

Core Service Report

Adoption Services

Consumer Category:
Family Issues

Primary Consumer Group:
**Families and Individuals
Experiencing Violence / Abuse**



February 2007

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COMPANION REPORTS

In addition to the information included in this report, a report of the other core services (80 in total), community leader key informant interviews, United Way - First Call for Help staff focus groups, consumer snapshots, and e-survey of United Way funded executive directors, board presidents, and United Way Community Investment staff are available at <http://www.uws.org>.

ACKNOWLEDGEMENTS

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SNAPSHOT

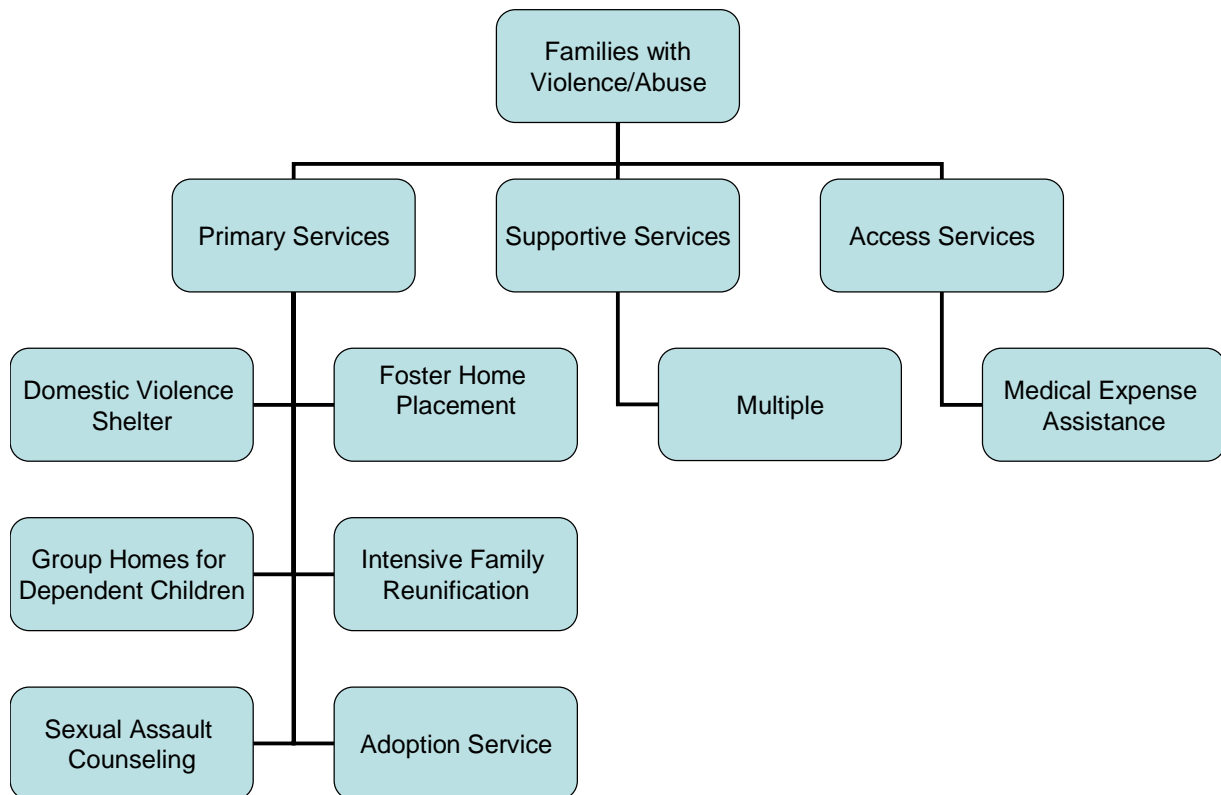
AIRS Code Level I: P – Individual & Family Life
AIRS Code Level II: PH – Family Substitute Services
Core Service: Adoption PF-050

Investment Committee: Strong Families = Successful Children
Cluster: Child & Family Services Cluster

AIRS Definition: Programs that participate in arranging permanent homes under new legal parentage for individuals whose birth parents are unable or unwilling to provide for their care. Included are programs that provide counseling and assistance for people who want to relinquish their children for adoption or arrange for an independent adoption; that recruit, select, counsel and match suitable adoptive parents with children who have been relinquished; that assist in the adoption of foreign-born children, stepchildren or adults; that provide foster care for children who have been relinquished for adoption but not yet placed; and/or that assist people who are adopted to locate their birth parents and birth parents to locate the children they relinquished.

Adoption is part of a family of services for children in families who have experienced violence or abuse. It is one of six services targeting this consumer group. In addition, medical expense assistance helps families access other needed services. (See figure below.)

Family of Services
AIRS: Individual & Family Life



Core Service Environment

Adoption services is part of a continuum of child welfare services that includes initial intervention for reports of child abuse and neglect, intensive family reunification, foster home placement, group homes for dependent children, and permanent adoptive placement. Nationally, adoption is on the decline. While over one-third of Americans have considered adoption, no more than 2 percent have actually adopted a child (U.S. Department of Health and Human Services Children’s Bureau [DHHS], 2005a). This discrepancy may be attributed to the fact that a majority of persons seeking to adopt are interested in very young children (0-3) who do not have special needs (physical, mental or behavioral) and who do not require a multiple sibling adoption (DHHS, 2005a).

The complexity of fifty state laws with different requirements as well as the tangled bureaucracy governing foster children (a large part of the population of abandoned children) has played an important role in diminishing adoption opportunities. Equally important is the legal uncertainty surrounding crucial aspects of domestic adoption, such as biological father's rights, gay and lesbian adoption, and the appropriate role of the Internet as a tool in facilitating adoption.

The Adoption Subsidies Guide from the Office for Children and Families states: “Historically, special needs children were labeled un-adoptable and remained in foster care for long periods of time. The Adoption Assistance and Child Welfare Act of 1980 attempted to give children with special needs a fair chance at being adopted. This federal law began providing subsidies and medical assistance to families to encourage adoption of children with special needs” (Ohio Department of Job and Family Services [ODJFS], 2005)

Core Service Consumers

The target population addressed in this core service report is children birth to 17 years who have been abused or neglected and are in permanent custody of the Cuyahoga County Department of Children and Families and waiting for adoption. Consumers can also include individuals seeking to adopt a child, birth parents seeking to relinquish their parental rights, and post-adoptive families.

On any given day, according to the Ohio Department of Job and Family Services (2006), more than 22,000 children are living with foster families or in another out-of-home placement setting in Ohio. Nearly 2,800 of these children are waiting for adoptive families. Children who wait the longest for adoptive families include African American children, children over the age of ten, and/or children who are part of a sibling group.

As of December 2005, there were 2,553 children the Cuyahoga County Department of Children and Family Services’ custody (DCFS, 2006). Of those children, 1,121 have been reported as in permanent commitment and “waiting for adoption in the public system.” Of the children available for adoption in 2005, 60 percent were male, 85 percent black, 10 percent white, and 1 percent Hispanic. Eighteen percent were between 1 and 5 years of age, 28 percent between 6 and 10 years of age, 50 percent between 11 and 15 years of age, and 4 percent were over 16 years old (DCFS, 2005). The older a child is, the more difficult it is to find an adoptive home.

Since December 2002, the number of children in placement in Cuyahoga County decreased from 5,352 to 3,004 in December 2005. The number further decreased to 2,911 as of September 2006. Following the same pattern, the number of children placed in adoptive homes also decreased during the same period from 302 to 196, respectively, and 202 in September 2006.

Core Service Delivery

The definition of the core service in this report is: programs that aid in arranging permanent homes for children whose birth parents are unable or unwilling to provide for them. Adoption is the legal process that transfers the legal rights and duties of a child from his or her biological or natural parents to substitute adoptive parents. The rights and obligations between the child and his or her biological parents are terminated and the adoptive parents become the sole possessor of the rights, privileges, and duties of parenthood for all legal purposes effective upon completion of the adoption.

Services also include counseling or assistance for birth parents wanting to relinquish their parental rights or pre-adoption education for people who want to become adoptive parents. Post-adoption assistance is also provided in the form of counseling, support groups, education, financial assistance, and advocacy.

Adoption programs are provided by many different types of organizations such as social service agencies, hospitals, and religious institutions. The majority of providers offer services to birth parents wishing to relinquish their children, pre-adoptive families wishing to know more about adoption opportunities, families in the midst of adopting a child, and post adoptive support.

There are nine steps in the adoptive process according to the Strategy and Resource Plan of the Strong Families = Successful Children Vision Council (2003).

- Step 1: Awareness, Recruitment, and Marketing;
- Step 2: Initial Phone Contact & Call Backs;
- Step 3: Potential Adoptive Family Training;
- Step 4: Home Studies;
- Step 5: Matching Families and Children;
- Step 6: Preparing Child to Join a New Family System;
- Step 7: Pre-Placement Visits and Placement;
- Step 8: Post Placement Service; and
- Step 9: Legalization by Probate Court.

There are a number of financial subsidies available to assist the adoptive families in meeting the special needs of their adopted child(ren) (ODJFS, 2006). Some of them are specifically targeted for families who adopt children with special needs. Services include medical, surgical, counseling, psychological, psychiatric and residential treatment.

Based on United Way - First Call for Help's (FCFH) database (February 2005), there are 13 providers of adoption service operating from 19 different sites; all are nonprofit. In FY 2004 (July 2003 to June 2004) United Way did not fund adoption services. FCFH call data shows a decrease in the number of requests for information on adoption services in the county from 22 in 2000 to 17 in 2004 (23 percent). Over the same five-year period, FCFH had 108 requests for information on adoption. Of these requests, they were able to make referrals to 98 percent of callers.

The majority of funding for adoption services comes from the federal government and is passed to local departments of child and family services. This funding includes a blending of TANF, Title IV-E, Title XX, and Ohio General Revenue Fund dollars. In addition, the Cuyahoga County Department of

Children and Family Services receives funding from the Cuyahoga County Health and Human Services levies. DCFS funding increased from \$10.3 million in 2002 to \$11.4 million in 2004.

As of May 11, 2006, close to \$11.7 million in revenues for adoption services has been identified countywide. Ninety-eight percent of the revenues are from contracts or grants from government organizations. United Way does not currently fund adoption services.

The typical unit of service for adoption placement is the actual placement of the child. Adoptive families typically receive between \$6,000 and \$7,000 per year. It costs between \$10,000 and \$12,000 to find a family per placement. In addition, child-specific recruitment costs between \$19,000 and \$20,000 per placement.

What Works; What Doesn't

Child-specific recruitment is considered the best practice in adoption services. It involves asking children to tell social workers which family they want, rather than waiting for one to find them.

Preventive services are often not the norm and action is only taken when a crisis occurs (Casey Family Services, 2005). There is limited research into the outcomes of post-adoption services; however, a number of innovative ideas are being implemented throughout the U.S.

Age has been a consistent predictor, with the placements of children who were older at the time of adoptive placement more likely to be disrupted. A higher number of placements and the presence of various kinds of emotional and behavior problems also have been consistent predictors of disruption, as have such service characteristics as staff discontinuities. On the other hand, such factors as time in care and whether placed with or without siblings have yielded mixed results. Demographic characteristics of the adoptive parents-their race and income-have been shown to have no bearing on outcome, whereas parental age, education, and family structural variables, as well as factors concerning the presence of birth children, have shown mixed results. (Festinger, 2002)

Studies have found significantly lower levels of education, higher rates of unemployment, and higher rates of homelessness for adults who spent time in foster care as children (State of Tennessee, Comptroller of the Treasury, 1998 in Badeau and Gesirech, 2006).

Gap Analysis

An actual 1,121 persons need adoption services. They are children under the age of 18 in the permanent commitment of the Cuyahoga County Department of Children and Family Services (DCFS). This is also the estimated universe of possible consumers for adoption since all are waiting for adoption. Note that this is a point-in-time estimate; in reality it is an ongoing process.

The following areas have been identified as “gaps” in adoption services:

- African American boys, children with special needs, and older children (pre-teens and teens), and birth parents were identified as high need groups.
- Disparities between potential adoptive families were also identified, with the majority of foster and adoptive parents being African American, and difficulty attracting Caucasian families.

I. FOREWORD

INTRODUCTION

United Way of Greater Cleveland (UW), in partnership with the Cuyahoga County Board of Commissioners, has initiated a large scale core service planning process to generate data and engage in community-wide dialogue about the community’s safety net of core service and consumer needs in the Greater Cleveland area. In addition, UW envisions this process as an opportunity to better understand its role in the community and its long term capacity to improve the lives of Greater Clevelanders.

The primary goal of the Cuyahoga County core service research is to identify consumer needs and assess whether there are service gaps/duplications on a community-wide level. The findings from this research will guide future funding decisions at UW, and they will also be used to stimulate dialogue with other funders and groups in the community. United Way intends to continue to fund a broad array of “safety net” services that are important to the Greater Cleveland area. But it is hoped that the research findings will inform how UW dollars may be dispersed to have the greatest impact on current realities, needs, and priorities in the Greater Cleveland community.

METHODOLOGY

United Way contracted with MCS Consulting Service, LLC, to conduct the core service research, which focuses on both the consumers served and services provided. (See Attachment 1 for list of members of the research team.) The research team has obtained information about each core service from multiple data sources. At the end of the research process there will be substantial information available for some services and less for others, which will provide a clearer picture of what information *is* available and where there are *significant gaps*.

The questions addressed are:

- Including public policies, what are the environmental influences that are impacting both service consumers and the capacity for service delivery?
- Who are the service consumers? What are the factors that lead to a need for services? How many consumers are there? How many have there been in the past several years and what factors influenced the historic trend line? What are the projected numbers for the future? What is their demographic profile? Where do they reside? How many are receiving services funded by government and/or United Way?
- What is the philosophy that drives service delivery? Has it changed? What does the service consist of? Who provides the service?
- What are the funding sources? What are the annual revenues from government sources, federated fund raising organizations, foundations, and United Way of Greater Cleveland? What are the historic government funding trends and what is projected for the future? What is the reimbursement amount?
- What works and what doesn’t work in service delivery?
- Are there service gaps, duplication, under-utilization?

The primary information sources used for this report are:

- Results of 20 focus groups with 159 direct service staff of United Way member agencies and non-members, and key informant interviews with 93 experts in the respective service areas (February 2005). Participants were asked about consumer populations that are increasing and those with unmet needs; they provided insight about specific service gaps and duplication, as well as services they perceive to be outdated or under-utilized.
- United Way Program Report data for FY 2004 (July 2003 to June 2004). Each year United Way member agencies submit information to their respective investment committees on each funded core service they provide. Among other things, this information includes a demographic profile of the consumers served, the zip codes where the consumers reside, and all revenue sources that support the service. The research team has aggregated this information for each core service.
- United Way - First Call for Help call data (2000 to 2004) - United Way - First Call for Help provides a 24/7 information and referral service through its 211 telephone line. The research team analyzed data from its large database, which includes the names of service providers for most core services, the activities they provide and the zip codes in which they and those they serve are located, the number of calls received, and whether the need was met or unmet. Unmet needs are those for which there was no resource to reference.
- Literature reviews on service trends and issues as well as best practices (i.e., what works/ what doesn't work in service delivery), including impact on the individual/family and on the community.
- Searches for information on public policies that are currently impacting consumers or service delivery.
- U.S. Census and American Community Survey data for various time periods.
- Data from funders on actual consumer populations and funding levels.

(See Attachment 2 for technical notes on the research methodology as well as limitations of the data.)

II. THE CORE SERVICE ENVIRONMENT

CORE SERVICE ENVIRONMENT

Adoption is part of a continuum of child welfare services, ranging from initial intervention for reports of child abuse and neglect, intensive family reunification, foster home placement, group homes for dependent children to permanent adoptive placement. Nationally, adoption is on the decline. While over one-third of Americans have considered adoption, no more than 2 percent have actually adopted a child.

