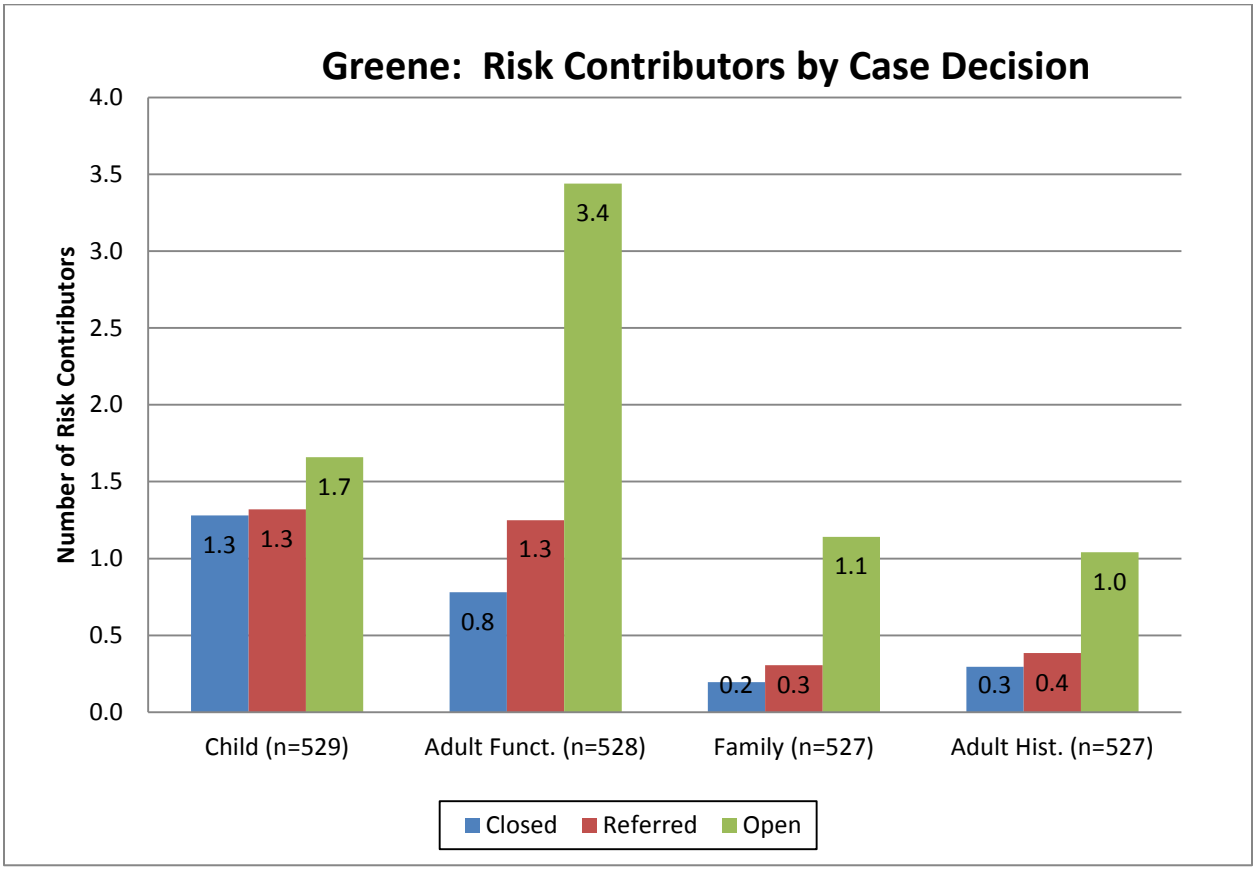
The total scores on the Abuse and Neglect Scales and risk contributors are presented by case decision in Figure IV.9. Across all three measures, the average total on the measures is consistent with the case decision. The cases that are closed have lower scores than the cases that are closed and referred. All three are lower than cases that are transferred and opened for services.

Figure IV.9: Greene: Comparison of Risk Scores and Case Decision



The differences between the individual risk contributor categories were also examined to see if these were related to the case decision (see Figure IV.10). The differences between cases that were closed, closed and referred, and transferred and opened were noticeable for the Adult Functioning subscale. There were no observable differences between cases that closed and cases that were closed and referred for services on the Child Functioning measure. There was only a difference of 0.1 for the closed cases and closed, referred case for both the Family Functioning and Adult Historical measures.

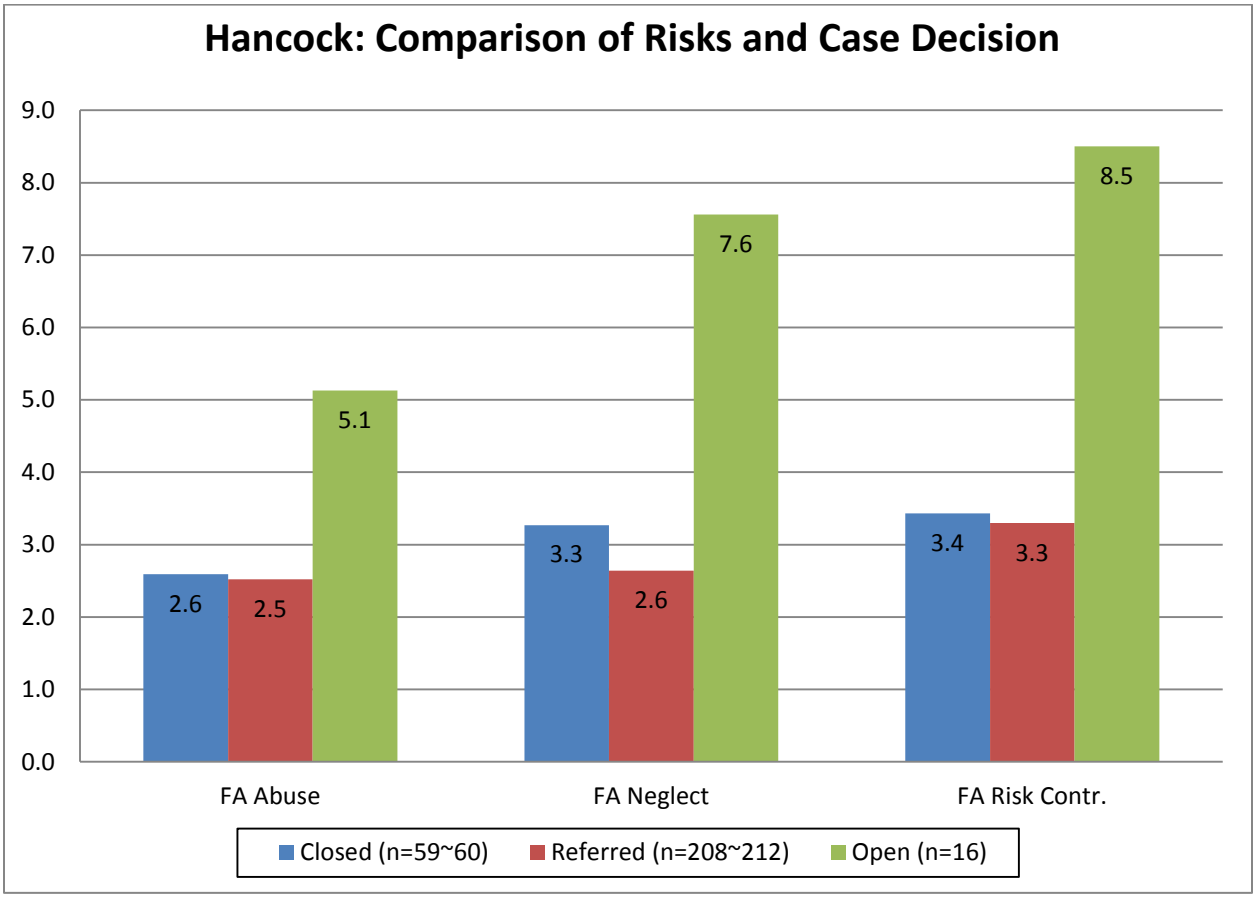
Figure IV.10: Greene: Risk Contributors by Case Decision



Hancock

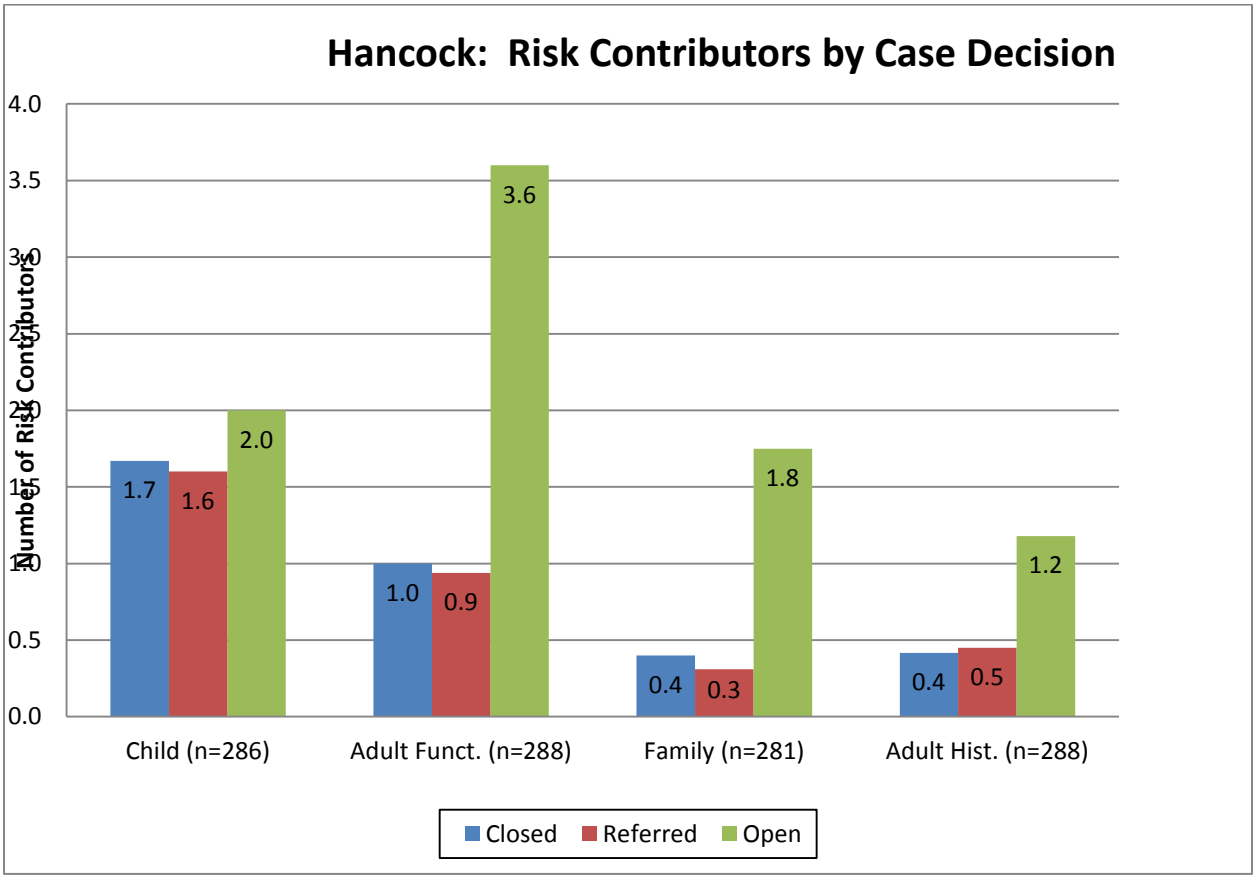
The total risk scores on the Abuse and Neglect Scales, and total number of risk contributors for each case decision is presented in Figure IV.11. The total number of risk contributors was inconsistent with the case decisions of closed and closed and referred. For the Abuse Scale, the closed cases had an average score of 2.6 as compared to a score of 2.5 for those cases that were referred. The same was true for the Neglect Scale, with closed cases having an average total score of 3.3 as compared to a 2.6 score for those cases that were closed and referred. For the total number of risk contributors, the cases that were closed and referred had an average number of 3.3 risk contributors as compared to 3.4 for those cases that closed. There was a difference (in the intended direction) for all average scores when comparing the cases transferred and opened and those that were closed and closed, referred.

Figure IV.11: Hancock: Comparison of Risks and Case Decision



Differences in the total number of risk contributors for each category are presented in Figure IV.12. There were differences in the intended direction for all subscales between cases that closed or referred and cases that were opened for services. The differences between the cases that were closed and those referred were in the intended direction for only the Adult Historical scale. For the other categories, the cases that closed had more risk contributors that those that were closed and referred.

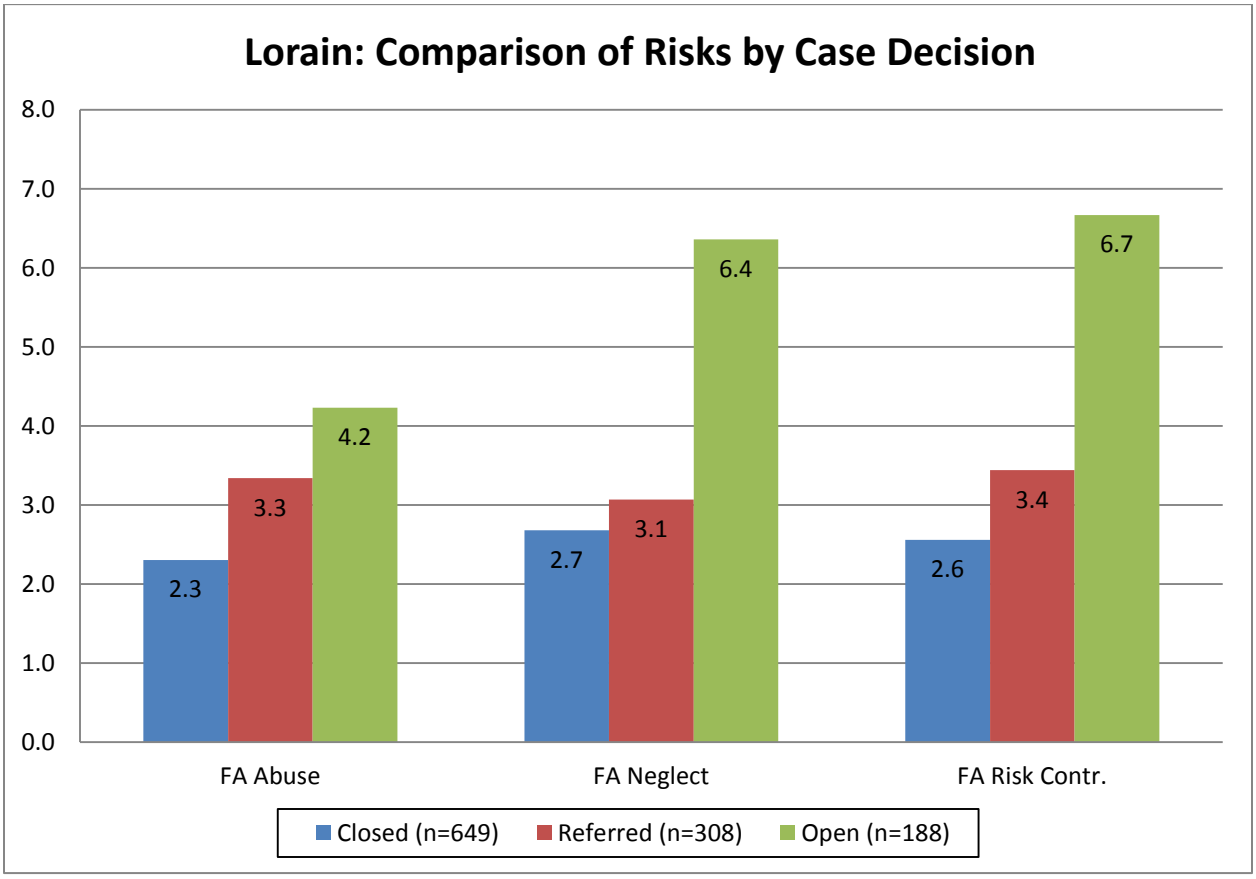
Figure IV.12: Hancock: Risk Contributors by Case Decision



Lorain

In Lorain, the scores on the Abuse Scale, Neglect Scale, and total number of risk contributors corresponded with the case decision (see Figure IV.13). There was a small difference between those cases that were closed and those cases that were closed and referred. There was a more noticeable difference between the cases opened for services and the other cases that were closed or closed and referred.

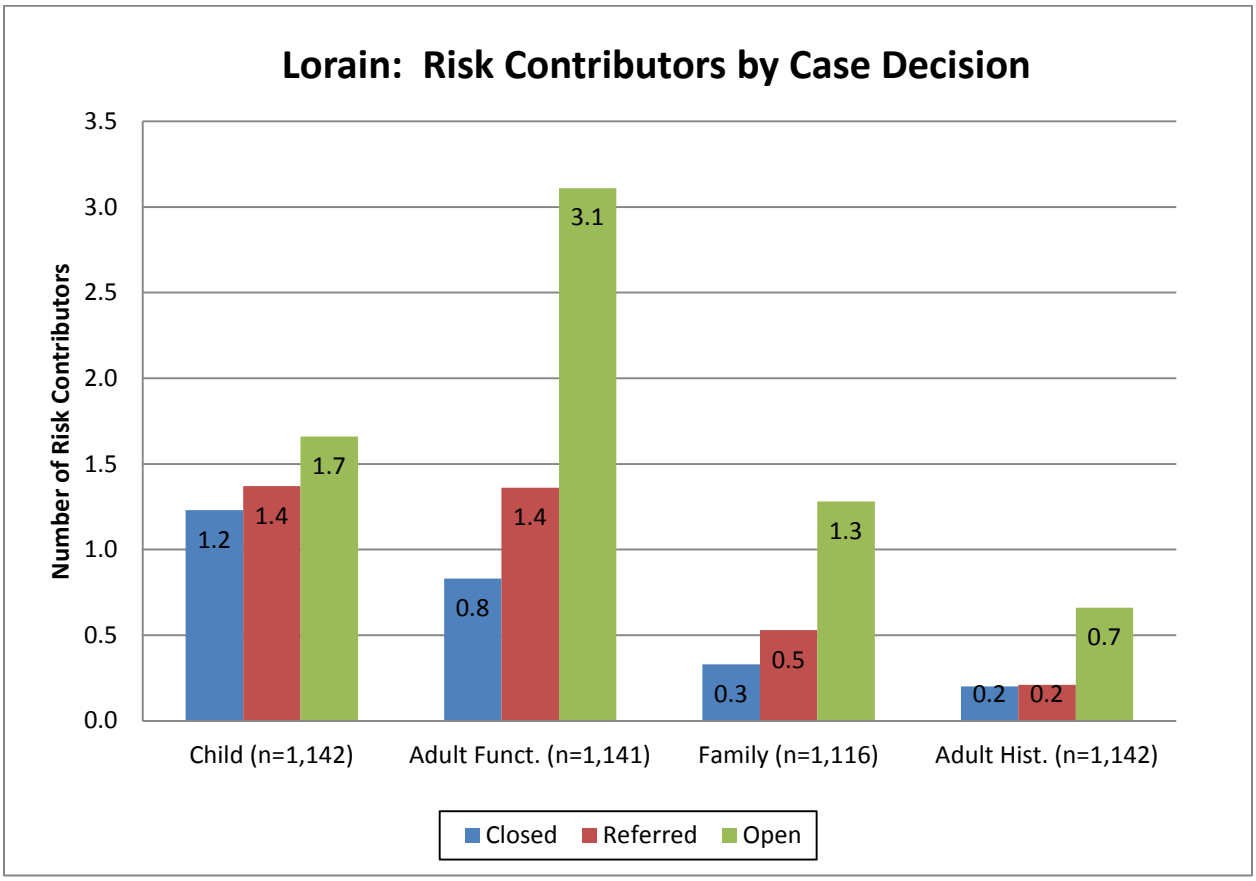
Figure IV.13: Lorain: Comparison of Risks by Case Decision



The total number of risks for each risk contributor category was consistent with the decision to open a case as compared to those cases that were closed or were referred to community services (see Figure IV.14). The Adult Historical risk contributors

were the same for those cases that were closed as compared to those cases that were closed and referred.

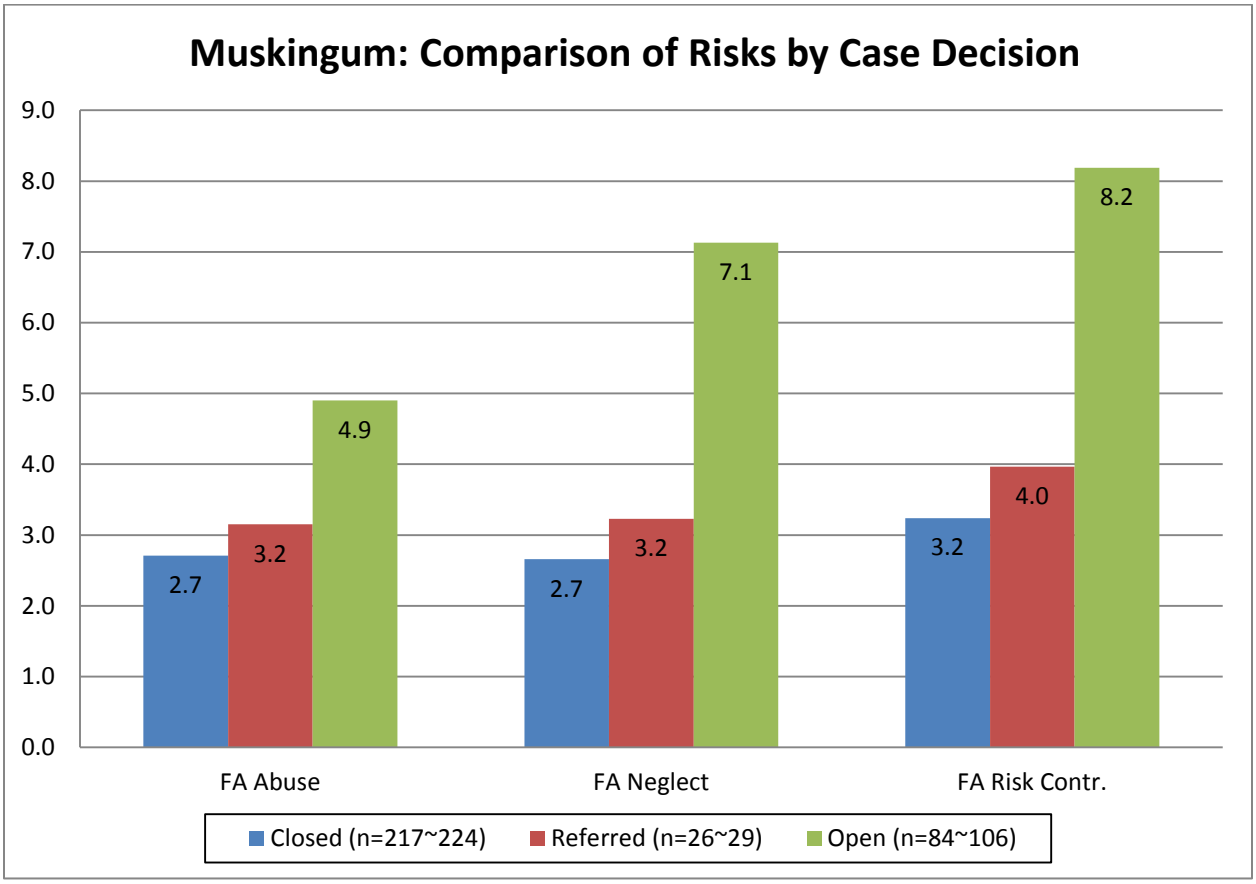
Figure IV.14: Lorain: Risk Contributors by Case Decision



Muskingum

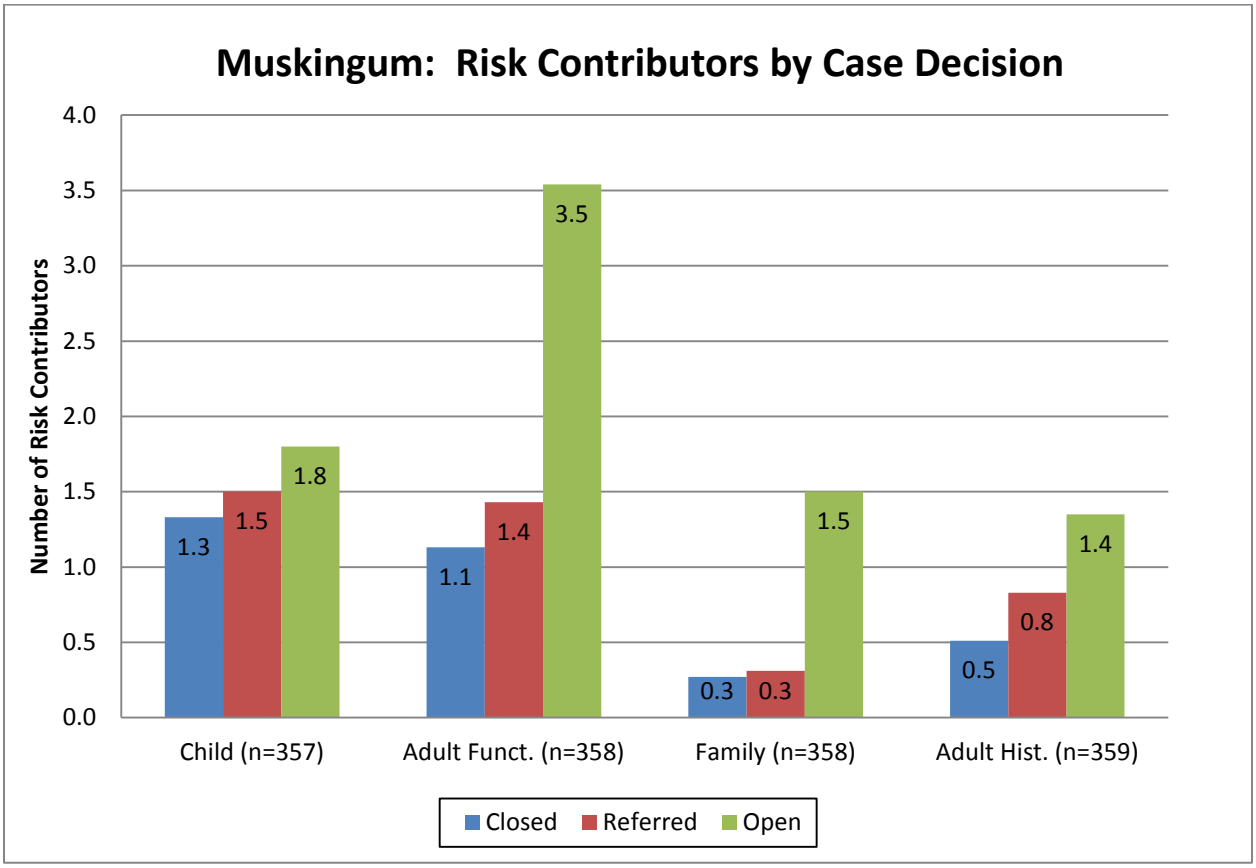
In Muskingum, there were consistent differences between those cases that were closed, closed and referred, and opened for services (see Figure IV.15). The greatest differences were between cases that were closed and referred and those that were opened for services.

Figure IV.15: Muskingum: Comparison of Risks by Case Decision



The total number of risk contributors for each category is presented in Figure IV.16. For Child Functioning, Adult Functioning, and Adult Historical risk contributors, there was a difference in number of risks (for each category) between cases that closed, cases that were referred, and cases that were opened for services. There was a difference between cases referred and cases opened for Family Functioning risk contributor category. The cases closed and cases referred had the same number (0.3) of risk contributors for the Family Functioning category.

Figure IV.16: Muskingum: Risk Contributors by Case Decision



Summary

The following two tables provide an overview across each country that illustrates the relationship between risks and substantiation. The criteria for determining if there is a relation is that a difference between levels of substantiation exist that is 0.1 or greater and corresponds with the increasing levels of substantiation. The intention of this table is to look at commonalities across the four counties. However, this is not intended to make comparisons between counties. Across all four counties, the Child Functioning risk contributors were not related to substantiation. The Child Functioning risk contributors are related to a child's self protection and vulnerabilities. This finding is consistent with the CAPMIS model. Specifically, one would not expect to find a relationship between child functioning and substantiation. This would indicate that the substantiation decision is a result of the child's vulnerability, development or behaviors. The other risk contributor categories had some association with substantiation in one or more of the counties. These findings are also consistent with the CAPMIS model as the decision to substantiate the case is based on the actions or inactions of the adults. It is important to note that the decision to substantiate a case is not directly determined by the risks, but is rather a measure of whether or not the allegation can be verified.

Table IV.1: Are Risks associated with Substantiation?*

	Greene	Hancock	Lorain	Muskingum
Abuse Scale	☑	☑	☑	☑
Neglect Scale	☑		☑	☑
Risk Contributors	☑	☑	☑	☑
Child Functioning				
Adult Functioning	☑	☑	☑	☑
Family Functioning	☑		☑	☑
Adult Historical	☑	☑	☑	☑

*difference of at least .01 between levels of substantiation and in the intended direction

Table IV.2, illustrates the relationship between risks and case decision. The Abuse Scales and Neglect Scale scores are associated with the case decision in three of the four counties. Child Functioning is associated with case opening in Lorain and Muskingum counties indicating that a child's vulnerability is a factor in determining if a case should be transferred to ongoing. The total number of risks in the Family Functioning category is associated with the case decision in Greene and Lorain counties. In Hancock County, the Adult Historical risk contributors were associated with the case decision. It is unclear as to how caseworkers are using the risk contributors and Abuse and Neglect scales to determine the case decision.

Table IV.2 Are Risks associated with Case Decision?*

	Greene	Hancock	Lorain	Muskingum
Abuse Scale	☑		☑	☑
Neglect Scale	☑		☑	☑
Risk Contributors	☑		☑	☑
Child Functioning			☑	☑
Adult Functioning	☑		☑	☑
Family Functioning	☑		☑	
Adult Historical	☑	☑		☑

*difference of at least .01 between case decision and in the intended direction

The following section will specifically examine these relationships in terms of the type of allegation.

IV.2 Risks, Substantiation and Case Decision, and Maltreatment Type?

