

## Appendix A

### Progress on Planning Group Recommendations

Prioritized Recommendations	Progress Made	To Be Done
<b>A - Assessing Community Readiness to Develop &amp; Implement an Effective Collaboration Plan</b>		
<p><b>Recommendation 1:</b> Develop an adaptable community needs assessment tool template that will assist in identifying all known IPV funding streams and the services they support and will offer options for identifying existing funding sources. The tool should include a list of existing and potential funding sources as a reference point for local financial resource identification. In addition, the tool should also provide for identification of cost-neutral strategies.</p>	<p>This has been included in Community Readiness Assessment Tool for domestic violence-related programs.</p>	<p>Seek input on funding streams for CPS and child maltreatment as needed.</p>
<p><b>Recommendation 2:</b> The community needs assessment should include an assessment of the existing community philosophy in responding to IPV.</p>	<p>This has been included in Community Readiness Assessment Tool to some degree under the category of factors demonstrating community support.</p>	<p>Done/ Implement.</p>
<p><b>Recommendation 3:</b> The community needs assessment should identify and review existing services/approaches. Those services/approaches that are consistent with an ideal local community IPV response should be highlighted.</p>	<p>This has been included in Community Readiness Assessment Tool through the Service Inventory Tool.</p>	<p>Done/ Implement.</p>
<p><b>Recommendation 4:</b> The Community Assessment Tool should measure the receptivity of communities to cross-county collaboration on IPV services/response.</p>	<p>This has been included in Community Readiness Assessment Tool under the categories of History of Collaboration and Community Will.</p>	<p>Done/ Implement.</p>
<p><b>Recommendation 5:</b> The Community Assessment Tool should allow for the identification of existing IPV-related data sets relevant to the categories measured.</p>	<p>This has been included in Community Readiness Assessment Tool.</p>	<p>Done/ Implement.</p>
<p><b>Recommendation 6:</b> The Community Assessment Tool should suggest various</p>	<p>This has been included in Community Readiness Assessment Tool.</p>	<p>Done/ Implement.</p>

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<p>options for conducting assessments and assessment formats that are tailored to individual community needs and circumstances.</p>		
<p><b>Recommendation 7:</b> State partners should consider undertaking a thorough investigation of cost-to-benefits and the additional infrastructure required to support the establishment of locally designed joint service models.</p>	<p>Variations exist in the application of joint service models (e.g., co-located services, DV advocates housed at CPS, DV consultants on staff at CPS, preventative CPS services in schools).</p> <p>Hamilton and Montgomery Counties both have some form of joint service model established between their local DV programming and CPS agency.</p>	<p>Support additional counties that wish to move forward with a joint service model.</p>
<p><b>Recommendation 8:</b> State and local partners should work to develop appropriate services to bridge critical gaps in areas identified through the Community Readiness Assessment Tool where services for children, survivors, and batterers are lacking.</p>	<p>Common gaps include affordable housing, locally available emergency shelter, transitional housing, trauma-informed services for child and adult victims, adequate mental health and substance abuse services, visitation centers with trained staff and protocols specific to DV safety, and BIPs that include the impact of DV on children.</p>	<p>Implement Community Readiness Assessment Tool and develop responses on a county-by-county basis as identified.</p>
<p><b>B - Building State and Community Infrastructure to Support an Effective Collaboration Plan</b></p>		
<p><b>Recommendation 1:</b> State partners should explicitly acknowledge through public statements, policies, actions, and allocation of resources the common interests and potential benefits shared between the child welfare system and domestic violence service providers, law enforcement, courts, families, and communities.</p>	<p>ODJFS, the Supreme Court of Ohio (SCO), and other partners have repeatedly acknowledged their full support of Ohio’s efforts to respond effectively in our communities to children exposed to battering. Some examples of their public acknowledgement include writing in publications and newsletters, inviting the Ohio IPV Collaborative to host Differential Response (DR) conference calls, facilitating the statewide expansion plan of <i>Safe and</i></p>	<p>Continue.</p>