More than 10,000 women were interviewed for the 1995 National Survey of Family Growth (NSFG) (the most current research of its kind available), which included questions on adoption. In 1995, nearly ten million women, or one-fourth (26.4 percent), of all ever-married women considered adoption. However, only 16 percent of these women (1.6 million) took actual steps toward adoption. Of these women, fewer than 500,000 women, or 1.3 percent of all ever-married women, completed an adoption—a decline from 2.1 percent in 1973 (U.S. Department of Health and Human Services Children’s Bureau [DHHS], 2005a).

The profile of women who actually adopt tends to be that of older, childless women who have experienced fertility impairments and sought fertility services in the past. The discrepancy in the number of women seeking adopted children and those who actually adopt may be attributed to the type of child sought by prospective adoptive parents (DHHS, 2005a). The majority of persons seeking to adopt are interested in very young children (0-3) who do not have special needs (physical, mental or behavioral) and who do not require a multiple sibling adoption (DHHS, 2005a).

Relinquishment of children for adoption has been declining since the mid-1970s, when the rate was 9 percent of all never-married women. The most remarkable decline has occurred among white women, from nearly 20 percent to less than 2 percent. Reasons cited for this decline include social acceptance of single parenthood and a higher proportion of unmarried mothers in their 20s who have less personal and financial stress (DHHS Children’s Bureau, 2005b).

According to the 1995 NSFG, less than one percent of children born to never-married women were placed for adoption from 1989 to 1995. The relinquishment rates were higher among white women (1.7 percent) than black never-married women (less than 1 percent). Married or formerly married women rarely relinquish their children. Extrapolating data from the NSFG and applying it to the 1.4 million children who were born to never-married mothers in 2003 suggests that, nationally, 14,000 children were voluntarily relinquished for adoption in that year (DHHS Children’s Bureau, 2005b). Unmarried teens who voluntarily relinquish their children tend to have higher education and income levels, high future career and educational aspirations, and a strong preference for adoption voiced by the teen’s birth mother or father (Miller & Coyl, 2000).

“Adoption disruption” occurs when an adoption process ends after the child is placed in an adoptive home or before the adoption is legally finalized, resulting in the child (re)entering foster care or placement with new adoptive parents (DHHS, 2004b). Studies have indicated differing results depending on population characteristics, geography issues, or study duration. For example, Barth, Gibbs, and Siebenaler (2001) found in a literature review that between 10 and 16 percent of adoptions of children over age three disrupt. Occurrence of disruption tends to increase with the

age of the child, the number of foster care placements the child has had, agency staff turnover, and the behavioral and emotional needs of the child (DHHS, 2004b).

Dissolution data is difficult to acquire due to closed case files after adoption and other reporting challenges (DHHS, 2004b). Festinger (2002) undertook a study of dissolution in New York to verify whether the frequently voiced concerns that quicker adoption placements yield higher numbers of dissolutions. She and other researchers found that dissolution, in its formal legal sense, is not a frequent event (Festinger, 2002; Testa, 2004). However, she further reported that many families are confronted with post-adoption challenges, struggles, and unmet needs (Festinger, 2002; see also Testa, 2004). The need for post-adoption services is frequently reiterated in the literature (Festinger, 2002; Testa, 2004; Casey Family Services, 2005). Moreover, due to increased cases of special needs children in foster care waiting for adoptive homes, the need for these services is growing.

PUBLIC POLICY ISSUES

NATIONAL

Federal Laws and Regulations

In 1935, the federal government began providing grants to states for preventive and protective services and foster care payments through the Child Welfare Services Program, Title IV-B of the Social Security Act. In 1961, legislation provided for foster care maintenance payments under the Aid to Dependent Children Program, Title IV-A of the Social Security Act.

Beginning with the passage of the Child Abuse and Prevention and Treatment Act (CAPTA) in 1974, the U.S. Congress implemented a number of laws that have had a significant impact on child protection and child welfare services. State-level responses to these laws included enacting state legislation, developing or revising state agency policy and regulations, and implementing new programs. Federal legislation also frequently requires federal government departments and agencies to promulgate and/or amend policy and regulation (Child Welfare Information Gateway, 2006).

The primary responsibility for child welfare services rests with the states. Each state has its own legal and administrative structures and programs to address the needs of children. In addition, states frequently must comply with specific federal requirements and guidelines to be eligible for federal funding under certain programs. The Social Security Act contains the primary sources of federal funds available to states for child welfare, foster care, and adoption activities. The programs include the Title IV-B Child Welfare Services and Promoting Safe and Stable Families (formerly known as Family Preservation) programs, the Title IV-E Foster Care Program, the Title IV-E Adoption Assistance Program, the Title IV-E Foster Care Independence Program, and the Title XX Social Services Block Grant (SSBG) Program (Child Welfare Information Gateway, 2006). These funding sources are described more specifically in Section IV of this report.

Since 1974, there have been several major legislative policies that frame child welfare practice. Each of these has also been amended over the past three decades (Child Welfare Information Gateway, 2006).

- Child Abuse Prevention and Treatment Act (CAPTA) of 1974 (P.L. 93-247). Seeks to reduce the incidence of child abuse and neglect through law enforcement initiatives and prevention activities.
- Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272). This act amended child welfare services law to create financial incentives for states to provide certain protections for children in foster care. The act also created the Title IV-E Foster Care Program, which makes federal funds available to provide maintenance payments for children removed from what were once known as AFDC-eligible families (Aid to Families with Dependent Children). The program provides unlimited matching funds to states to assist with certain foster care payments.
- Family Preservation and Support Services Program. Enacted as part of the Omnibus Budget Reconciliation Act of 1993 (P.L. 103-66) Title XIII, Chapter 2, Subchapter C, Part 1. Provides grants to states for family preservation and supportive services.
- Multiethnic Placement Act (MEPA) of 1994 (P.L. 103-382), Title V, Part E. MEPA was intended to remove the barriers faced by minorities wishing to become foster or adoptive parents by expressly prohibiting the use of a child's or a prospective parent's race, color, or national origin to delay or deny the child's placement and by requiring diligent efforts to recruit more racially and ethnically diverse prospective parents.
- Adoption and Safe Families Act (ASFA) of 1997 (P.L. 105-89) Amended Title IV-E of the Social Security Act. To permanently place a child in permanent custody of a public children services agency and ultimately in an adoptive home, this act requires states to file a petition to terminate parental rights when a child has been in foster care for 15 of the most recent 22 months. Ohio was one of four states to shorten the time frame to 12 of the most recent 22 months. Judges can delay or grant continuances in cases when they feel there is reason to delay termination of parental rights.
- Foster Care Independence Act of 1999 (P.L. 106-169). Amends title IV-E of the Social Security Act to provide states with more funding and greater flexibility in carrying out programs designed to help children make the transition from foster care to self-sufficiency.
- Child Abuse Prevention and Enforcement Act of 2000 (P.L. 106-177). Seeks to reduce the incidence of child abuse and neglect through law enforcement initiatives and prevention activities.
- Adoption Promotion Act of 2003 (P.L. 108-45). Reauthorizes the adoption incentive program under Title IV-E; provides additional incentives for adoption of older children (age 9 and older) from foster care.
- Keeping Children and Families Safe Act of 2003 (P.L. 108-36). Extends and amends the Child Abuse Prevention and Treatment Act; the Adoption Opportunities Act; the Abandoned Infants Assistance Act; and the Family Violence Prevention and Services Act.
- Child and Family Services Act of 2006 (P.L. 109-288). Reauthorizes the Promoting Safe and Stable Families (PSSF) program through FY 2011 which is an important federal source of

funding for services to support, prevent, and remedy difficulties of families with children and eligible Indian tribes in crisis. It has a state grant program to provide educational and training vouchers for youth who age out of the foster care system, and a mentoring program for those children with an incarcerated parent. The act reserves funds for states to develop activities designed to improve caseworker retention, recruitment, training, and ability to access the benefits of technology, as well as to support monthly caseworker visits to children in foster care.

Specific funding information authorized by several of these laws is included in Section IV.

Permanency

The need for permanent homes for children in state custody has significantly increased. According to The Center for Adoption Policy, the demand for permanent homes for un-parented children has grown by an astonishing degree in the U.S. As a recent study concluded:

In the decade between 1983 and 1993, the number of children in foster care increased 154 percent in California, 158 percent in Illinois, 121 percent in Texas, 120 percent in New York and 67 percent in Michigan.

The complexity of fifty state laws with different requirements as well as the tangled bureaucracy governing foster children (a large part of the population of abandoned children) has played an important role in diminishing adoption opportunities. Equally important is the legal uncertainty surrounding crucial aspects of domestic adoption, such as biological father's rights, gay and lesbian adoption, and the appropriate role of the Internet as a tool in facilitating adoption. Moreover, according to the Center for Adoption Policy (2005), bureaucrats and ideologues have allowed their individual biases or ideologies to prevent suitable, legal adoptions (as in the case of inter-racial adoptions) despite the presence of federal legislation to the contrary.

STATE

Ohio Adoption Policies

The Ohio Department of Job and Family Services (ODJFS) Adoption Section develops rules and guidelines that support county public children services agencies in their recruitment and retention of adoptive families, and in the placement and finalization of children waiting with adoptive families. Each year, the ODJFS Adoption Section holds a three-day statewide adoption and foster care conference for public and private children services agency staff and foster and adoptive parents. ODJFS continues to feature children waiting for adoptive families and information related to the adoption process on its website (ODJFS, 2005).

The Ohio Department of Job and Family Services has created a handbook for prospective adoptive families that includes the following information for adoption in the state of Ohio.

Family offers all of us a chance to grow as humans; to reach our greatest potential. Becoming a parent can bring out the best in us. The need to care for and nurture another human, especially a child, is a strong human emotion and impulse. On any given day, over 22,000 children in Ohio are living with foster families or in another out-of home placement setting. Over

3,050 children have had their biological parent’s rights terminated and are currently residing in foster care settings as they wait for an adoptive family. These children, who reside in the custody of local children’s service agencies, may be currently dealing with issues of past abuse, neglect, and/or dependency. These children need families available to them through adoption. Each year in Ohio, more and more children become legally free for adoption than Ohio agencies are able to place. (ODJFS, 2005)

According to a press release in late November 2005, Governor Bob Taft proposed the following changes to Ohio’s adoption statutes after close review of the guidelines that are currently in place.

- Require adoption agencies to complete a special assessment of families which have, or will have, five or more children in the home.
- Give ODJFS authority to establish procedures to search a confidential, statewide registry of individuals who have abused or neglected a child prior to placing a child in an adoptive home and establish procedures for an individual to challenge the listing.
- Include respite care and home health agencies as mandatory reporters of child abuse and neglect.
- Require adoption agencies to notify the county children services agency of pending placements and any special needs of a child.
- Require foster care applicants to disclose any prior removal of a child from the home and add criminal penalties for withholding or falsifying this information.
- Expand the current mandatory training requirements for public children services agency caseworkers and supervisors to include training about how to appropriately accept reports of child abuse, neglect and dependency.

To better coordinate services and ensure compliance, ODJFS is moving forward with the following administrative rule changes:

- Establishing guidelines for agency visits and contacts with a child prior to adoption;
- Increasing staff that monitor interstate child placement to ensure the required records are complete and correct; and
- Proceeding with the plan to implement a state automated child welfare information system in 2006, which will enable ODJFS staff to cross-reference cases in which multiple placements.

The Adoption Subsidies Guide from the Office for Children and Families states as follows:

Historically, special needs children were labeled un-adoptable and remained in foster care for long periods of time. The Adoption Assistance and Child Welfare Act of 1980 attempted to give children with special needs a fair chance at being adopted. This federal law began providing subsidies and medical assistance to families to encourage adoption of children who have the hardest time finding permanent homes—those children who we describe as having special needs. There are two categories of adoption subsidies: Federal Adoption Assistance (AA) and State Adoption Subsidy. In Ohio, these programs are administered through the county public children services agencies (i.e. Children Services Board or County Department of Job and

Family Services). The federal and state adoption subsidy programs have the same basic concept: to support and maintain special needs adoptive placements before and after finalization (or legalization) of the adoption. Although they have the same basic concept, eligibility requirements of these programs are very different. (Ohio Department of Job and Family Services [ODJFS], 2005)

Gravelle Case

The high profile case of the Gravelle family that adopted 11 special needs children and had some sleeping in cages has raised concerns regarding the amount of screening for difficult-to-place special needs children. The Gravelles were convicted in 2006 of child endangering and child abuse (Sielicki, 2007). The state requires at least two visits by the county or private agency that handled the adoption during the six months it takes to finalize an adoption, but Ohio does not require visits after the adoption (Associated Press, 2005).

LOCAL

Adoption Network Cleveland Policy Proposals

Adoption Network Cleveland has published its 2005-2006 public policy proposals on the Internet:

- Increase financial support for adoption and post adoption services.
- Remove disincentives and barriers to adoption.
- Change fiscal formulas to strengthen ability of private child caring agencies to allocate resources for child centered adoption strategies, increase successful adoption opportunities and reduce the number of children who age out of the system.
- Fund post adoption needs of children consistent with foster care payments to remove existing barriers to adoption by safe, caring foster parents.
- Remove current caps on local match to Federal IVE Adoption Assistance that severely reduce post adoption support for children with special needs.
- Strengthen/create post adoption funding to provide programs and services for adoptive families who adopt older, hard to place children.
- Secure an IV-E waiver to provide financial subsidies for private guardianships.
- Allocate TANF (Temporary Assistance for Needy Families) funds to promote and support permanent kinship families, post adoption services and foster to adopt adoption opportunities.
- Maintain funding of the local government fund, a significant funding source for critical county children and family service programs and services.
- Require concurrent planning: child centered identification of kinship or other known, safe and nurturing adults must take place during temporary custody in order to generate successful foster to adopt opportunities if reunification fails.



- Simplify relative foster to adopt statutory requirements that require the relinquishing of parental rights and the awarding of legal guardianship to grandparents in order to become eligible for foster care subsidy.
- Modify adoptee age limit of 18 years to permit safe, nurturing non-related adults involved in the life of the child to adopt youth beyond their 18th birthday. (Adoption Network Cleveland, 2005.)

III. THE CORE SERVICE CONSUMERS

DEFINITION OF TARGET POPULATION

The target population specifically addressed in this core service report is children birth to 17 years who have been abused or neglected and are in permanent custody of the Cuyahoga County Department of Children and Families and waiting for adoption. Consumers can also include individuals seeking to adopt a child, birth parents seeking to relinquish their parental rights and post-adoptive families.

DEMOGRAPHIC CHARACTERISTICS

National

In August 2004, the National Adoption Information Clearinghouse released its report on adoptions in 2000 and 2001. This is the most recent data available (DHHS, 2004a). Highlights from this research include:

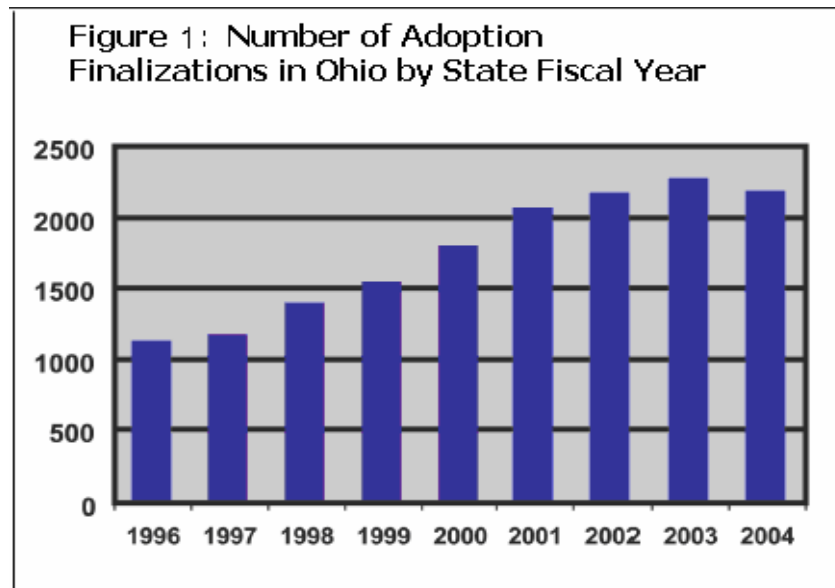
- In 2000 and 2001, 127,000 children were adopted annually. This is consistent with the range of the number of adoptions dating back to 1987 (118,000 to 127,000).
- While longitudinal data is not available for all fifty states and territories, public agency adoptions account for 40 percent of all adoptions, up from 18 percent in 1992. Inter-country adoptions account for 15 percent of all adoptions, up from 5 percent in 1992.
- However, reporting data is difficult to attain and some parents who adopt in foreign countries do not file with the U.S. courts.