The data for each of these analyses were from the merged files for each individual county. The two research questions for this section are: 1.) does maltreatment type have an impact on differences in a case being substantiated, indicated, or unsubstantiated and 2.) does maltreatment type have an impact on difference in a case being opened, referred, or closed? The results are presented for each individual county, first for substantiation and then for case decision. There is a separate line for each type of maltreatment, with the-x axis representing unsubstantiated, indicated, and substantiation and the y-axis representing the average total score for the Risk Contributors, FA Abuse and FA Neglect scores. The x-axis for the case decision charts are case closed, referred, and opened for services. Substantiation was measured across all maltreatment types and a mutually exclusive, categorical variable was created for each case. A case was considered substantiated if substantiation was

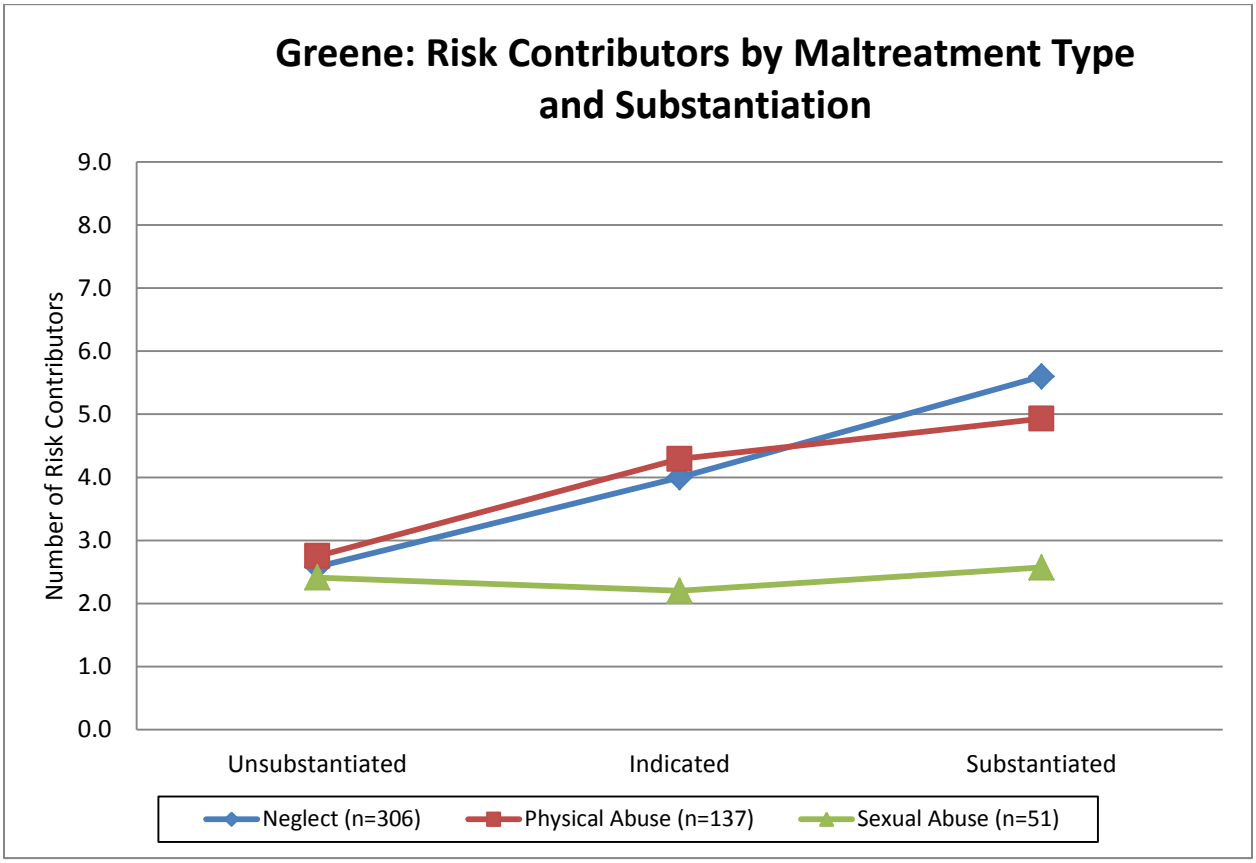
checked for any of the maltreatment types. A case was considered indicated if indicated was checked for any of the maltreatment types. Finally, if a case was unsubstantiated across all maltreatment types, then the case was considered unsubstantiated. The maltreatment type was obtained from the Family Assessment. Because of the lack of variability among emotional abuse and cases where more than one maltreatment type was alleged, only neglect, physical abuse, and sexual abuse were included in these analyses.

Research Question: Does Maltreatment type make a difference in determining substantiation?

Greene

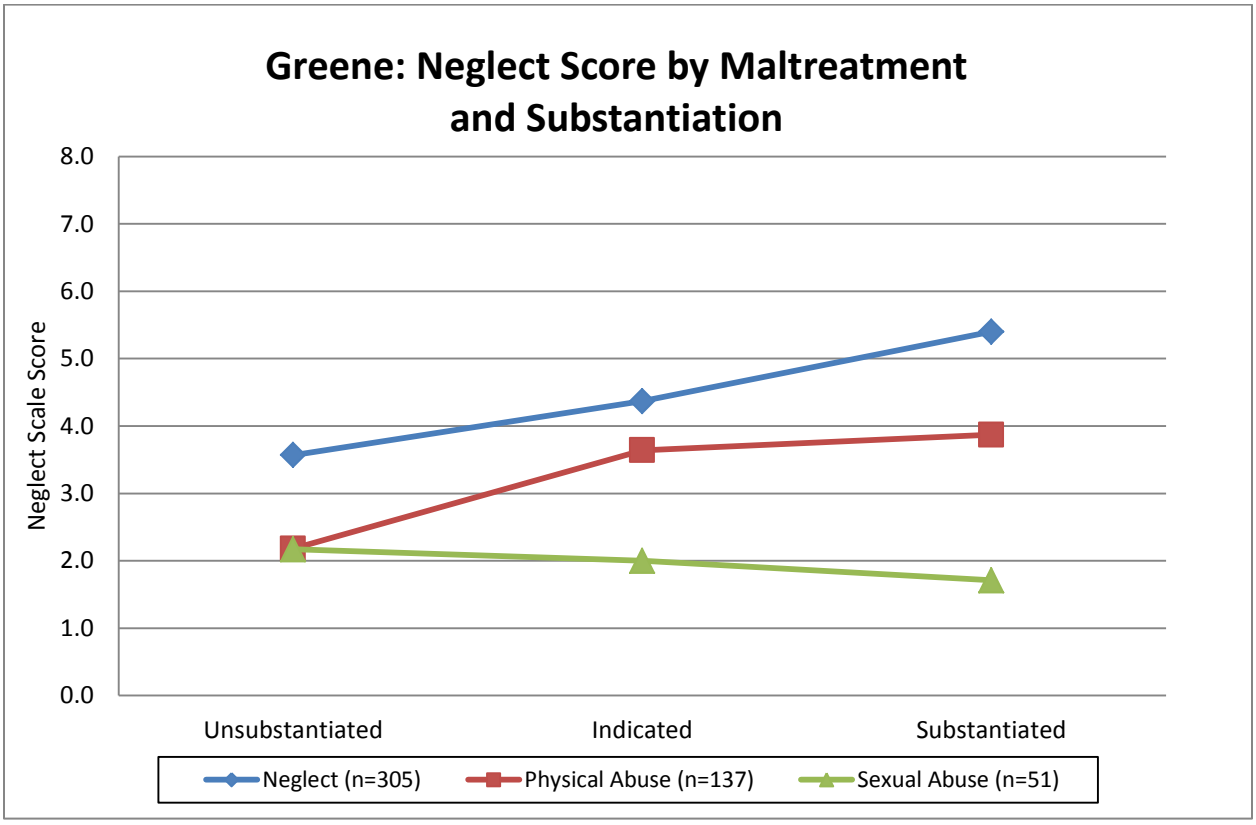
Figure IV.17 illustrates that neglect, sexual abuse, and physical abuse have equivalent numbers of risk contributors for those cases that are unsubstantiated. For those cases that are indicated and sexual abuse occurred, the total number of risk scores is actually lower than those that are unsubstantiated. Cases where sexual abuse was the allegation type and were substantiated, the total number of risk contributors is similar to the total number of risk contributors for unsubstantiated cases. The type of maltreatment did not have an effect on the cases where neglect and physical abuse were the allegation. Sexual abuse cases had the lowest number of risk contributors for all three substantiation levels.

Figure IV.17: Greene: Risk Contributors by Maltreatment Type and Substantiation



In cases where neglect was the alleged maltreatment type, the total risk score on the Neglect Scale was higher than the physical abuse or sexual abuse cases (see Figure IV.18). This finding seems consistent with what you would expect given that the scale is intended to measure neglect.

Figure IV.18: Greene: Neglect Score by Maltreatment and Substantiation



The neglect scores were also consistent with whether the case was unsubstantiated, indicated, or substantiated. There was more of a difference among physical abuse cases that were unsubstantiated than the indicated cases and less of a difference between those that were indicated and those that were substantiated. The sexual abuse cases showed a higher number of risk for unsubstantiated than for indicated and substantiated.

Figure IV.19: Greene: Abuse Scale by Maltreatment Type and Substantiation

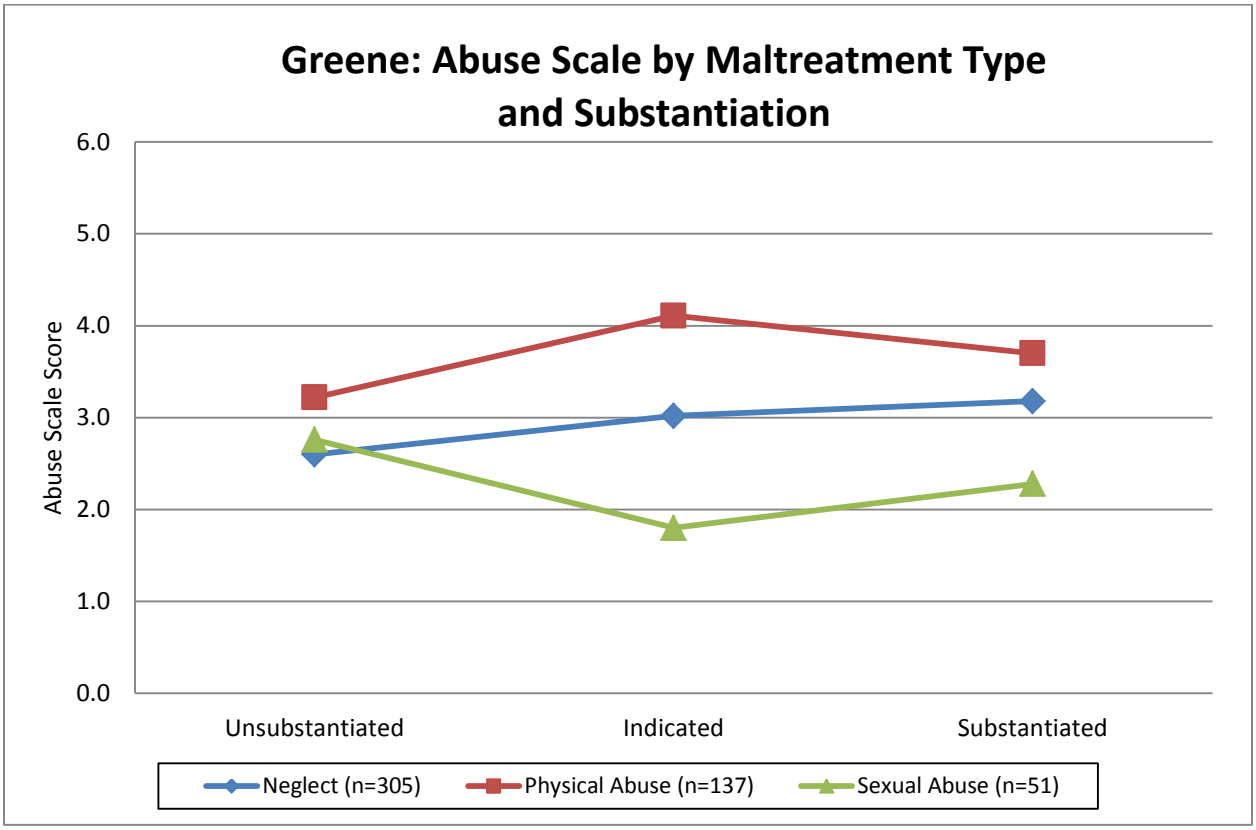


Figure IV.19 shows the differences between maltreatment types in relation to the Abuse Scale risk score. Cases with physical abuse as the allegation type had higher scores on the Abuse Scale than those with neglect or sexual abuse as the allegation type. For cases that were indicated, the total Abuse Scale risk score was higher for physical abuse cases than those that were substantiated. Sexual abuse cases had a slightly higher number of risks for unsubstantiated cases as compared to neglect cases. The cases with sexual abuse had a lower number of risks when they were considered indicated. The number of risks rose slightly for substantiated cases with sexual abuse. The Abuse Scale risk total for neglect cases was slightly higher when comparing unsubstantiated cases with indicated and substantiated.

Hancock

The relationship between risk contributors and substantiation by maltreatment type is presented in Figure IV.20 for Hancock County. Physical abuse cases had a higher number of risk contributors than those cases identified as neglect or sexual abuse. The number of risks was higher for physical abuse and neglect cases when comparing unsubstantiated cases to indicated cases. The number of risks for all three types of maltreatment was slightly lower for cases that were substantiated when compared to those that were indicated. The number of risks for sexual abuse cases were lower for indicated and substantiated as compared to those unsubstantiated.

Figure IV.20: Hancock: Risk Contributors by Maltreatment Type and Substantiation

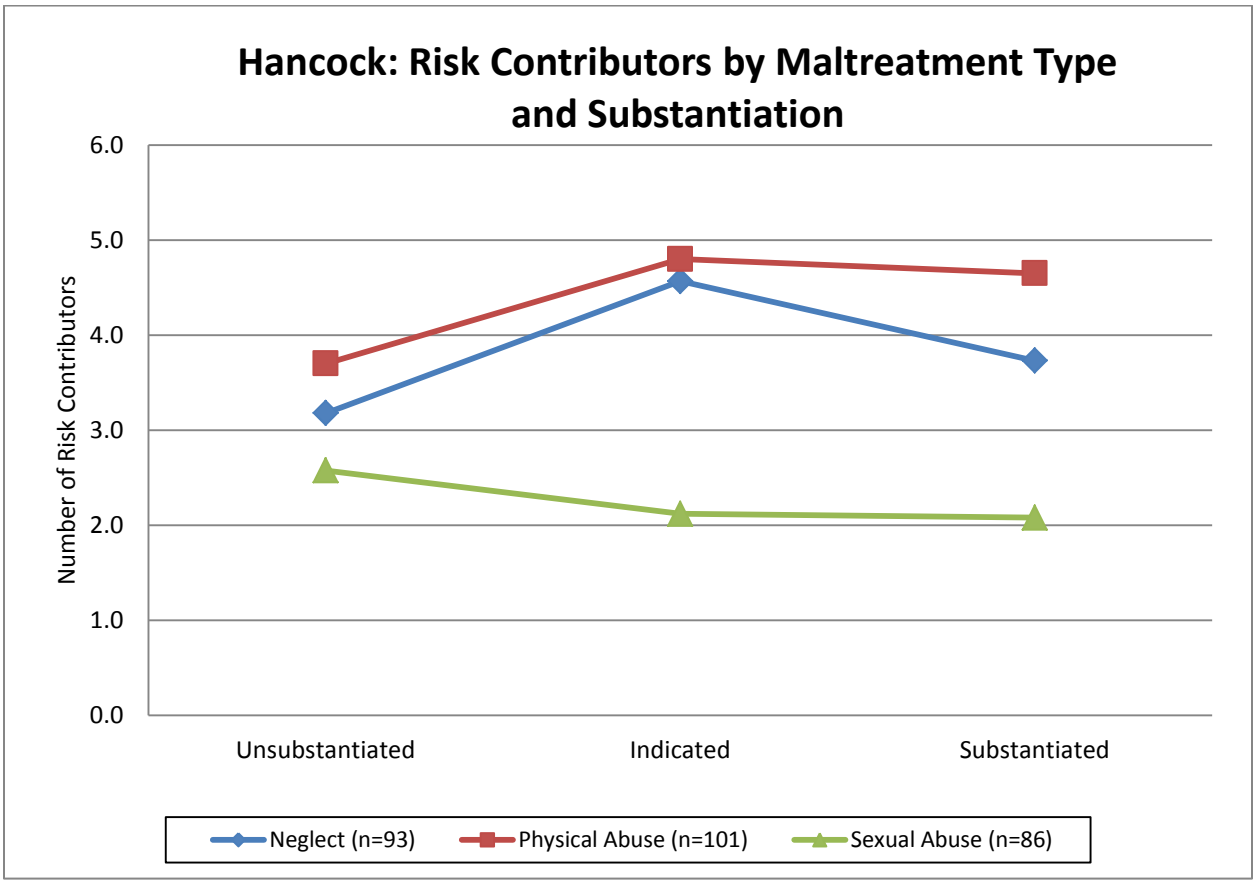
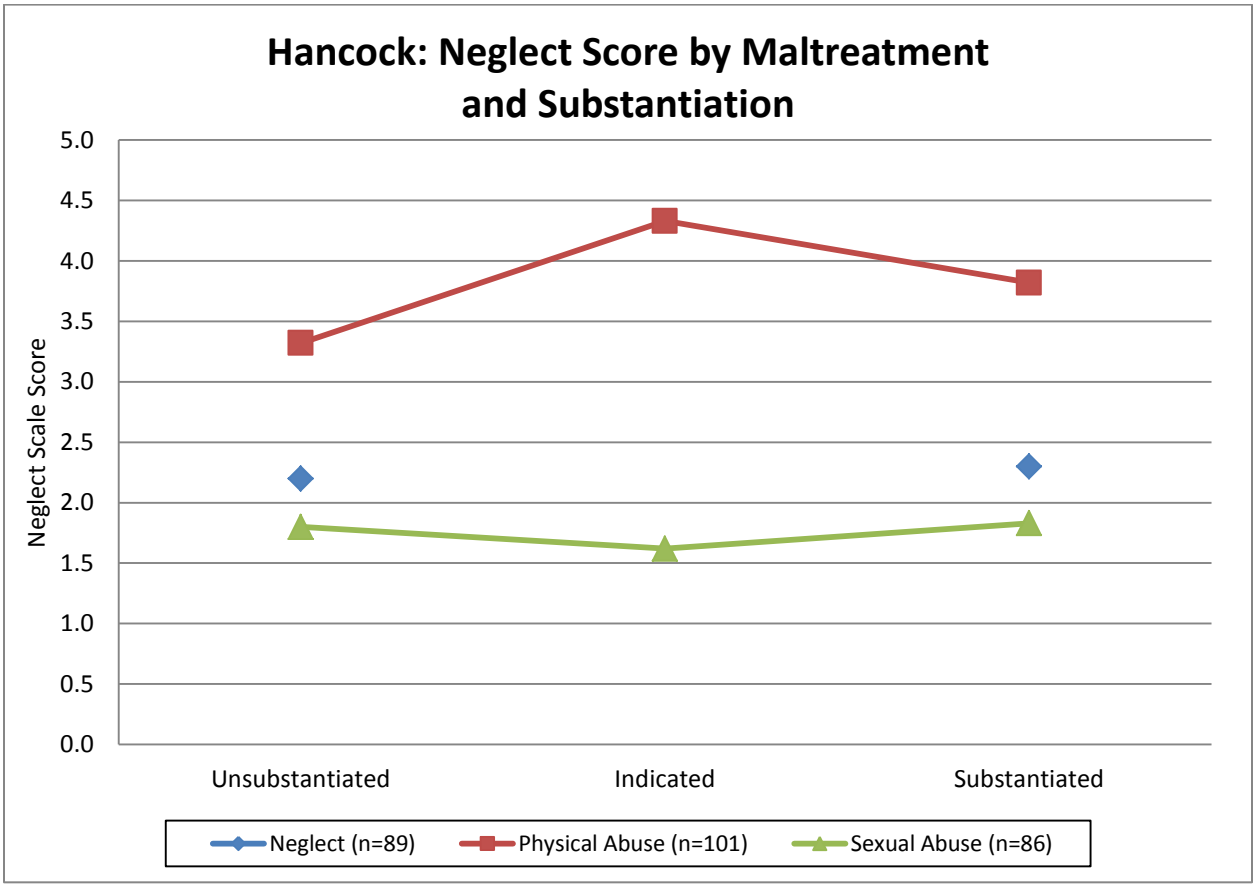


Figure IV.21: Hancock: Neglect Scale Score by Maltreatment and Substantiation



In Hancock on the Neglect Scale, the risk total for physical abuse cases was higher than those for neglect cases (see Figure IV.21). The Neglect risk score was higher for physical abuse cases when comparing indicated to unsubstantiated cases; this is the intended direction. However, when examining the Neglect risk score for indicated and substantiated, the indicated physical abuse cases had a higher score than the substantiated cases. Figure IV.21 shows only two data points for the neglect cases as the cases were only unsubstantiated or substantiated. The neglect cases that were unsubstantiated had a lower risk score than those that were substantiated. The sexual abuse cases had a higher risk total for unsubstantiated cases as compared to indicated. The substantiated cases, however, had a higher Neglect Scale risk score than the

indicated cases. The unsubstantiated cases were very similar in risk scores as compared to the unsubstantiated cases.

Figure IV.22: Hancock: Abuse Scale Score by Maltreatment Type and Substantiation

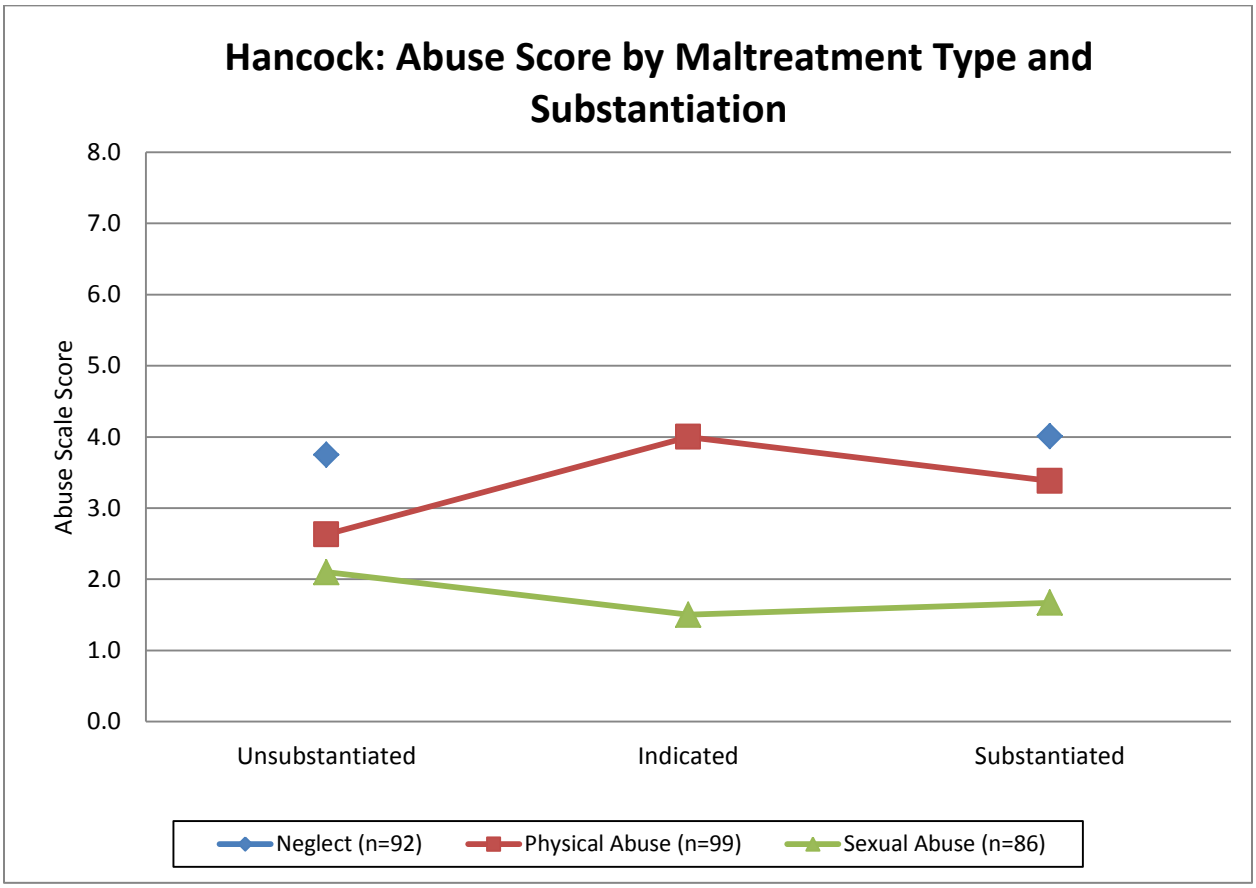


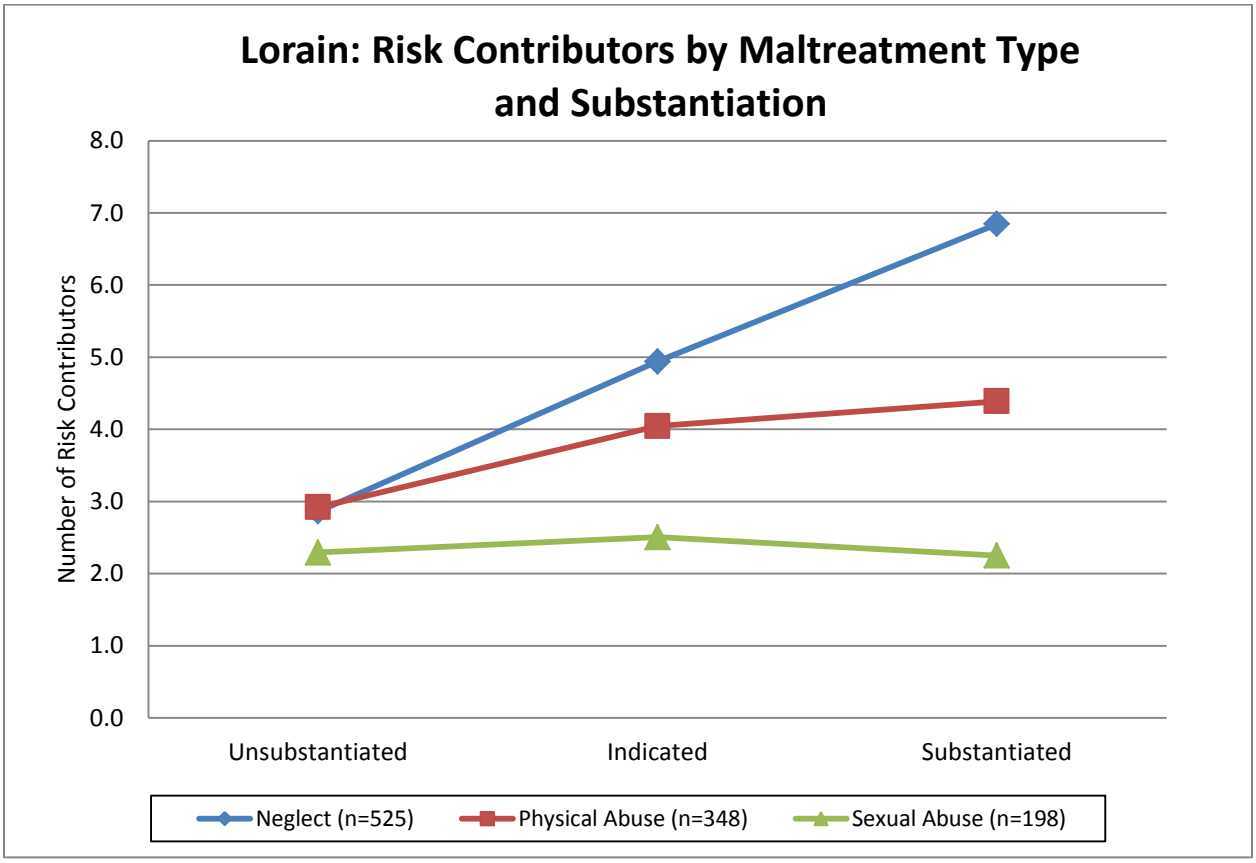
Figure IV.22 presents the findings for the Abuse Scale total scores by maltreatment type and substantiation. Cases with a neglect allegation were only unsubstantiated or substantiated, no cases were indicated. There is a slight difference between risk scores that were unsubstantiated and those substantiated. Surprisingly, the scores for the Abuse Scale were higher for neglect cases than for physical abuse cases. The physical abuse cases that were indicated had the highest risk score on the Abuse Scale than the other types of maltreatment. The cases with physical abuse that

were substantiated had a lower total risk score than those that were indicated. For sexual abuse, the Abuse risk score total for unsubstantiated cases was higher than those cases that were indicated or substantiated.

Lorain

The number of risk contributors for neglect and physical abuse cases that were unsubstantiated was almost identical (see Figure IV.23). As level of substantiation increased, there was also an increase in number of risk contributors, especially for the physical abuse cases. The neglect cases also had an increase in risk contributors when comparing unsubstantiated to indicate and indicated to substantiated. Sexual abuse cases that were indicated had slightly more risk contributors than those that were unsubstantiated. The substantiated cases had fewer risk contributors overall than those that were unsubstantiated.

Figure IV.23: Lorain: Risk Contributors by Maltreatment Type and Substantiation



On the Neglect Scale (Figure IV.24), the total risk score was higher for neglect cases than for physical abuse and sexual abuse cases. The Neglect Scale score was consistent with the level of substantiation, as the number of risks increased so did the likelihood the case would be indicated or substantiated. The Neglect Scale score was also consistent across substantiation levels for physical abuse cases. The sexual abuse cases had a total neglect risk score that was higher for unsubstantiated cases than indicated cases. However, for substantiated cases, the total Neglect Scale total score was lower than those that were unsubstantiated and indicated.