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	<p><i>Together</i><sup>™</sup> training, and more. Additionally, ODJFS and the Supreme Court have made it possible for counties to receive a training stipend to offset any costs incurred during training (e.g., travel, printing, training cards).</p> <p>In fiscal year 2014-2015, ODJFS and the HealthPath Foundation of Ohio partnered to expand community technical assistance to all of Ohio's 88 counties. This work supports common interests and potential benefits of DV, CPS, and other provider collaborations.</p>	
<p><b>Recommendation 2:</b> ODJFS should consider establishing internal IPV resource capacity.</p>	<p>ODJFS is providing for the (re-)certification of trainers in <i>Safe and Together</i>. One of the certified trainers is Policy Associate for ODJFS.</p> <p>ODJFS has delegated associated responsibilities to a number of staff in order to establish internal IPV resource capacity. These staff members work in continued partnership with the Ohio IPV Collaborative on planning, allocating resources, and promoting IPV resource capacity statewide.</p>	<p>Continue.</p>
<p><b>Recommendation 3:</b> ODJFS should promote and encourage the involvement of PCSAs in community collaborations that address domestic violence. Where such groups do not exist, PCSAs should be included in their development. Support should be provided to PCSAs to help offset any additional burden that engagement, participation, recruitment, service coordination, or coalition development might create.</p>	<p>ODJFS and SCO have been supporting counties' participation in training both in word and in stipends to help offset costs of participation.</p>	<p>Continue.</p>

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<p><b>Recommendation 4:</b> State partners should review the recommendations of the Ohio IPV Planning Group and collaborate in the development of a list of components and stakeholders for an “ideal” plan for collaborative community IPV response that can be tailored to specific county needs. Local stakeholders should include child welfare; DV programs; Batterer Intervention Programs; local criminal, juvenile, and domestic relations courts; adult and child mental health services; health care providers; substance abuse treatment providers; prosecutors, defense attorneys, and guardians ad litem; schools; and other community stakeholders.</p>	<p>This chart is Appendix A in the model community response protocol referenced in this Recommendation.</p>	<p>Revise as needed. Consider yearly updates to protocol.</p>
<p><b>Recommendation 5:</b> State partners should consider establishing evidence-informed standards of practice and creating a certification process for Batterers Intervention Programs (BIPs). Referrals should default to certified programs.</p>	<p>Ohio BIP standards have been established and revised as recently as 2010 by ODVN’s statewide Batterer Intervention Committee. Available for download at <a href="http://www.odvn.org">www.odvn.org</a>.</p> <p>ODVN also developed a corresponding BIP Self-Evaluation Tool relative to standards.</p>	<p>Consult with ODVN when referring to BIPs to ensure referrals are made to programs using evidence-based practices and standards.</p>
<p><b>Recommendation 6:</b> Responding systems must be respectful not to interrupt or undermine confidentiality practices among systems. Assurances regarding confidentiality and non-mandated services should be clearly articulated in a local memorandum of understanding and any established county protocols.</p>	<p>Confidentiality practices and laws are cited in the model community response protocol.</p>	<p>Address confidentiality practices on a local level with specific agencies.</p>
<p><b>Recommendation 7:</b> State partners should collaborate to create and disseminate models of interagency, “universal” release of</p>	<p>A sample release of information (ROI) form is included in the model community response protocol appendix. Many CPS agencies consult</p>	<p>Done/Implement.</p>

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<p>information policies that will provide effective screening and early intervention for the victims of domestic violence, including children, that are integrated within the family's natural, community care-giving environment as well as coordinated with child welfare and juvenile court systems. Policies should reflect that releases of information are to be time-limited and specific regarding the nature of the information to be disclosed.</p>	<p>with their legal counsel on developing and accepting these forms.</p>	
<p><b>Recommendation 8:</b> Systems collaboration is needed to assure the availability of responsive and responsible services for all members of the family in communities statewide. A service priority should be for children to remain in the care of the non-offending parent. Additional service gaps to be addressed may include the availability of trauma-informed, individualized assessments and adult trauma treatment for the survivor and the availability of quality batterer intervention programs specifically centered on the dynamics of IPV.</p>	<p><i>Safe and Together</i> through the Ohio IPV Collaborative, trauma training through ODVN, and other training opportunities are working to address this.</p>	<p>Consider posting on partner websites a list to be updated each year on upcoming conferences, presentations, symposia, and events related to systems collaboration, trauma-informed care, BIP standards, etc.</p> <p>Continue to monitor and consult so that referrals are made to BIPs and other programs using best practices.</p>
<p><b>C - Developing Response Protocols and Practice Standards for an Effective Collaboration Plan</b></p>		
<p><b>Recommendation 1:</b> State and county partners should form a workgroup to collaborate in the development of a Model Ohio IPV-Child Welfare Cross-Systems Protocol grounded in the principles of the <i>Safe and Together</i> model.</p>	<p>The Planning Group re-convened in February 2013 to begin work on a model community response protocol. Initial drafts were completed and circulated in summer 2014.</p>	<p>Make revisions as needed.</p> <p>Circulate.</p>
<p><b>Recommendation 2:</b> ODJFS should consider developing new internal IPV policies and practice guidelines grounded in the <i>Safe and Together</i> model. Internal policy and practice</p>	<p>ODJFS continues to support the expansion of <i>Safe and Together</i> training throughout Ohio and has (re-)certified a Policy Associate in ODJFS to continue as a <i>Safe and Together</i></p>	<p>Continue.</p>