Between 1989 and 2002, 167,420 children from other nations were adopted in the United States (Kinder, 2003). In 2001, the State Department reported over 19,000 inter-country adoptions, almost a 1,000 increase from 2000 (DHHS, 2004a). Over 40 percent of the children adopted internationally were under one year of age. While the gender of adopted children tends to be split 50-50 for domestic adoptions, more girls (63 percent) are adopted internationally. This disparity is predominantly due to mainland China, where over 4,600 children, 96 percent of them girls, were adopted in 2001 (Kinder, 2003).

Ohio

On any given day, according to the Ohio Department of Job and Family Services (2006), more than 22,000 children are living with foster families or in another out-of-home placement setting in Ohio. Nearly 2,800 of these children are waiting for adoptive families. Children who wait the longest for adoptive families include African American children, children over the age of ten, and/or children who are part of a sibling group. Maintaining the needed number of families to assure the appropriate placement for each child is an enormous task no one can accomplish alone.

In Ohio, adoption trends have steadily been on the rise from 1996 to 2003. (See Figure 1.) From 2003 to 2004, there was a slight decline (ODJFS, 2005).



Source: ODJFS, 2005

However, there was a decrease in both adoptions and in the number of children in permanent custody in FFY 2005. ODJFS (2006) reports that 1,895 children entered permanent custody in FFY 2005, which was a 12 percent decrease from 2,107 in FFY 2004. The number of children waiting for adoption decreased from 3,200 in FFY 2003 to 2,800 in FFY 2005. The number of adoptions declined from 2,260 in FFY 2004 to 1,989 in FFY 2005. This was an expected decline, since the number of children waiting for adoption decreased 7 percent from FFY 2004 to FFY 2005.

Cuyahoga County

As of December 2005, there were 2,553 children in custody of the Cuyahoga County Department of Children and Family Services (DCFS, 2006). Of those children, 945 were in temporary commitment, where it is still possible to reunify children with their birth families or primary caregiver. Another 1,121 children will never return to their biological families. These children have been reported as in permanent commitment and “waiting for adoption in the public system.” The remaining 487 children were in planned permanent living arrangements or long-term foster care. (See Table 1.) Only those children who would continue to be in danger are placed in planned permanent or permanent custody status. As a result, a large proportion of children are reunified with their parents or other relatives.

Table 1: Point-in-Time Totals for Children in Custody and in Placement, Cuyahoga County, 2002 to 2005

	Dec-02	Dec-03	Dec-04	Dec-05
Children in Custody				
Total Number of Children in Custody	4,786	3,917	3,195	2,553
Permanent Commitment	2,591	2,097	1,657	1,121
Planned Permanent Living Arrangement	815	747	667	487
Temporary Commitment	1,380	1,073	871	945
Source: Cuyahoga County Department of Children and Family Services				

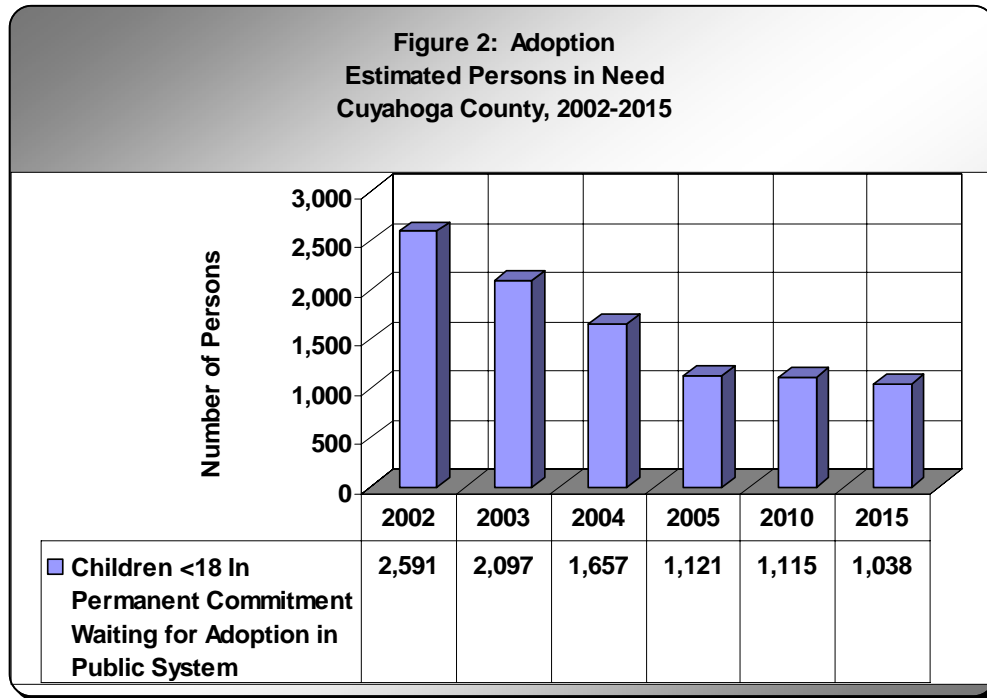
Of the children available for adoption in 2005, 60 percent were male, 85 percent black, 10 percent white, and 1 percent Hispanic. Eighteen percent were between 1 and 5 years of age, 28 percent between 6 and 10 years of age, 50 percent between 11 and 15 years of age, and 4 percent were over 16 years old (DCFS, 2005). The older a child is, the more difficult it is to find an adoptive home.

Estimated Persons in Need

There are multiple consumers for adoption services: the child waiting to be adopted, the adoptive family, and in the case of open adoptions, the birth family. For this report, the primary consumer is considered the child waiting to be adopted in the public system.

As of December 2005, an estimated 1,121 children under the age of 18 were waiting for, and in need of, adoption services. This number is down from 2,591 in 2002. Possible reasons for the decrease include: 1) better wrap-around services by the county and local providers through neighborhood collaborative contracts with alliance agencies; 2) increase in number of children being adopted by foster parents; 3) quicker docket turnarounds in the local courts; and 4) improved business practices at Children and Family Services (DCFS, 2006).

It is projected that by the year 2015, the number will fall even further to 1,038 as a result of population shifts. (See Figure 2.)



Sources:

* 2002-2005 US Census: American Community Survey; 2010-2015, Ohio Department of Development (July, 2003);

** Status of children in permanent commitment of Cuyahoga County and waiting for adoption in the public system, Cuyahoga County Dept of Children & Family Services (CFS) 2002 to 2005: 2010 and 2015 estimated by applying 2005 percent children in permanent commitment of estimated population < 18, 2005. (0.3487%). Assumes same percentage for each period.

Two populations are important when looking at children in need of adoption services: the younger population (ages 0 to 8) who are more easily placed in adoptive homes; and older children (ages 9 to 17), especially those with special needs (i.e., multiple siblings, behavioral or mental health issues and disabilities) for whom it is more difficult to find adoptive homes. The percentage of older children awaiting adoption is nearly 60 percent of all children in permanent commitment according to DCFS staff.

REALIZED ACCESS TO SERVICE

Realized access to services is represented by the numbers of consumers actually served. This report includes the actual number of consumers reported by the Cuyahoga County Department of Children and Family Services. United Way does not currently fund adoption services. Thus, it is an accurate estimate of actual numbers of consumers receiving service.

Since December 2002, the number of children in placement in Cuyahoga County has decreased from 5,352 to 3,004 in December 2005. The number further decreased to 2,911 as of September 2006. Following the same pattern the number of children placed in adoptive homes also decreased during the same period from 302 to 196, respectively, and 202 in September 2006. (See Table 2.)

Table 2: Point-in-Time Number of Children in Placement and Type, Cuyahoga County, 2002 to 2006

	Dec-02	Dec-03	Dec-04	Dec-05	Sep-06
Children Placed					
Total Number of Children in Placement	5,352	4,309	3,506	3,004	2,911
Relative (Kinship) Home	1,593	1,137	803	652	617
Agency Foster Home	928	802	624	505	546
Network/Shared Home	1,882	1,531	1,290	1,144	1,011
Adoptive Home	302	247	249	196	202
Group Home	141	127	140	148	454
CRC Home	462	421	339	284	
Other (e.g., Detention Facility, Hospital, etc.)	44	44	61	75	81

Source: Cuyahoga County Department of Children and Family Services: Summary Monthly Statistical Reports for Respective Periods

There is no demographic information about actual consumers for this service. See Attachments 3 and 4 for census information on those under 18 years in the county.

In terms of the 1,121 children in need, none of them have realized access since they are all waiting to be adopted.

IV. CORE SERVICE DELIVERY

CORE SERVICE DEFINITION

The definition of the core service in this report is as follows: programs that aid in arranging permanent homes for children whose birth parents are unable or unwilling to provide for them.

Adoption is the legal process that transfers the legal rights and duties of a child from his or her biological or natural parents to substitute adoptive parents. The rights and obligations between the child and his or her biological parents are terminated and the adoptive parents become the sole possessor of the rights, privileges, and duties of parenthood for all legal purposes effective upon completion of the adoption.

Services also include counseling or assistance for birth parents wanting to relinquish their parental rights or pre-adoption education for people who want to become adoptive parents. Post-adoption assistance is also provided in the form of counseling, support groups, education, financial assistance, and advocacy.

BACKGROUND ON CORE SERVICE

Adoption programs are provided by many different types of organizations including social service agencies, hospitals, and religious institutions. Programs also have multiple staffing, collaboration, and reimbursement/payment structures. Most of the providers of adoption services are contracted through the Cuyahoga County Department of Children and Family Services. Nearly all the providers are located in Cuyahoga County. The majority of providers offer services to birth parents wishing to relinquish their children, pre-adoptive families wishing to know more about adoption opportunities, families in the midst of adopting a child, and post adoptive support.

Strong Families = Successful Children Vision Council Strategy & Resource Plan – Adopt Cuyahoga’s Kids

The Strategy and Resource Plan for Adopt Cuyahoga’s Kids of the Strong Families = Successful Children Vision Council (2003) outlined nine steps for the adoption process.

Step 1: Awareness, Recruitment, and Marketing. DCFS and the private adoption agencies design and implement public awareness campaigns. DCFS has a recruitment division consisting of 10 staff members who use mail campaigns and ads as funding is available. Historically, it had primarily recruited by word-of-mouth.

DCFS provides funding in the form of subsidy payments and other emergency assistance to adoptive parents and children in permanent custody to cover a wide variety of needs of both the adoptive child(ren) and the adoptive families.

While foster families are most likely to adopt children in their care and are essential if there is to only be one placement for a child, there are significant real and perceived disincentives for adoption. One large factor is that the foster care subsidy is sometimes higher than the adoption

subsidy. This is because there are two types of foster care: traditional foster care and treatment foster care, which is typically done by private agencies. Traditional foster care and adoption subsidies are the same—\$18 a day. However there is a higher rate for treatment foster care—\$25-45 a day, depending on the special needs of children. Sometimes siblings are placed in treatment foster care and foster families are paid the higher rate even though only one of the siblings needs it. Both foster care and relative adoptive families require specialized strategies to motivate them to adopt.

Research and experience also demonstrate that families with no prior knowledge of the child, i.e., straight-out adoptions, are the least likely to adopt children in the public sector. However, strategies are employed to identify and recruit them because they are a significant market. Most straight-out adoptions are done through private adoption agencies that have the expertise to market to these families. They are primarily in suburban locations across Cuyahoga County. Businesses are also sometimes approached for assistance in recruiting families for straight-out adoptions. Child-specific recruitment strategies are typically needed when a child has no foster family or relative willing to adopt him/her.

In recent years, adoption agencies across the country have had experience with applying social marketing principles to the recruitment process. This method of marketing is based on identifying the characteristics of adoptive families and then locating the geographical areas where these families reside. It has been noted that people not already “connected” to the public adoption system are often unaware of the children’s needs and are marketing to the wrong persons in the wrong places. Social marketing can correct this problem. In addition to marketing for adoptive homes for children currently needing placements, strategies must be employed to “plant seeds” in persons who might decide to adopt at a later time.

Step 2: Initial Phone Contact & Call Backs. DCFS has 4 staff persons to answer calls from potential adoptive and foster care families who are then invited to training. Private adoption agencies handle their respective calls.

Step 3: Potential Adoptive Family Training. DCFS provides 24 hours of training (private agencies do 36 hours) to potential adoptive families, with some additional hours after the home study is complete. Typically this takes place over 8 weeks with each class lasting 3 hours and offered in the morning, evening, or weekends. Approximately 11 to 12 training sessions are done each year, primarily by sub-contractors. Some of the training is done at the Jane Edna Hunter building on East 40th and Euclid Avenue and some at other community sites. DCFS’s group size is about 100, although research has demonstrated that smaller groups of about 25 are more effective because they allow potential adoptive families to bond with the instructor and others in the group. Approximately 50 percent of the persons who attend these sessions do not take the next step in the process. However, it must be noted that some families go through training with DCFS and then go to suburban agencies for their home study; e.g. potential gay and lesbian adoptive families who go to Bellefaire Jewish Children’s Bureau for training.

Step 4: Home Studies. Upon completion of training, potential adoptive families complete an application and are then referred to a case worker who completes the home study. Both DCFS and private adoption agencies perform home studies. DCFS has 15 dedicated staff persons to conduct home studies. There are multiple documents that the family must provide. The county has dedicated funding for home studies; however, capacity is a major issue. The Mandel School of Applied Social

Sciences (MSASS) has received funding from The Cleveland Foundation for students to assist with home studies.

The home study can take up to 6 months; children wait and potential adoptive families can become frustrated with the wait. Some families have also reported that the process consists only of filling out forms and can feel very intrusive. The home study is intended to be an educational and strength-based process with social worker and family working together to figure out what will make the adoption successful. The process is also difficult for relatives because it assumes that the potential adoptive family knows nothing about the child. Having parallel adoptive and foster case approval systems does not facilitate the process for foster families trying to adopt children.

Step 5: Matching Families and Children. The process of matching families and children is critical since it impacts a child's life forever. The child's worker and supervisor (who represent the child) meet with the home study worker (who represents the family). Each presents the strengths and needs of their respective position and consensus is reached based on the needs of the child. Sixty-two DCFS staff persons are involved in the matching process. Forty-eight of them are child workers and the remaining 14 are family workers.

Step 6: Preparing Child to Join a New Family System. All children face an adjustment when joining a new family. However, this can be more intense for older adoptive children who face the tasks of developing new competencies, adjusting to new schools, making new friends, and often, living in new communities. These tasks can affect how they develop their relationships with members of their adoptive families. Several studies have shown that older children are at greater risk of disruptions and dissolution (Pinderhughes, 1998).

Preparing children to meet these challenges can help greatly in the adjustment process once they are adopted. Currently in DCFS, all children are being prepared by case workers on a one-on-one basis, but some of this is spotty. Most workers do not have the clinical expertise and specialized mental health training to adequately prepare and work with reluctant children in group and individual settings that could be very helpful to them. Adoption assessor training does not include this skill component in its curriculum. Furthermore, mental health professionals in the community have not specialized in the unique needs of children in the adoption process. There are also geographical constraints in preparing children who reside in out-of-county group foster homes. Reimbursement is a primary issue. Since there is no diagnosis, this is not viewed as a mental health service. Medicaid funds can be used for this purpose to a limited degree. Private agencies have tremendous pressures to perform billable functions. This is a huge system issue.