Figure IV.24: Lorain: Neglect Score by Maltreatment and Substantiation

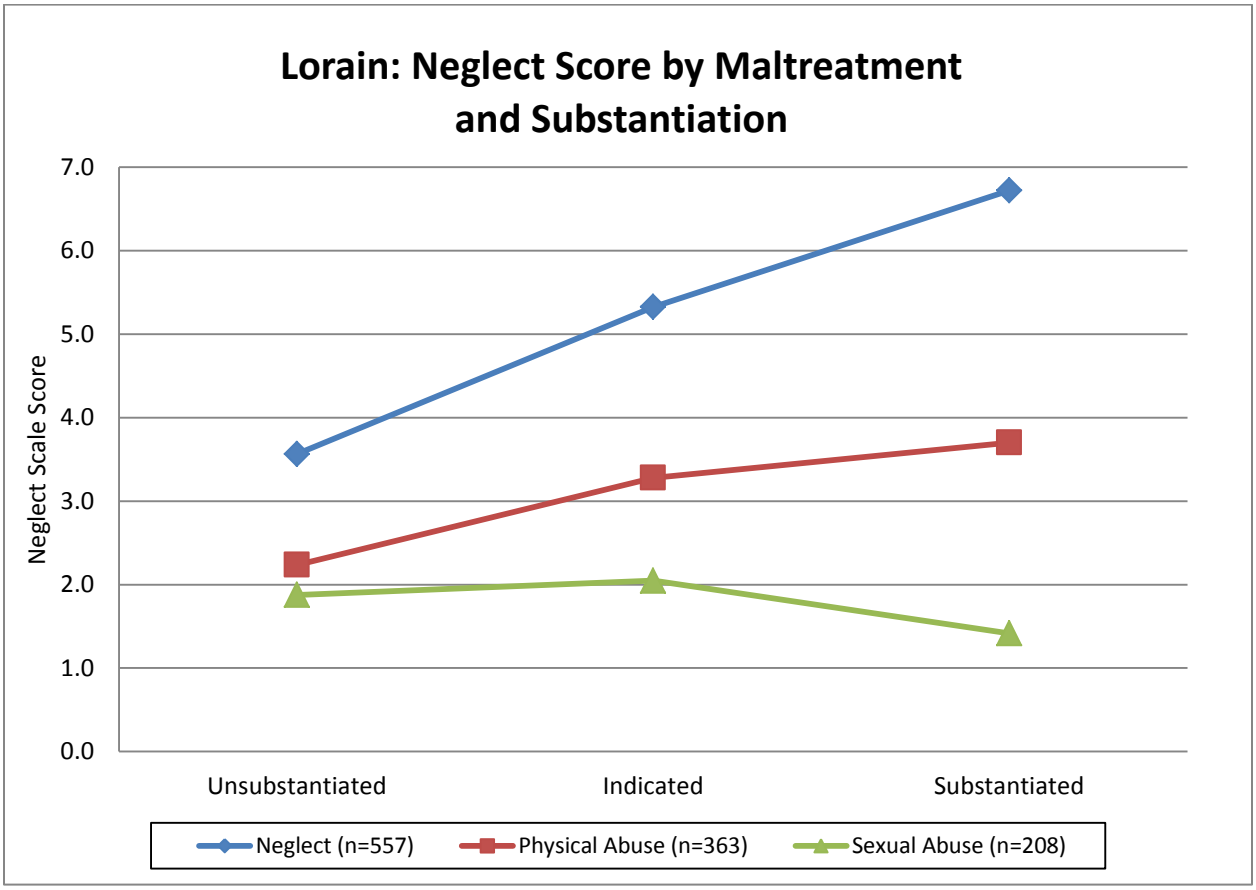
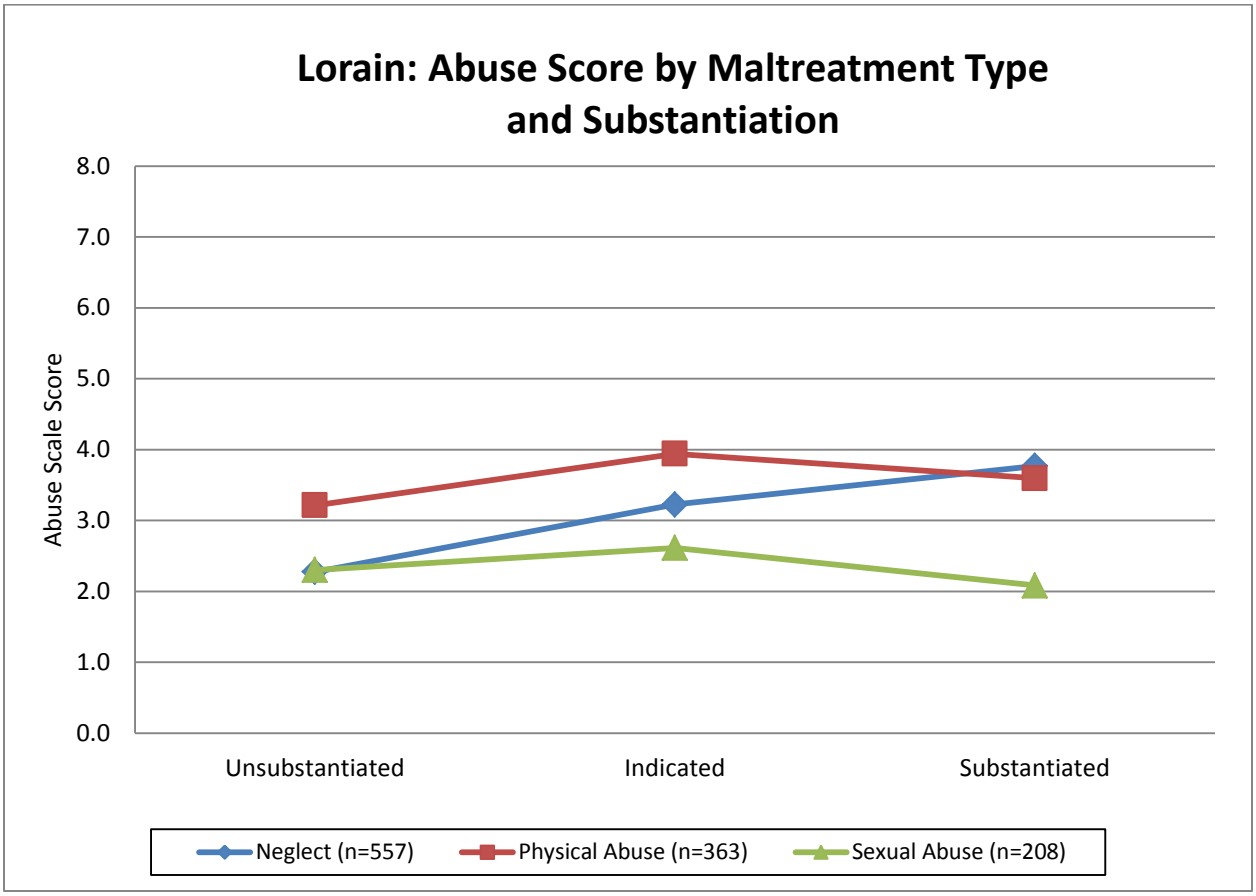


Figure IV.25: Lorain: Abuse Score by Maltreatment Type and Substantiation



In Lorain County, the Abuse Risk Score total was examined in terms of maltreatment type and substantiation (see Figure IV.25). The physical abuse cases had the highest score on the Abuse Scale for both unsubstantiated and indicated cases. The physical abuse cases that were also substantiated had a slightly lower risk score than the cases designated as neglect. The substantiated cases where physical abuse was the allegation had lower scores than those that were indicated. The neglect and sexual abuse cases that were unsubstantiated were very comparable. The neglect cases that were substantiated or indicated had a higher number of risks than those that were unsubstantiated. The sexual abuse cases classified as indicated had a higher score on the Abuse Scale than those that were unsubstantiated or substantiated.

Muskingum

The total number of risk contributors for neglect cases was consistent with the decision to substantiate, indicate, or unsubstantiated cases (see Figure IV.26). The same was true for physical abuse cases. When the level of substantiation increased, so did the number of risk contributors. The sexual abuse cases had more risk contributors when the case was indicated as compared to unsubstantiated. The substantiated cases had fewer risk contributors than those that were indicated.

Figure IV.26: Muskingum: Risk Contributors by Maltreatment Type and Substantiation

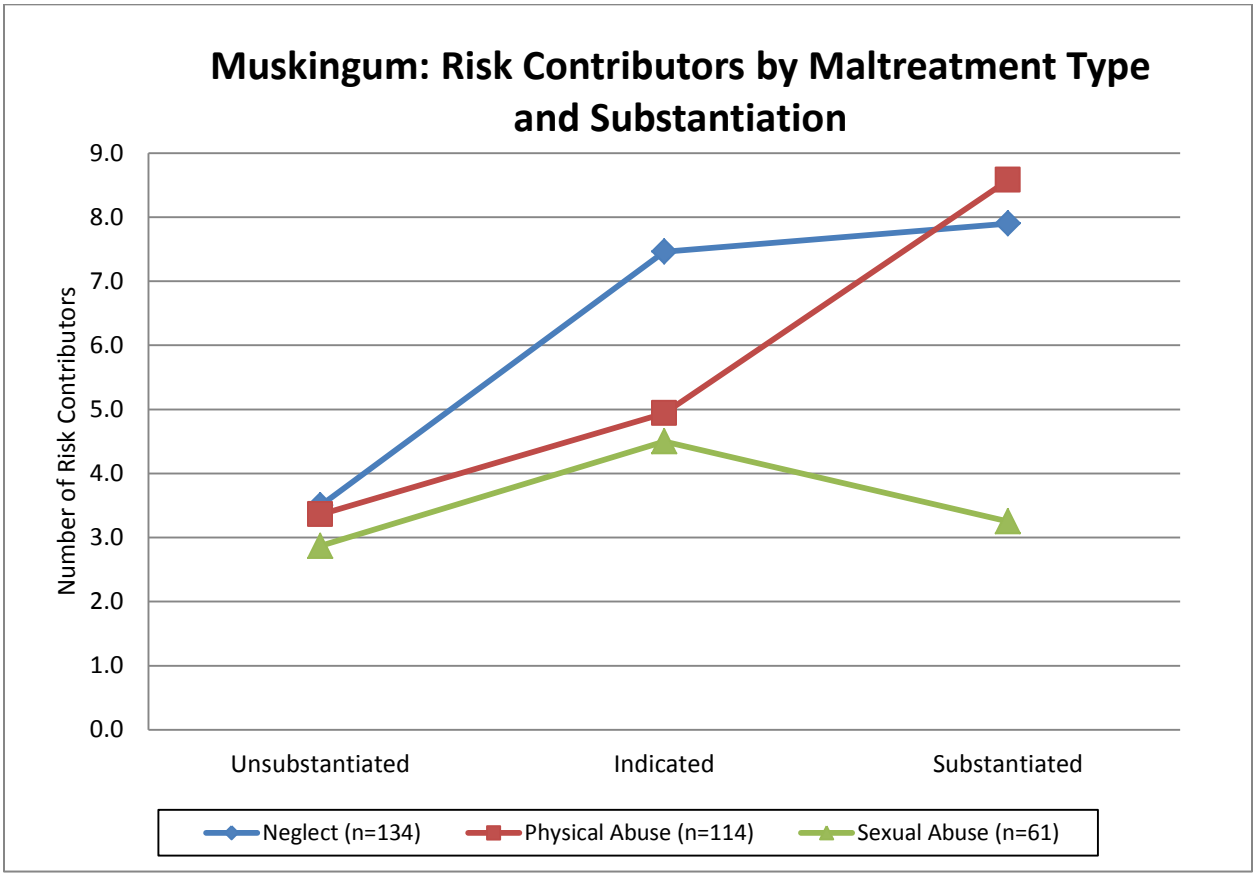
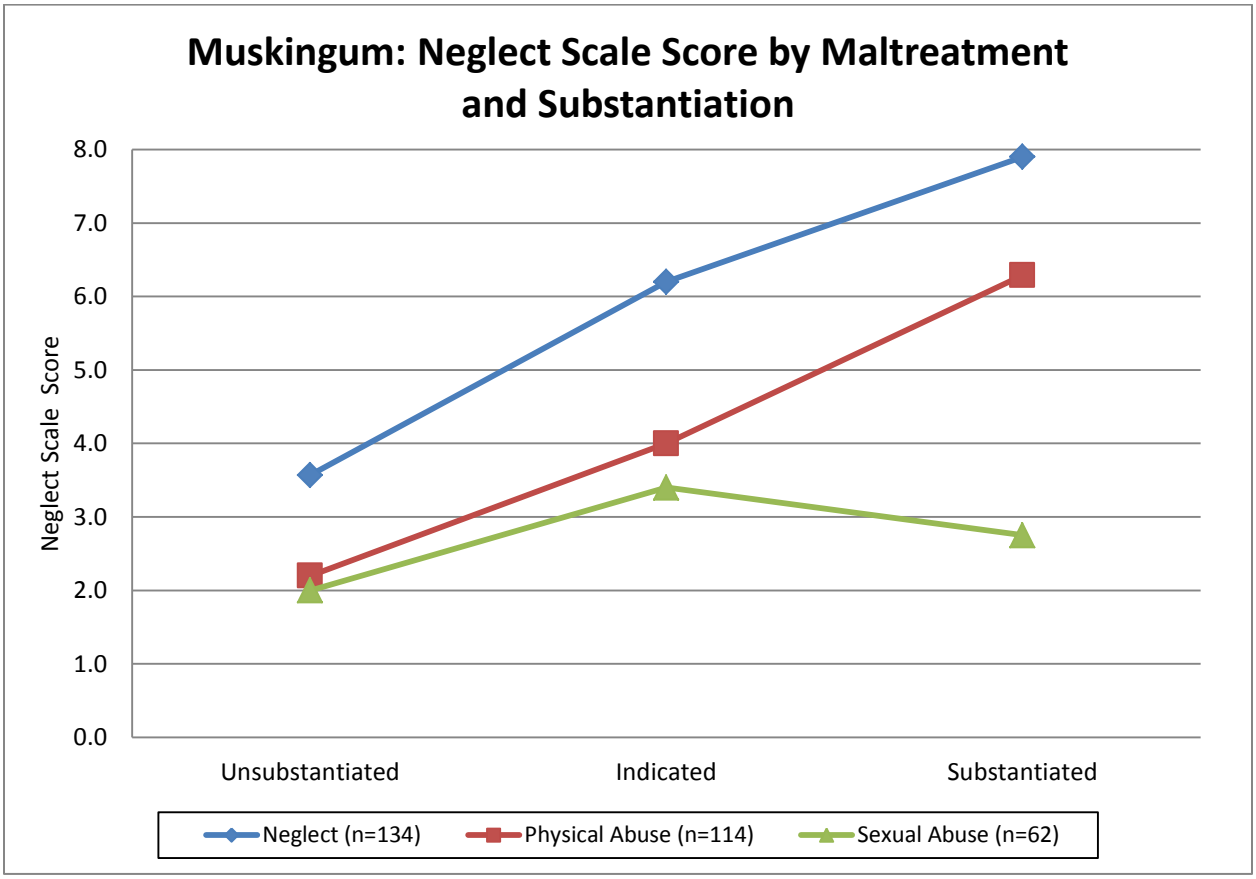


Figure IV.27: Muskingum: Neglect Score by Maltreatment and Substantiation

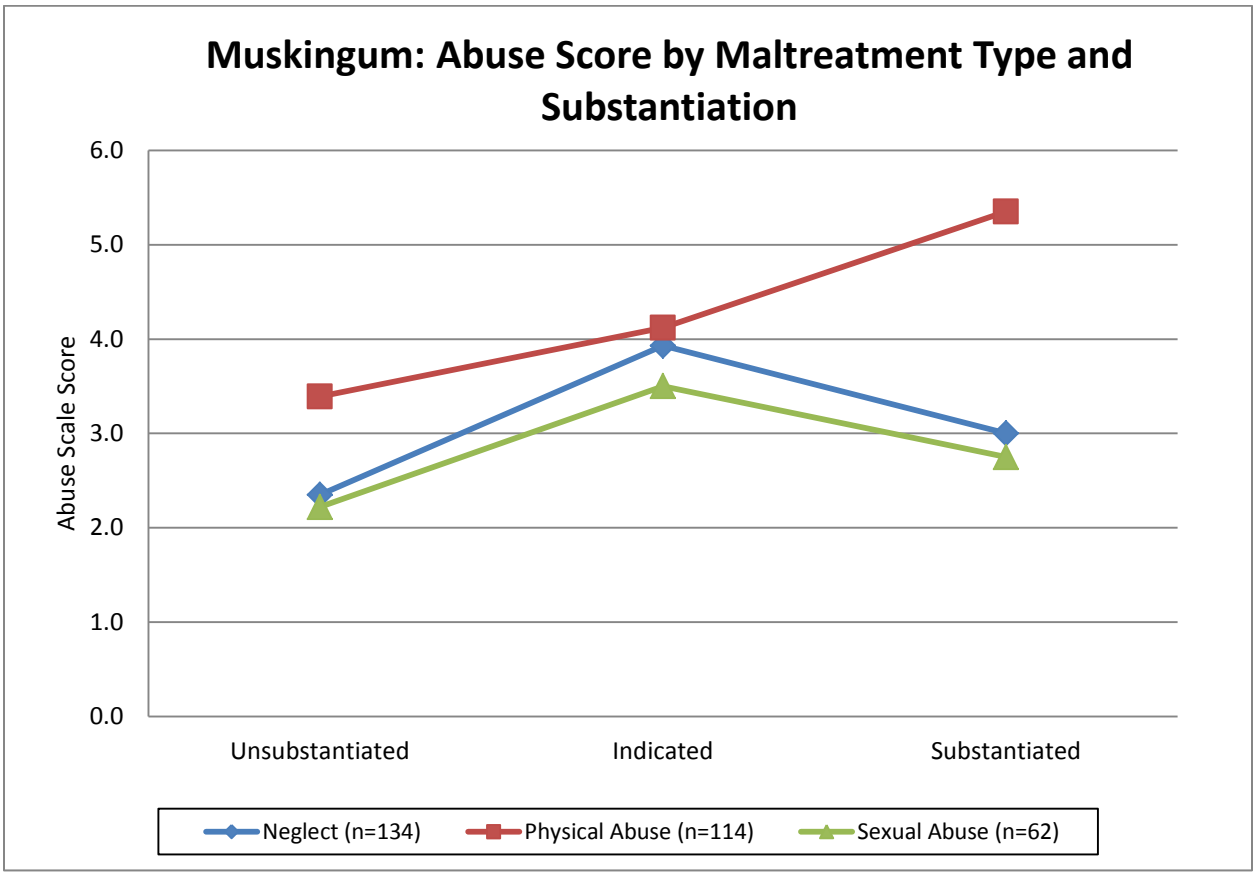


The total risk score on the Neglect Scale was higher for neglect and physical abuse and increased as expected as level of substantiation increased. The sexual abuse cases had a higher Neglect Scale risk score when comparing indicated to unsubstantiated cases. There was, however, a negative difference when comparing indicated and substantiated. Those cases that were substantiated had a lower score on the Neglect Scale.

The physical abuse cases showed a steady increase in the Abuse Scale score across all three substantiation levels (see Figure IV.28). In cases where neglect or sexual abuse was the allegation, the Abuse Scale total was higher for indicated cases as compared to unsubstantiated cases. The substantiated cases for both neglect and

sexual abuse cases had lower risk scores on the Abuse Scale than those where the case was indicated.

Figure IV.28: Muskingum: Abuse Score by Maltreatment Type and Substantiation



Research Question: Does Maltreatment type make a difference in Case Decision?

The number of risk contributors, actuarial neglect, and actuarial abuse scores was examined in terms of case decision and type of maltreatment. The findings for each county are presented in the following section. Case decisions are as follows with the name of the category on the chart enclosed in parentheses: case closed (case closed), case closed and referred to community services (referred), and case transferred to ongoing services (open).

Greene

In terms of case decision, the total number of risk contributors increases as it corresponds to the case decision (see Figure IV.29). Fewer risk contributors are associated with the case being closed. Cases that are referred, have a greater number of risk contributors than cases closed and cases that are opened have the largest number of risk contributors. There are some differences between type of maltreatment, however, the risk contributors are consistent with case decision.

Figure IV.29: Greene: Risk Contributors by Maltreatment and Case Decision

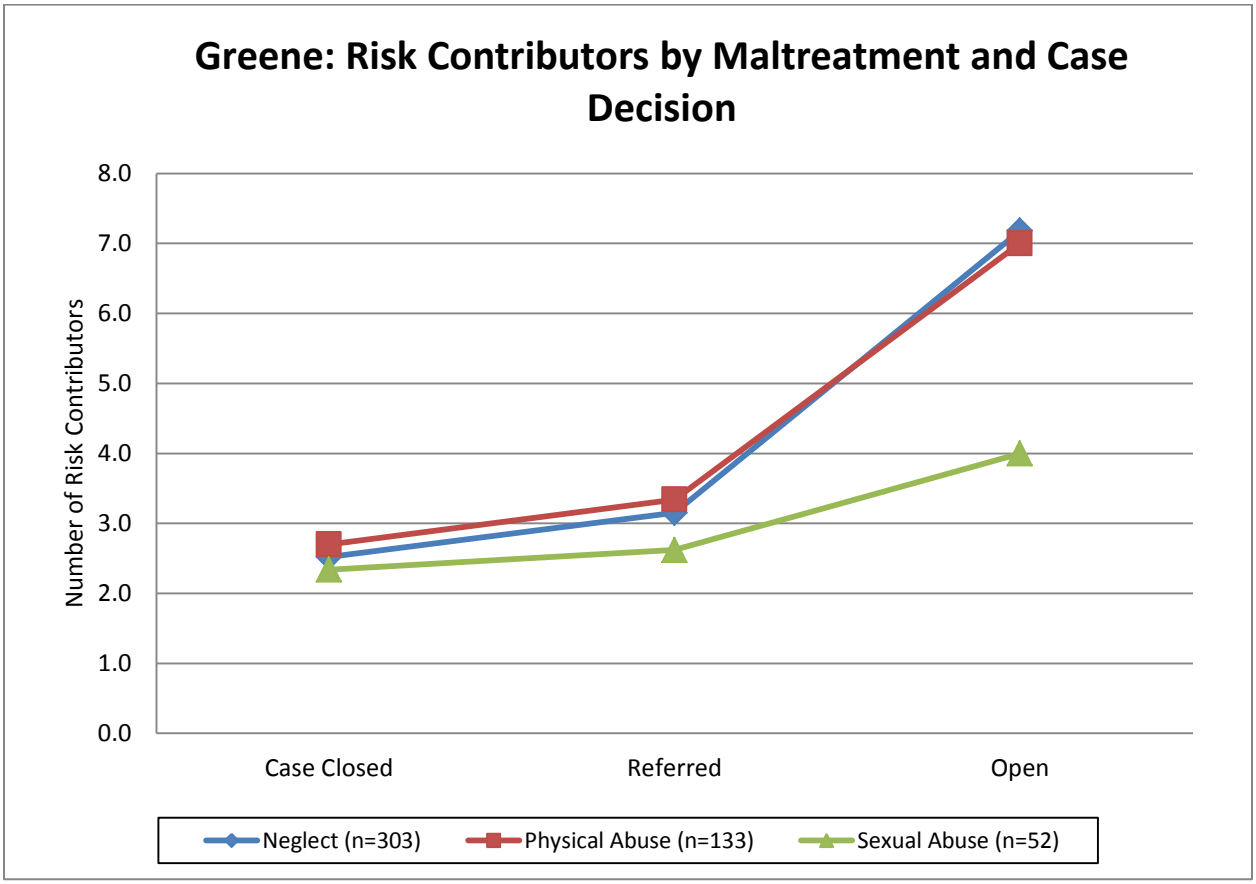
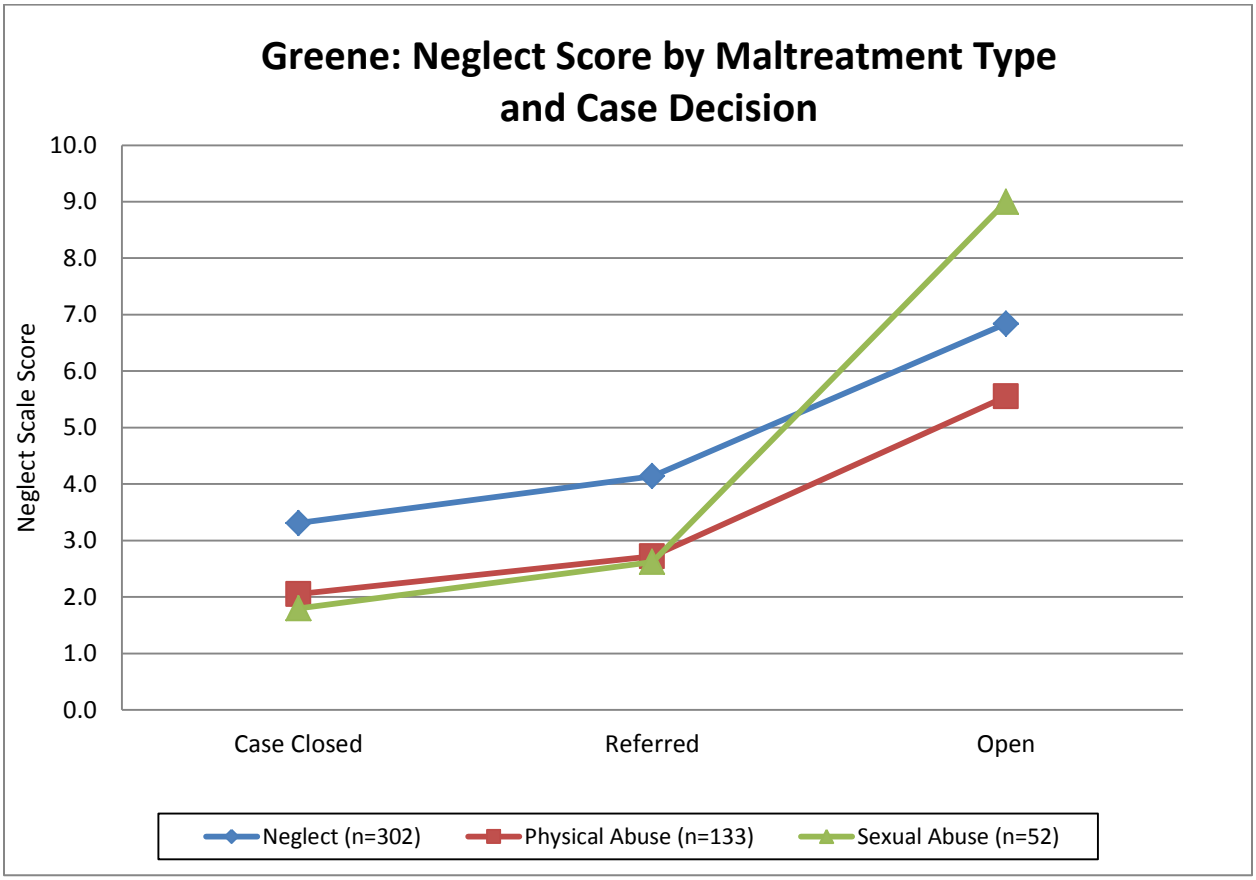


Figure IV.30: Greene: Neglect Score by Maltreatment Type and Case Decision

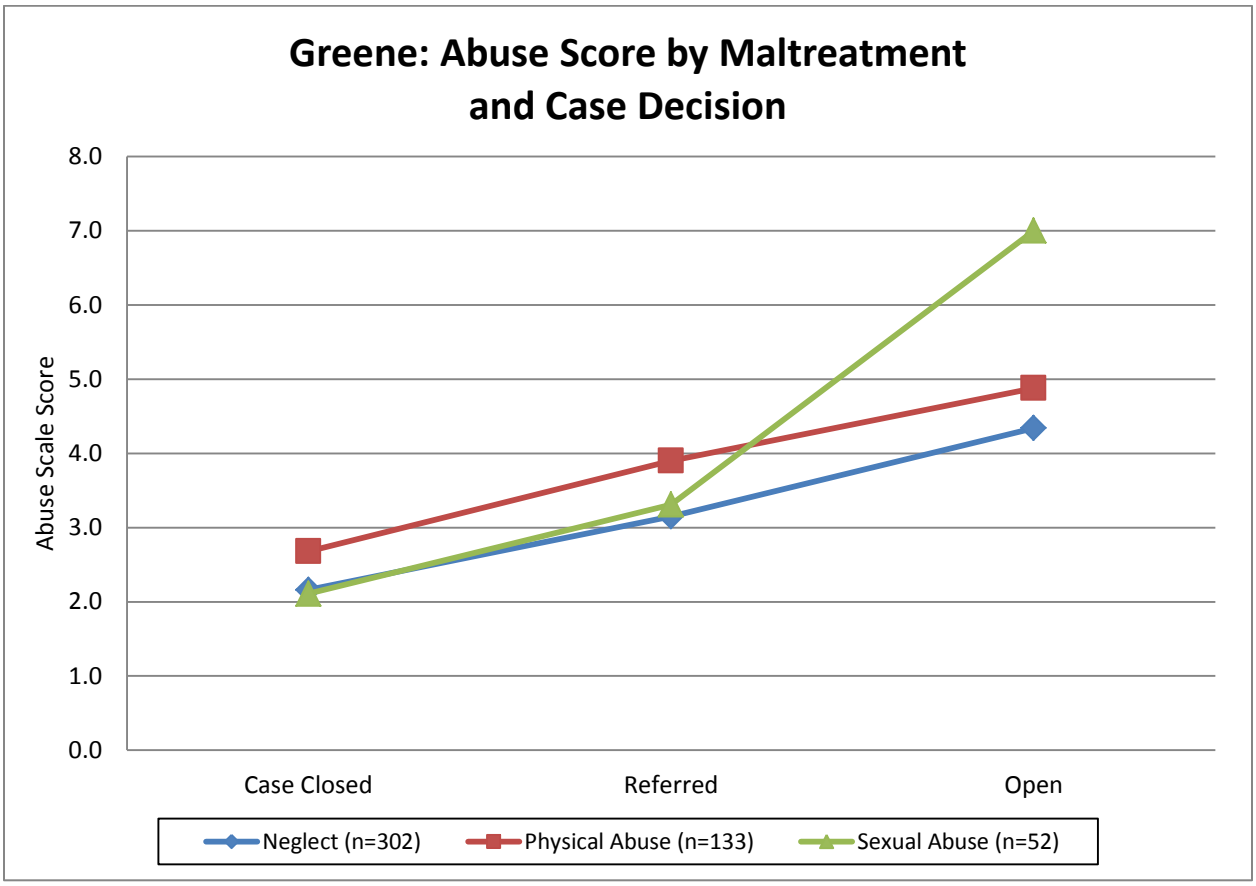


Similar findings to the risk contributor totals exist for the Neglect Scale scores in terms of the case decision (see Figure IV.30). Cases that are opened have higher Neglect Scale scores than those that are referred and those where the case is closed. Sexual abuse cases have the lowest score on the Neglect Scale for the case closed and referred cases. However, for those sexual abuse cases that open for services, they exhibit the highest score on the Neglect Scale.

Sexual abuse cases that are opened for services have the highest Abuse Scale scores (see Figure IV.31). These findings are similar to the previous chart where the sexual abuse cases that were opened had the highest total score on the Abuse Scale.