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<p>guidelines should address screening and intake policies, including the categorization of referrals based on the harm that occurred without blaming the victim; pathway assignment for reports involving domestic violence; practice standards for the assessment of survivors, perpetrators, and children; and standards for safety planning and case planning with families who have experienced domestic violence, including the development of separate case plans and separate safety plans for the survivor and the perpetrator.</p>	<p>trainer.</p>	
<p><b>Recommendation 3:</b> Within local community collaboration plans, stakeholders should consider developing a wrap-around first response protocol focused specifically on the needs of children as secondary victims of domestic violence and the needs and choice of the survivor. The wrap-around first response protocol should focus not just on establishing the physical safety of the survivor and children but also on reducing or preventing trauma and supporting their emotional safety and wellbeing. An effective wrap-around first response protocol should establish at-the-scene collaboration between child welfare and law enforcement. A teamed approach between law enforcement and child welfare could assist the survivor with information and immediate service linkages to address the safety needs of the survivor and the children.</p>	<p>Information for first responders has been included in the model community response protocol.</p>	<p>Brainstorm additional outreach training and collaboration among law enforcement, child welfare, and domestic violence stakeholders.</p>

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<p><b>Recommendation 4:</b> The Supreme Court of Ohio’s Advisory Committee on Domestic Violence should consider the revision, publication, and distribution of an update to the DV Benchbook that is grounded in the <i>Safe and Together</i> model.</p>	<p>SCO feedback has suggested that a DV Benchbook has not been as utilized as was hoped. DV Bench Cards may be more user-friendly and better received from SCO.</p> <p>The National Council for Juvenile and Family Court Judges has the <i>Reasonable Efforts Checklist for Dependency Cases Involving Domestic Violence</i> that can be a resource.</p>	<p>Offer technical support, if appropriate.</p>
<p><b>Recommendation 5:</b> ODJFS should provide education and support to local TANF offices to ensure the proper implementation of Ohio law and related policy regarding the availability of the Family Violence Option waiver (and related screening tools, consumer brochures, and materials), as described in the State Plan. In addition, CPS workers should collaborate with TANF workers to coordinate and expedite FVO waiver requests to assist the survivor in accessing resources that will assist in creating safety.</p>	<p>Reports from some communities are that waivers are being requested and approved; however, CPS workers are unaware of the waiver and methods for receiving it.</p> <p>Data collection is occurring by ODJFS.</p> <p>Information on the FVO waiver has been included in the model community response protocol.</p>	<p>Consider alternative ways of promoting FVO waiver awareness to CPS workers.</p>
<p><b>Recommendation 6:</b> Create a “tool kit” to be utilized as a resource by the first response team. The tool kit could be carried by child welfare and should include information and emergency response items for the survivor, such as a hotel voucher; a taxi voucher or other transportation assistance; and information on pertinent community resources.</p>	<p>This has been included as a separate appendix in the model community response protocol.</p>	<p>Revise as needed.</p>
<p><b>Recommendation 7:</b> Establish standards for needs/resource assessment and planning with the priorities of keeping children together</p>	<p>This has been included in the model community response protocol.</p>	<p>Done/Implement.</p>

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with the non-offending parent and providing opportunities for children to experience a timely return to their daily routines to the greatest extent possible.		
<b>Recommendation 8:</b> Establish standards for individualized, child-focused assessment to identify family risk factors, protective capacities, and parental functioning. This process may involve all members of the family and should be centrally focused on the child's best interest and wellbeing.	This has been included in the model community response protocol.	Done/Implement.
<b>Recommendation 9:</b> Interventions for children should incorporate evidence-based and trauma-informed services.	References are included in the model community response protocol appendix.	Done/Implement.
<b>Recommendation 10:</b> Establish standards for assessment of risk, protective capacities, and parental functioning (if applicable) of the perpetrator to inform planning with the dual focus on holding the batterer accountable and motivating change.	This has been included in the model community response protocol.	Done/Implement.
<b>D - Enhancing Training to Support an Effective Collaboration Plan</b>		
<b>Recommendation 1:</b> State partners should collaborate to create curriculum recommendations for cross-training among service systems working with families experiencing domestic violence.	ODJFS and the HealthPath Foundation of Ohio have partnered to expand community technical assistance to all of Ohio's 88 counties. Cross-training is one elective activity in which counties and community partners can participate.	Continue.
<b>Recommendation 2:</b> Local stakeholders should collaborate to create individualized community cross-training plans grounded in the statewide cross-training recommendations but specific to local community service systems.	ODJFS and the HealthPath Foundation of Ohio have partnered to expand community technical assistance to all of Ohio's 88 counties. Cross-training is one elective activity in which counties and community partners can participate.	Continue.