Step 7: Pre-Placement Visits and Placement. Children and adoptive families have visits prior to placement.

Step 8: Post Placement Service. The child must reside with the adoptive family for six months prior to legalization. During this period both the child and the adoptive family often need supportive services to assist them through the process. Families often do not know how to access needed services.

Step 9: Legalization by Probate Court. The last step of the process is legalization of the adoption by Probate Court. Some families found that this experience produced high anxiety with the court being intrusive, asking for unnecessary documentation or documentation that DCFS has already provided, losing documents, and insisting on marriage to finalize the adoption for unmarried persons. The court often requires more documentation than the agency gave or is required by law. At times there is conflict between what the court and the agency think is good for the family. Families think finalization and celebration at this point; however, sometimes the court does not finalize an adoption because the documentation has not yet been read. A paralegal staff person is needed to review documentation prior to the court hearing.

One of the supports for families prior to adoption in the State of Ohio is the Putative Father Registry. This is a computerized database maintained by the Ohio Department of Job and Family Services where men can register if they believe they may have fathered a child and want to be notified should the child become available for adoption. The Putative Father Registry is searched as part of the process to determine whether the child’s adoption might be at risk. If a child is placed for adoption, the putative father, if listed in the registry, will be notified and can seek legal counsel regarding his rights (ODJFS, 2006).

There are a number of financial subsidies available to assist the adoptive families in meeting the special needs of their adopted child(ren) (ODJFS, 2006). Some of these are specifically targeted for families who adopt children with special needs. Services include medical, surgical, counseling, psychological, psychiatric, and residential treatment. The subsidies are described more fully in Section IV of this report.

The Interstate Compact on Adoption and Medical Assistance Program was developed to ensure continued medical coverage and other adoption services for eligible children in their state of residence when families move out of state. The program creates a framework for formalized interstate cooperation on behalf of an adopted child and his/her family should the family move from one state to another. It removes the systematic barriers associated with forms and specific state requirements in obtaining medical assistance for the adopted child. Each participating state has a compact administrator who helps facilitate the provision of benefits and services for the adopted child’s special needs. The administrator processes the necessary paperwork and serves as an informational resource. Today, nearly all the states, including Ohio, are represented in the Interstate Compact on Adoption Program (ODJFS, 2006).

The majority of children adopted through DCFS go to foster parents who chose to adopt the child(ren) in their care, representing 54 percent of all adoptions. The second most frequent adoption placement is with relatives, representing 29 percent of all adoptions. Finally, approximately 17 percent of the adoptions are considered “straight-out adoptions.”

Some of the reasons for the recent success in placing children in adoptive homes are increased efforts to place children with relatives as quickly as possible and to encourage both relatives and foster parents to seek joint licensure as foster care and adoption; offering wraparound services; and increasing child-centered recruitment efforts to locate adoptive parents for hard-to-place children.

The Strong Families = Successful Children Vision Council established a priority of creating a comprehensive adoption system in which every child in Cuyahoga County lives in a permanent home (Community Vision Council, 2005). The Kids Initiative, a three-year program under the

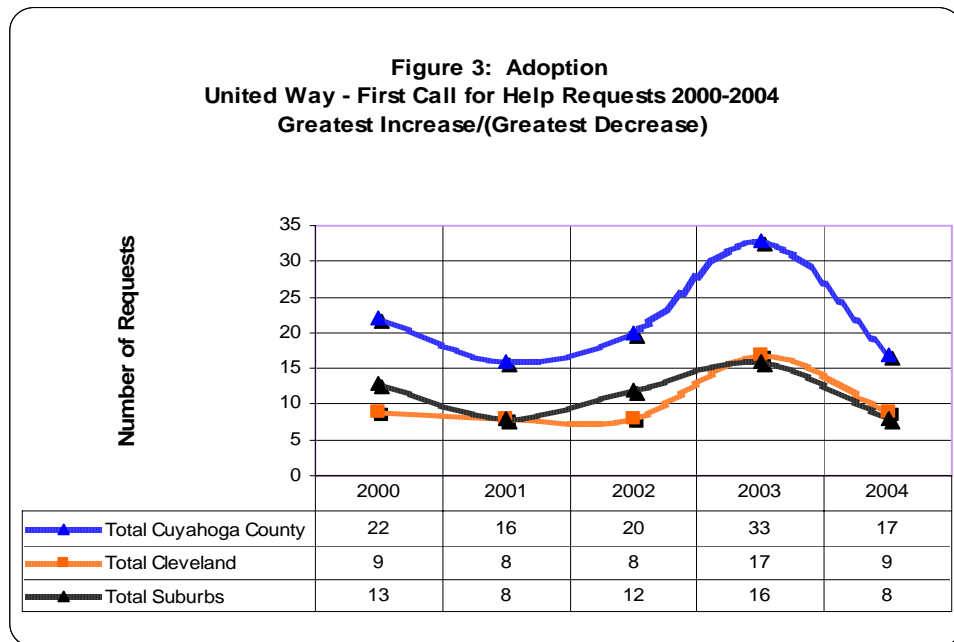
leadership of Adoption Network Cleveland (ANC), is based on two assumptions: 1) adoptive homes must be found for the backlog cases so that DCFS and private adoption agencies can focus on finding adoptive homes for new children entering the system; and 2) there must be system change if DCFS and private agencies are to be more successful in placing children in adoptive homes. In 2005, 235 hard-to-adopt children were adopted as a result of the Kids Initiative.

To supplement Vision Council funding for the Kids Initiative, DCFS & Adoption Network obtained funding from the U.S. Department of Health and Human Services Opportunities in adoption demonstration to operate Project *CONNECT*. This four-year project is an effort to increase adoption among older children in Cuyahoga County and to enhance the child welfare system to prevent teens from “aging out” without permanent connections. *CONNECT* brings together several strategies in a comprehensive program to provide permanency for a significant number of youth.

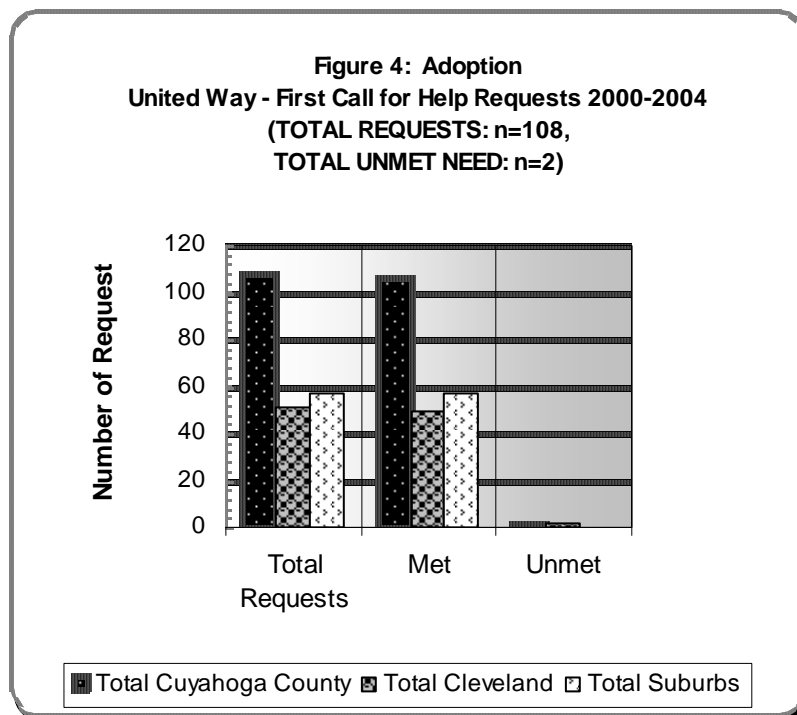
United Way – First Call for Help Call Data

Based on United Way - First Call for Help’s (FCFH) database (February 2005), there are 13 adoption service providers in 19 locations within Cuyahoga County. All providers located in the county are nonprofit organizations. (See Attachments 5 and 6.)

FCFH call data shows that between 2000 and 2004, Cuyahoga County received 108 calls regarding adoption. There appears to be a curvilinear pattern of requests for adoption services. The overall number of requests has fluctuated over the last five years, both in the City of Cleveland and in the suburbs. Just slightly more than half of the calls for requests came from the inner-ring suburbs. The majority of calls were received in the years 2000 (22 requests) and in 2003 (33 requests). (See Figure 3 and Attachment 7.)



Of the 108 calls, only 2 calls could not be referred to an agency or program due to the nature of the call. (See Figure 4 and Attachment 8.)



FUNDING OF CORE SERVICES

Nationally, at least \$2.6 billion was spent on adoptions and support services for adopted children in FY 2002, and this amount has been increasing over the past 10 years. While out-of-home placements (foster care) remain the largest expenditure in child welfare funding, changes in policy that focus on permanent custody as opposed to foster care have led to substantially increased expenditures for adoption. A study conducted by the Urban Institute on Child Welfare analyzed government spending on child welfare over the economic downturn of 2000-2002 and found that adoption services increased the most (by \$708 million). Additionally, the number of children receiving adoption services nearly doubled (Billing, Ehrle, and Kortenkamp, 2002). An increase in adoption spending was expected with the passage of the Adoption and Safe Families Act of 1997, which mandated certain requirements for adoptions that focused on enabling permanent custody. Adoption costs are expected to continue to increase as the cumulative number of children receiving adoption subsidies increases (Billing, et al., 2002).

Major Government Funders

The major sources of government funding for adoption are:

- Adoption Tax Credits (federal and state);
- Multi-Ethnic Placement Act Targeted Recruitment Funds (MEPA);
- Social Services Block Grant (SSBG);
- Temporary Assistance to Needy Families (TANF);

- Title IV-E Adoption Assistance Program;
- Title IV-E Adoption Incentive Program;
- Title IV-B - Subpart 2 - Promoting Safe and Stable Families;
- Ohio General Revenue Fund - State Adoption Subsidy Program & Post Adoption Special Services Subsidy (PASSS) Program; and
- Cuyahoga County Health and Human Services Levies.

Below is further explanation of the major sources of government funding for adoption.

FEDERAL

Adoption Tax Credit (federal and state)

At the federal level, adoptive parents can take a tax credit of up to \$10,390 for qualifying expenses paid to adopt an eligible child. A credit of up to \$10,390 may be allowed for the adoption of a child with special needs, even if there are no qualifying expenses.

At the state level, adoptive parents may claim an Ohio state adoption tax credit for the expenses incurred in the legal adoption of a minor child (less than 18 years of age). This state adoption tax credit is limited to \$500 per child.

Multi-Ethnic Placement Act Targeted Recruitment Funds (MEPA)

The Multiethnic Placement Act requires that the racial and ethnic diversity of families waiting to adopt be reflective of the racial and ethnic diversity of the children waiting to be adopted. In Ohio, the percentage of waiting African-American families is substantially less than the percentage of waiting African-American children. The Office for Children and Families has approved the allocation of \$538,000 to specific public children service agencies (PCSAs) that have been identified by ODJFS as most able to assist in compliance with MEPA. These PCSAs are being asked to increase the number of available African- American families in order to achieve parity with the percent of their waiting African-American children. The level of each PCSAs allocation was influenced by the total families required to achieve parity and the total available dollars. Cuyahoga County's Department of Children and Family Services received \$146,000 in SFY 2006.

Social Services Block Grant (SSBG)

Title XX of the Social Security Acts is the Social Services Block Grant (SSBG) program. A formula grant made to states based on state population relative to total U.S. population, SSBG has no matching funds requirement and is an extremely flexible source of funding for a broad range of social services. Funded services can be provided through governmental agencies or through grants or contracts with private organizations. The law has a list of authorized services that can be funded through SSBG, including adoption. According to the Urban Institute, states spent at least \$39 million on adoptions and support services for adopted children from SSBG in 2000 (Billing, et al., 2002). Appropriations from the SSBG were \$1.7 billion in 2006 and have remained unchanged since FY 2002; however, they are down significantly from the 1990s, when they were \$2.8 billion. The current administration has proposed a \$500 million cut to the program. In Ohio, there is no state Title XX or earmarked Title XX services for adoptive families (North American Council on Adoptable Children, 2002). Cuyahoga County received a total of \$27 million from SFY 2005-2007 from the SSBG, and DCFS received \$6,912 for "adoption" services per the state's Title XX plan (ODFJS, 2006).

Temporary Assistance to Needy Families (TANF)

Created by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, TANF is administered at the federal level by the Department of Health and Human Services. TANF ended individual federal entitlement to welfare and replaced it with block grants to states. TANF has four purposes:

1. Provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives.
2. End needy parents' dependence on government benefits by promoting job preparation, work, and marriage.
3. Reduce the incidence of out-of-wedlock pregnancies and establish annual numeric goals for decreased incidence of these pregnancies.
4. Encourage the formation and maintenance of two parent families.

States have the broad flexibility to decide how to spend TANF funds to meet these goals. In FY 2007, Ohio will use TANF funds to support adoption services by focusing on the fourth goal and providing \$9.1 million dollars to AdoptOHIO Kids for funding that will go to PCSAs. Mead Wilkins, director of the Medina County Department of Children and Family Services, wrote a white paper on the use of TANF in child welfare, and states the following about the 2007 TANF allocation to AdoptOHIO Kids:

The allocation is to be used to enhance adoption programs to increase the overall number of adoptions—with a special emphasis on actions that will decrease the length of time required to complete adoptions. Funds available under the allocation are targeted to serve two-parent adoptive families, and single-parent adoptive families who meet the state's standard of need. The standard of need for a single-parent family is 120 percent of the state median income scaled to family size including the presence of any adopted children. There is no standard of need for two-parent adoptive families. Funds available under the allocation may be used only for purchased services to promote the formation of a two-parent or an eligible single-parent adoptive family. Examples of allowable purchased services include:

- Contracts or grants for family recruitment and home studies;
- Pre-adoptive training for parents and families;
- Counseling and mentoring for pre-adoptive parents and families; and
- Pre-finalization case management.

Funds can be used to support agency recruitment campaigns and promotional activities only when the theme of such efforts is focused on the development of two parent adopting families. Grants to faith based organizations are permitted and encouraged within the restrictions noted above. Funds may also be used to provide one-time incentive payments to adoptive families upon finalization. Allocation funding may not be used to support PCSA staff or general operating costs. (Wilkins, 2006)

Each year since 1999, the state of Ohio has received \$728 million in TANF funds. Cuyahoga County's FY 2006 budget calls for a total of \$210.6 million in TANF funds for all public assistance, including for adoption. Specific funding from TANF for adoption services in Cuyahoga County was not available.

Title IV-E Adoption Assistance Program

By far the largest source of funding for adoption services is the Title IV-E Adoption Assistance Program of the Social Security Act as amended by the Adoption and Safe Families Act of 1997. Title IV-E provides states with funds for subsidies to adoptive parents, administration of the adoption program, and training for public children service agencies' (PCSA) staff. The program's funding is structured as an uncapped entitlement, so any qualifying state expenditure will be partially reimbursed or matched, without limit.

Title IV-E adoption assistance subsidies to cover basic maintenance costs, including food, shelter, daily supervision, school supplies, insurance, and incidentals are provided to parents who adopt special needs children. "Special needs" is a classification for children who have a harder time finding families willing to adopt them. The term "special needs" is used to describe factors such as:

- Age;
- Background;
- Physical, mental, and emotional challenges sometimes found among adoptable children;
- Children who are part of a sibling group that is being placed for adoption together; and
- Children who are members of a minority group.