All three types of maltreatment showed an increase in Abuse Scale risk totals as the level of services (closed, referred, and opened) intensifies.

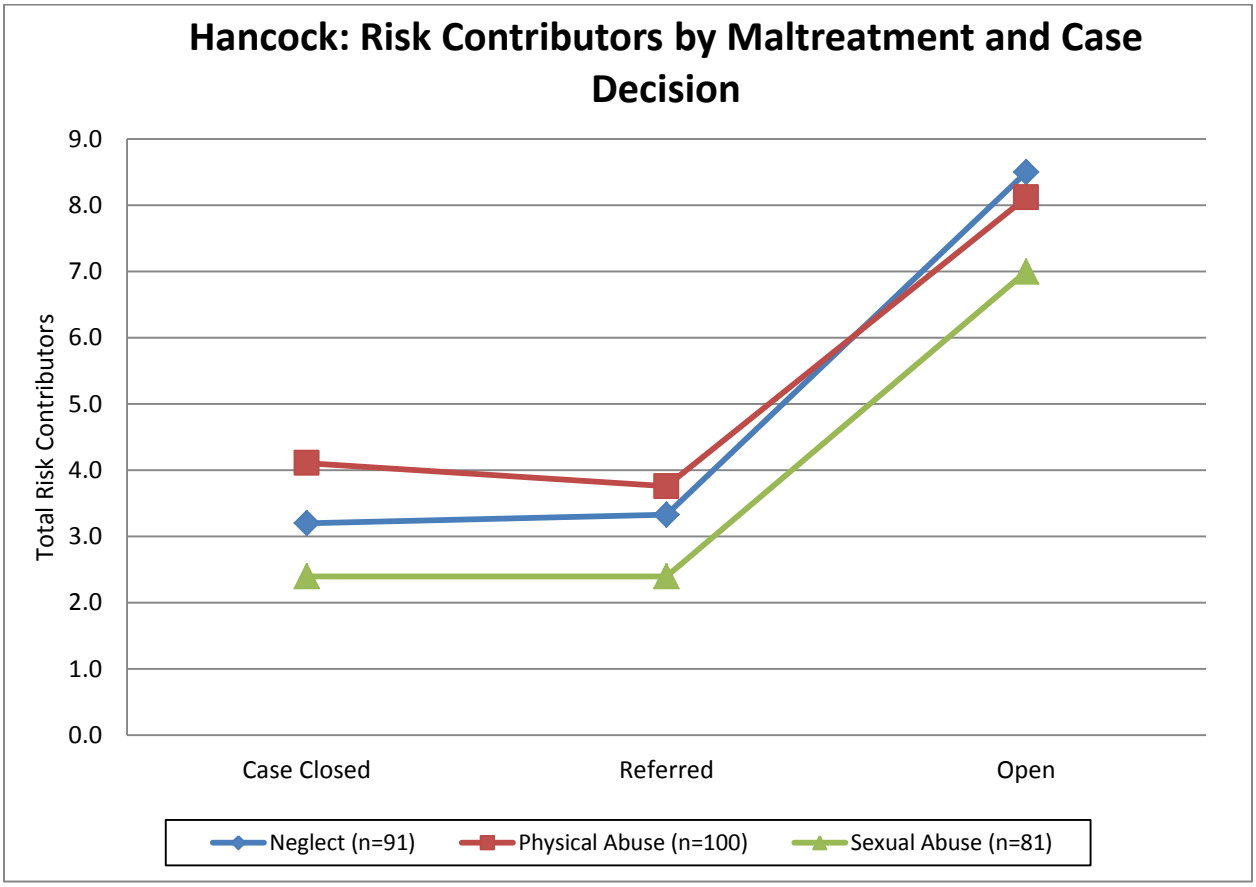
Figure IV.31: Greene: Abuse Score by Maltreatment Type and Case Decision



Hancock

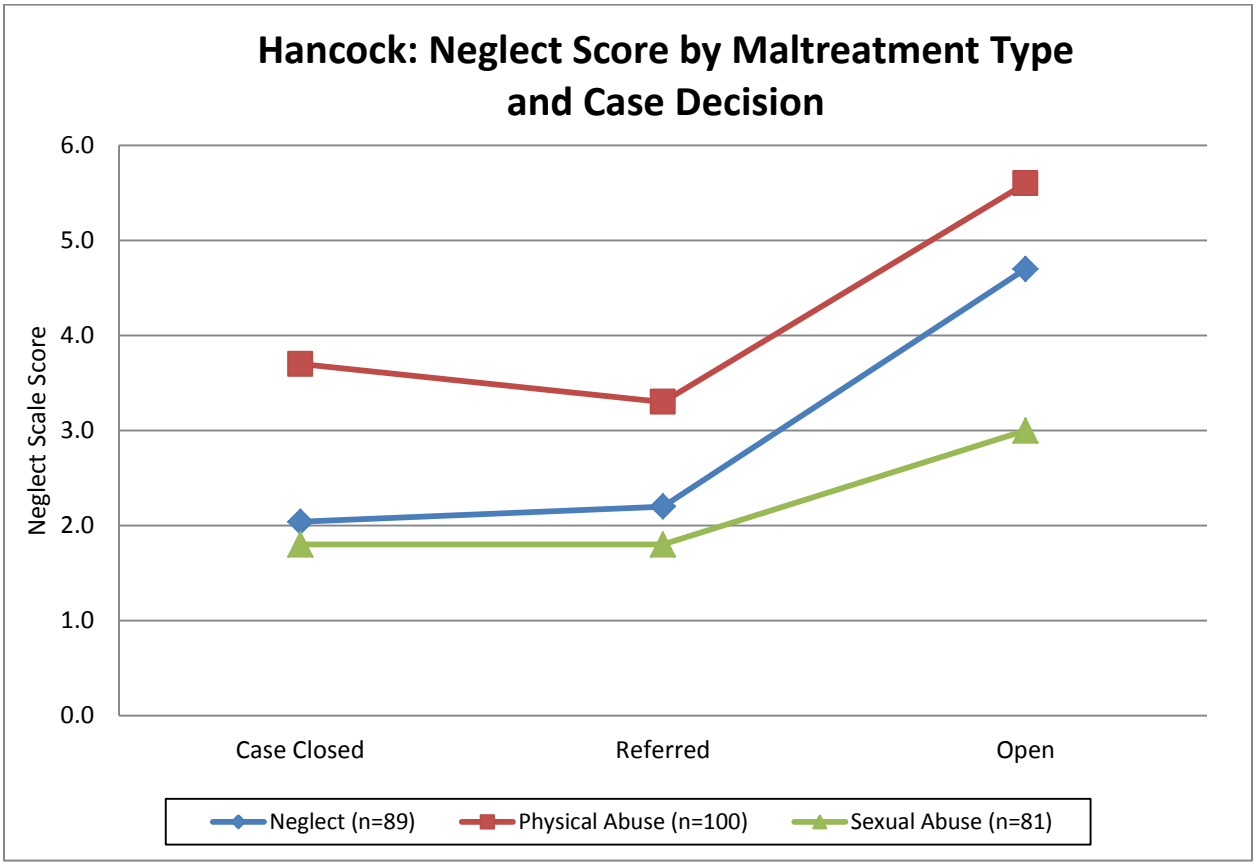
Physical abuse cases have the highest number of risk contributors as compared to the neglect and sexual abuse cases (see Figure IV.32). The total number of risk contributors for physical abuse cases that are closed and referred is less than for cases that were closed. The total number of risk contributors is similar when comparing cases that closed versus those referred for sexual abuse and neglect cases. All three maltreatment types show an increase in the total number of risk contributors from case closed and refer to case open.

Figure IV.32: Hancock: Risk Contributors by Maltreatment and Case Decision



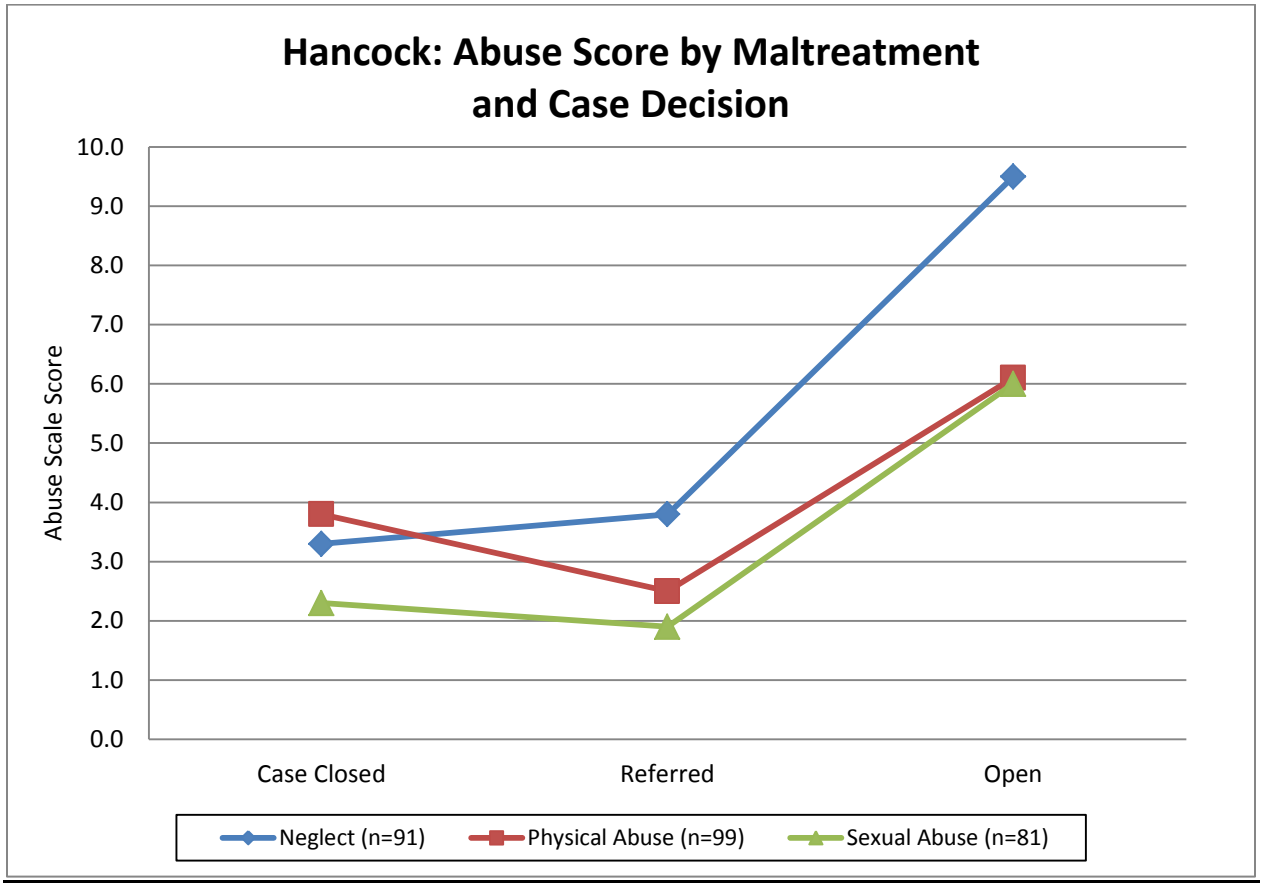
The cases where physical abuse was the allegation had the highest Neglect Scale risk score as measured on the Neglect Scale (see Figure IV.33). The Neglect Scale score for physical abuse cases is somewhat higher for cases closed than for those referred. Sexual abuse cases have nearly the same Neglect Scale risk scores for cases that closed and those that were referred. Neglect cases show a slightly higher risk score from case close to case referred. They also show a more significant increase from case referred to case opened.

Figure IV.33: Hancock: Neglect Score by Maltreatment Type and Case Decision



For both physical abuse and sexual abuse cases, there was a negative difference in the Abuse Scale risk score when comparing cases that closed and cases that were referred (see Figure IV.34). Sexual abuse and physical abuse both had higher Abuse Scale scores for cases opened as compared to cases referred; this difference was in the intended direction. Cases with neglect as the allegation type showed a slight increase in total risk score when comparing cases opened to cases referred. There was a more distinct difference for neglect cases when comparing cases referred to cases opened. The neglect cases had the largest number of abuse risks for both referred cases and cases that opened for services.

Figure IV.34: Hancock: Abuse Score by Maltreatment and Case Decision



Lorain

Sexual abuse cases had the least number of risk contributors for all three types of case decisions (see Figure IV.35). The number of risk contributors increased for all three maltreatment types as the level of services (closed to open) increased. Neglect cases had the highest number of risk contributors for cases that opened.

Figure IV.35: Lorain: Risk Contributors by Maltreatment and Case Decision

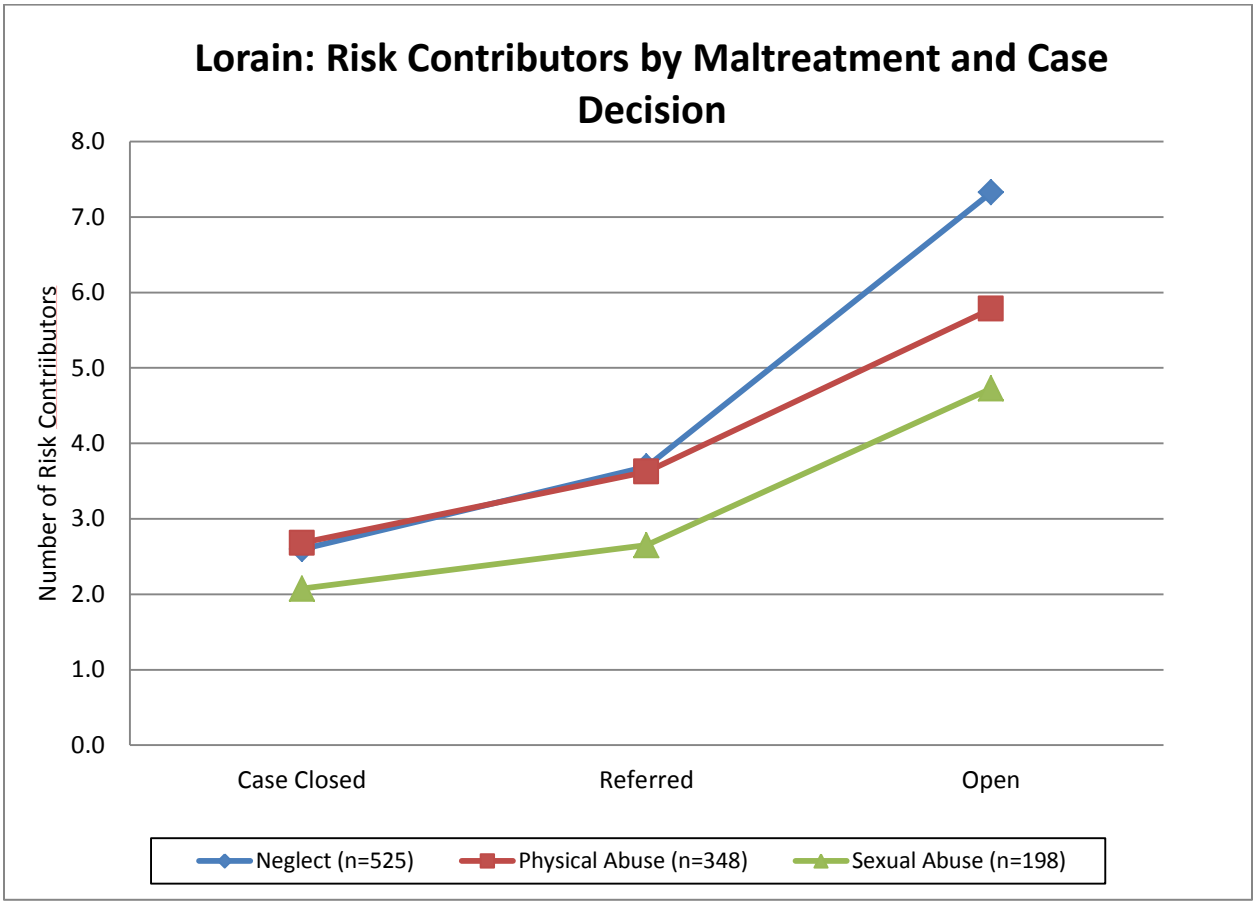
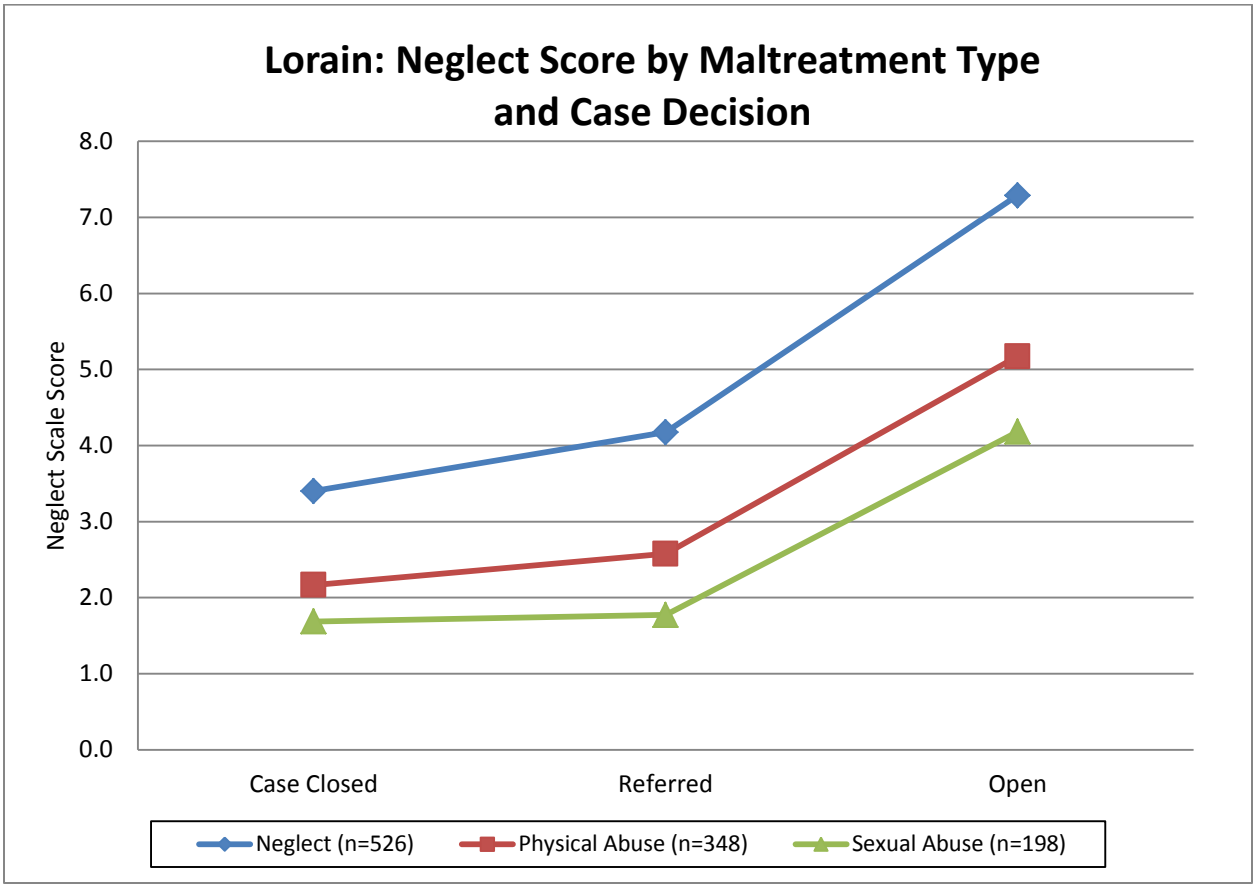
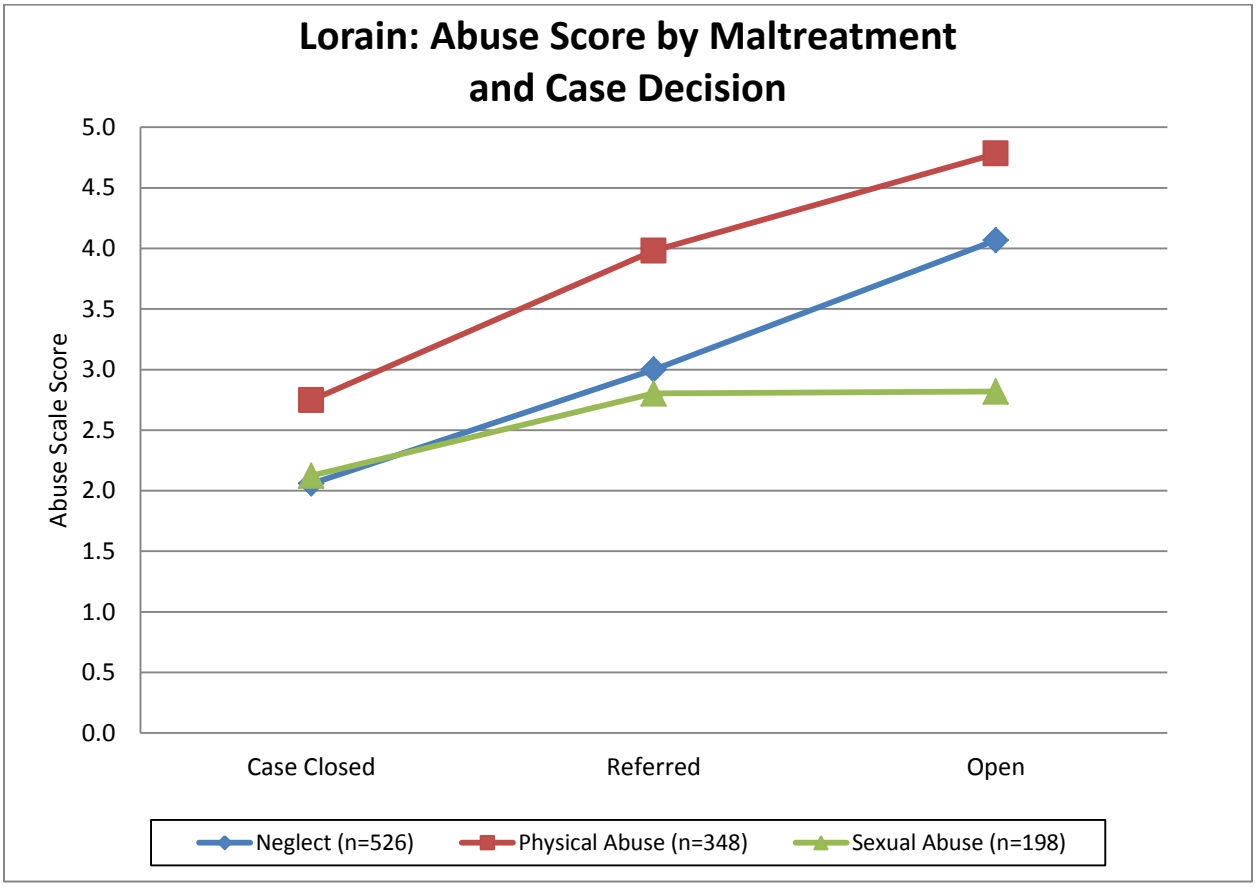


Figure IV.36: Lorain: Neglect Score by Maltreatment Type and Case Decision



In cases where neglect was the allegation type, the total risk score on the Neglect Scale was higher than those with other types of maltreatment (see Figure IV.36). There is an increase, as would be expected, in the Neglect Risk score as the case decision moves from case closed, to referred, and then to open. The sexual abuse cases had very similar neglect risk score for both cases that closed and those referred.

Figure IV.37: Lorain Abuse Score by Maltreatment and Case Decision



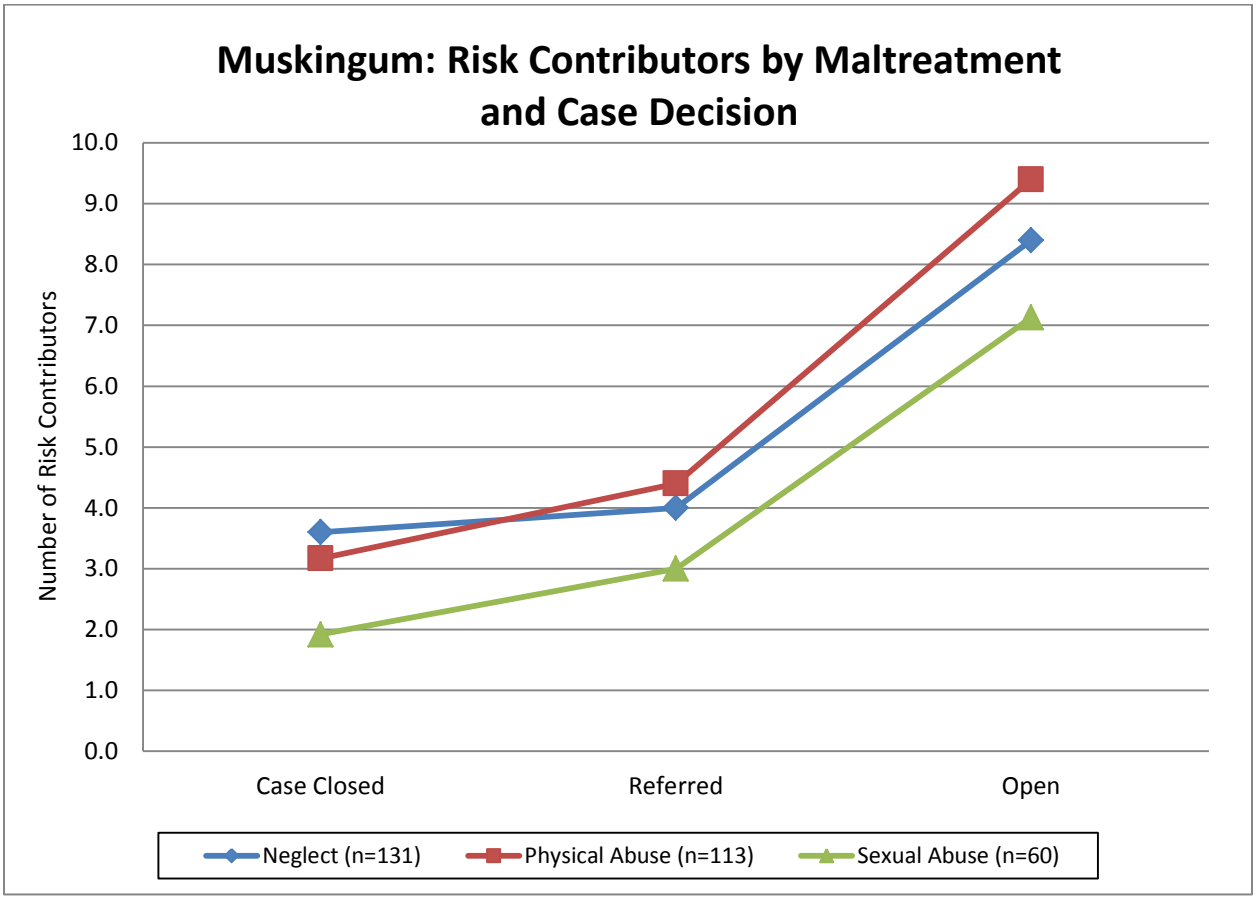
In Lorain, the physical abuse cases actually scored higher on the Abuse Scale than did the neglect and sexual abuse cases (see Figure IV.37). The physical abuse and neglect cases showed an increase in total abuse risk score as compared to the cases closed, to the cases referred, and then to the cases opened. Sexual abuse cases had higher abuse risk scores for cases referred as compared to the case closed. However, these cases had similar risk scores for cases referred and cases opened.

Muskingum

In Muskingum, the cases closed with an allegation of neglect had the highest number of risk contributors among all three types of maltreatment (see Figure IV.38). At the next two case decision points (referred and then opened), the physical abuse cases

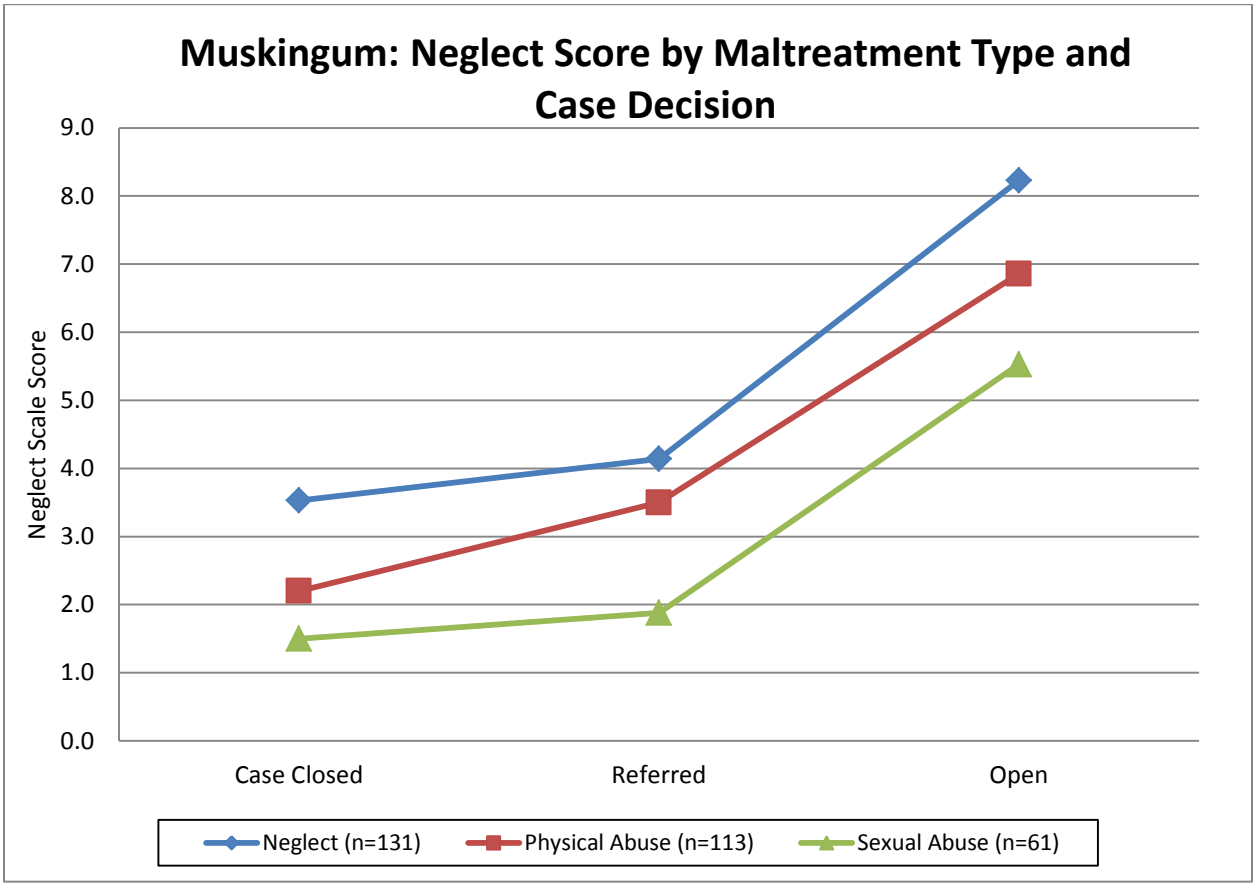
had risk contributor totals that were higher than neglect cases. The physical abuse cases when opened had the highest number of risk contributors. Sexual abuse risk contributors increased according to the level of case decision. However, the total number of risk contributors was consistently lower than physical abuse and neglect cases.

