

# Core Service Report

## Foster Home Placement

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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This report was written by a team under contract with MCS Consulting Service, LLC, including the following in alphabetical order:

- Renée Aten, Aten Enterprises
- Jennifer Forshey, IntelliSolve, Inc.
- Carey Wiant Nyberg
- Marlene C. Stoiber, MCS Consulting Service, LLC
- Jamie Watkins, IntelliSolve, Inc.
- Jacqueline Kirby Wilkins, IntelliSolve, Inc.

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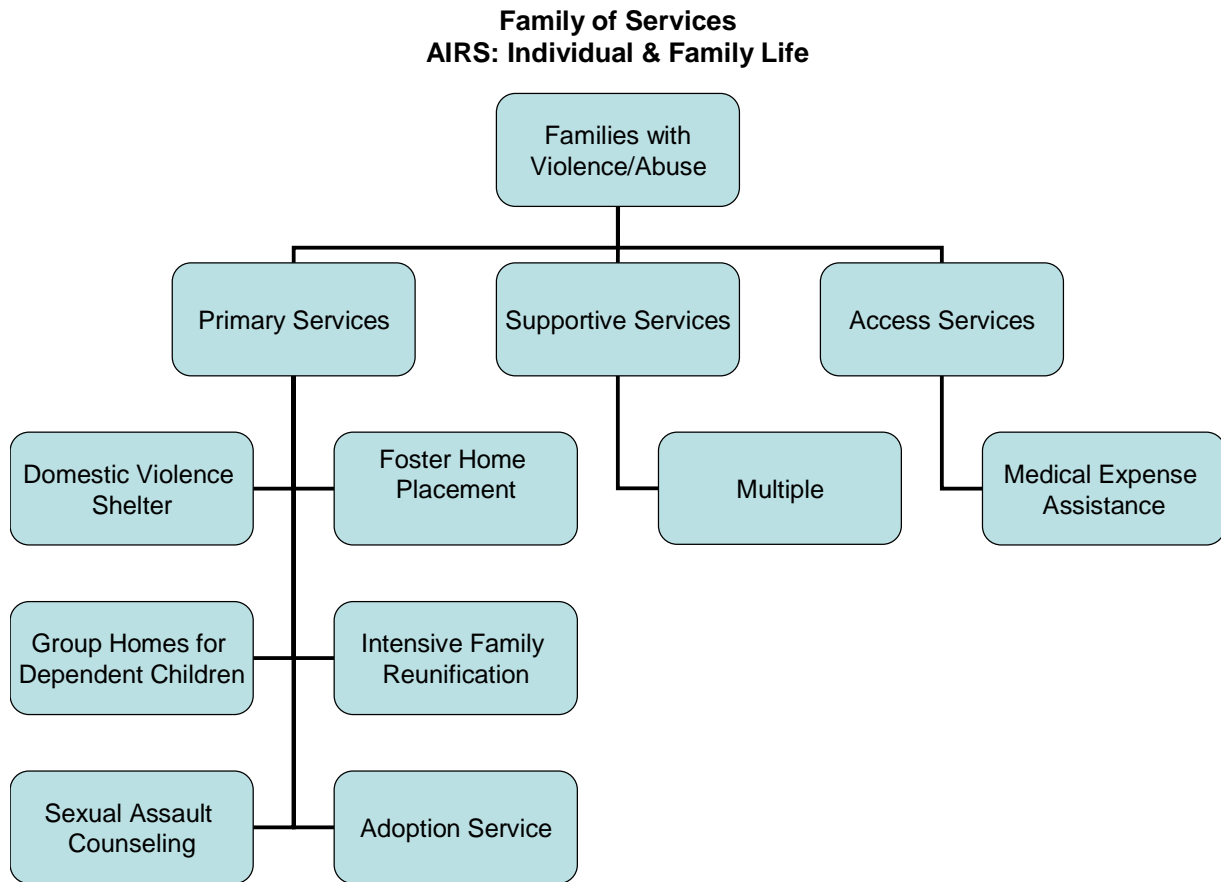
# SNAPSHOT

**AIRS Code Level I: P – Individual & Family Life**  
**AIRS Code Level II: PH – Family Substitute Services**  
**Core Service: Foster Home Placement PF-200.200**

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

**AIRS Definition:** Programs that link individuals who are in need of alternative living arrangements with appropriate private family homes that are licensed to provide foster care. Programs that provide placement services for children and adults with disabilities are generally also responsible for recruiting, training, certifying, and monitoring placements in family homes and for providing support for the family and the individual(s) with disabilities who live with them.

The Foster Homes Placement program 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.)