Currently, federal funding for adoption assistance payments is provided for any eligible child at a federal matching rate from 50 to 80 percent, depending on the state. For Ohio, the federal match rate is 59.66 percent for FY 2007 (DHHS, 2005c). The federal portion is called the "federal financial participation" or FFP. The FFP for Title IV-E foster care and adoption assistance (maintenance) is the same as Medicaid (Title XIX), also known as the "federal medical assistance percentage" or FMAP. The first \$250 of a monthly IV-E adoption assistance payment is paid entirely with federal (59.66 percent) and state funds (40.44 percent). Federal reimbursement also covers 59.66 percent of any monthly amount over \$250. However, county agencies are responsible for the non-federal portion of each dollar over \$250 per month (North American Council on Adoptable Children, 2002). If the child is not Title IV-E eligible, the state is responsible for paying for the entire cost of care with other resources (Child Welfare League of America, 2003).

Title IV-E also supports administration and training of states' adoption programs. The program supports state efforts to recruit adoptive parents, assess prospective adoptive families, and develop, manage, and review individualized adoption plans. Currently, states draw federal funds for Title IV-E administration and training through an entitlement based on the number of children served.

Title IV-E funds are for poor children only. To qualify for federal adoption assistance under the statute, a child must meet stringent income standards set by the old Aid to Families with Dependent Children (AFDC) program, even though AFDC was replaced by the Temporary Assistance to Needy Families (TANF) program in 1996. Also, to receive Title IV-E adoption assistance subsidies, states must certify that children cannot or should not be returned to their family of origin, and that reasonable efforts have been made to place these children with adoptive families without a subsidy.

Adoption assistance payments end when a child reaches age 18 or, at state option, age 21 if the child has a disability.

At a national level, the Title IV-E Adoption Assistance Program increased from \$1.7 billion in 2004 to \$1.77 in 2005 and to \$1.88 billion in 2006.

The Center for Law and Social Policy and the Children’s Defense Fund ([CLASP], 2006) produced summaries of child welfare spending by states. Per their analysis of Ohio’s FY 2004 funding published in 2006, of the \$130 million the states received in Title IV-E Adoption Assistance funds, they spent \$58 million on adoption assistance payments and \$72 million on administration and training (CLASP and Children’s Defense Fund, 2006). Specific dollar amounts of Title IV-E spending for Cuyahoga County were not available at the time this report was written.

Title IV-E Adoption Incentive Program

President Bush signed the Adoption Promotion Act of 2003, which reauthorizes the adoption incentive payments program first created by the Adoption and Safe Families Act of 1997. The act authorizes \$43 million per year for FY 2004-2008 to be administered by the U.S. Department of Health and Human Services. The act creates enhanced incentives for more difficult adoptions of older and special needs children. It maintains the existing incentives for other foster children. The payments equal \$4,000 for each foster child adoption with an additional incentive of \$4,000 for a child older than nine and an additional \$2,000 for a special needs child younger than eight. Incentive funds may be used for any activity authorized under Titles IV-B or IV-E. As revised in 2003, it has been more difficult for states to receive incentive funds from the Adoption Incentive Program. Nationally, there has been a 79 percent drop in incentive funds. Ohio received \$376,000 in 2004 and no bonus money in 2005 (Associated Press, 2006).

Title IV-B - Subpart 2 - Promoting Safe and Stable Families

Title IV-B - Subpart 2 - Promoting Safe and Stable Families is a capped entitlement and has provided \$305 million in mandatory funds per year through 2006; it requires a 25 percent state match. Each state’s share is based on the average monthly number of children receiving food stamp benefits during the most recent three federal fiscal years. As a general rule, at least 20 percent of the money must be spent in each of four categories: 1) family preservation, 2) community-based family support services, 3) time limited family reunification services and 4) adoption promotion and support services. There is a 25 percent non-federal match required. Ohio’s allocation has been increasing: from \$11,264,606 in 2002 to \$15,113,685 in FY 2005. Specific dollar amounts from Title IV-B – Subpart 2 to Cuyahoga County were not available at the time this report was written.

STATE

Ohio General Revenue Fund - State Adoption Subsidy Program & Post Adoption Special Services Subsidy (PASSS) Program

The state’s general revenue fund is the primary source of state funds for adoption. In addition to providing matching funds for the federal Title IV-E program, the state also has two programs for children who are not eligible for Title IV-E (usually due to income restrictions): the State Adoption Subsidy program and Post Adoption Special Services Subsidy (PASSS) program. The State Adoption Subsidy program is a financial assistance program that provides monthly maintenance subsidies to adoptive families who adopt “special needs” children who are ineligible for Title IV-E. Public children services agencies are responsible for determining eligibility and administering the state

adoption subsidy program. In addition, the Post Adoption Special Services Subsidy (PASSS) program is designed to assist eligible adoptive families after finalization. Services include medical, surgical, counseling, psychological, psychiatric, and residential treatment. For the general revenue fund “adoption services” line item of the Ohio budget, funding has been increasing from an actual \$66 million in 2002, to a recommendation for 2007 of \$79 million (Office of Budget and Management, 2005). Note that the Ohio Children’s Trust Fund is not an intended source of funding for adoption.

LOCAL

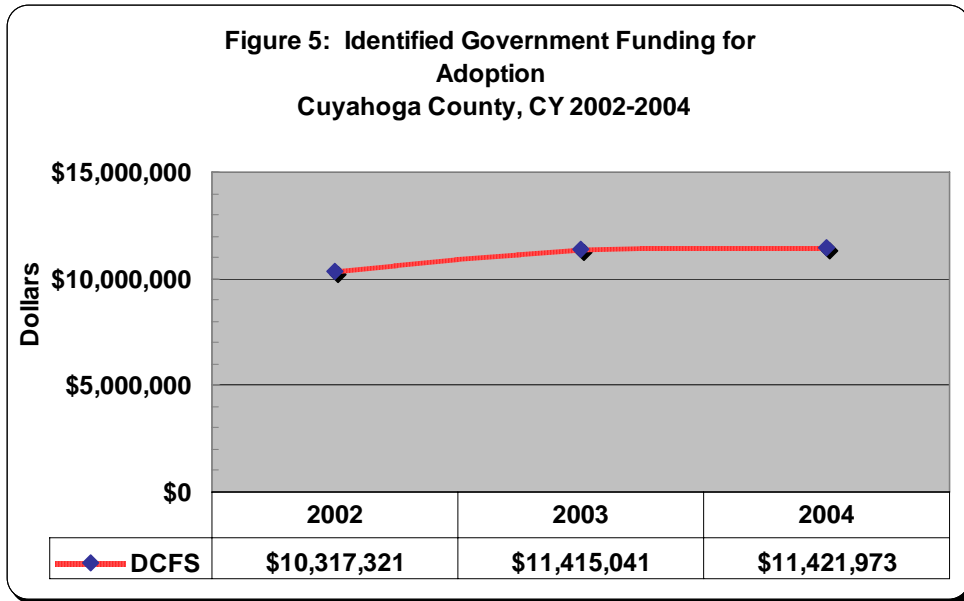
Cuyahoga County Health and Human Services Levies

There are currently two Cuyahoga County Health and Human Services (HHS) levies—one at 2.9 mils set to expire in 2011 (as passed in November 2006 as Issue 19), and the other at 4.9 mils set to expire in 2008. The levy provides a flexible source of funds for the county, and the Department of Children and Family Services receives funds from these levies. The amount of money generated through these levies has been increasing: in 2002 \$119.3 was available, in 2006 \$168.4 is expected to be available. The replacement levy of November 2006 will generate an additional \$27.3 million annually. Specific amount of HHS levies funds going to adoption services was not available.

Trends of Identified Government Funders in Cuyahoga County

As discussed above, the majority of funding for adoption services comes from the federal government and is passed to local departments of child and family services. (See Figure 5.) This funding includes a blending of TANF, Title IV-E, SSBG Title XX, and Ohio general revenue fund dollars. In addition, the Cuyahoga County Department of Children and Family Services receives funding from the Cuyahoga County Health and Human Services levies. Funding data was received from DCFS in an aggregated form, and dollars by specific funding source were not provided. However, estimates of individual funders are as follows:

- \$1.3 million from Adopt Cuyahoga's Kids Initiative;
- \$1 million from Adopt Ohio funding;
- \$400,000 from TANF;
- \$5.4 million from the Health and Human Services levy; and
- \$10 million in Title IV-E.



Source: Department of Children and Family Services

IDENTIFIED REVENUES

As of May 11, 2006, close to \$11.7 million in revenues for adoption services has been identified countywide. (See Table 3.) This includes information from foundations; federated fundraising organizations; regional, county and municipal government; and United Way of Greater Cleveland.

Ninety-eight percent of the revenues are from contracts or grants from government organizations. The Department of Children and Family Services is the primary funder of this service through a blend of funds including TANF, Title XX, Title IV-E, state general revenue funds, and Cuyahoga County Health and Human Services levies. The balance of the revenues supporting this service come from foundations and federated fundraising organizations. United Way does not currently fund adoption services.

Since 2002, the local community contributions from foundations have increased substantially. The primary reason for this is the philanthropic support of the Adopt Cuyahoga’s Kids Initiative. Local community contributions to this service have nearly doubled in the last three years.

Table 3: Annual Revenue for Core Services: Countywide and United Way of Greater Cleveland Adoption Programs, 2003/2004.

Funder	Period	A		B	
		Identifiable Total Dollars Countywide		Total Dollars UW-Funded Agencies (Actual FY2004)	
		Amount	% of Total (A)	Amount	% of Total (B)
Cleveland Foundation, The		30,000			
Gund Foundation, The George		143,820			
Saint Ann Foundation		25,000			
Total - Foundations & Trusts		198,820	1.71%	0	N/A
Community Shares		20,861			
United Black Fund of Greater Cleveland		19,000			
Total - Federated Fundraising Organizations		39,861	0.34%	0	N/A
Department of Children and Family Services	2004	11,421,973			
Subtotal Cuyahoga County Funding Sources		11,421,973	97.95%	0	N/A
Total - Contracts/grants from government organizations		11,421,973	97.95%	0	N/A
Subtotal Non - UWGrCle Support		11,660,654	100%	0	N/A
Total Support/Revenue		11,660,654	100%	0	N/A

REIMBURSEMENT/COST

The typical unit of service for adoption placement is the actual placement of the child. Adoptive families typically receive between \$6,000 and \$7,000 per year. It costs between \$10,000 and \$12,000 to find a family per placement. In addition, child-specific recruitment costs between \$19,000 and \$20,000 per placement.

V. WHAT WORKS; WHAT DOESN'T

IMPACT ON INDIVIDUALS/FAMILIES

What Works

Best Practice: Permanency Planning

The concept of permanency planning for children in out-of-home care emerged in the late 1960's in response to concern about the hundreds of thousands of children found to be "adrift" in the foster care system with no family to call their own. Permanency planning was initially intended to safely limit entry into placement, and to limit the time children spend in out-of-care. Permanency policy and practice strategies emerged because research showed that the trauma of separation, loss and unresolved grief as well as the uncertain and long-term nature of the foster care experience had a negative impact on children's overall sense of belonging, identity formation, and emotional wellbeing...

Increasingly public child welfare agencies, courts and community partners have begun to work more collaboratively with parents, family members and children to address the many challenges of engaging in inclusive and timely permanency planning services. These collaborative practices form the framework that guide best practices in child welfare and permanency planning today and may represent a significant culture shift for many child welfare agencies and family court systems. The values and principles of child-centered and family-focused practice include: collaborative, open and inclusive practices with birth families, relatives, foster and adoptive families and youth themselves; community partnerships that support community based practice and family-based foster care services; culturally relevant and linguistically competent programs and practices; non-adversarial problem-solving through family team planning and decision-making practice strategies; and the earlier consideration of the range of the range of permanency options for children when out-of-home care is necessary. States are finding that the mix of ongoing, child-centered/family-focused casework practices can contribute to more timely and collaborative planning for children's immediate safety and future security, assuring that children and youth have enduring family relationships regardless of the permanency outcome.

States must be guided by a clear definition of permanence for children and youth. Having permanence means having an enduring family relationship that is safe and meant to last a lifetime; offers the legal rights and social status of full family membership; provides for physical, emotional, social, cognitive and spiritual well-being; and assures lifelong connections to extended family, siblings, other significant adults, family history and

traditions, race and ethnic heritage, culture, religion and language. The range of permanency outcomes must be considered individually for each child and youth, and include: remaining safely with birth parents or family members; reunification with birth parents or family members; guardianship with relatives; adoption by relatives or other families; and only in special circumstances a planned alternative permanent living arrangement.

Renewing a commitment to permanence for children and youth is complex. It involves balancing the rights and needs of parents and children. It means sharing the power that too often rests with social workers and courts when children and families become involved with the child welfare system. It means expanding resources for children and youth from within the “pond” of families already known to them before dipping into the “pool” of unknown families. And most importantly, renewing our commitment to permanence for children and youth means feeling the urgency of time to strengthen and/or establish lifetime family relationships for children often thought to be “too old” or “not ready” for a family. As one youth in Connecticut so eloquently commented: “...it shouldn’t take so long – lots of damage is done while waiting.” (Greenblatt and LeBeau, 2006)

Concurrent permanency planning builds on the benefits of expeditious resolution of child living situation by have multiple placement plans as part of case management:

Concurrent Permanency Planning offers caseworkers a structured approach to moving children more quickly from the uncertainty of foster care to the stability and security of a permanent family. Historically, caseworkers have been taught to plan in a straight-line, sequential fashion: first to work diligently toward reunification with the biological family; and if after a year—or two or three—reunification looks unlikely, to then switch gears and start planning for adoption or another permanency option. Unfortunately, by this time, the parents have usually become alienated from their child and the case planning process, the child will probably have to be moved from the temporary foster home to a pre-adoptive home, and the child’s length of stay in foster care has been prolonged unnecessarily. The Concurrent Permanency Planning approach has been designed as an alternative to sequential permanency planning. Quite simply, it emphasizes working toward family reunification, while at the same time establishing an alternative or back-up permanency plan to be implemented if children cannot safely return to their biological parents. While “Concurrent Planning” was originally designed to expedite the adoption process for young children identified as likely to linger in foster care... Concurrent Permanency Planning focus holds equal promise for expediting family reunifications because of its structured, focused and respectful involvement of parents and family members early on in the planning process. (Greenblatt, 1998)

Best Practice: Child-Specific Recruitment

As discussed previously, Adoption Network and its partner agencies employ child-specific recruitment methods to find adoptive homes for the backlog of children in permanent custody.

Child-specific recruitment is considered the best practice in adoption services. It involves asking children to tell social workers which family they want, rather than waiting for one to find them. Part of the success is rooted in the social workers' case load and focus. Social workers trained by Adoption Network—including a special adoption team from the county—carry only 10 cases at a time and they are devoted entirely to finding a permanent home for those children. Most county social workers, on the other hand, look after 25 or more children, primarily to make sure they're safe (Garrett, 2005).

The other key is the social workers themselves. They have to look beyond the reports of abuse and neglect in the county case files to establish a trusting relationship with the children. They need different kinds of intimate information: what the child loves, fears, dreams of, and despises. So social workers must find a way to break through and form a bond with children whose entire lives are strung together by a chain of broken promises. The children come up with a memory of someone, somewhere who might be potential family material and the social worker tracks that individual down. Not everyone is receptive to the idea, of course, but many—even if they are not willing to adopt the child—will agree to be a part of the child's life forever, even if he or she is later adopted by someone else. The approach is called CCR—child-centered recruitment. Others are experimenting with it, but none so broadly as Cuyahoga County, which is starting a “buzz” in the adoption community nationwide (Gattett, 2005).