Figure IV.38: Muskingum: Risk Contributors by Maltreatment and Case Decision



The neglect cases in Muskingum had the highest total risk score on the Neglect Scale for all three case decisions (see Figure IV.39). All three types of maltreatment showed the expected increase in Neglect Scale risk scores as the case decision type increased intensity. Sexual abuse cases still had the lowest Neglect Scale risk score, which was similar to the previous findings for the total number of risk contributors.

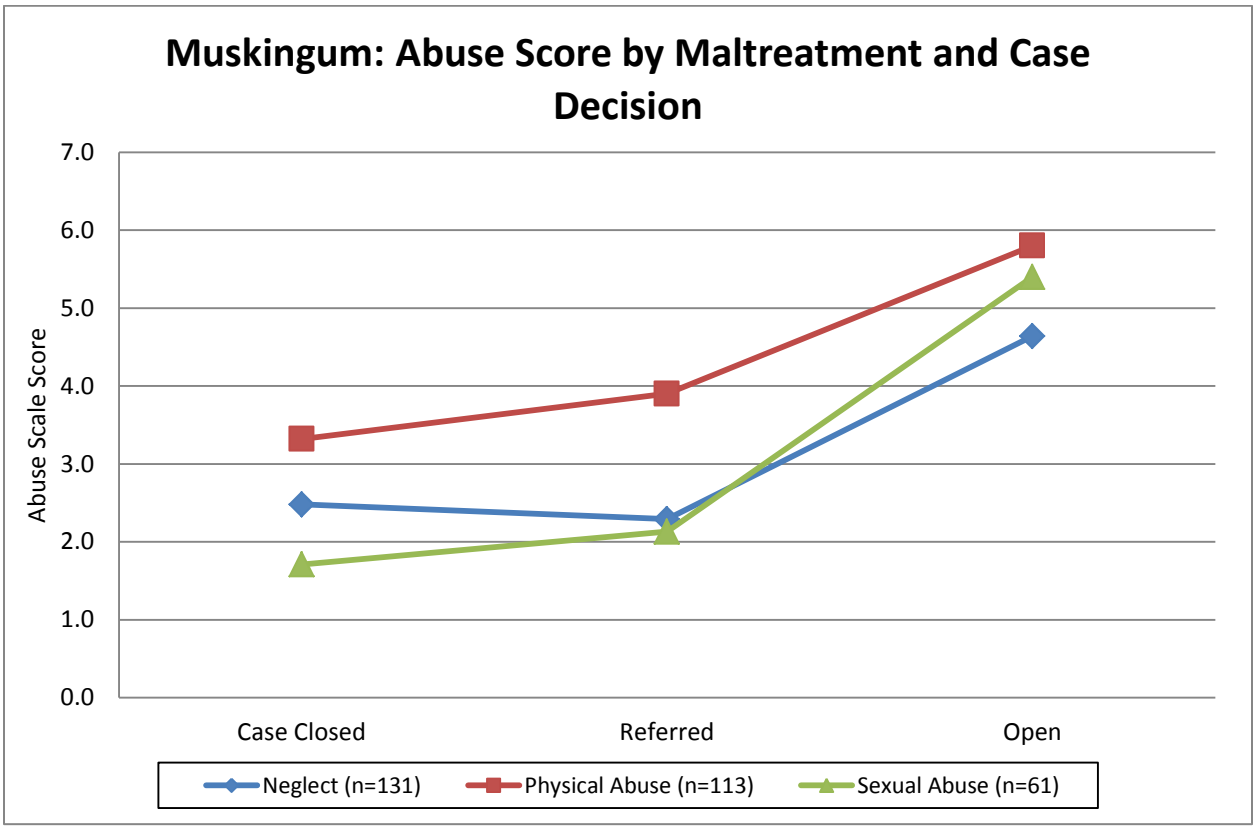
Figure IV.39: Muskingum: Neglect Score by Maltreatment Type and Case Decision



The physical abuse cases showed the highest risk score on the Abuse Scale (see Figure IV.40). The Abuse Scale score risks also increased for physical abuse and sexual abuse cases across the three types of case decisions. Cases that closed had a lower risk score than those that were referred and those that were referred had lower risk scores than those that opened. In sexual abuse cases, the Abuse Scale risk score increased to the point where the total score was actually higher than the risk score for the neglect cases. This is a deviation from the previous two charts, where sexual abuse had the least number of risk contributors and lowest Neglect Scale risk score. The

neglect cases that closed actually had higher Abuse Scale total than those that were referred.

Figure IV.40: Muskingum: Abuse Score by Maltreatment Type and Case Decision



<u>Summary of Risks by Maltreatment Type and Substantiation and Case Decision</u>**<u>Error! Bookmark not defined.</u>**

In some cases, those cases with a neglect allegation had higher risk scores on the Abuse Scale score than the Neglect Scale score. The same was true for the cases with a physical abuse allegation, where the scores on the Neglect Scale were higher for physical abuse cases than neglect or sexual abuse cases.

Across all counties, cases where sexual abuse was the allegation did not have an association with either the total number of risk contributors or the Abuse and Neglect

scale scores and substantiation. A specific instrument or tool that measures risks associated with sexual abuse might help identify and associate sexual abuse cases with maltreatment specific risks. Substantiation of sexual abuse cases is undoubtedly more complex as sexual abuse is often a hidden form of maltreatment and is often reliant upon a child victim telling about the maltreatment.

Risks and Likelihood of Substantiation and Open for Services

Research Questions: What risks are associated with the likelihood that a case will be substantiated?

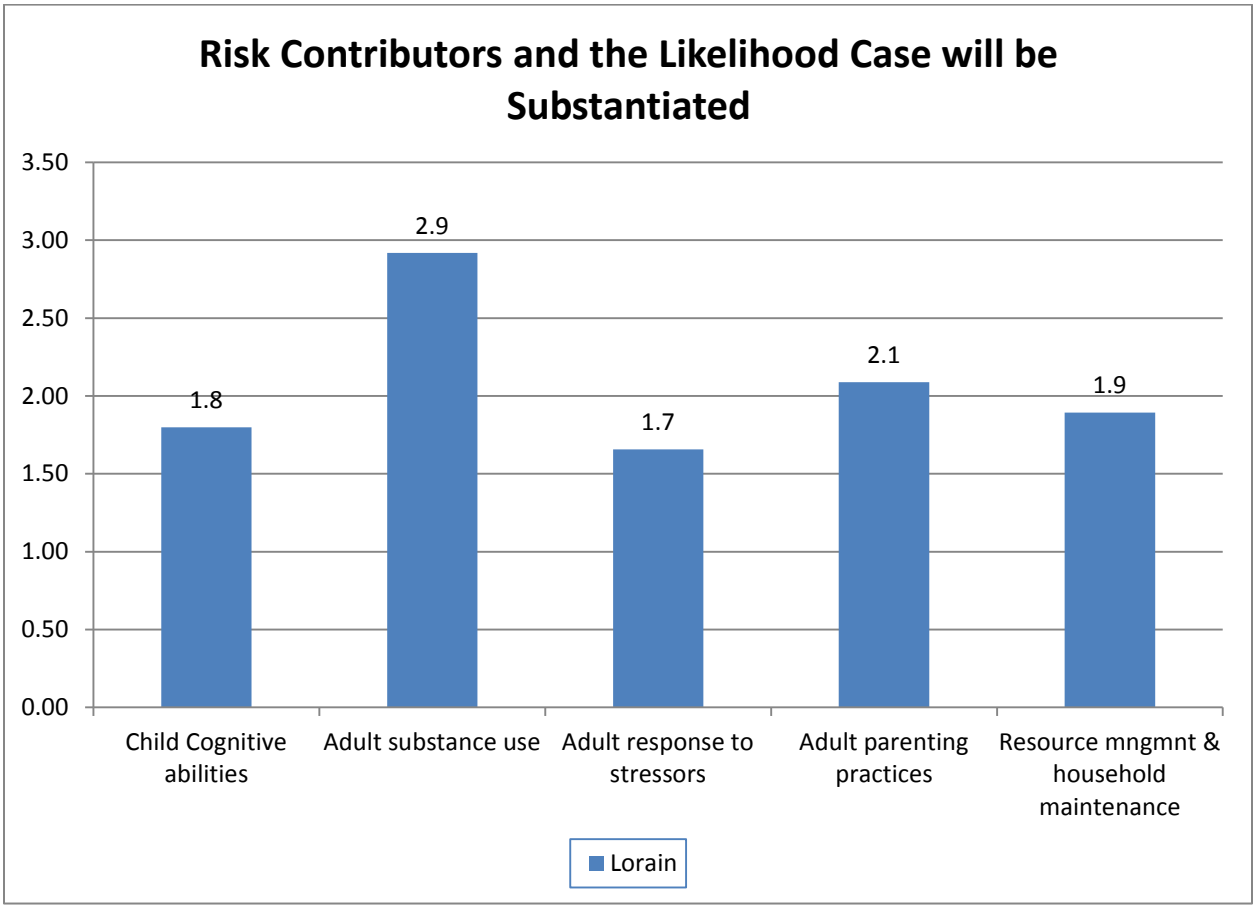
What risks are associated with the likelihood that a case will be opened for services?

Three separate models were run with substantiation as the dependent and then three models where case opened for services (transferred to ongoing) was the dependent variable. The three models include 1.) Individual risk contributors, 2.) Neglect Scale items and 3.) Abuse Scale items. Three separate models were used for each dependent variable in order to avoid violating assumptions of sample size and analyses, where the number of independent variables exceeds the maximum number allowed given a certain sample size. The following charts are identified as to the model being used and the dependent variable for that model. The first consideration in examining the charts is that the number of cases substantiated in each county is somewhat small. Depending on the total sample size for that county (e.g. Hancock is smaller than Lorain), this affected the ability to use the model in that specific county. The second consideration is that only those risk contributors and actuarial items that were significantly related ($p<.10$) to the dependent variable were included. Some of the

figures only include the counties where the model could be analyzed (based on statistical reasons noted above) or had items that were statistically significant ($p<.10$). These figures will be noted in the text.

The logistic regression was chosen because the dependent variables are dichotomous. The dichotomies for substantiation are substantiation or not substantiated (this would include indicated and unsubstantiated). The dichotomies for case opening are opened and not opened (this would include both case closed and case referred). The logistic regression analysis produces a log odds ratio for each independent variable. The log odds ratio provides information on the degree to which a particular independent variable (i.e., child self protection) increases or decreases the likelihood that a case is substantiated (for the substantiation model) or is opened (for the case opening model). Positive values are interpreted as an increase in the likelihood the dependent variable will occur. The negative values do the opposite and indicate the likelihood the dependent variable will not occur. The log odds ratios can be interpreted in terms of an increase or decrease in the likelihood the event occurs. For example, if the risk contributor child cognitive abilities has a log odds ratio of 1.8 in terms of a case opening, then those cases where child cognitive abilities risk contributor is present, there is an 1.8 times increase in the likelihood the case will be opened as compared to those that do not have the child cognitive abilities risk contributor present. Note that some of the percentages are quite high and accurately reflect the statistical finding.

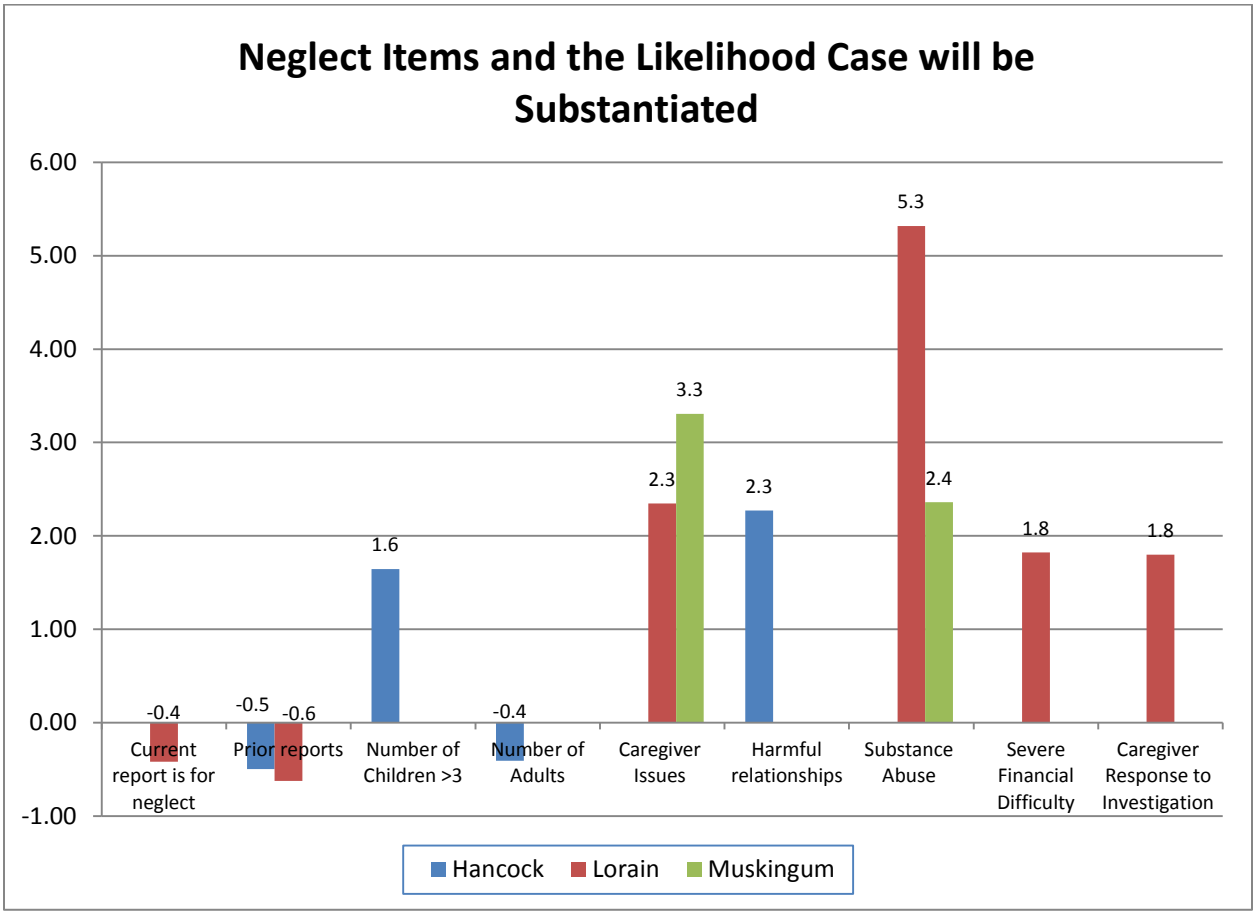
Figure IV.41: Risk Contributors and the Likelihood Case will be Substantiated



The above chart illustrates the relative odds ratios of the risk contributors. Lorain is the only county included in this analysis as it was the only county with a sample that was appropriate for the analysis. The variable (among risk contributors) with the most influence on substantiation is adult substance use, where cases with adult substance use as a risk contributor is 2.9 time more likely to be substantiated than those with no risk contributor noted for this item. Other significant risk contributors were adult parenting practices where families with this identified risk contributor were 2.1 times more likely than those who didn't have this risk. Those with the adult response to stressors were 1.7 times more likely to have their cases substantiated as compared to those who did not have the risk contributor. Having the family functioning resource

management and household maintenance risk contributors increased the likelihood the case would be substantiated by 1.9 times as compared to those without this risk contributor. A risk contributor of child cognitive abilities increased the likelihood of substantiating a case by 1.8 times as compared to those who did not have this risk contributor present.

Figure IV.42: Neglect Scale Items and the Likelihood Case will be Substantiated

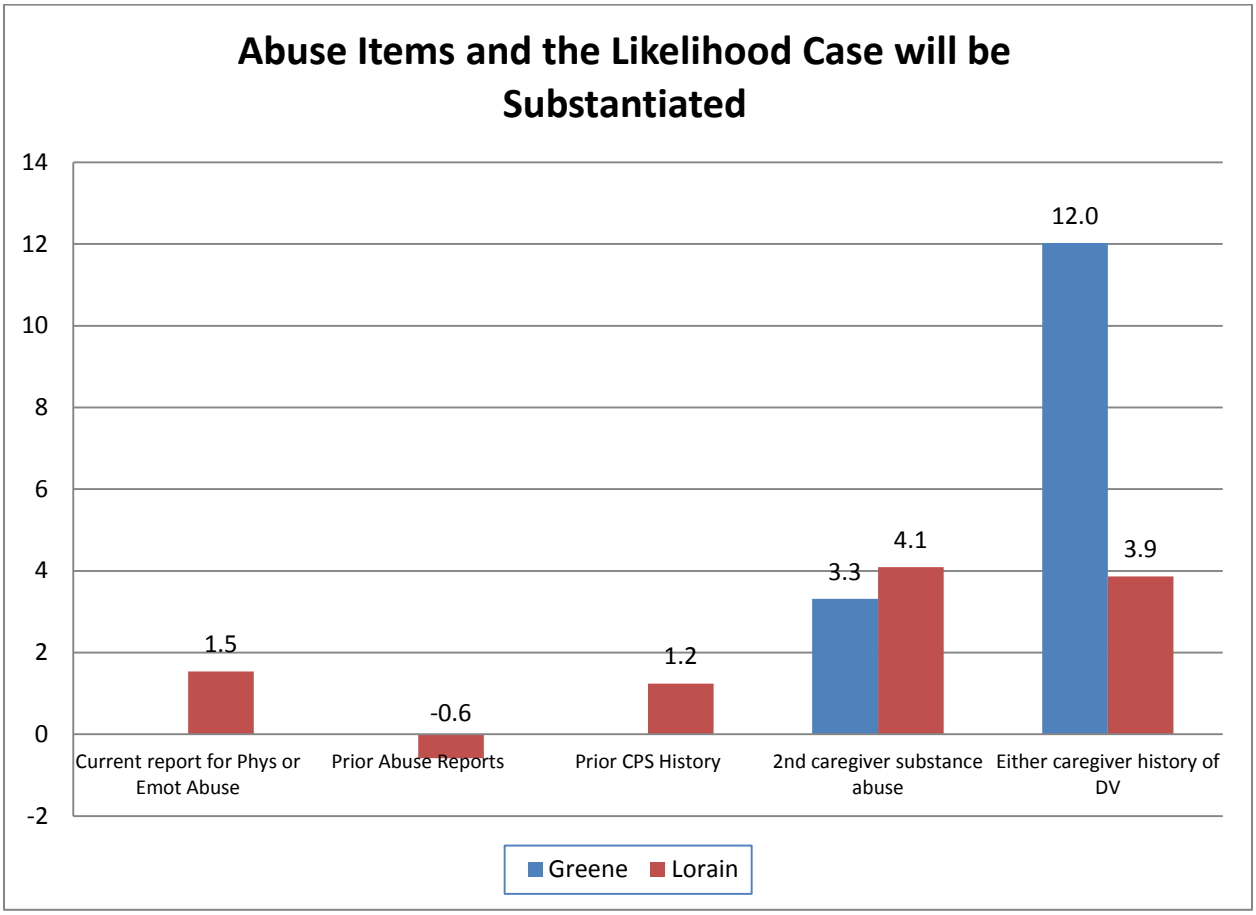


Three counties were included in this analysis as they had items that were significant at p<.10 or better. Greene is not included in this figure as the data violated the statistical assumptions for the model. For Hancock, in cases when there was a prior report, these cases were 0.50 times <u>less</u> likely to have the case substantiated as compared to those with a prior report. Having three or more children resulted in a 60%

increase in the likelihood the case would be substantiated as compared to those who had less than three children. Harmful relations accounted for a 2.3 times increase in the likelihood the case would be substantiated as compared to those who did not have Harmful Relations identified.

In Lorain, if the current report is for neglect, the case was 0.6 times less likely to substantiate the case as compared to those with this neglect risk. Prior report was also related to a decrease by 0.4 times in the likelihood the case would substantiated when compared to those with a prior report. Having caregiver issues checked (for parenting skills and/or mental health) resulted in a 2.3 times increase in the likelihood the case would be substantiated. Substance abuse had the largest effect on the likelihood to substantiate the case. Families where substance abuse was identified as compared to non-substance abuse identified families were 5.3 times more likely to substantiate a case. Financial difficulties resulted in a 1.8 times increase in the likelihood the case will be substantiated. The caregiver's response to the investigation also resulted in a 1.8 increase as well in substantiation as well. Families in Muskingum, who had caregiver issue identified as a neglect risk, were 3.3 times more likely to substantiate a case than those without this risk. Substance abuse was also related to an increase by 2.36 times in substantiating a case.

Figure IV.43: Abuse Items and the Likelihood Case Will be Substantiated



Greene and Lorain were the only counties reported in this chart. As noted above, the sample size and statistical significance were used as a determinant to identify risks associated with substantiation. Therefore, Hancock and Muskingum were excluded from this chart. In Greene, families where the second caregiver has a substance abuse risk (defined as alcohol and/or drug) were 3.3 times more likely to have their case substantiated as compared to those without this as an identified risk. Those families where either caregiver has a history of domestic violence are 12 times more likely to have their case substantiated.

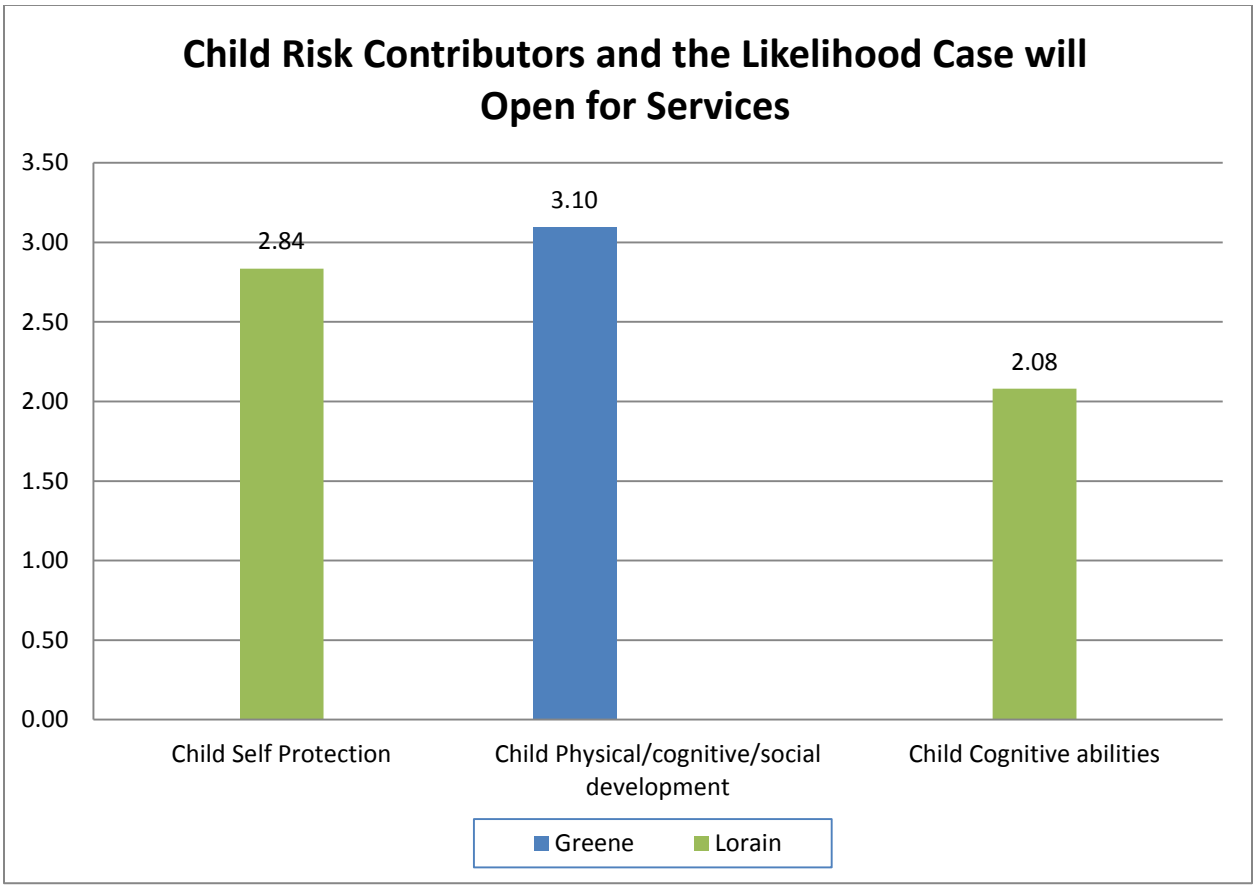
In Lorain, families where the report was for physical or emotional abuse were 1.5 times more likely to have their case substantiated compared to those without a report

for physical or emotional abuse. A prior abuse report resulted in a 0.6 times decrease in the likelihood the case would be substantiated as compared to those who do not have a prior report. If the family has a prior CPS history, as compared to those without, they were 1.2 times more likely to have their case substantiated. The second caregiver's substance abuse increased the likelihood the case would be substantiated by 4.1 times. Caregivers with a history of domestic violence are 3.9 times more likely to have their case substantiated than those without a domestic violence history.

Research Question:

What risks are associated with the likelihood that a case will be opened for services?

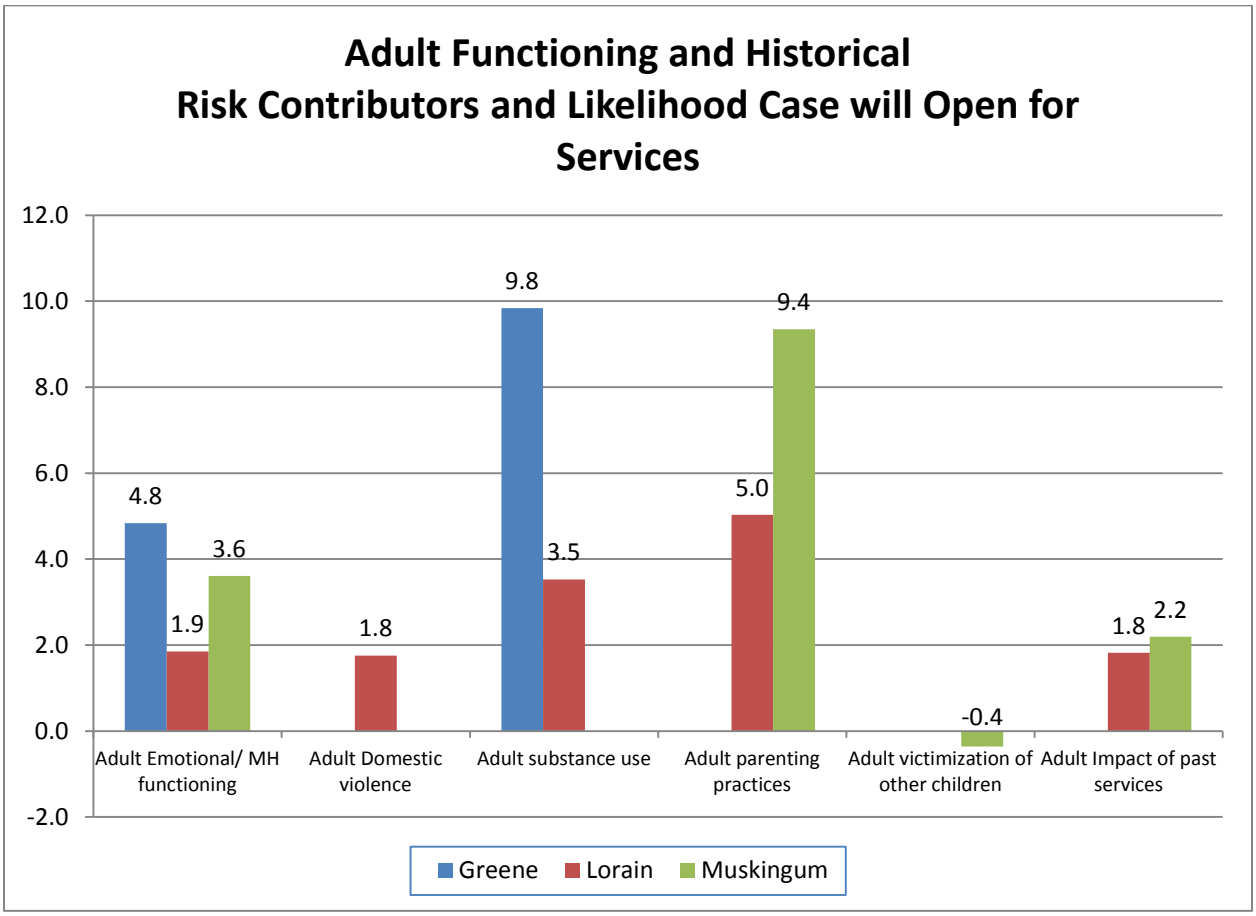
Figure IV.44: Child Risk Contributors and the Likelihood Case will Open for Services



Findings from Greene and Lorain counties are presented above. Please note that the model was not statistically appropriate to use with the Hancock data and for Muskingum as there were no statistically significant relationships found. Among child risk contributors in Lorain, if child self protection was considered a risk contributor, were 2.8 times more likely and those where the child's cognitive ability was a risk contributor were 2 times more likely to open for services. The child physical/ cognitive/social risk

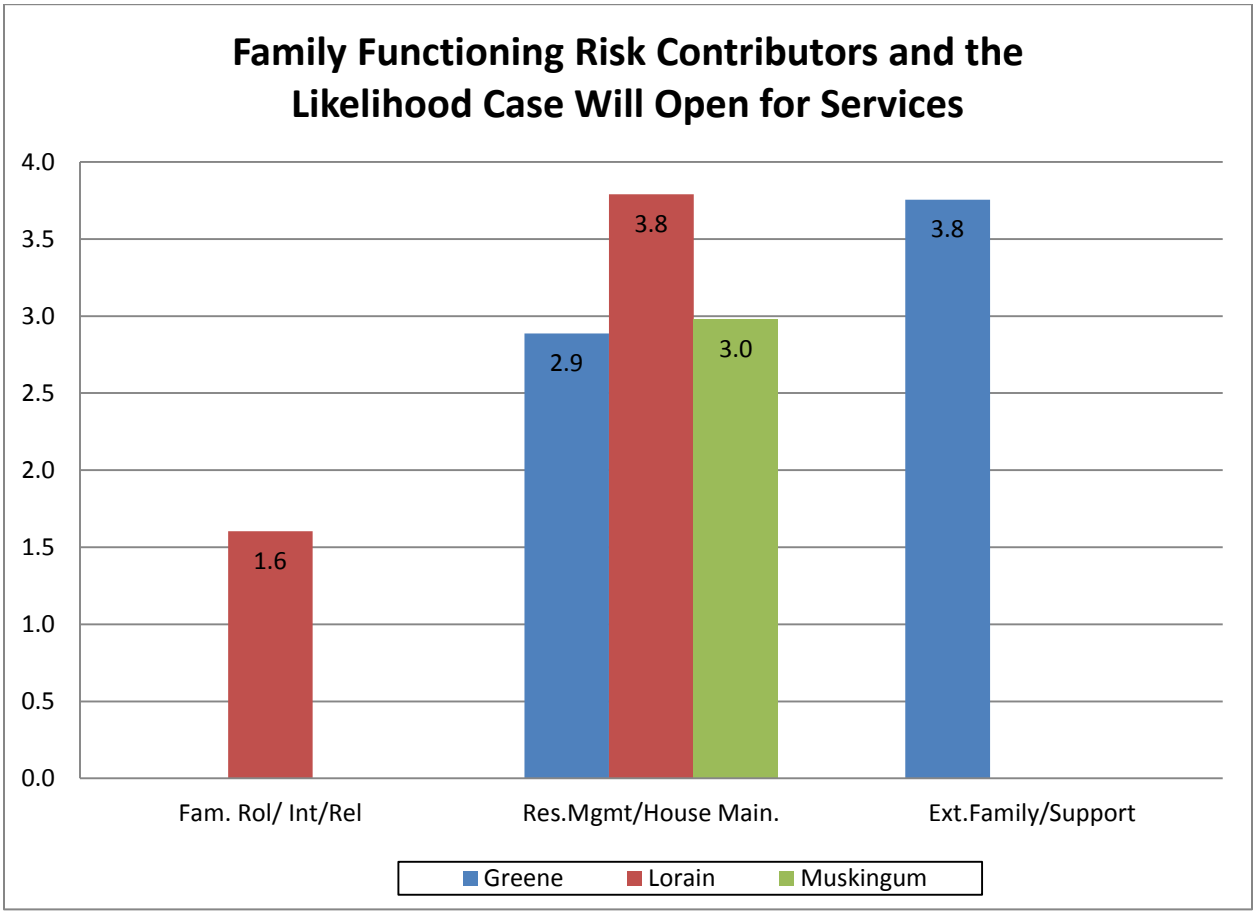
contributor was associated with a 3.1 times increase in the likelihood a case would be opened for services.