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<p><b>Recommendation 3:</b> Establish an annual training requirement on intimate partner violence issues for child welfare workers and supervisors and build curricular offerings to expand worker and supervisor knowledge of children and domestic violence; the dynamics of intimate partner violence; batterers as parents; interviewing and assessing children, survivors, and batterers; impact of violence on brain development; women who use force; determination of the primary aggressor; and substance abuse, mental health, and domestic violence.</p>	<p>The expansion plan rollout of <i>Safe and Together</i><sup>TM</sup> training addresses all of the offerings listed and has been approved by ODJFS to count toward state domestic violence training requirements. Accommodations have been made to ensure CPS staff can add the training to their E-track records as supplemental training. The Collaborative and the Ohio Child Welfare Training Program’s Regional Training Centers are in regular communication to ensure the success of this tracking. Discussions are underway to plan for post-expansion plan training that addresses each of the topical areas listed.</p> <p>The ODVN Training Institute continues to work across systems to offer trauma-informed, trauma-focused training when children are exposed to violence.</p>	<p>Discuss with state partners possible revisions to the basic DV training curriculum for CPS workers.</p>
<p><b>Recommendation 4:</b> Develop training for foster parents, relatives, and kinship caregivers focused on how to support children impacted by intimate partner violence.</p>	<p>Ohio Child Welfare Training Program and ODVN have discussed content for such training and developed some core competencies.</p>	<p>Follow up with ODVN on conversations with OCWTP.</p> <p>Consult with foster care trainers on how this can be accomplished.</p>
<p><b>Recommendation 5:</b> Establish an annual training requirement on domestic violence issues for law enforcement officers. Build curricular offerings to expand law enforcement officers’ knowledge of the needs of children as secondary victims of domestic violence; assessment and documentation of domestic violence at the scene; determination</p>	<p>The <i>Blueprint for Safety</i> by Praxis International is a highly regarded resource on law enforcement responses both in terms of at the scene and for investigations. While it does discuss responses in terms of children at the scene, it does not include at-the-scene collaboration with child welfare.</p>	<p>Consult with law enforcement stakeholders on how this might be accomplished.</p>

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<p>of the primary aggressor; the dynamics of intimate partner violence; and the importance of a coordinated approach.</p>	<p>Ohio Chiefs of Police and National Chiefs of Police offered training for law enforcement executives (Chiefs and Sheriffs) regionally in 2012. Adaptation of content would be beneficial as a supervisor requirement.</p>	
<p><b>Recommendation 6:</b> Provide annual training for investigative, judicial, and legal system stakeholders on intimate partner violence to be consistent in supporting the survivor, keeping children safe, and engaging the batterer. Build curricular offerings on the dynamics of intimate partner violence, patterns of coercive control, determination of primary aggressor, and appropriate resources or interventions for batterers.</p>	<p>ODJFS and SCO have contracted with David Mandel &amp; Associates to facilitate regional judicial meetings addressing these topics in spring 2015.</p> <p>ODVN does extensive work with investigative, judicial, and legal system stakeholders in these areas.</p>	<p>Consult with investigative, judicial, and legal system stakeholders on further efforts needed.</p>
<p><b>E - Establishing Data Collection and Evaluation Procedures for Community Collaboration Plans</b></p>		
<p><b>Recommendation 1:</b> ODJFS should collaborate with county leadership to identify barriers to data collection surrounding the intersection of domestic violence and child maltreatment and provide resources that build the capacity of local PCSAs to demonstrate prevalence, costs, need, and outcomes regarding the intersection of IPV and child maltreatment in the systems that serve local families.</p>	<p>This has been included in the Community Readiness Assessment Tool.</p> <p>ODJFS continues to find ways to collect more meaningful data on domestic violence through SACWIS.</p>	<p>Discuss possible dissemination activities. Seek Leadership Council and Advisory Committee input.</p>
<p><b>Recommendation 2:</b> ODJFS should consider the provision of training to counties to assure that data measures on child maltreatment and domestic violence are collected consistently on a statewide basis.</p>	<p>ODJFS continues to find ways to collect more meaningful data on domestic violence through SACWIS.</p>	<p>Continue.</p>