Best Practices: Post-Adoption Services

Preventive services are often not the norm and action is only taken when a crisis occurs (Casey Family Services, 2005). There is limited research into the outcomes of post-adoption services; however, a number of innovative ideas are being implemented throughout the United States. Casey Family Services refers to the following elements as a blueprint for the ongoing development and refinement of post-adoption services:

- Program design should be based on feedback from adoptive families that can provide information on how well they were served and what services they needed but did not receive.
- Adoptive families need to be connected to good sources of information, such as centralized databases with resource information or regular newsletters on services and training opportunities.
- Adoptive families need to be connected to one another through support groups or social gatherings.
- Training for prospective adoptive parents and educational opportunities for post-adoption families ensure they are better prepared adopters.
- Respite services can provide family members with needed timeouts.
- Local or regional support teams are able to respond to family needs and identify services and resources.
- Case advocates can assist parents with learning how to advocate on their children's behalf.
- A range of treatment options, including home-based services and outpatient care (and especially mental health services) can help adopted children overcome the effects of childhood trauma.
- Financial assistance for adoptive families, such as adoption subsidies, allows families to pay for a variety of services.
- Training for professionals who work with adoptive families will assist them in helping families deal with the developmental stages of adoption,

- Evaluation components can help assess the program and lead to positive modifications.

The Evan B. Donaldson Adoption Institute’s November 2004 report on adoption stability and termination offered recommendations to improve adoption stability. Many of their recommendations mirror the Casey Family Services’ suggestions. Below are the unique recommendations from the Adoption Institute:

- Strength-based assessments should be used to match parents and children, including recruiting non-traditional families for adoption.
- Tools and protocols should be developed to help social workers communicate and match children with adoptive families. Note: an assessment tool is presently being tested in Houston, Texas.
- Foster and adoptive parent training programs, such as Model Approach to Partnerships in Parenting (MAPP) and Parents’ Resource for Information, Development, and Education (PRIDE) should be used more extensively because they provide a structured environment for sharing among adoptive parents that helps set realistic expectations and strengthens the relationship between social workers and prospective parents.
- To speed up the adoption process and limit time in foster care, child welfare systems should explore dual licensing of foster and adoptive families since foster families are the largest cohort of adopters.
- To enable better matches and prevent disruption, public agencies should establish policies for comprehensive information disclosure and ensure adherence in practice.
- Child welfare agencies should contract with specialized adoption units that are skilled in placement and post-placement services while still maintaining the caseworker’s assignment to the family.
- Agencies should develop collaborative relationships with their Medicaid departments, since many relative adopters depend on Medicaid to pay for their children’s medical care, as do a majority of foster homes and non-relative adoptive families.

What Doesn’t Work

Outcome-Based Research

Age has been a consistent predictor, with the placements of children who were older at the time of adoptive placement more likely to be disrupted. A higher number of placements and the presence of various kinds of emotional and behavior problems also have been consistent predictors of disruption, as have such service characteristics as staff discontinuities. On the other hand, such factors as time in care and whether placed with or without siblings have yielded mixed results. Demographic characteristics of the adoptive parents-their race and income-have been shown to have no bearing on outcome, whereas parental age, education, and family structural variables, as well as factors concerning the presence of birth children, have shown mixed result. (Festinger, 2002)

IMPACT ON COMMUNITY

Studies have found significantly lower levels of education, higher rates of unemployment, and higher rates of homelessness for adults who spent time in foster care as children (State of Tennessee, Comptroller of the Treasury, 1998 in Badeau and Gesirech, 2006). For example, a study by Westat, Inc. reported that only 54 percent of young adults who grew up in foster care had completed high school, 40 percent continued to rely on public support in some way (receiving public assistance, incarcerated, or receiving Medicaid), and 25 percent had been homeless for some period (1994 Green Book in Badeau and Gesirech, 2006). Other studies indicate that a significant percentage of the homeless population in many cities were adults who once had been foster children (National Alliance to End Homelessness, 1998 in Badeau and Gesirech, 2006).

The study “A Comparison of the Governmental Costs of Long-Term Foster Care and Adoption,” published in 2006, shows that investing in adoption has a significant impact on the community:

While the social benefits of adoption over long-term foster care for children are widely recognized, a new study shows that adoption also means significant cost savings for governments. The study found that adoption, including the cost of adoption assistance, provides substantial savings in government funding when compared to the cost of maintaining children in long-term foster care...

- Over 7.7 years, the cost for foster care averaged \$86,100 per child, compared to \$65,100 per adopted child.
- Applying that figure to the approximately 50,000 children adopted from foster care in the United States each year results in \$1 billion in government savings.
- Projecting these savings through age 18 for these children shows that approximately \$65,422 to \$126,825 is saved for every child who is adopted rather than placed in long-term foster care. (Children’s Bureau Express, 2006)

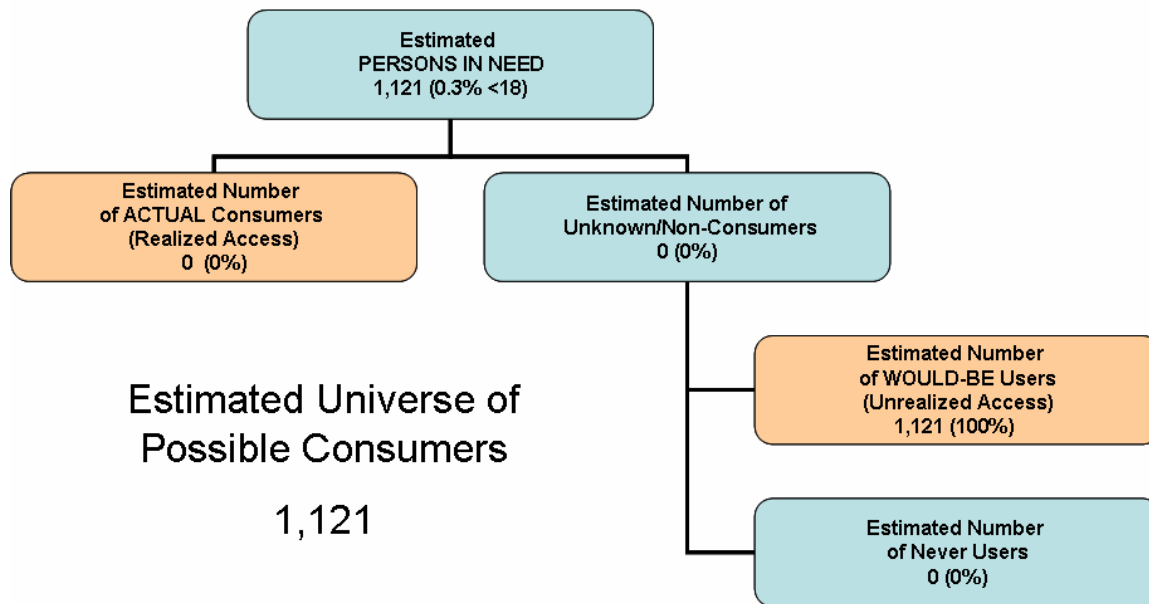
ACCREDITATIONS/STANDARDS/CERTIFICATIONS

The State of Ohio licenses private adoption agencies. In Cuyahoga County, a licensed agency is not required in cases where the child is related to the persons seeking to adopt (a grandchild, niece, nephew, etc.). A private attorney may work directly with the court in these cases. Otherwise, if no legal relationship exists between the child and the persons seeking to adopt, an agency licensed by the State of Ohio must be involved in the adoption. As mentioned above, once the State Department regulations are approved, it will accredit foreign adoptions.

VI. GAP ANALYSIS

As discussed in Section III of this report, an actual 1,121 persons need adoption services, which is the number of children under the age of 18 in the permanent commitment of the Cuyahoga County Department of Children and Family Services (DCFS). This is also the estimated universe of possible consumers for adoption since all are waiting for adoption. Note that this is a point-in-time estimate; in reality it is an ongoing process. (See Figure 6.)

Figure 6 - Consumer Estimates: Adoption, 2005



Service Site Index

There is no Service Site Index for adoption services because children will be placed wherever an adoptive home is available. At times, this occurs outside of Cuyahoga County.

Service Capacity

All of the children in permanent commitment are receiving adoption placement services. One adoption social worker has the capacity to cover only 6 to 10 children in need of intensive adoption recruitment (called child-centered recruitment). There are currently 650 children who need child-centered recruitment. Therefore, it would take about 100 social workers to meet the current needs of children waiting for adoption. There are about 15 to 20 agencies in the area that provide adoption services for children waiting in the public foster care system (Adoption Network and DCFS, 2005). Young children (0-6) without special needs are not difficult to place and there are adequate numbers of case workers and adoption services providers to meet this need. The primary gap continues to be

services aimed at reducing the number of children—especially minority children—who have siblings or special needs and are in the older age range.

Disparity/Groups Not Being Served

Key informant interviews were conducted with core service experts and community leaders who work directly and indirectly with the target populations for United Way’s core service planning (2005). One of the many areas key informants were asked to report about was unmet needs in the realm of services or groups of people who are not being serviced. The following areas have been identified as “gaps” in adoption services.

African American boys, children with special needs, and older children (pre-teens and teens), and birth parents are high-need groups. One informant said about birth parents:

There’s very little sympathy for them and I don’t think they should be totally forgotten. If we put half the resources into the birth families that we put into adoptive families, some of these kids wouldn’t be in the system to begin with.

In terms of how these populations’ needs are met if services are not available, informants agreed that many remain in foster or group homes. One noted the attitude that many people—including the children—have, which is that “foster care is good enough.” At age 18, if an adolescent has not been placed in a permanent home, he or she is terminated from the system and may end up in an independent living program, staying with his/her foster parent, or finding an apartment. However, it was noted that many end up with drug addictions or become homeless.

There was discussion about the importance for every child to have a permanent family to return to after they turn 18. One informant put it this way:

That is probably one of the biggest failures that we have—that they remain un-adopted and don’t have a connection with a mentor or family.

Every child should have a permanent family.

Informants discussed disparities between potential adoptive families. One informant shared:

The majority of our foster and adoptive parents are African American. We have difficulty in attracting Caucasian families. We have to be careful around ethnicity because of rules.

Another informant stated:

Middle class suburban families feel locked out of the process ... people need to have an open mind about all different kinds of persons adopting all different kids of kids.

Services Most Needed/ Challenges

When asked what services the community needs more of, each informant listed different services. One informant talked about the need for more agencies to adopt “child specific recruitment,” which is a targeted recruitment strategy employed by the Adopt Cuyahoga’s Kids Initiative to find specific homes for children with special needs. It was also noted that there are untapped geographic areas for family recruitment such as the west side of Cleveland, and the far east and far west suburbs. Another informant stressed the need for more services targeted specifically at teenagers and support services for families after the adoption process is completed.

In one of the interviews, a discussion about systemic issues and processes ensued. An informant talked about the need to build better working relationships between public and private agencies so that children can be placed more quickly. This informant noted, “*It’s not unusual to have someone who was placed in foster care when they were 1½ and now they are 16 and still not adopted.*” The informant also noted that many interested adoptive families face many challenges in adopting a child and shared the statistic that only 1 in 28 persons who call to adopt out of the public system eventually adopt a child. Potential barriers are the intrusive way families are treated, families not being viewed as resources, and the mindset of some professionals.

One informant discussed the need to shift the public image of domestic adoption, stating, “*There are so many who adopt abroad and I’m not putting that down. But often times either they don’t know or they have such a negative image of what adopting domestically means.*” It was also brought up that many mental health professionals do not understand all the issues related to adoption—such as issues for adult adoptees, birth parents, children in foster care, or families forming out of foster care. It was suggested that more adoption-specific education is needed in graduate programs. One of the informants reported that Case Western Reserve University Mandel School of Applied Social Sciences is the first university in the country to have an elective class on adoption but, since it is an elective, not all students take the course.

VII. SUMMARY

In summary, there are several major findings from the research on adoption services:

- Adoption services is part of a continuum of child welfare services that includes initial intervention for reports of child abuse and neglect, intensive family reunification, foster home placement, group homes for dependent children, and permanent adoptive placement.
- Nationally, adoption is on the decline. While over one-third of Americans have considered adoption, no more than 2 percent have actually adopted a child.
- The complexity of fifty state laws with different requirements, as well as the tangled bureaucracy governing foster children (a large part of the population of abandoned children) has played an important role in diminishing adoption opportunities.
- Historically, special needs children were labeled un-adoptable and remained in foster care for long periods of time.
- The Ohio Department of Job and Family Services (ODJFS) Adoption Section develops rules and guidelines that support county public children services agencies in the recruitment and retention of adoptive families, and in the placement and finalization of children waiting with adoptive families.
- The majority of funding for adoption services comes from the federal government and is passed to local departments of child and family services. This funding includes a blending of TANF, Title IV-E, Title XX, and state GRF dollars.
- As of May 11, 2006, close to \$11.7 million in revenues for adoption services has been identified countywide.
- Child-specific recruitment is considered the best practice in adoption services. It involves asking children to tell social workers which family they want, rather than waiting for one to find them.
- The estimated universe of possible consumers for adoption is 1,121, the same as the number of persons in need, since all are waiting for adoption. Note that this is a point-in-time estimate; in reality it is an ongoing process.

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ATTACHMENTS

Attachment 1: Researcher List

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Thanks to *The Center for Community Solutions* for providing multiple sources of information.

Attachment 2: Technical Notes

Technical Notes: Methodology, Caveats, Limitations of Data

The following provides descriptions, definitions, methodologies, caveats, or limitations of data for the following components of the core service reports:

- Unit of Analysis
- First Call for Help Data
- Funding Information for Core Services
- Consumer and Financial Data: Caveats
- Gap Analysis Methodology & Limitations
- Service Site Index

Unit of Analysis

The core service is the unit of analysis. United Way of Greater Cleveland either funds or could fund 80 core services. These are the object and subject of the research, specific to Cuyahoga County. A separate report has been developed for each service. It must be noted that the aggregate of any quantifiable data across all of the reports does not comprise a picture of the totality of health and human services in Cuyahoga County because there are many more than 80 services that comprise the community's safety net.

The unit of analysis for estimates of service consumers is the individual, the family, or the household.

United Way - First Call for Help Data

For most core services, United Way First Call for Help (FCFH), the community's resource and referral service data, was used in tables that show the number of service providers and service sites, the geographic location of service providers by zip code, the service area by zip code as reported by providers of the respective services, and to show unmet need and greatest increase/decrease in calls received by FCFH for a particular core service.

It is important to remember that FCFH receives calls from a variety of sources that include people calling on behalf of a prospective consumer such as social workers, provider agencies, relatives, etc. Not all calls come directly from a prospective consumer, so some of the zip codes are for hospitals and business addresses, although the numbers for these zip codes are relatively small.

Calls also may be from people who are not interested in receiving a service, but wish instead to make a contribution to a program such as clothing, household items, food, books, crafts supplies, etc.

Because, in many instances, FCFH codes its data with a different level of core services than the 80 core services identified by the United Way Community Investment staff as fundable services, it was necessary to develop a crosswalk. This crosswalk was used for a number of services, however,

seven services did not have a match in the FCFH database. The staff of United Way - First Call for Help gave explanations which follow each core service):

- Adolescent/Youth Counseling: A caller asking about help with their troubled teenager would be referred by the type of counseling rather than age. (Example: counseling for drugs, family, sexual abuse, etc.)
- Advocacy: FCFH does not receive calls from people about advocacy.
- Child Care: Calls are directed to Starting Point.
- Condition Specific Rehabilitation Services: FCFH would refer caller back to their primary care physician for a referral.
- Early Intervention for Mental Illness: FCFH does not receive calls for this, but if they did, they would refer to the county's Help Me Grow program.
- Family Support Centers: FCFH defines data by specific service rather than type of agency. Depending on the call, the caller may be referred to General Counseling or Early Intervention for Infants and Toddlers with Disabilities, and so on.
- Preschools: Calls are directed to Starting Point.

A different match was used for other services that had no crosswalk.

- Medical Transportation and Senior Ride: FCFH uses "Paratransit" as they do not differentiate between senior transportation, medical transportation, and transportation for the disabled.
- Outpatient Mental Health Facilities: FCFH uses "Mental Health Drop-in Centers."

It must also be noted that, for the most part, the FCFH database does not include for-profit agencies. In the case of home health care providers, we contacted the Long Term Care Ombudsman for a more complete list of provider agencies which includes for-profit organizations.