Figure IV.45: Adult Risk Contributors and the Likelihood Case will Open for Services



Adult Risk Contributors and their relationship to case opening are illustrated for Greene, Lorain, and Muskingum counties. The analytical model violated statistical assumptions for Hancock county and the results were shown not be valid. In Greene County, cases with adult emotional/mental health issues were 4.8 times and adult substance use were 9.8 times more likely to open for services than those without these risk contributors. In Lorain County, all of the risk contributors above resulted in an increase in the likelihood the case will be opened for services. These risk contributors and corresponding increase in odds the cases will open include: adult emotional/mental health (1.9 times), adult domestic violence (1.8 times), adult substance use (3.5 times), adult parenting practice (5 times) and impact of past services (2.2 times). These risk contributors are all stated in comparison to those cases that did not have the stated risk contributor. In Muskingum, adult emotional/mental health (3.6 times), parenting practice (9.4 times), and impact of past services (2.2 times) were more likely to open their case than those without these risk contributors. Cases where the adult has victimized another child resulted in a 0.4 times decrease in the likelihood the case will open for services.

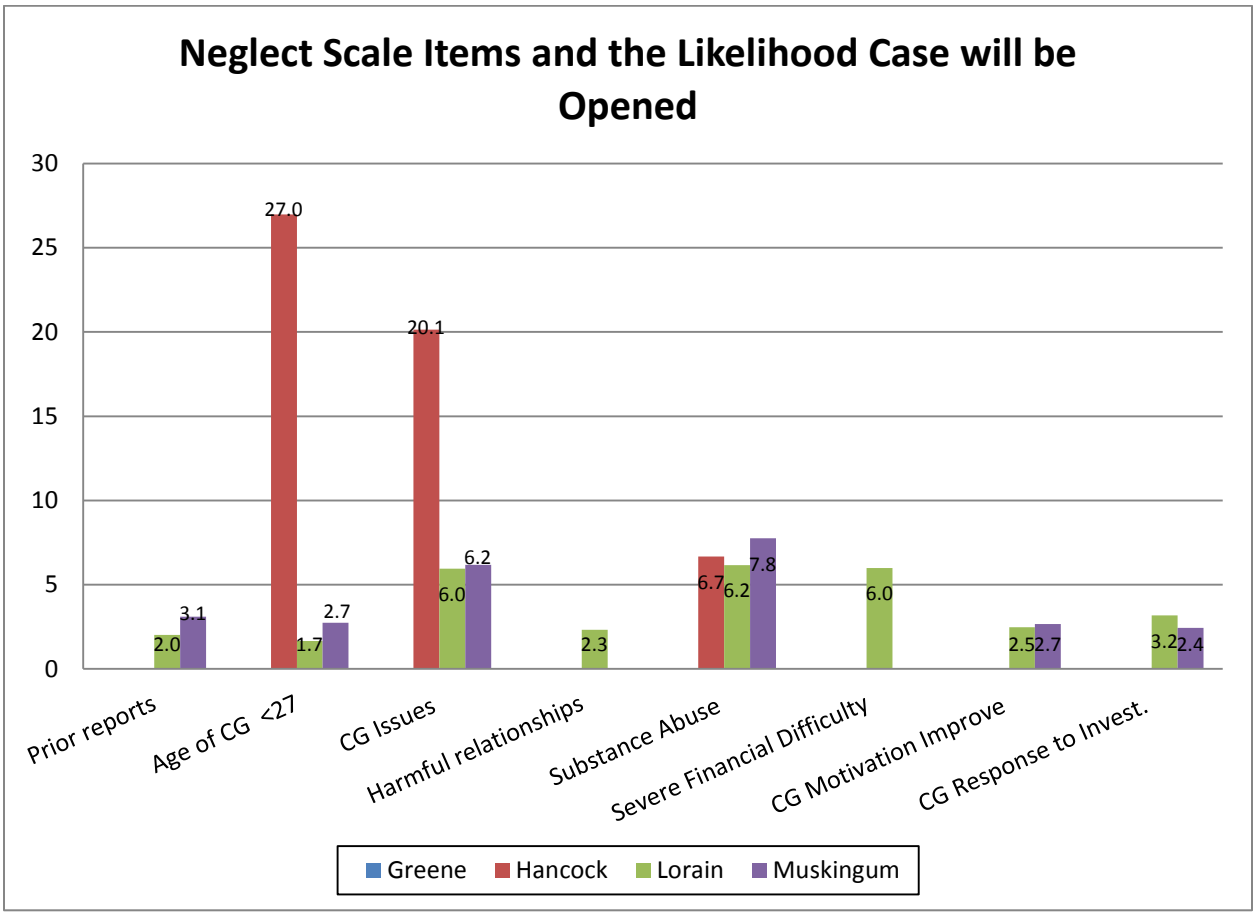
Figure IV.46: Family Functioning Risk Contributors and the Likelihood Case will Open for Services



The Family Functioning Risk Contributors are presented above for Greene, Lorain, and Muskingum counties. Similar to the previous analyses, the Hancock data did not allow for analyses of this set of data. Greene County has two risk contributors that increase the likelihood the case will be opened. These risk contributors include: resource management/household maintenance by 2.9 times and extended family support by 3.8 times. In Lorain County, when family roles/interactions/relationships are a risk contributor, there is a 1.6 times increase in the likelihood the case will open for services. When resource management is a risk contributor, the likelihood the case will be opened increases by 3.8 times. Muskingum county families have a 3.0 times

increase in having their case opened if the resource management and household maintenance are identified as a risk contributor.

Figure IV.47: Actuarial Neglect (p.1) and Likelihood Case will Open for Services

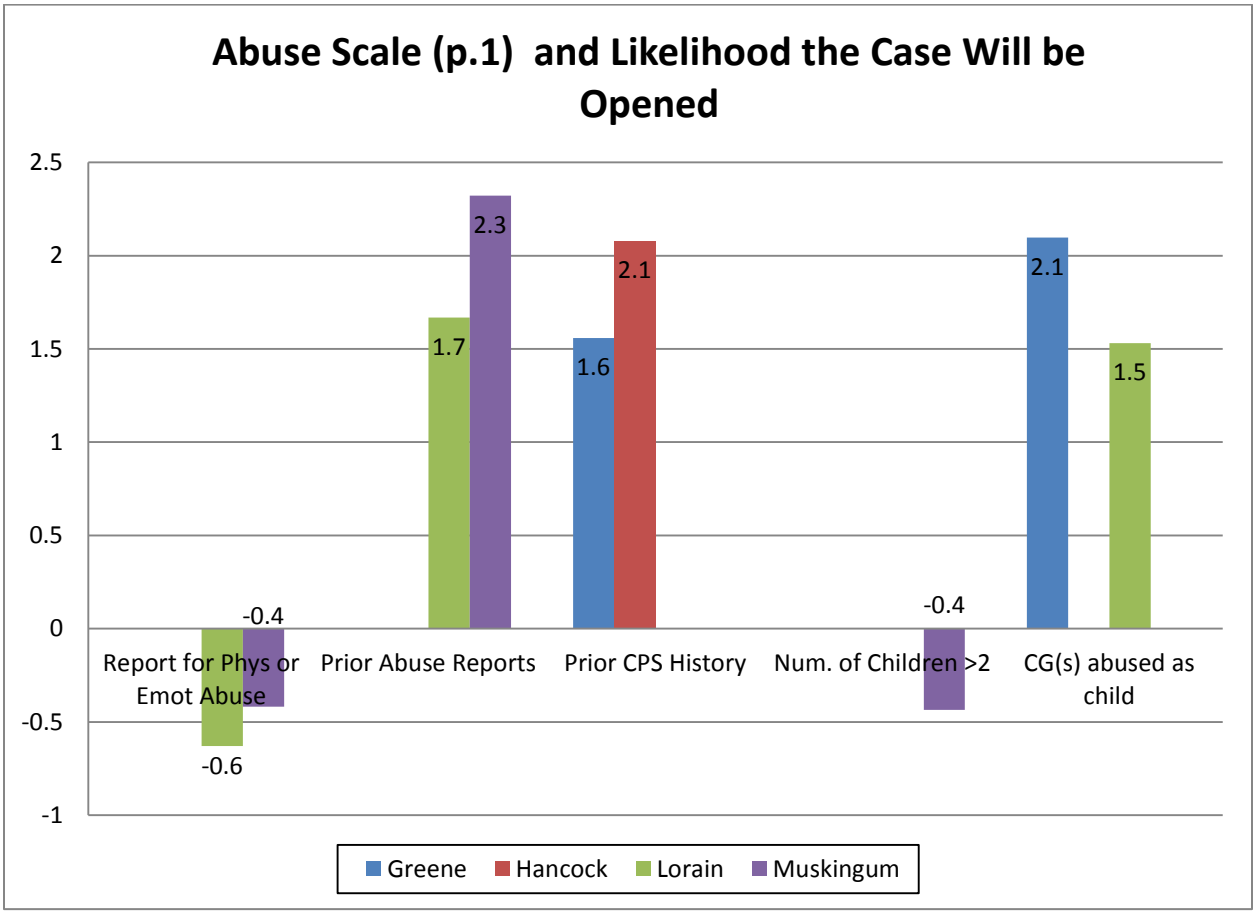


The above figure represents findings from Hancock, Lorain, and Muskingum in regards to the relationship between Neglect Scale items and case opening. Greene County was not include because the model violated statistical assumptions and did not "fit" the data. Hancock County families have an increased likelihood of having their case opened if the age of the caregiver is 27 years or younger (27 times) and if the caregiver has Issues related to parenting or mental health (by 20.1 times). Families in Lorain were more likely to have their case opened if there was a prior report (2.0 times increase), the caregiver is 27 years or younger (increase by 1.7 times), if the caregiver

had issues (5 times more likely), or were in a harmful relationship (2.3 times increase). The Neglect Actuarial Items that increased the likelihood that a family's case would be opened included: prior reports (3.1 times increase), age of caregiver (2.7 times increase), or Caregiver Issues which resulted in a 6.2 times increase over those who did not have these Neglect Risks.

In Hancock, those families where substance abuse was a risk were 6.7 times more likely to have their case opened than those without this risk. For Lorain, substance abuse resulted in a 6.2 times increase over those without severe financial difficulty resulted in a 6.0 times increase. Also in Lorain, caregiver motivation to improve resulted in a 2.5 times increase and caregiver response to investigation resulted in a 3.2 times increase in the likelihood the case would be opened for services. Muskingum families where substance abuse was a risk were 7.8 times more likely to have their cases opened for services than those families without substance abuse. Caregiver motivation to improve was associated with a 2.7 times increase and caregiver response to investigation was associated with a 2.4 times increase in the likelihood the case would open as compared to those without these risks.

Figure IV.48: Abuse Scale (p.1) and Likelihood Case will Open for Services

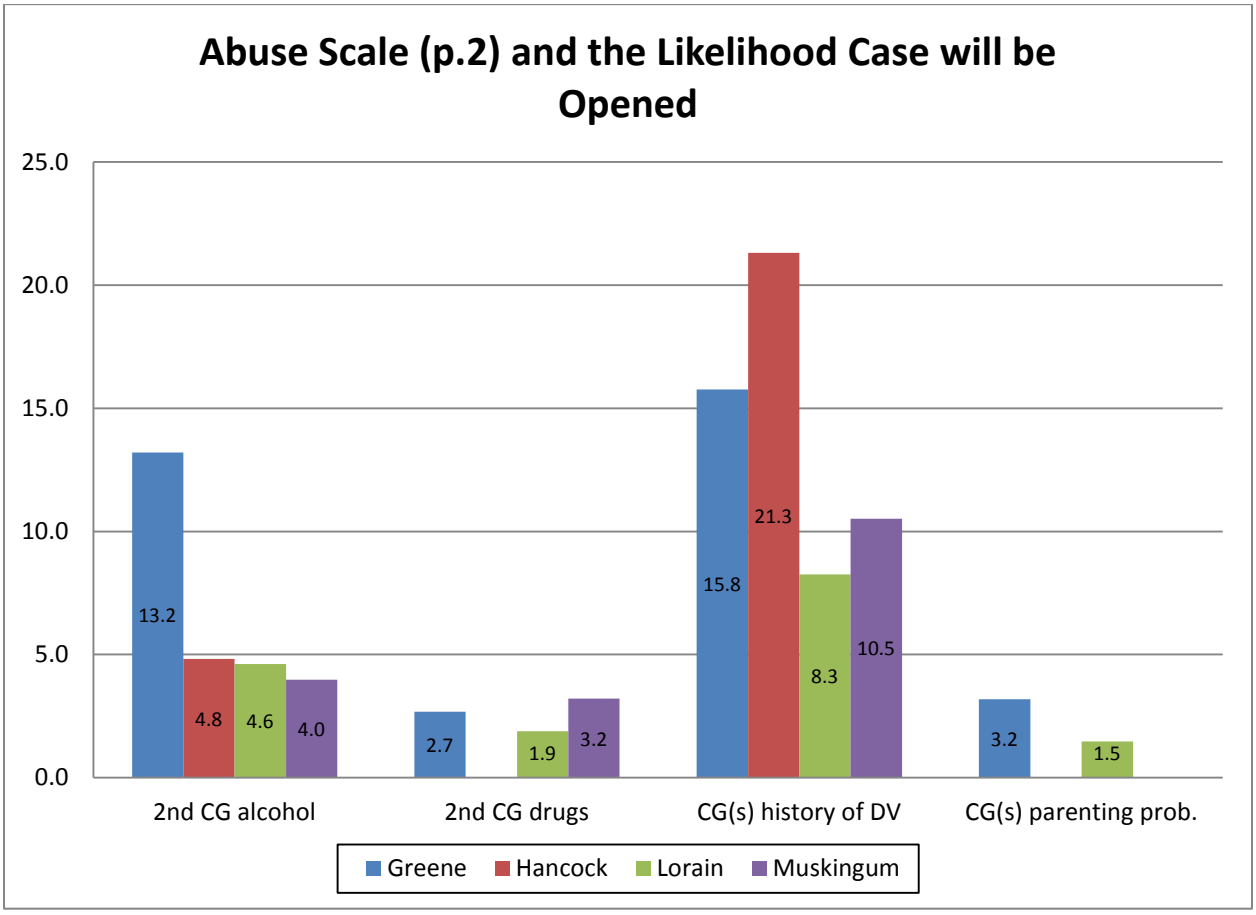


For the Abuse Scale, all four counties were included in the analyses because the statistical assumptions were not violated and there were statistically significant relationships. In Greene County, a Prior CPS history increased the likelihood of a case opening by 0.6 times and if either of the caregivers were abused as a child, this resulted in a 2.1 times increase in the likelihood the case would open as compared to those without these individual risk items.

In Hancock, only one abuse item (for this set) was associated with an increase in the likelihood a case would open. If a family had a prior CPS history, they had a 3.1 times greater likelihood than those without this risk to have their case opened.

Lorain cases where the report was for physical abuse or emotional abuse, they were 0.4 times less likely to have their case opened than those with this risk item. A 1.7 times increase in the likelihood a case would open was related to a family having a prior abuse report. A 1.5 times increase in whether a case was opened was related to either caregiver being abused as a child. In Muskingum, families with a report for physical abuse and for having greater than two children were 0.4 times less likely (for each separate risk) to have their cases opened. When there was a prior abuse report, families were 2.3 times more likely to have their case opened.

Figure IV.49: Abuse Scale (p.2) and the Likelihood Case will Open



The second set of Abuse Scale items are presented in the above figure. In Greene County, when the second caregiver had a problem with alcohol, the case was 13.2 times more likely to open for services and when the second caregiver had an issue with drugs, there was a 2.7 times increase in the likelihood the case would open for services. If either caregiver had a history of domestic violence, it resulted in a 15.8 times increase in the likelihood the case would be opened. Caregivers with a parenting problem were 3.2 times more likely to have their case opened.

In Hancock County, when the second caregiver had an alcohol problem, the case was 4.8 times more likely to open. If the caregiver had a history of domestic violence, there was a 21.3 times increase in the likelihood the case would open.

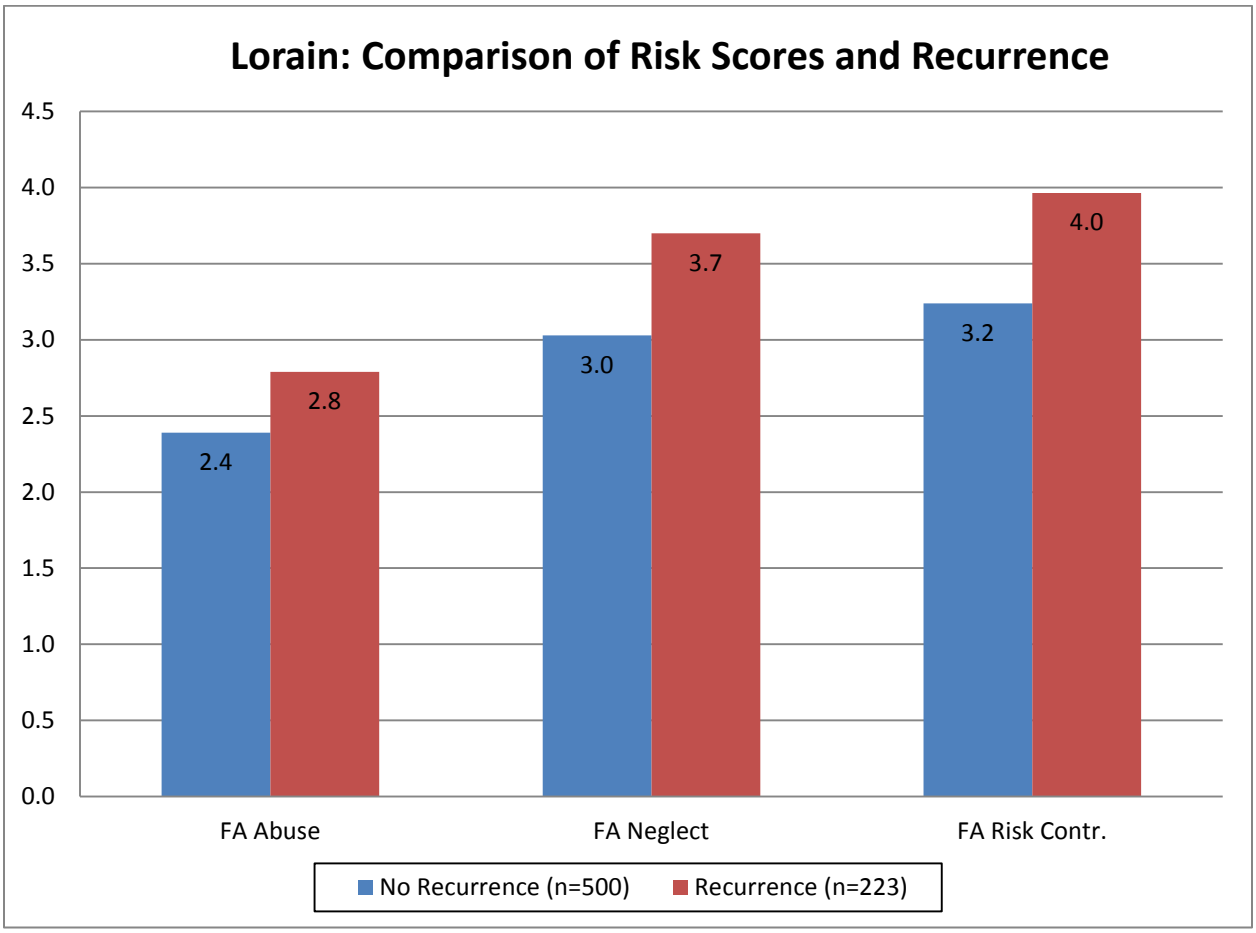
Lorain cases where the second caregiver had an alcohol problem increased the likelihood that the case would be opened by 4.6 times as compared to those without this problem. When the second caregiver was identified as having an issue with drugs, the likelihood was increased by 1.9 times. A history of domestic violence resulted in a 8.3 times increase in the likelihood of the case opening. When either caregiver had a parenting problem, the likelihood of the case opening increased by 1.5 times.

Finally, for cases in Muskingum where alcohol and drugs were identified as risks, for alcohol, the increase was 4.0 times over those without this risk. For drugs, the increase was 3.2 times over those without an issue for drug use. If either caregiver had a history of domestic violence, the likelihood the case would be opened increased by 10.5 times as compared to those without this history.

Research Question:

Is there a difference in risk scores for cases recurring versus those that did not?

Figure IV.50: Lorain: Comparison of Risk Scores and Recurrence



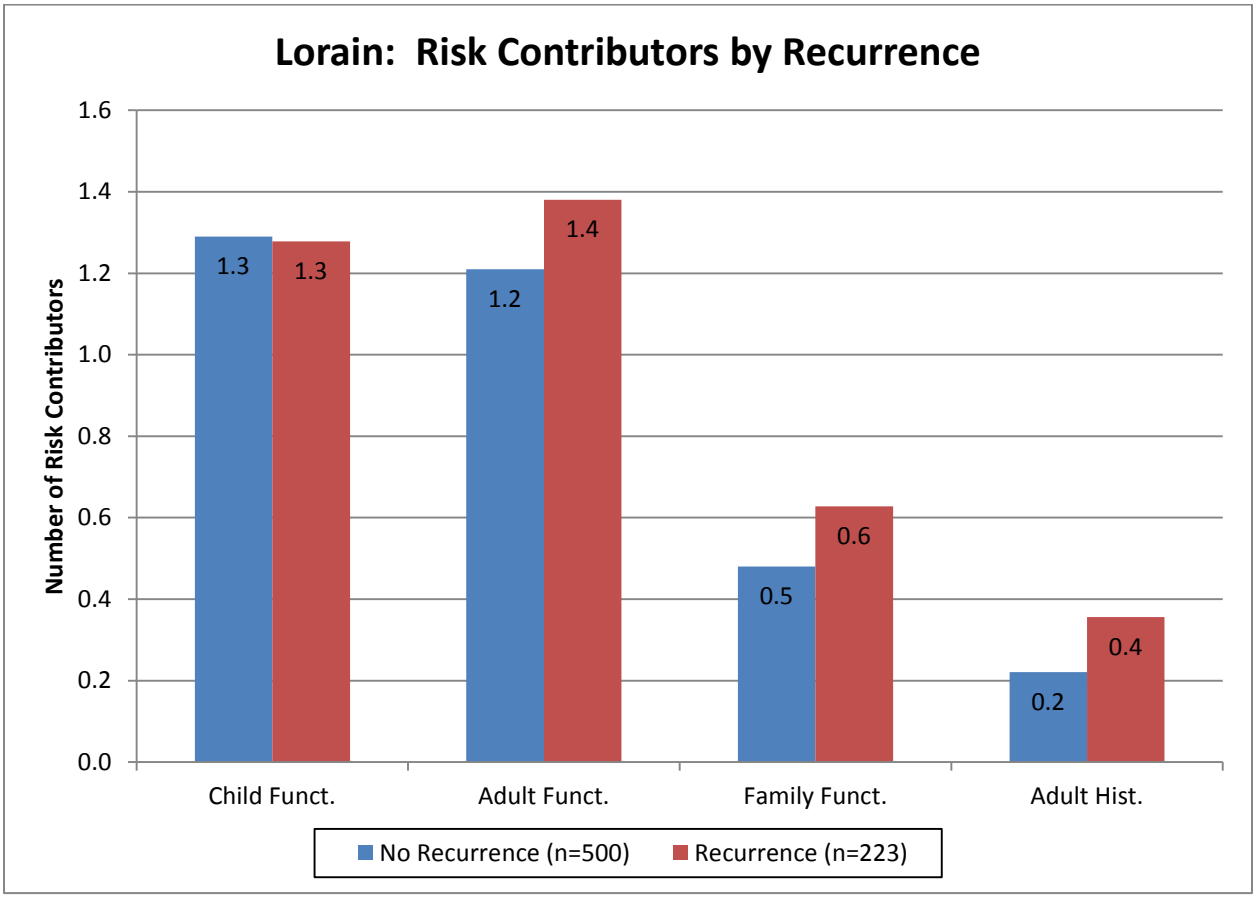
The Abuse Scale total score, Neglect Scale total score, and the total number of risk contributors were assessed to determine if there were observable differences for those cases with a recurrence versus those cases with no recurrence for Lorain County Figure IV.50 illustrates that for all three risk scales, the cases where there has been a recurrence had higher risk scores on the all three components of the Family Assessment than those cases without a recurrence. Note: child cognitive abilities per

the no cost extension proposal, analyses related to recurrence for the other three counties were excluded.

Research Question:

Are the number of risk contributors for each subscale (e.g., Child Functioning) related to the recurrence or not?

Figure IV.51: Lorain: Risk Contributors by Recurrence



The total number of risk contributors within each risk contributor category (i.e., Child Functioning, Adult Functioning, etc.) were examined to determine if there were differences in the total number of risk contributors for each subcategory. The differences between recurrence and no recurrence on the risk contributor subscales, Adult Functioning, Family Functioning, and Adult Historical, was minimal. For the Child

Functioning total risk contributors, the numbers were almost equivalent between those cases that had a recurrence as compared to those cases that did not recur.

Summary

The following table summarizes the relationships between the risk contributor category total scores and recurrence.

Table IV.3 Are Risks associated with Recurrence?