There were several instances where the FCFH database did not code a United Way-funded agency with the core service for which they were receiving funding. In these instances, the agency was added manually to the Service Provider Table along with their site locations. The core services with the respective United Way of Greater Cleveland agencies that were added are:

- Case/Care Management – Care Alliance, Cystic Fibrosis, Epilepsy Foundation, Golden Age Centers
- Comprehensive Outpatient Substance Abuse Treatment – The Covenant
- Disease/Disability Information – The Muscular Disease Society of Northeastern Ohio
- Early Intervention for Infants and Toddlers with Disabilities – United Cerebral Palsy
- Medical Expense Assistance – North Coast Health Ministry
- Medical Transportation (Paratransit in FCFH) – Kidney Foundation of Ohio
- Senior Centers – Catholic Charities Services Corporation, Jewish Community Center of Cleveland, Jewish Family Service Association of Cleveland, University Settlement House.
- Volunteer Development – Neighborhood Leadership Institute

It must also be noted that when numbers are low for trend data reported, the high percentages are slightly exaggerated.

Funding Information for Core Services

We collected financial information for each core service on a countywide level from multiple sources including major government funders, foundations, federated fund raising organizations, and United Way of Greater Cleveland. While we were successful in gathering a substantial amount of data, there is much that has not been collected. It must also be noted that even if we had all major public and private funding gathered, this would not create a total picture of health and human service funding in Cuyahoga County because there are more than 80 core services provided. The following provide highlights of data collected and some of the limitations for each source. It is important to note that funding in each source is changing and represents point in time amounts. The typical period for trend data, when available, is 2002, 2003, and 2004. Note: some services are funded by private insurance or other self-pay arrangements.

Foundation Funding

We attempted to obtain foundation funding amounts for each core service from the latest annual report or 990 PF (foundation tax return to the IRS) of each major foundation that funds social services in Greater Cleveland. Wherever a description of the grant purpose was given, we used our best judgment to match the grant to the appropriate core service. If the grant fell within more than one core service area, it was not listed. When no description was given, the grant was treated like a general operating grant and assigned to a core service only when the mission of the grant recipient fell mainly within one particular core service. In-kind donations, grants for capital and equipment expenses and administrative salaries were not used. When grants were \$10,000 or greater, they were listed by name of the foundation. All others were placed under Other Foundations and not listed. Typically, we did not attempt to provide trend financial data for foundation funding of core services because of the changing nature of funded programs from year to year.

Federated Funding Sources

We approached the major federated funders of core services in Greater Cleveland for funding and consumer information. Some data provided was for a single point in time; others provided three years of trend data. We often had to do a cross walk of United Way of Greater Cleveland funded core services against those funded by federated agencies to agree on the services.

Government Funding

We approached every major government funder for funding amounts for each core service and also did Internet searches for some federal government sources. Due to the constant state of change in government funding, it is important to note that the data provided is a snapshot in time and that many of the programs funded in 2004 have changed definition, are funded through different revenue sources, or no longer exist at all due to a lack of funding. This is particularly true of Community Development Block Grant dollars which have decreased due to shifting federal priorities.

Every effort was made to appropriately match government funding data to the correct core service area; however, this was not always possible as frequently the service definitions were not a one-to-one match. It was necessary, in some instances, to take the closest match or use the sore service which represented a majority of the services being provided.

In other cases, it was not possible to select a specific core service. An example is Medicaid in which Medicaid-defined services crossed over more than four core services in some instances. In cases where Medicaid is a significant source of revenue, the data was entered as an aggregate total at the appropriate AIRS level. These aggregates are footnoted under the appropriate funding table.

Every effort was made to include data from municipalities. However, many did not respond after repeated requests for information. We would like to thank those who took the time to help with this project.

Medicaid Funding

A significant portion of Medicaid funding was NOT entered under the countywide total in the core service reports for two reasons: first, because many of the Medicaid services are not a one-to-one match with United Way core services, and second because some Medicaid services fall into more than one AIRS Level 1 categories. In the first instance, Medicaid funding was entered as an aggregate total at the AIRS 1 level, and in the second instance Medicaid funding was entered as an aggregate total under Third Party Payee/Direct Bill in the combined Master Revenue file of funding across all nine AIRS Levels. They are as follows:

Entered as Aggregate Total Under Appropriate AIRS Level

- Medicaid Service - Home Care (\$17,787,703 in 2004) - Falls into AIRS 1 Health Care and includes the following core services: daily living aids and home health care.
- Medicaid Service - CADAS (\$8,522,183 in 2004) - Falls into AIRS 1 Health Care and includes the following core services: comprehensive outpatient substance abuse treatment, residential substance abuse treatment programs, substance abuse education and prevention.
- Medicaid Service - Therapy (\$2,257,394 in 2004) - Falls into AIRS 1 Health Care and includes the following core services: condition specific rehabilitation, and speech & hearing.
- Medicaid Service - CMH (\$67,773,487 in 2004) - Falls into AIRS 1 Mental Health Care & Counseling and includes the following core services: supportive therapies, adolescent/youth counseling, children's residential treatment facilities, early intervention for mental illness, general counseling services (outpatient mental health facilities), and psychiatric day treatment.

Entered as Aggregate Total Under Third Party Payee/Direct Bill

- Medicaid Service - Inpatient Hospital (\$188,329,269 in 2004) - Falls into two different AIRS 1 categories: Basic needs and health care. It includes the following core services: condition specific rehabilitation and medical expense assistance.
- Medicaid Service - Waiver (\$128,921,354 in 2004) – This category included all PASSPORT services. Since we reported PASSPORT separately, in order to avoid duplication, we deducted the PASSPORT total of \$52,676,048 from this number and reported the remaining \$76,245,306. This total falls into AIRS 1 Basic Needs, Health Care and Individual & Family Life and includes the following core services: adult day care, home-delivered meals, home health care and in-home assistance.
- Medicaid Service - Habilitation (\$55,550,307 in 2004) - Falls into AIRS 1 Health Care and Individual & Family Life and includes the following core services: condition specific rehabilitation services, early intervention for infants and toddlers with disabilities/delays, and residential living options for people with disabilities.

United Way of Greater Cleveland Funding

Financial data for core services funded by United Way of Greater Cleveland was for FY 2004 (July 2003 to June 2004). It included allocations through the community investment committees and donor designations that United Way funded agencies applied to the respective core services. It is important to note that not all United Way funded agencies applied donor designated gifts, which are unrestricted, to the core service for which they receive United Way funding. It did not include donor designations that non-United Way funded agencies used for any of the 80 core services.

United Way Agency Revenues

Annually United Way-funded agencies submit revenue budgets to United Way for each funded core service. This information for FY 2004 is reported. However, all of the agency data may not be included in the countywide data as agencies may have assigned dollars from unrestricted grants to a specific core service, or allocated a portion of grant monies that fell within two or more core service areas. It was not always possible to match countywide government or foundation funding with that reported by the agencies and that gathered from other funding sources.

Consumer and Financial Data: Caveats

The following applies to revenue sources on tables and graphs and their corresponding consumer data used in the consumer demographics and zip code tables.

All Core Services

Data was self-verified by the funder/provider. Whenever data provided by a funder appeared to be inconsistent or incorrect, an attempt was made to contact the funder. If the funder responded, the data was either adjusted according to their instructions, or the reason for discrepancies footnoted. If they did not respond, or if they said it was correct, the data was left as submitted.

Demographic and zip code data provided by the funder/provider is frequently taken from consumer intake forms which may have missing or incomplete data, or from provider agency databases which contain data entry errors or incomplete consumer intake forms. Whenever possible, the funder was asked for corrected data. In cases where a correction was not possible, the data was counted as either unknown or missing. The usage of these terms is footnoted at the bottom of each table and is explained more fully in the Gap Analysis section of this attachment.

It was not always possible to get information in the format requested as each funder tracks data differently, using different service definitions, terminology and variables. Wherever possible, data was matched to a consistent report format.

When a funder could not provide consumer demographics, but could provide an estimated percentage of consumers by category, we took the total number of consumers and applied the percentages to come up with estimated numbers for the consumer tables. For example, Medicaid tracks individual recipients throughout the year, entering new data if there is a change, each time a claim occurs. Thus, a consumer who has a birthday between claims will appear in the system for that year with two different ages.

To resolve this, the percentage of consumers in each age range was determined for the total number of duplicated consumer ages. Those percentages were then applied to the total number of

unduplicated consumers for the year in order to reach a total number of unduplicated consumers for each age range.

The time periods for both revenue and consumers vary by funder/provider. United Way Program Report data is for FY 2004 (July 2003 to June 2004). Other funder/provider data is for either a January to December or July to June fiscal year.

Gap Analysis Methodology & Limitations

Based on Anderson’s (1964) seminal needs assessment model, realized access is defined as the number of consumers who receive service while unrealized access is the estimated number of consumers who need and would utilize a service, but are not currently receiving it. This could be considered the service gap. Unrealized consumer access to services drives the need for change in the social service delivery system. Ensuring unrealized consumer access to services requires new models of service delivery related to access, effective use of resources, data management, and funding. There were multiple steps used to conduct a gap analysis:

- *Estimate of persons in need of the service:* Unless local research was conducted to determine need for a given service, this estimate was obtained by either using U.S. Census data for Cuyahoga County or applying percentages from national studies and reports to the census data. All references and percentages are footnoted in the respective graphs or tables. In most cases this percentage was also applied to actual 1990 Census figures and population projections 2005 through 2015 that were done by the Ohio Department of Development.
- *Estimate of number of ACTUAL consumers in the public systems (realized access):* Data submitted to United Way by funded agencies was aggregated to determine the number of consumers for each core service. The period was FY 2004, which is July 2003 through July 2004.
 - In some cases data was “unknown,” defined as data not collected by agency because no tracking system was available or the type of service delivered made it difficult (i.e., group presentations, telephone information and referral, and drop-ins). This also represents data not completed by consumers either deliberately or inadvertently on intake forms.
 - In other cases, data was missing that, for United Way data, represented computational errors or incorrect completion of online reports. For all other data, “missing” represents data funders/providers were unable to provide.
 - There was no check of the accuracy of data submitted by agencies.
 - Major government funders were asked to provide information about the number of consumers for the respective core services that they funded. In most cases, services were not defined in the same way as the United Way core services which are based on the Alliance for Information and Referral Systems (AIRS) taxonomy. To accommodate these differences, customized crosswalks were developed.
 - We assumed that the numbers of consumers across funding sources were not unduplicated and thus made a judgment about which numbers would be the best estimate of an unduplicated number.
 - The estimate of consumers is not inclusive since it does not include numbers of consumers who use their personal resources to pay for services, nor for other private

- resources such as insurance or agency fundraising. In addition, it was not always possible to obtain information from some government funders.
- *Estimate of number of “unknown/non-consumers”*: This is the difference between the estimated number of actual consumers and the estimate of persons in need.
 - *Estimate of number of “would-be users” (unrealized access)*: This is the estimate of persons who would use a service if it were available, typically based on research.
 - *Estimate of number of “never users”*: This is the difference between the estimated number of unknown/non-consumers and would-be users.
 - *Estimate of “universe of possible consumers”*: This is the total of those actually receiving the service (realized access) and those would-be users (unrealized access).

We recognize that this is not a perfect method for assessing either realized or unrealized access to core services. However, we opted to use an imperfect method rather than no method to demonstrate both the complexity and the usefulness of quantifying realized and unrealized access to services as a first step toward a more rigorous methodology. In the business sector this would be a form of market analysis. We also recognize that actual consumer numbers are not unduplicated across funders, or across core services. Thus, there is much work yet to be done to gain realistic estimates of needs.

The numbers we provided are on a countywide level. We recognize that there could be, and often are, differences by demographics and geographical area. In the Actual Consumer Demographics attachment, we have identified the profile of the base consumer group from census, but have little on the estimated persons in need. Occasionally, there is information from other research that describes differences among different racial, ethnic, gender, age, or income groups that is discussed in the narrative. There is also inconsistent information for consumers funded by various governmental bodies. In other words, some funders provided demographic data and others did not. In the Actual Consumer Zip Codes attachment, we have also attempted to identify the geographic profile of the estimated persons in need and actual consumers. However, this information has the same limitations as the demographics.

Service Site Index

For many services a service site index was developed. It provides a ratio of estimated consumers per service site on a countywide level and for each zip code within the county. The ratio is based on the number derived from the gap analysis described in the previous section and on the number of providers who reported to United Way – First Call for Help whether a specific service site includes a given zip code in its service area. A provider site is located in a single zip code, but could serve multiple zip codes. The ratio is a measure of potential service accessibility by estimated universe of service consumers per zip code area. This measure does not include the capacity of providers to offer the service, for example, the number of consumers that can be served on a daily basis. It is only capturing whether there is a possibility of being a consumer. The lower the ratio, the greater is the chance of receiving service. The index also gives an indication of which zip codes have higher ratios which means that consumers have a lower probability of receiving a service as well as any patterns in zip codes that have high percentages of African Americans, Asians, or Hispanics. A map is also attached which provides a graphic picture of the estimated consumers by zip code.

Based on the numbers of providers that report to FCFH whether they serve a given zip code, we had assumed that there would be greater variability across zip codes. In reality, many report that they

serve the entire county. Thus the variability across zip codes is often primarily because of differences in the population numbers rather than in service sites that offer service in a given zip code.

Specific Service Issues

Senior Services

“Senior Centers” was used as a catch-all category when the funder-defined service covered more than one senior success core service and could not be accurately allocated among the separate core services. Often, funding for transportation and home-delivered meals was not broken out from senior activities and supportive services at the municipal level, so it was placed under Senior Centers. Because the core services for congregate and home-delivered meals and senior ride were tracked separately, funding for these core services was not included under Senior Centers to avoid duplication of resources, even though senior center activities can and do include congregate meals.

Senior Ride includes disabled individuals of all ages as well as seniors for most funders with the notable exception of Western Reserve Area Agency on Aging (WRAAA) that requires an individual to be 60 years of age or older in order to receive services. If the transportation service was not provided by a senior center, the number of consumers reflects the number of riders using the system and contains duplicates (e.g. paratransit).

Home improvement/accessibility data includes programs for low-income families and people of all ages with disabilities, as well as seniors.

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Attachment 3: Actual Consumer Demographics

Core Service: Adoption PF-050				
			Estimated Persons in Need	Actual Number/Percent of Consumers by Funding Source ^{*****}
	Total Population (%) [*]	Total Population <18 (%) ^{**}	Children <18 In Permanent Commitment of Cuyahoga County DCFS Waiting for Adoption (%) ^{***}	UW Program Report Data Cuy Cnty Only N/A (%)
PERIOD	1/1/2000-12/31/2000	7/1/2000-12/31/2000	12/31/2005	7/1/2003-6/30/2004
TOTAL	1,393,978	347,379	1,121	N/A
Percent		24.9%	0.3%	
GENDER				
Male	47.2%	51.0%	N/A	N/A
Female	52.8%	49.0%	N/A	N/A
Unknown Data ^{****}				N/A
Missing Data ^{*****}				N/A
RACE^{*****}				
White alone	67.1%	57.6%	N/A	N/A
Black or African American alone/combo	27.9%	36.3%	N/A	N/A
Asian alone/combo	2.1%	2.1%	N/A	N/A
American Indian and Alaska Native alone/combo	0.7%	0.8%	N/A	N/A
Native Hawaiian and Other Pacific Islander alone/combo	0.1%	0.0%	N/A	N/A
Some other race alone/combo	2.1%	3.2%	N/A	N/A
Unknown Data ^{****}				N/A
Missing Data ^{*****}				N/A
HISPANIC^{*****}	3.3%	5.0%	N/A	N/A
AGE				
0-4	6.5%	26.2%	N/A	N/A
5-9	7.3%	29.3%	N/A	N/A
10-14	7.1%	28.5%	N/A	N/A
15-19	6.4%	25.6%	N/A	N/A
20-34	19.1%		N/A	N/A
35-54	29.3%		N/A	N/A
55-64	8.7%		N/A	N/A
65-74	7.8%		N/A	N/A
75+	7.8%		N/A	N/A
Unknown Data ^{****}				N/A
Missing Data ^{*****}				N/A
INCOME^{*****}				
Average Household Size	2.4	N/A	N/A	
\$0-\$9,999	11.3%	N/A	N/A	N/A
\$10,000-\$14,999	6.9%	N/A	N/A	N/A
\$15,000-\$19,999	6.7%	N/A	N/A	N/A
\$20,000-\$29,999	13.6%	N/A	N/A	N/A
\$30,000 and above	61.5%	N/A	N/A	N/A
Unknown Data ^{****}				N/A
Missing Data ^{*****}				N/A
Totals	100.0%	N/A	N/A	N/A

Attachment 3: Actual Consumer Demographics (continued)

* U.S. Census 2000, SF1 (P1); SF4(PCT144)
** U.S. Census 2000, SF3 (P8); SF4 (PCT3)
*** Status of children in permanent commitment of Cuyahoga County and waiting for adoption in the public system, Cuyahoga County Dept of Children & Family Services (CFS) 2005.
**** Note: Consumers could be funded by more than one funding source; thus the columns are not necessarily mutually exclusive.
*****Unknown Data - Represents data not collected by agency because no tracking system is available or type of service delivered makes it difficult (i.e., group presentations, telephone information and referral, and drop-ins). Also represents data not completed by clients either deliberately or inadvertently on intake forms.
*****Hispanic - Amount in this field is from data provided by clients on intake forms and may not be accurate as clients may either deliberately or inadvertently provide incomplete data, or data may not be collected by the agency.
*****Missing Data - For United Way Data - represents computational errors or incorrect completion of online report. For all other data - represents data funder was unable to provide.
***** The race categories and data utilize US Census SF4 "Race Iterations," which allow for multiple races to be selected by census respondents. As a result, totals will add to > 100% of population. Universe is "Total Races Tallied." Except "White Alone," all racial categories are "... alone or in combination with some other race." This method isolates and minimizes the non-minority population ("White alone").
*****The U.S. Census reports income by household or family, not individuals. Estimates by income category were derived by applying the ratio of total county population (1,393,978) to total households (571,606) = 2.4. The number of households in each income category was multiplied by 2.4 to arrive at an estimate of individuals by income category. The assumption is that the average household size applies to each income category, which may result in more conservative estimates for children, and the "old old," which may actually have larger proportions of persons in the lower income categories.

Attachment 4: Actual Consumer Zip Codes

Core Service: Adoption PF-050					
				Estimated Persons in Need	Actual Number/Percent of Consumers by Funding Source
		Total Population (%)*	Total Population <18 (%)**	Children <18 In Permanent Commitment of Cuyahoga County DCFS Waiting for Adoption (%)***	UW Program Report Data (%)
Period	City/Town (% Cleveland)	1/1/2000-12/31/2000	1/1/2000-12/31/2000	12/31/2005	7/1/2003-6/30/2004
TOTAL		1,393,978	347,379	1,121	N/A
Percent			24.9%	0.3%	
44017	Berea	1.4%	1.2%	N/A	N/A
44022	Bentleyville	1.3%	0.8%	N/A	N/A
44040	Gates Hills/Mayfield Village	0.2%	0.2%	N/A	N/A
44070	North Olmsted	2.4%	2.3%	N/A	N/A
44101	Cleveland (100%)	0.0%	0.0%	N/A	N/A
44102	Cleveland/Brooklyn (95%)	3.7%	4.5%	N/A	N/A
44103	Cleveland (100%)	1.8%	2.4%	N/A	N/A
44104	Cleveland (100%)	2.1%	3.2%	N/A	N/A
44105	Cleveland/NewburghHts/GarfieldHts (75%)	3.9%	4.9%	N/A	N/A
44106	Cleveland/Cleveland Hts (60%)	2.3%	1.9%	N/A	N/A
44107	Lakewood/Cleveland	4.0%	3.4%	N/A	N/A
44108	Cleveland/Bratenahl (90%)	2.6%	3.4%	N/A	N/A
44109	Cleveland/Brooklyn Hts (98%)	3.3%	3.7%	N/A	N/A
44110	Cleveland/East Cleveland (98%)	1.9%	2.3%	N/A	N/A
44111	Cleveland (100%)	3.1%	3.0%	N/A	N/A
44112	East Cleveland/Cleveland	2.4%	2.8%	N/A	N/A
44113	Cleveland (100%)	1.4%	1.3%	N/A	N/A
44114	Cleveland (100%)	0.3%	0.1%	N/A	N/A
44115	Cleveland (100%)	0.6%	0.9%	N/A	N/A
44116	Rocky River	1.5%	1.3%	N/A	N/A
44117	Euclid/Cleveland	0.9%	0.7%	N/A	N/A
44118	ClevelandHts/UniversityHts/ShakerHts	3.2%	3.2%	N/A	N/A
44119	Cleveland/Euclid (50%)	1.0%	0.8%	N/A	N/A
44120	Shaker Hts/Cleveland	3.4%	3.8%	N/A	N/A
44121	University Hts/South Euclid	2.5%	2.5%	N/A	N/A
44122	Beachwood/Highland Hills/ShakerHts	2.5%	2.3%	N/A	N/A
44123	Euclid	1.3%	1.2%	N/A	N/A
44124	Pepper Pike/MayfieldHts/Lyndhurst	2.9%	2.2%	N/A	N/A
44125	Valley View/Garfield Hts	2.1%	2.0%	N/A	N/A
44126	Fairview Park/Cleveland	1.2%	1.1%	N/A	N/A
44127	Cleveland (100%)	0.6%	0.8%	N/A	N/A
44128	Warrensville Hts/Cleveland	2.4%	2.3%	N/A	N/A
44129	Brooklyn/Parma/Cleveland	2.1%	1.9%	N/A	N/A
44130	Parma/Cleveland	3.8%	3.0%	N/A	N/A
44131	Independence/Seven Hills/BrooklynHts	1.5%	1.2%	N/A	N/A
44132	Euclid	1.1%	1.0%	N/A	N/A
44133	North Royalton	2.0%	2.0%	N/A	N/A
44134	Parma/Cleveland	2.9%	2.6%	N/A	N/A
44135	Cleveland/Linddale (90%)	2.0%	2.1%	N/A	N/A
44136	Strongsville	3.1%	3.3%	N/A	N/A
44137	Maple Hts/Cleveland	1.9%	1.9%	N/A	N/A
44138	Olmsted Twp/Olmsted Falls	1.3%	1.2%	N/A	N/A
44139	Bentleyville/Glenwillow/Solon	1.6%	2.0%	N/A	N/A
44140	Bay Village	1.1%	1.2%	N/A	N/A
44141	Brecksville	1.0%	0.9%	N/A	N/A
44142	Brookpark/Cleveland	1.5%	1.4%	N/A	N/A
44143	Highland Hts/Richmond Heights	1.7%	1.5%	N/A	N/A
44144	Brooklyn/Cleveland	1.6%	1.2%	N/A	N/A
44145	Westlake	2.3%	2.1%	N/A	N/A
44146	Walton Hills/Oakwood/Bedford	2.3%	1.9%	N/A	N/A
44147	Broadview Hts	1.1%	1.1%	N/A	N/A
	Unknown Cuyahoga County Zip Codes*****				N/A
	Missing*****				N/A
	Unknown *****				N/A
	Total Cuyahoga County*****	100.0%	100.0%	N/A	N/A
	Total Known Cleveland	30.5%	35.1%	N/A	N/A
	Total Known Suburbs	69.5%	64.9%	N/A	N/A
	Unknown & Missing				N/A

Attachment 4: Actual Consumer Zip Codes (continued)

* U.S. Census 2000, SF1 (P1)
** U.S. Census 2000, SF3 (P8)
*** Status of children in permanent commitment of Cuyahoga County and waiting for adoption in the public system, Cuyahoga County Dept of Children & Family Services (CFS) 2005.
**** Note: Consumers could be funded by more than one funding source; thus the columns are not necessarily mutually exclusive.
*****Unknown Data - Represents data not collected by agency because no tracking system is available or type of service delivered makes it difficult (i.e., group presentations, telephone information and referral, and drop-ins). Also represents data not completed by clients either deliberately or inadvertently on intake forms. This data may contain zip codes outside of Cuyahoga County so it is not included in the total number served for Cuyahoga County.
*****Missing Data - For United Way - represents computational errors or incorrect completion of online report. This data may contain zip codes outside of Cuyahoga County so it is not included in the total number served for Cuyahoga County. For all other data - represents data funder was unable to provide.
***** Totals vary because of rounding. County total population 1,393,978 does not correspond to the total of zip codes because some zip codes include data from adjacent counties

Attachment 5: Profile of Core Service Providers – 2005

PROFILE OF CORE SERVICE PROVIDERS – 2005		
Source: United Way - First Call for Help Refer Database February 2005		
	Count	Sub-Count: UW-Affiliated
Total Number of Providers	13	-
Number of Providers by Type		
Nonprofit	13	-
For-profit	-	-
Government	-	-
Other	-	-
Total Number of Sites	19	-
Number of Service Sites per Provider		
1	9	-
2 – 5	4	-
6 – 10	-	-
11+	-	-
Geographical Location of Service Sites, by ZIP Code		
44017 – Berea	1	-
44022 – Bentleyville	-	-
44040 – Gates Mills/Mayfield Village	-	-
44070 – North Olmsted	-	-
44101 – Cleveland	-	-
44102 – Brooklyn/Cleveland	1	-
44103 – Cleveland	4	-
44104 – Cleveland	-	-
44105 – Newburgh Hts/Garfield Hts	-	-
44106 – Cleveland Hts/Cleveland	-	-
44107 – Cleveland/Lakewood	-	-
44108 – Cleveland/East Cleveland	-	-
44109 – Cleveland/Brooklyn Hts	2	-
44110 – Cleveland/Bratenahl	-	-
44111 – Cleveland	-	-
44112 – Cleveland/East Cleveland	-	-
44113 – Cleveland	3	-
44114 – Cleveland	-	-
44115 – Cleveland	-	-
44116 – Rocky River	-	-
44117 – Cleveland/Euclid	-	-
44118 – Euclid/University Hts	3	-
44119 – Cleveland/Euclid	-	-
44120 – Cleveland/Shaker Hts	-	-
44121 – University Hts/South Euclid	-	-
44122 – Orange/Warrensville Hts	1	-
44123 – Euclid	-	-
44124 – Pepper Pike/Mayfield Village	-	-
44125 – Valley View/Garfield Hts	2	-
44126 – Cleveland/Fairview Park	-	-
44127 – Cleveland	-	-
44128 – Cleveland/Warrensville Hts	-	-

Attachment 5: Profile of Core Service Providers – 2005 (continued)

PROFILE OF CORE SERVICE PROVIDERS – 2005		
Source: United Way - First Call for Help Refer Database February 2005		
	Count	Sub-Count: UW-Affiliated
44129 – Cleveland/Brooklyn/Parma	-	-
44130 – Cleveland/Parma	-	-
44131 – Seven Hills/Brooklyn Hts	-	-
44132 – Euclid	-	-
44133 – North Royalton	-	-
44134 – Parma/Cleveland	1	-
44135 – Cleveland/Linndale	-	-
44136 – Strongsville	-	-
44137 – Maple Hts/Cleveland	-	-
44138 – Olmsted Twp/Olmsted Falls	-	-
44139 – Bentleyville/Glenwillow/Solon	-	-
44140 – Bay Village	-	-
44141 – Brecksville	1	-
44142 – Cleveland/Brookpark	-	-
44143 – Highland Hts/South Euclid	-	-
44144 – Brooklyn/Cleveland	-	-
44145 – Westlake	-	-
44146 – Walton Hills/Oakwood/Bedford	-	-
44147 – Broadview Hts	-	-
44149 – Strongsville	-	-

Attachment 6: Providers and Functions – 2005

Service Providers & Functions	
Source: United Way - First Call for Help Refer Database February 2005	
Agency	Services
Adoption Network Cleveland	Support Group For Parents Adopting Internationally, Adoption System Info/Support--Adopting Fams./Foster Parents, Adoption Workshop, Adoptive Search Workshops And Assistance
Alliance Human Services	Foster Care And Adoption
Applewood Centers	Adoption Services
Beech Brook	Adoption
Bellefaire Jewish Children's Bureau	Adoptive Parents Services, Adoption Services For Birth Parents
Catholic Charities Services Of Cuyahoga County	Adoption Services
Children's Community Access Program	Foster Care And Adoption Services
Cleveland Christian Home	Adoption Services
Cleveland Pregnancy Center	Adoption Counseling
Lutheran Children's Aid And Family Services	Adoption, Speakers' Bureau
Northeast Ohio Adoption Services	Services For Those Who Want To Adopt
Ohio Youth Advocate Program	Foster Care And Adoption Services
Options For Families And Youth	Adoption

Bold represents agencies funded by United Way for this service.

Attachment 7: United Way - First Call for Help Adoption Services Requests – 2000-2004: Greatest Increase/Greatest Decrease

Adoption Services United Way - First Call for Help Requests 2000-2004 Greatest Increase/(Greatest Decrease)								
Zip Code		TOTAL REQUESTS					Percent Change* 00&04	Avg. # Calls 00-04
		2000	2001	2002	2003	2004		
44120	Shaker Hts/Cleveland	1	1	1	1	4	300%	2
44113	Cleveland	0	1	1	0	3	N/A	1
44115	Cleveland	0	0	0	3	3	N/A	1
44102	Cleveland/Brooklyn	0	3	0	1	2	N/A	1
44125	Valley View/Garfield Hts	0	0	0	0	2	N/A	0
44108	Cleveland/Bratenahl	0	1	0	0	1	N/A	0
44110	Cleveland/East Cleveland	0	2	0	0	1	N/A	1
44143	Highland Hts/Richmond Heights	0	0	0	1	1	N/A	0
44129	Brooklyn/Parma/Cleveland	1	1	0	0	0	(100%)	0
44109	Cleveland/Brooklyn Hts	2	3	1	0	0	(100%)	1
44106	Cleveland/Cleveland Hts	3	2	0	0	0	(100%)	1
44105	Cleveland/Newburgh Hts/Garfield Hts	3	0	1	2	0	(100%)	1
44107	Lakewood/Cleveland	3	0	0	3	1	(67%)	1
**Total Cuyahoga County		22	16	20	33	17	(23%)	22
**Total Cleveland		9	8	8	17	9	0%	10
**Total Suburbs		13	8	12	16	8	(38%)	11
* Extremely high percentages are due to low numbers.								
** These totals do not reflect the sum of the numbers above which are the zip codes reflecting the greatest increase or decrease. Rather, they are the total of calls from ALL zip codes many of which do not appear on this table.								

Attachment 8: United Way - First Call for Help 2000-2004: Unmet Need

PF-050 Adoption United Way - First Call for Help Requests 2000-2004 Unmet Need					
Zip Code		TOTALS 00-04			%
		Requests	Met	Unmet	Unmet
44106	Cleveland/Cleveland Hts	3	2	1	33%
44104	Cleveland	7	6	1	14%
* Total Cuyahoga County		108	106	2	2%
* Total Cleveland		51	49	2	4%
* Total Suburbs		57	57	0	0%
FCFH DATA NOTES					
<p>Met = service request resulting in referral to an organization. (Does not mean agency was able to provide the service.)</p> <p>Unmet = service request for which there was no referral.</p> <p>Note: Zip Codes shared by Cleveland and surrounding suburbs whose boundaries fall 50% and greater within the city of Cleveland are highlighted and totaled as Cleveland. Others are totaled as Suburbs.</p> <p>* These totals do not reflect the sum of the numbers above which are the zip codes reflecting unmet need in 2004. Rather, they are the total of calls from ALL zip codes some of which do not appear on this table.</p>					



**United Way of
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