	Lorain
FA Abuse	☑
FA Neglect	☑
Risk Contributors	☑
Child Functioning	
Adult Functioning	☑
Family Functioning	☑
Adult Historical	☑

* At least a 0.1 difference between recurrence and no recurrence and is in the intended direction

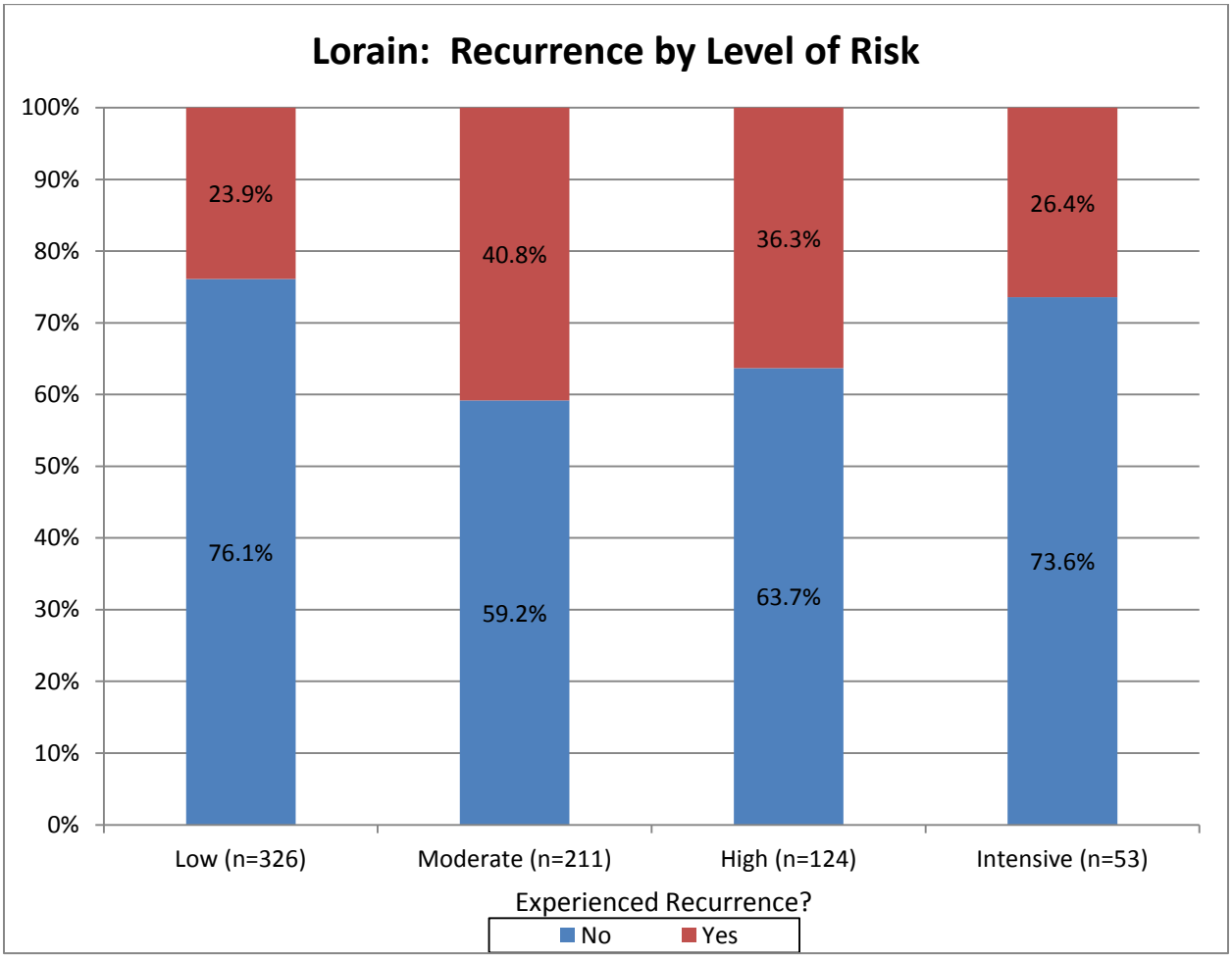
The relationship between the different risk contributor categories were assessed as to their association with recurrence. These analyses are only based on Lorain data given the low base rate of recurrence in the other counties and the no cost extension proposal. Child Functioning is the only set of risks that were not associated with recurrence. This is a comparable finding to the relationship between Child Functioning and substantiation, where the child's vulnerabilities does not directly relate to risk.

Research Question:

Is there a difference in recurrence by level of risk?

This analysis examines the level of risk determined on the Family Assessment Scale by the percentage of cases that had a recurrence as compared to those that did not recur. The percentages within the columns represent the percent of cases within that risk level that had a recurrence.

Figure IV.52: Lorain: Recurrence by Level of Risk



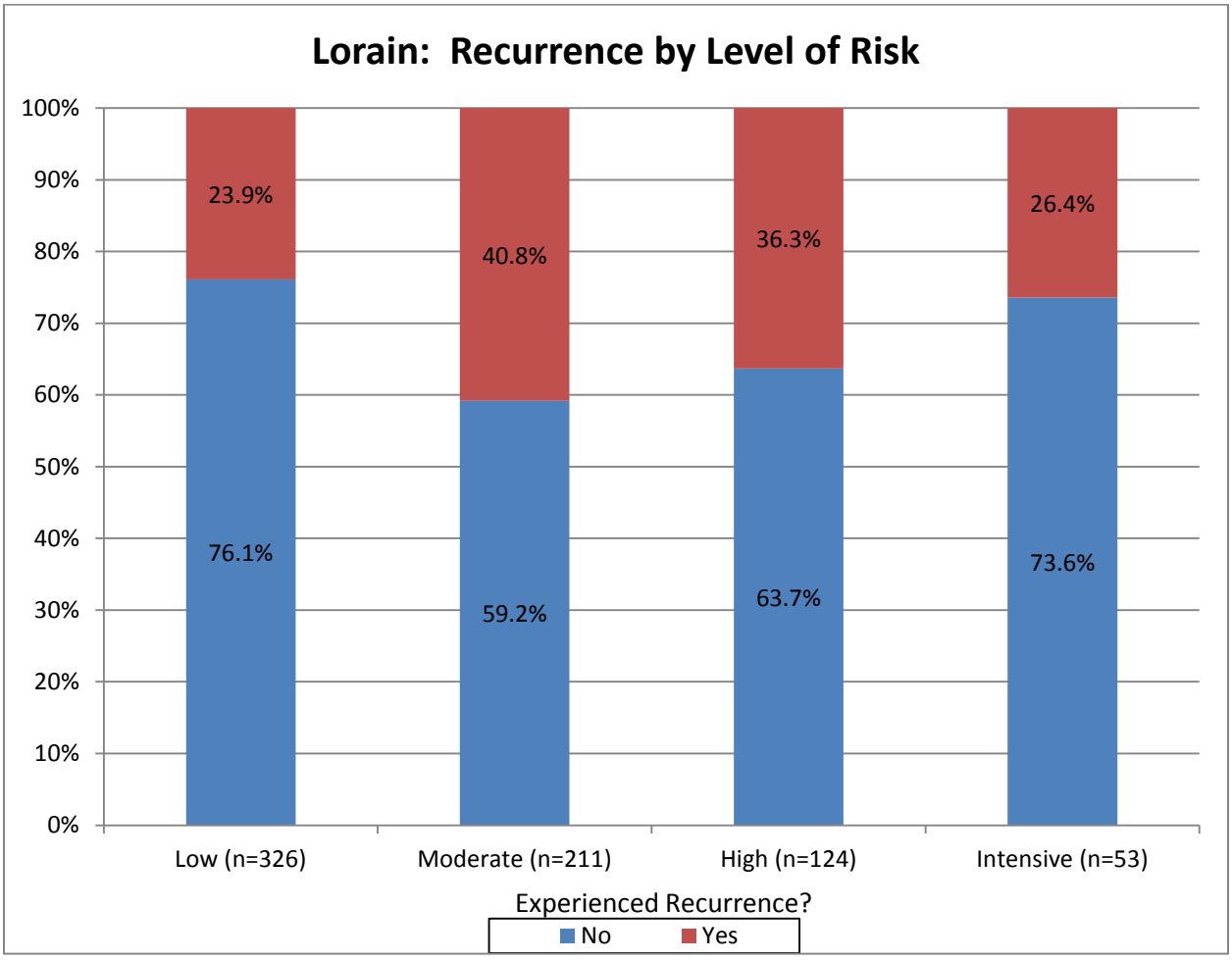
In Lorain County, the percentage of cases within each level of risk that had a recurrence are displayed in the Figure IV.52. Almost twenty-four percent of those cases that were designated as low risk had a recurrence. Approximately 40% of cases that were

moderate level of risk had a recurrence. This was the largest percentage of recurrence cases among all four risk levels. Those cases designated as high risk had 36.3% of cases that recurred. Over one quarter (26.4%) of cases classified as Intensive had a recurrence. To answer the research question, there are some differences in recurrence among the different risk levels.

Research Question: Is there a difference in recurrence by level of substantiation?

Figure IV.53 illustrates the difference in recurrence percentages by substantiation. As shown in the figure, there is very little difference between the substantiation categories in terms of recurrence. Unsubstantiated cases had 31% of cases experience a recurrence, 32.3% of cases that were indicated experienced a recurrence and 29.2% of cases that were substantiated experienced a recurrence. To answer the question, no, there is not a difference in recurrence by level of substantiation.

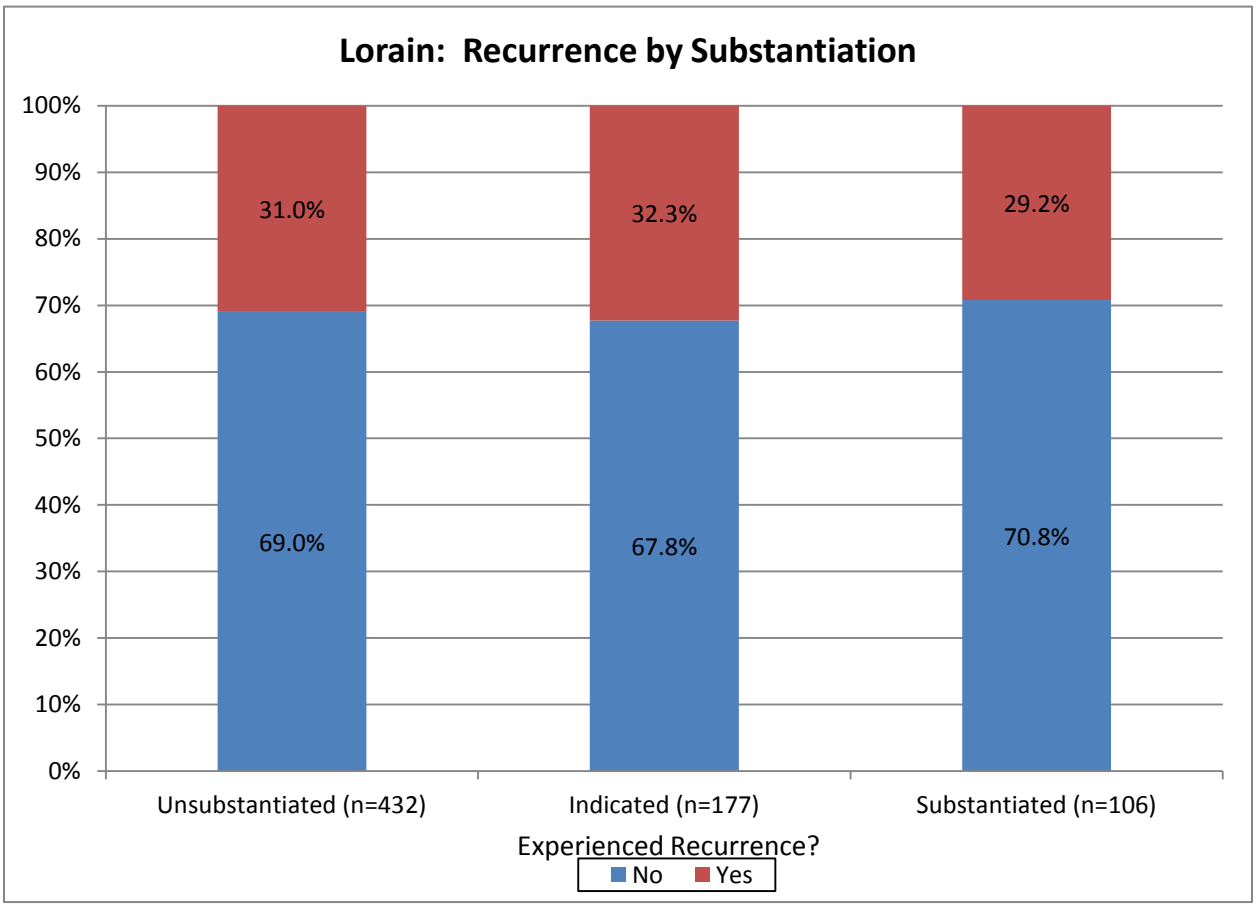
Figure IV.53: Lorain Recurrence by Level of Risk



Research Question: Is there a difference in Recurrence by Case Decision?

Figure IV.54 illustrates the relationship between recurrence and case decision. Cases that were closed had 29.5% of the cases experience a recurrence. Those that were closed and referred to community services experienced a total of 34.3% of cases had a recurrence. The cases that were opened for services had the lowest percentage of recurrence with 28.7% experiencing a recurrence.

Figure IV.54: Lorain: Recurrence by Substantiation5



The greatest percentage of cases that experienced a recurrence occurred among cases that were referred. There seems to be a difference in recurrence percentages for the closed cases as compared to referred cases and for opened cases as compared to referred cases.

Research Question:

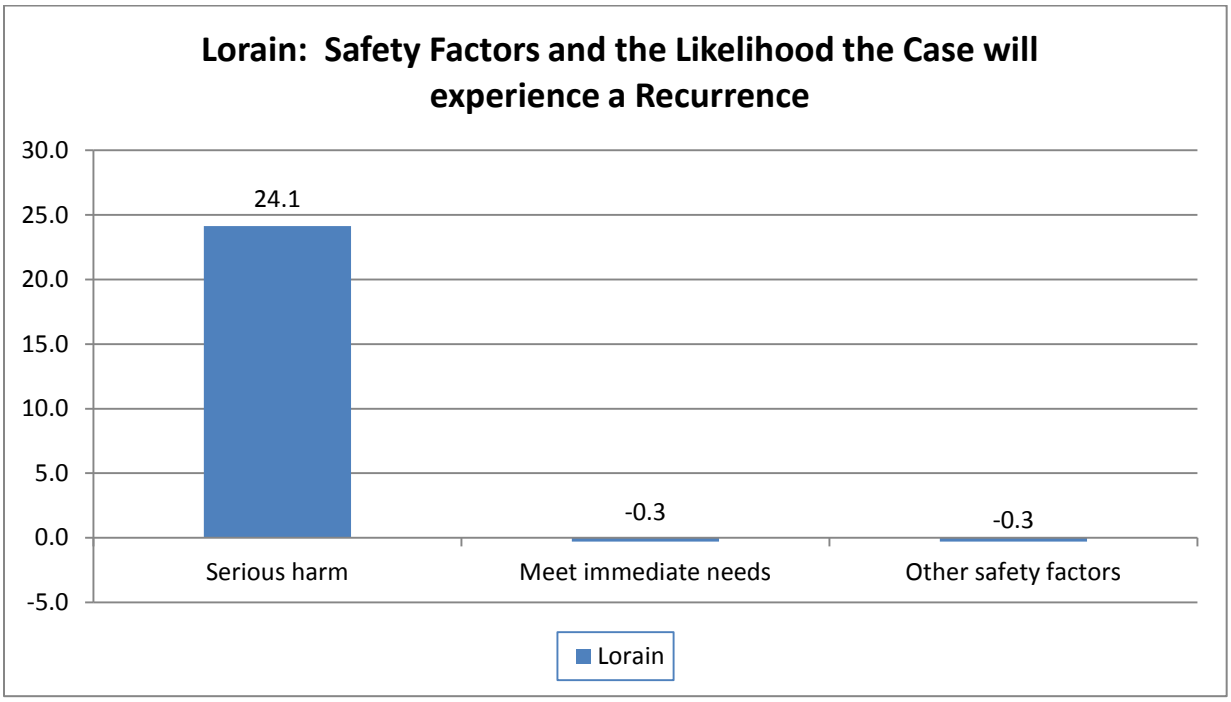
Which Safety Factors on the SA are significantly (p<.10) increase or decrease the likelihood of a case experiencing a recurrence?

This section examines the relationship between safety factors and risks in regards to whether the case will experience a recurrence. All Safety Factors were

included in the analysis. However, only those Safety Factors that were significant (p<.10) are presented on the chart (see Figure IV.55).

When Safety Factor (#3), caretaker has made a credible threat of serious harm was indicated, the likelihood of a recurrence was 24.1 times higher than those without this Safety Factor. The Safety Factor (#8), meeting the immediate needs of the child, results in a 0.3 times decrease in recurrence as compared to those who did not have this Safety Factor identified. When Safety Factor (#15) was indicated, the likelihood the case would experience a recurrence was -0.3 times less than those who did not have this Safety Factor.

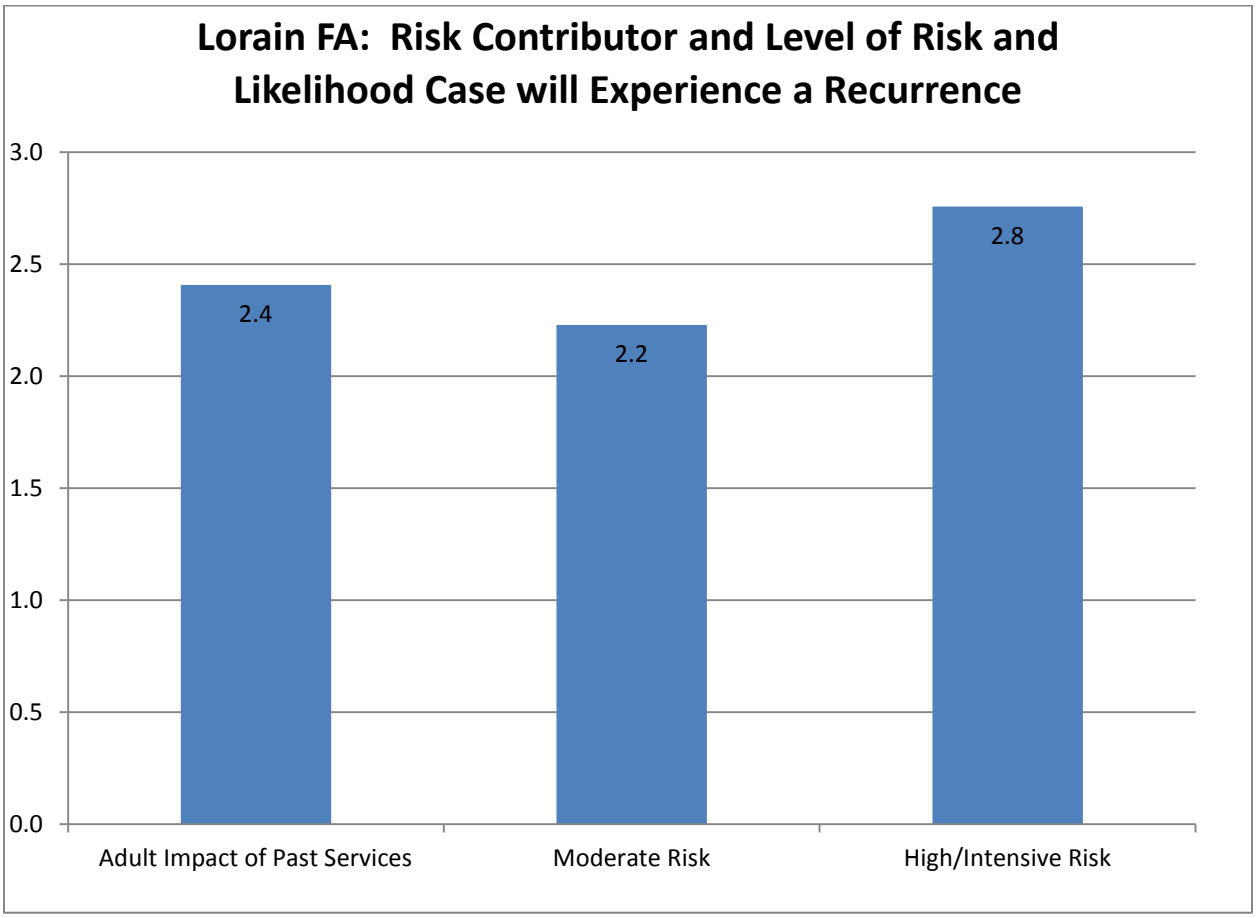
Figure IV.55: Lorain: Safety Factors and the Likelihood the Case will experience a Recurrence



Research Question: Which risk contributors and which levels of risk significantly (p<.10) increase or decrease the likelihood of a case experiencing a recurrence?

All of the risk contributor items and levels of risk were entered into the logistic regression model (see Figure IV.56). For those families where the risk contributor, adult impact of past services was identified, these cases were 2.4 times more likely to have a recurrence as compared to those without this risk contributor. Cases that were designated as moderate risk were 2.2 times more likely than those cases designated as low risk to experience a recurrence. High risk or intensive levels of risk were 2.8 times more likely to have a recurrence than those cases designated as low risk.

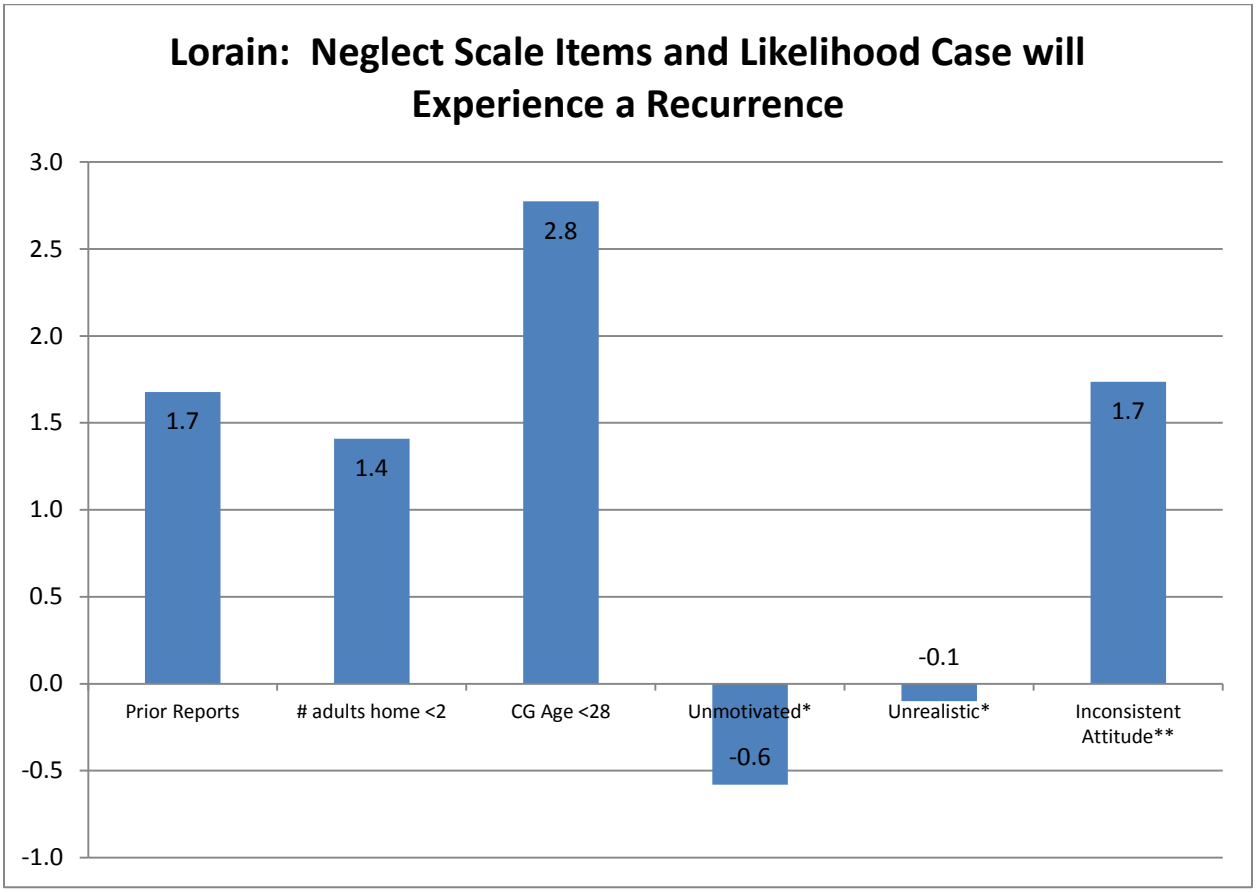
Figure IV.56: Lorain FA: Risk Contributors and Level of Risk and Likelihood Case will Experience a Recurrence



Research Question: Which Neglect Scale items significantly (p<.10) increase or decrease the likelihood of a case experiencing a recurrence?

The following Neglect Scale items were related to an increase in the likelihood a case would have a recurrence (see Figure IV.57): prior reports (7.8 times increase over those without a prior report), number of adults in home is less than two (5.1 times increase over those with more adults in the home), caregiver's age is less than 28 years old (2.7 times increase over those caregiver's 28 years or older), and an Inconsistent attitude (1.7 times increase over those who are compliant**). Those cases where the caregivers were judged as unmotivated* and/or unrealistic* were -0.6 times and 0.1 times increase, respectively, less likely to experience a recurrence than those who were motivated and realistic.

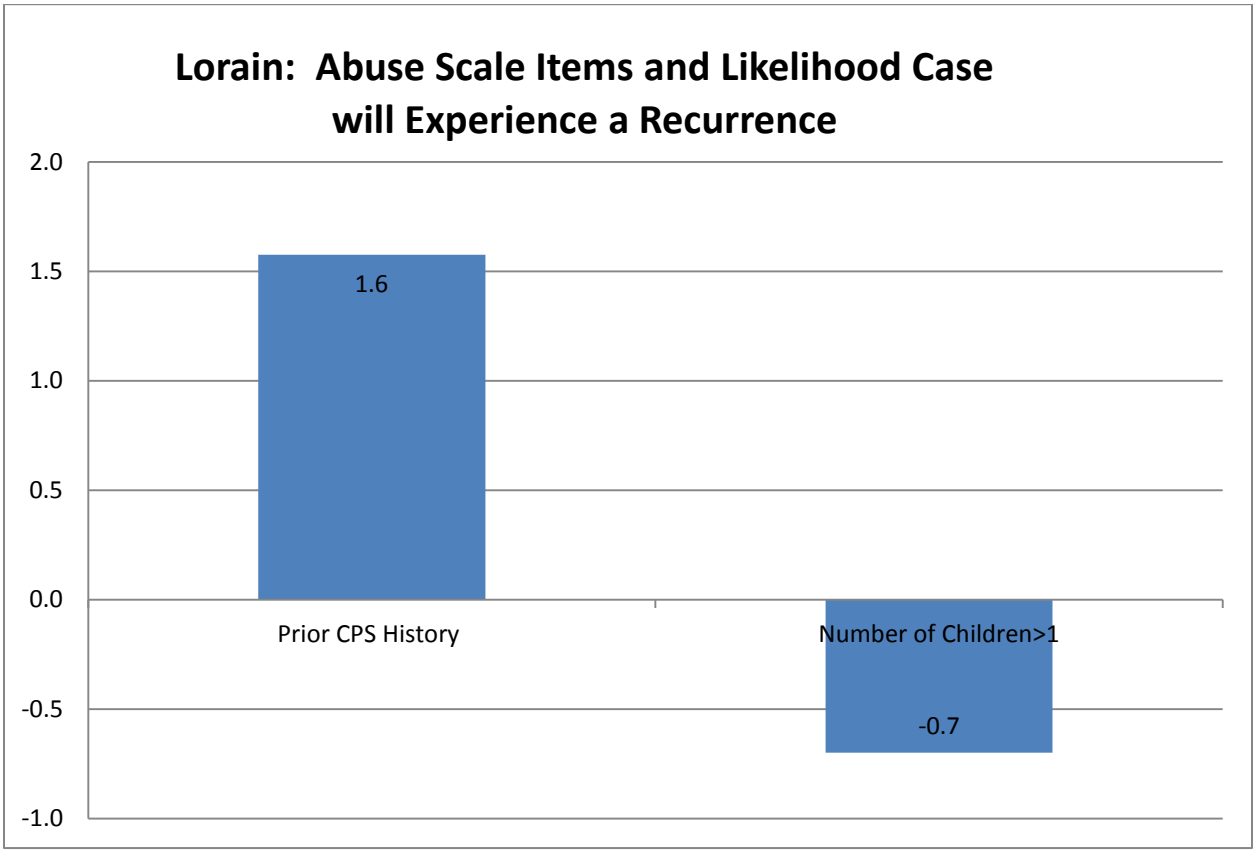
Figure IV.57: Lorain: Neglect Scale Items and Likelihood Case will Experience a Recurrence



Research Question: Which Abuse Scale items significantly (p<.10) increased or decreased the likelihood of a case experiencing a recurrence?

In regards to the Family Assessment Abuse Scale (see Figure IV.58), those families with a prior CPS history were 1.6 times more likely to have a recurrence than those without a prior history. When the number of children was two or more, families were 0.7 times less likely to experience a recurrence as compared to those with less than 2 children.

Figure IV.58: Lorain: Abuse Scale Items and Likelihood Case will Experience a Recurrence



SECTION V

Concerns, Services Referred, & Outcomes Evaluation

The following sections discuss the relationship between the concerns identified and the services the family was referred to. These data are solely based on the Case Reviews that were collected as part of the sample. The following charts pertain to Lorain County only as data were not able to be collected, entered, cleaned and analyzed for the other three other counties.

V.1 Concerns and Services Referred

Data on the Case Review (concerns and referrals) were hand-entered by a member of the research team. Concerns were coded based on common areas of concern (see Appendix IV-A for the concerns and corresponding categories). Service Referrals were also coded and categorized into common types of services (see Appendix IV-A for the services and corresponding categories). To determine the level of agreement between concerns and services, concerns and services were identified from any of the Case Reviews. Three categories were created to determine the relationship between needs and services referred:

- Concern Identified and Referral made
- Concern Identified, No Referral
- Concern not Identified, Referral made

The percentage of concerns matched to services is presented in the following two figures. Figure V.1 illustrates the relationship between Concrete Concerns and Referrals, Placement Concerns and Referrals, Safety Concerns and Referrals, General Child Abuse and Neglect Concerns and Referrals, and Legal Concerns and Services.

The sample size for each category is provided along the x-axis. The second chart (Figure V.2) illustrates the relationship between different types of Clinical Concerns and Referrals.

Figure V.1: Lorain: Comparison of Concerns Identified and Services Referred

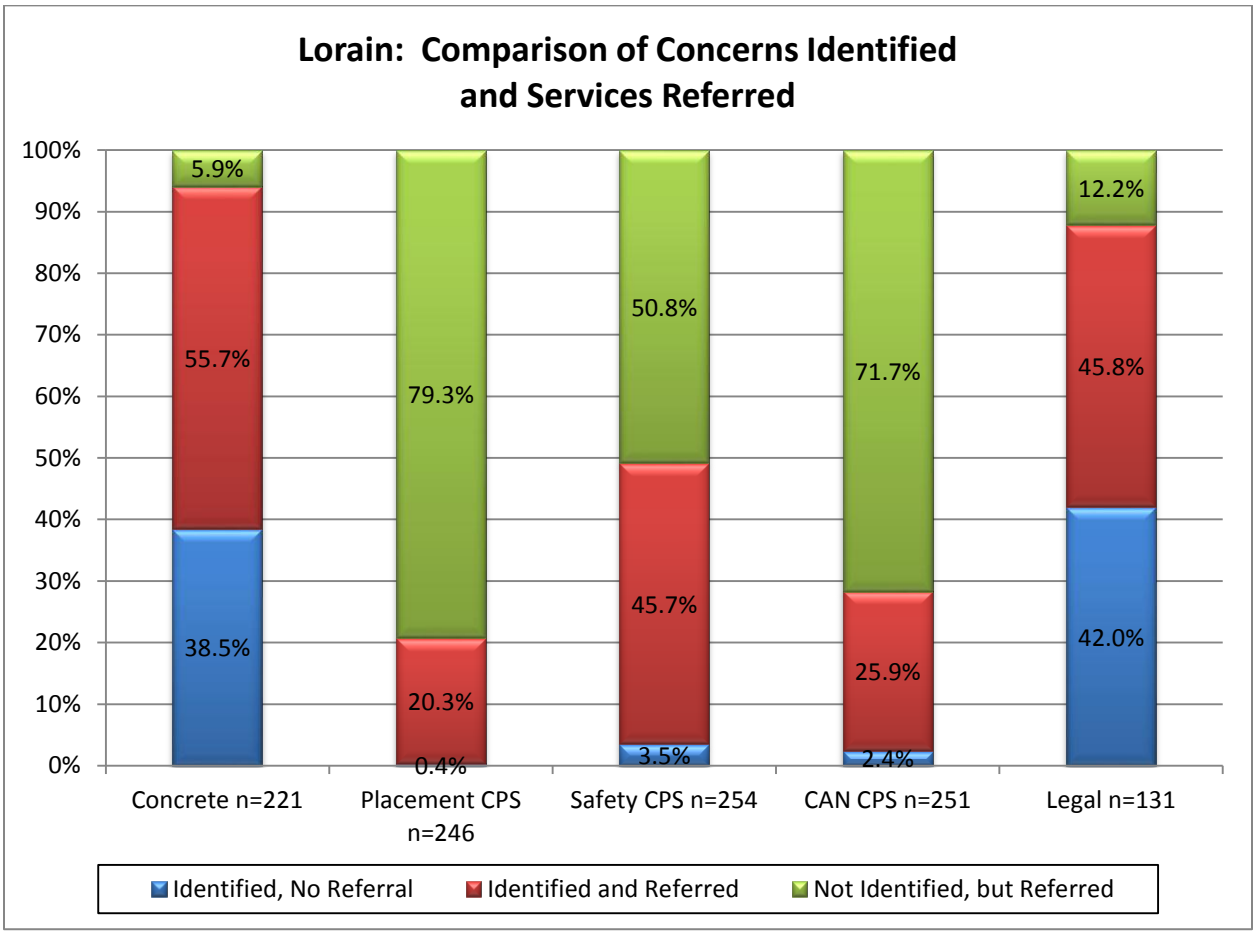
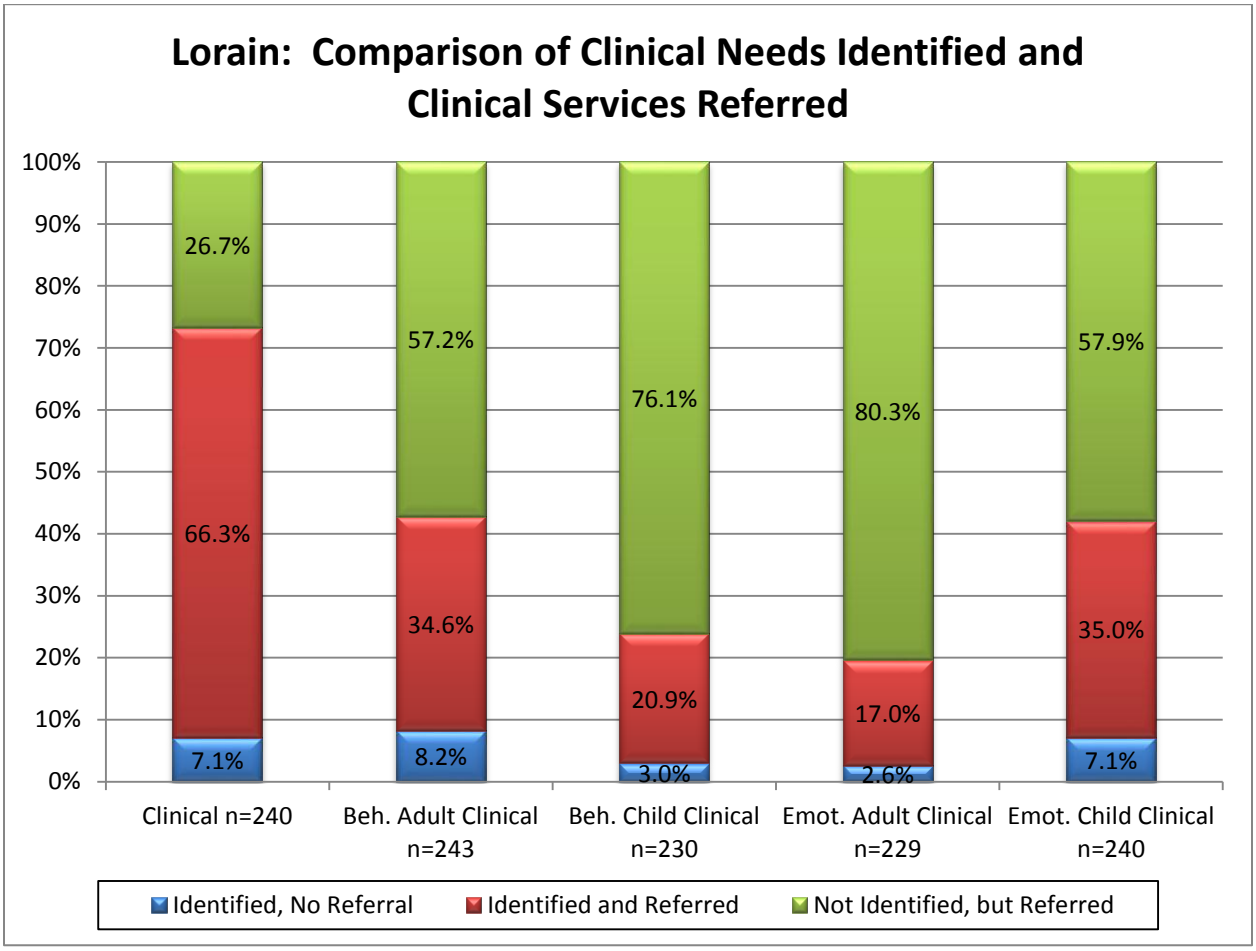


Figure V.2: Lorain: Comparison of Clinical Concerns Identified and Services Referred



For concrete concerns, the concern was identified, but no referral was provided for 38.5% of cases. Approximately 55% of cases where a Concrete Concern was identified also received the referral to a concrete service. Almost 6% (5.9%) of cases that received a referral for concrete services did not have a Concrete Concern. Among cases with Placement Concerns, only 0.4% had a concern identified, but did not receive a referral. Placement Concerns were Identified and Referred for 20.3% of the cases. Almost 80% of cases that received a Placement Service did not have a Placement Service Concern.

Safety services were not provided in only 3.5% of those cases where this type of concern was identified. Cases where there was a Safety Concern received the related referral 45.7% of the time. Safety Referrals were made for 50.8% of those cases where a Safety Concern was not identified.

General Child Abuse and Neglect (CAN) services were not provided to 2.4% of the cases where a CAN concern was identified. Twenty-five percent of cases received the CAN Referral based on the concern being identified. The remaining cases that received a CAN Referral, did not have a CAN Concern.

A little over forty percent (42.0%) of cases with a Legal Concern did not have a Legal Referral made. Almost half (45.8%) of the cases that needed a Legal Referral received it. Only 12.2% of cases Referred for a Legal Service did not have a Legal Concern Identified.

General Clinical Referrals were not made for 7.1% of cases who had a Clinical Concern (see Figure V.2). Sixty-six percent of cases with a Clinical Concern were also provided with a Clinical Referral. A little over one quarter (26.7%) of cases received a Clinical Referral but did not have a Clinical Concern identified.

For 8.2% of the cases, a Behavioral Adult Clinical Concerns was identified but a corresponding referral was not made. Behavioral Adult Clinical Concerns were identified and provided referrals for 34.6% of the cases. Fifty-seven percent of cases that received a Behavioral Adult Clinical Service did not have a corresponding concern. The percentage of cases where a Behavioral Child Clinical Concern was identified but a corresponding was not received only comprised 3.0% of the cases. Approximately 21% of cases with a Behavioral Child Clinical Concern were provided with the corresponding

referral. A little over seventy-five percent of cases that received a Behavioral Child Clinical Service did not have an associate concern.

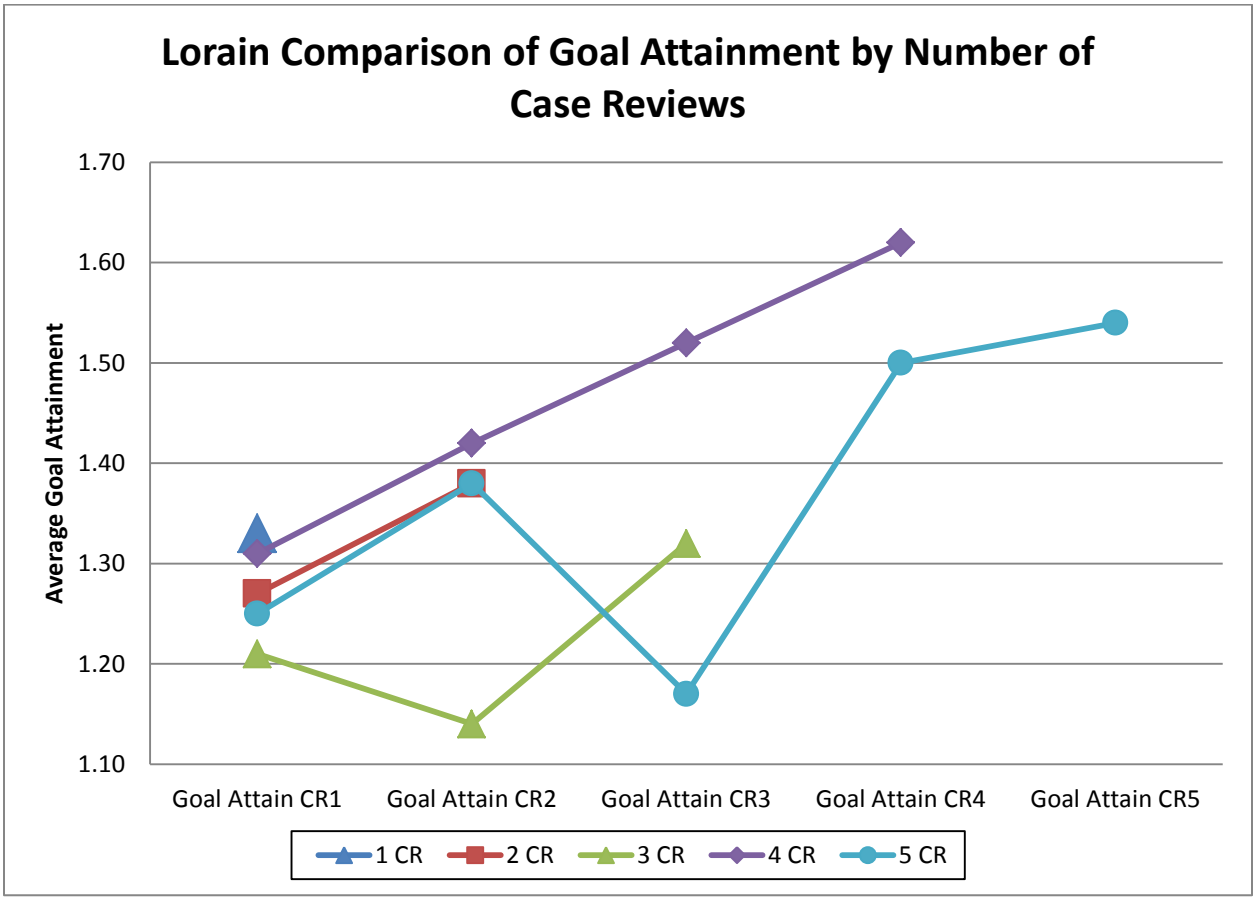
Emotional Adult Clinical Referrals were not provided to a small percentage (2.6%) of cases that had this concern. Seventeen percent of cases with this concern identified also received an Emotional Adult Clinical Referral.

Finally, 7.1% of cases with an Emotional Child Clinical Concern did not receive the corresponding referral. There was a match between concern and referral for 35% of the cases. Almost two-thirds (57.9%) of cases who received Emotional Child Referrals did not have this concern identified.

V.2 Goal Attainment and Case Reviews

Figure V.3 shows the average level of goal attainment when comparing those cases that had an equal number of Case Reviews (CR). This approach was used to create equivalent groups so that comparisons can be made. Goal Attainment for each group (1 CR=case had 1 Case Review, 2CR=case had 2 Case Reviews, etc.) was compared over the number of Case Reviews. For example, cases with 5 Case Reviews have goal attainment levels at Case Review 1, Case Review 2, Case Review 3, Case Review 4, and Case Review 5.

Figure V.3: Lorain: Comparison of Goal Attainment by Number of Case Reviews



- Cases with only one Case Review had the highest goal attainment at the first Case Review (blue triangle is used to depict cases with 1 CR).
- Cases with 2CRs increased their goal attainment from Time 1 to Time 2, which would be the increase desired for cases that close.
- Cases with 3CRs initially showed a decline in goal attainment levels from CR1 to CR2. There was however, an increase from CR2 to CR3, which is in the desired direction for cases that closed after 3CRs.
- Cases with 4CRs showed consistent increase in their goal attainment across all four Case Reviews.

- Cases with 5CRs showed an initial increase in goal attainment from CR1 to CR2. These cases had a decrease in goal attainment from CR2 to CR3. The goal attainment rose again from CR3 to CR4 and then from CR4 to CR5.

This section has provided findings on the needs, services, and outcomes section. Two specific analyses were conducted: 1.) What is the relationship between concerns and services referred, and 2.) What is the average goal attainment across different Case Reviews.

SECTION VI.

Limitations and Summary

VI.1 Limitations

As stated in the introduction, the evaluation of the CAPMIS pilot project can best be captured through the phrase, “how do you evaluate change, when nothing is constant?” (Berry, Bussey, & Cash, 2001) The implementation of CAPMIS was a significant undertaking in terms of time and resources. Policies and procedures were developed prior to the implementation of CAPMIS. Throughout the pilot process, ODJFS received ongoing feedback about how the model worked in actual practice. Several mechanisms were put into place to support the demand for answers that no one could have possibly anticipated during the planning and roll-out of CAPMIS. The counties identified one or two individuals to serve as the Pilot Implementation Manager(s) (PIMs) and these individuals participated in regular meetings with ODJFS (PIC meetings). During these meetings, the PIMs asked difficult and complicated questions that challenged the application of the model across all situations for which it was intended. ODJFS worked to address these issues by creating Technical Assistance which sought to provide ongoing support to the pilot counties as they implemented this model. As a result of many of these factors (and probably many more not mentioned here), the evaluation proved challenging as it seemed as if the “target” and the process to get to the “target” was changing. One of the more significant challenges, though, occurred with the implementation of SACWIS, which is a web-based application of the CAPMIS tools. Having a simultaneous implementation process at times confused the role of the CAPMIS evaluation and the implications for the

CAPMIS model in the future, as it was transferred over to this web-based program. For example, some of the initial issues regarding the use of the tools were related to the use of Word templates. SACWIS was intended to make the use of the Word templates obsolete. However, questions arose about the best method to train people on both the CAPMIS model and SACWIS interface. SACWIS also had a major impact on the evaluation as Muskingum was the first county to pilot SACWIS. Once Muskingum County went “live” with SACWIS, the data collection process and product changed.

The goal of the evaluation has not changed. It is to adequately assess the implementation of CAPMIS, determine the reliability of the decisions made, and determine the relationship between risks and recurrence. There are however some limitations in what the evaluation was able to accomplish. These limitations are highlighted below.

Several CAPMIS tools including the Safety Plan (SP), Semiannual Administrative Review (SAR), the Reunification Assessment (RA), and the Specialized or Ongoing Assessment (SOA) were not included in this report. The evaluators experienced numerous challenges and set-backs in obtaining data on the Safety Assessment, Family Assessment, and Case Reviews. There were even more significant challenges in obtaining meaningful and reliable data on the SP, SAR, RA, and SOA across the counties. Prior to the implementation of SACWIS, each county collected the data on these forms in different ways and sometimes used different forms. In addition, there was no consistent way to gather data on these forms, which affected the reliability and validity of any analyses coming from them.

The access to data to provide an adequate sample for analyses was not possible, especially in the smaller counties. The data access was also limited in certain counties based on the worker and their ability and willingness to create electronic files and save these on a hard drive or server so that they could be accessed by the research team. These limitations significantly affected the data available and therefore affected the capacity to conduct analyses and provide findings with any meaning. Access to outcomes data also proved more difficult than originally expected. This had implications for matching the DART/SIS data to the data on the CAPMIS tools. In many instances, cases had to be excluded from the sample because of difficulties in the matching process that also avoided duplicate cases.

Despite these limitations, the project team, county staff, and ODJFS staff worked together to find creative solutions to address some of the issues. The partnership between the evaluators, the county and state staff was essential to the success of this evaluation.

VI.2 Summary

This section will highlight the overall conclusions about how the risk contributors and Abuse and Neglect Scales performed in relation to the stated dependent variable. These findings are presented across counties in order to display an overview of the findings, rather than making them county specific. The findings are presented by research question.

Research Questions:

Is there a relationship between risk scores and substantiation?

For three counties, all risk scores besides Child Functioning were related to substantiation. In one county, the Neglect Scale score, Child Functioning, and Family Functioning risk contributor totals were not related to substantiation.

Is there a relationship between risk scores and case decision?

Child Functioning is only related in Lorain and Muskingum. Family Functioning is only related in Greene and Lorain.

Does Maltreatment type make a difference in determining substantiation?

Yes, but the difference is county and risk type specific. For sexual abuse cases, risk totals were not related to substantiation.

Does Maltreatment type make a difference in case decision?

Yes, across all four counties, the relationship between risks and case decisions does vary by type of maltreatment.

What risks are associated with the likelihood that a case will be substantiated?

Risk Contributors

Child Cognitive —increased likelihood of substantiation

Adult Substance Use—increased likelihood of substantiation

Adult Response to Stress—increased likelihood of substantiation

Adult Parenting—increased likelihood of substantiation

Resource Management—increased likelihood of substantiation

Neglect Scale

Neglect Report—decreased likelihood of substantiation

Prior Report—decreased likelihood of substantiation

Number of Children>3—increased likelihood of substantiation

Number of Adults is >1—decreased likelihood of substantiation

Caregiver Issues—increased likelihood of substantiation

Harmful Relationships—increased likelihood of substantiation

Substance Abuse—increased likelihood of substantiation

Financial Difficulties—increased likelihood of substantiation

Caregiver Response to Investigation —increased likelihood of substantiation

Abuse Scale

Report for Physical or Emotional Abuse—increased likelihood of substantiation

Prior Report—decreased likelihood of substantiation

Prior CPS History—increased likelihood of substantiation

Caregiver Substance Abuse—increased likelihood of substantiation

Caregiver History of Domestic Violence—increased likelihood of substantiation

What risks are associated with the likelihood that a case will be opened for services?

Child Risk Contributors (Greene, Lorain)

Child Self Protection—increased likelihood case will open

Child Physical/Cognitive/Social—increased likelihood case will open

Child Cognitive Ability—increased likelihood case will open

Adult Risk Contributors (Greene, Lorain, Muskingum)

Adult Emotional Health—increased likelihood case will open

Adult Domestic Violence—increased likelihood case will open

Adult Substance Use—increased likelihood case will open

Adult Parenting—increased likelihood case will open

Adult Victimize Other Children—decreased likelihood case will open

Adult Impact Past Services—increased likelihood case will open

Family Functioning (Greene, Lorain, Muskingum)

Family Roles—increased likelihood case will open

Resource Management—increased likelihood case will open

Extended Family Support—increased likelihood case will open

Neglect Scale (Hancock, Lorain, Muskingum)

Prior Report—increased likelihood case will open

Age of Caregiver < 27—increased likelihood case will open

Harmful Relationships—increased likelihood case will open

Caregiver Issues—increased likelihood case will open

Substance Abuse—increased likelihood case will open

Severe Financial Difficulty—increased likelihood case will open

Caregiver Motivation to Improve—increased likelihood case will open

Caregiver Response to investigation—increased likelihood case will open

Abuse Scale (all counties)

Report for Physical abuse and/or Emotional Abuse—decreased likelihood open

Prior Abuse Reports—increased likelihood case will open

Prior CPS History—increased likelihood case will open

Number of Children >2—decreased likelihood case will open

Caregiver(s) Abused as a Child—increased likelihood case will open

2nd Caregiver Alcohol Use—increased likelihood case will open

2nd Caregiver Drug Use—increased likelihood case will open

Caregiver History of Domestic Violence—increased case likelihood case will open

Caregiver Parenting Problems—increased case likelihood case will open

Is there a difference in risk scores for cases recurring versus those that did not?

Scores for the risk contributors and Abuse and Neglect total risk scores were higher for cases that recurred than those that did not.

Are the number of risk contributors for each subscale (e.g., Child Functioning) related to the cases experiencing a recurrence?

Small differences existed between all except for Child Functioning which was essentially the same.

Is there a difference in recurrence by level of risk?

Some differences, and are specific to level of risk.

Is there a difference in recurrence by level of substantiation?

No. All three had similar percentages of cases that recurred.

Is there a difference in Recurrence by Case Decision?

Referred cases were slightly more likely to have a recurrence.

Cases that close have lower risks and are closed.

Cases that are opened have higher risks and are opened. The moderate cases seem to fall in the gap and are referred for services because the risks are not as high. These cases are not completely closed because the risks are somewhat higher than the closed cases.

What is the relationship between Safety Factors and the likelihood case will have recurrence?

Safety Factors and Recurrence

#3 serious harm—increased likelihood of recurrence

#8 immediate needs—decreased likelihood of recurrence

#15 other—decreased likelihood of recurrence

What is the relationship between risk totals and the likelihood case will have recurrence?

Risk Contributors and Level of Risk on Recurrence

Adult Impact of Past Services—increased likelihood of recurrence

Moderate Risk (compared to Low Risk)—increased likelihood of recurrence

High/Intensive Risk (compared to Low Risk)—increased likelihood of recurrence

Actuarial Neglect and Recurrence

Prior Reports—increased likelihood of recurrence

2 or More Adults in Home—increased likelihood of recurrence

Caregiver is 28 Years or Older—increased likelihood of recurrence

Inconsistent Attitude—increased likelihood of recurrence

Unmotivated—decreased likelihood of recurrence

Unrealistic—decreased likelihood of recurrence

Actuarial Abuse and Recurrence

Prior CPS History—increased likelihood of recurrence

Number of Children >1—decreased likelihood of recurrence

SECTION VII.

CONCLUSIONS AND RECOMMENDATIONS

The partnership between the researchers, the county staff and administrators, and the ODJFS staff and administrators has been a major key to the success of this project. The support and training provided by ODJFS to the pilot counties and the SACWIS roll-out counties has been extensive. The level of commitment and expertise among the ODJFS staff and administrators are a major component of the overall success in implementing CAPMIS and this evaluation.

This second year final report has provided an in-depth analysis of the implementation of CAPMIS, the reliability of the SA and FA, and the predictive validity of the risk contributors, and the Abuse and Neglect scales in determining substantiation, case opening, and recurrence. Section V concluded the report with the examination of the relationship between concerns, services referred and goal attainment. The findings in this report are not intended to be used to make county comparisons. Each county is very different in size, population, and child welfare and other social service system practices.

VII.1 Recommendations

In terms of the Safety Assessment, it is apparent that each county uses the Safety Assessment quite differently. In one county, the total number of Safety Factors is quite small with a range of zero to four. Other counties have ranged from zero to nine identified Safety Factors. These data highlight a potential difference in how the Safety Assessment may be used in practice. Several analyses were conducted to determine the relationship between Safety Factors (both individual and summed) and

substantiation, case opening, and recurrence. The only relationship found was between three of the Safety Factors and recurrence. Additional examination of the reliability, utility, and effectiveness of the Safety Assessment should be explored.

During the Case Record Review process it was apparent that there was quite a bit of word processing “magic” used to copy and paste sections from the Safety Assessment to the Family Assessment. These data were consistent with what was discussed during the focus groups in year 1. The copying and pasting process lends itself to repetition of material without increasing the knowledge of the family as the caseworker spends more time with the family.

It is recommended that a mechanism be put into place that would prevent the copy and paste approach so that caseworkers provide additional assessment information. This copy and paste approach also minimizes the difference between the two key and different constructs of safety assessment versus risk assessment. One of the goals of Question by Question guides is to provide additional context for the four tools (SA, FA, CR, and SAR) so that workers can have additional material to help support their decision-making and documentation process along the way. Another resource that should be continually highlighted is the CAPMIS Worker Manual and Field Guides. These documents are quite extensive and are excellent resources. A separate but related recommendation is to create separate trainings for caseworkers and supervisors. These are two different audiences with different needs and resources. A supervisor training would optimally help reduce some of the technical assistance needed at each county, given the supervisor’s in-depth understanding of the tools and the model.

It is important to note that the goal of this evaluation was not to determine which performed better, the risk contributors versus the Abuse and Neglect scales. Both the risk contributors, as individual items and summed scales, and the Abuse and Neglect scales were somewhat predictive of the decision to substantiate, open a case, and/or recurrence. Workers indicated in focus groups that the Abuse and Neglect scales are redundant given the caseworker has just assessed the children, adults, and family using the risk contributors. Given that the risk contributors have a somewhat different assessment process and outcome, additional ongoing training may be warranted. This would help workers and supervisors understand the utility of using both the risk contributors and Abuse and Neglect scales when conducting the assessment and making case decisions.

If there are workers who are primarily relying on the risk contributors, additional guidelines and training may be warranted to help guide the worker in determining how to use both in practice and help make the decision as to which cases should be opened, closed and referred, or closed. This is a similar issue found on the Safety Assessment with the Safety Factors, where the contribution of Safety Factors or Risk Contributors to a Safety Response or a level of risk or case decision, respectively, is not systematically determined, but is left up to the subjective interpretation of each caseworker. In essence, this further emphasizes the issue of a county-based system; 88 counties with 100 caseworkers each means there are probably 8800 different ways to use the Safety Factors and risk contributors for making decisions.

A separate but related issue is the lack of a specific tool that can reliably assess cases with sexual abuse as the primary allegation type. The Family Assessment has

difficulties in capturing risks that are specifically associated with sexual abuse. The sexual abuse cases are simply in their own classification of maltreatment. It is apparent that tools need to be developed to help workers assess these risks and make a decision about how to work with the case.

It is also recommended that all of the documentation on the case be included on the actual CAPMIS tools. The protocol where workers document how they arrived at that decision for both “yes” and “no” designations for each Safety Factor should be continued and reiterated during training sessions. It is recommended that this same practice be applied ubiquitously across all of the tools where decisions are made. This would include adding a narrative component to the Abuse and Neglect scales so that workers can document the process of obtaining information about particular risk.

A similar recommendation is based on the reasonable person review process. There were times during the reasonable person review if the documentation on the tool supported the assessment item or not. One explanation for some of the discrepancies noted between identification of a risk contributor and the corresponding narrative is because of the lack of access to the caseworker’s notes. It is highly recommended that the tools be able to “stand alone” so that the decisions have documented support.

Family needs are a different construct than Safety or Risk. Some of the risk items are based on demographics, family composition, or other areas that are not necessarily amenable to change in the near future (e.g., child vulnerabilities, historical risks, etc.). The Safety Factors and risks (both risk contributors and Abuse and Neglect scale items) may be correlated with a family’s needs but may not be specific enough so that their needs are documented in a consistent manner. It is recommended than an

additional tool (e.g., rapid assessment instrument) be completed when a case is transferred to ongoing services and then as a part of the Case Review. This tool's major purpose would be to identify family needs so that service planning can be based on these needs and that services can be adjusted throughout the case. It is hypothesized that by following a logic model approach (similar to what is stated above) family needs will be addressed and workers will have more tools to determine what services are needed and which services are used. There is currently no consistent and reliable way to document the concern and the corresponding service recommended.

There are several questions that document concerns and services on the Case Review, however, this format does not allow for consistency and possibly promotes another place where copy and paste can be used to copy concerns and goals from another client or over and over again for the same client, even when circumstance may change. Ultimately, the logic model could guide the decision to close a case, when the family has participated in the services and observable outcomes are measured.

A related recommendation is based on the Case Review. The Case Review includes a Risk Re-Assessment tool that is intended to guide the decision to close or maintain an open case. Preliminary analyses were conducted with Lorain County data to determine if there was in fact an observable change from the initial assessment conducted with the Family Assessment to the re-assessment completed on the Case Review. There was little difference in risks from the Family Assessment to the Case Review. This leaves workers somewhat vulnerable as they do not have a reliable and consistent manner to assess a family for case closure. Some tool or component should

be included in the model so that workers can have guidelines to follow when closing a case or making service decisions.

The current CAPMIS model and the related tools are used for many different reasons, which can complicate the efficiency and efficacy of the model. Experts recommend that one set of tools not be used to substantiate a case (based on past behavior), risk (based on future behavior), and case documentation. These different purposes can make the instrument less reliable and valid.

Finally, it is highly recommended that a longitudinal evaluation of the CAPMIS model be conducted as more counties are “rolled out” to the CAPMIS/SACWIS framework. The pilot counties have the most extensive level of knowledge of implementing the CAPMIS model and the counties readily admitted that the model is implemented now with more fidelity, than when the pilot first started. This is of course consistent with most pilot projects, that as the learning curve increases the understanding and application of the model is also increased. The items on the Abuse Scale and Neglect scale performed differently than how they have performed in other evaluations. It is recommended that these items be validated with the different county populations as they implement the model. If the items do not have predictive validity, then adjustments should be made and further testing conducted.

The data challenges in the pilot evaluation posed a challenge in data collection on all cases that were served by the county. SACWIS could possibly remove this challenge as the data are stored in an electronic format, which could be downloaded and translated into readable data for data analysis. Random samples can be drawn from each county and analyses conducted to determine similarities and differences in

the application of the model. Further testing and evaluation findings can be fed back to the counties so that a model can be developed that works across the eighty-eight counties and can help inform decisions about families and children in the child welfare system.

VII.2 Conclusion

The CAPMIS pilot project was quite an endeavor to both implement and evaluate. The feedback from workers and supervisors (primarily from the Year 1 focus groups and informal conversations with staff) is quite supportive of the model. There were numerous reports that the CAPMIS model is an improvement over any of the previous models used.

From a statistical standpoint, the model does reasonably well and is consistent across the counties, with one difference being the use of the Safety Assessment. On the whole, the model supports a reliable and consistent practice, given the amount of technical support provided and the structure of the tools (e.g., documenting “no” or “no risk contributor”) for each item. The reasonable person review provided support that the decisions made both within the case and across multiple cases were reliable. The model also has predictive validity in that items are related to the likelihood the allegation will be substantiated, the case will be opened, or there will be a recurrence. Overall, the CAPMIS pilot process has been successful and has provided workers with the tools needed to support and promote best practices.