### *Core Service Environment*

Children enter foster care for a number of reasons. For some children, the journey begins at birth, when it is clear that a mother cannot care for her newborn infant. Other children come to the attention of child welfare when a teacher, a social worker, a police officer, or a neighbor reports suspected child maltreatment to child protective services. Some of these children may have experienced physical or sexual abuse at the hands of a loved and trusted adult. More often, parents battling poverty, substance addiction, or mental illness woefully neglect their children's needs. (Bass, Shields and Behrman, 2005)

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.

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 in order 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 (Child Welfare Information Gateway, 2006).

Since 1974, there have been ten major legislative policies that frame child welfare practice as we know it today. Each of them has also been amended over the past three decades (Child Welfare Information Gateway, 2006).

1. Child Abuse Prevention and Treatment Act of 1974;
2. Adoption Assistance and Child Welfare Act of 1980;
3. Family Preservation and Support Services (1993);
4. Multiethnic Placement Act of 1994;
5. Adoption and Safe Families Act of 1997;
6. Foster Care Independence Act of 1999;
7. Child Abuse Prevention and Enforcement Act of 2000;
8. Inter-country Adoption Act of 2000;
9. Promoting Safe and Stable Families Amendments of 2001; and
10. Keeping Children and Families Safe Act of 2003.

### *Core Service Consumers*

The target population addressed in this core service report is children ages 0-17 in the custody of the Cuyahoga County Department of Children & Family Services and in temporary commitment with foster families or relatives; planned permanent living arrangement (PPLA) or long term foster care; and in permanent commitment waiting for adoption in the public system.

National, state, and local demographics show that the number of children entering foster care during the last 20 years has skyrocketed. The number has almost doubled since 1982, when roughly 262,000 children were living in foster homes. As of September 2005, AFCARS reports that there were 513,000 children in the foster care system. After remaining relatively stable from FY

2000 through FY 2003, the number of children entering care increased in both FY 2004 and FY 2005 (DHHS, 2006).

Of the 513,000 children in foster care in September 2005, 52 percent were male and 48 percent female, at an average age of 10 years. Twelve percent of the children were one year old or less. Forty-one percent were white, non-Hispanic and 32 percent were black, non-Hispanic, 18 percent were Hispanic, 1 percent was Asian, non-Hispanic, and the rest fell in the “other” category (DHHS, 2006).

Foster care children are placed in a variety of settings. As of September 2005, a non-relative foster family home accounted for 46 percent of the 513,000 foster child placements. The next most prevalent option places the child in a kin or relative foster family home (24 percent) followed by institutional care (10 percent), group homes (8 percent) and pre-adoptive homes (4 percent) (DHHS, 2006).

Since December 2002, the number of children in foster care 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.

#### *Core Service Delivery*

The definition of the core service for this report is: programs that provide temporary care for a child with relatives or other persons as the result of problems or challenges taking place within the birth family, or while critical elements of an adoption are being completed.

When it is determined that a child must be removed from the home, and a court grants temporary custody of the child to the public children services agency, the caseworker attempts to find a placement with a suitable relative to help maintain familial bonds. When a suitable relative is not available, the worker attempts to find a placement with a suitable non-relative with whom the child or family has a relationship. Suitable relatives and non-relatives are either licensed by the Ohio Department of Job and Family Services or approved by the local public children services agency. If the agency is unable to place the child with a relative (or a non-relative who has a relationship with the family), the child is placed into a licensed foster care setting (ODJFS, 2006b).

The 696-KIDS hotline is the official phone line for persons reporting cases of suspected child abuse or neglect. United Way First Call for Help refers callers to the hotline. Social workers at the Cuyahoga County Department of Children and Family Services take the lead in foster home placement services. Thus, there is no First Call for Help data for this service.

The major funding sources for foster home placement are:

- Social Services Block Grant (SSBG);
- Temporary Aid to Needy Families (TANF) – Kinship Care;
- Title IV-E Foster Care Program;
- Title IV-E Demonstration Project;
- Ohio General Revenue Fund; and
- Cuyahoga County Health and Human Services levies.

Between 2002 and 2004, funding for foster home placement has significantly decreased. Again, decreases in the funding appear to be correlated to the continuing decrease in numbers of actual consumers over time. The improvement to federal and department policies, the attention to earlier intervention and wrap-around services, and the increased number of children adopted by foster parents may be responsible for the smaller number of children in foster care and, hence, the smaller demand for funding.

As of May 11, 2006, nearly \$75 million in revenues for foster home placement programs has been identified countywide. Over ninety-nine percent of the revenues are from contracts or grants from government organizations. DCFS is the primary funder of the service, disseminating a blend of funds that include Title IV-E and HHS levies funding to over 60 providers across Cuyahoga County. United Way of Greater Cleveland does not currently fund foster home placement programs.

A foster family's compensation depends on the level of foster care provided. In Cuyahoga County, per diems range from \$20.84 to \$638.60, depending on the level of care.

*What Works; What Doesn't*

The Annie E. Casey Foundation purports that successful child welfare is grounded in two fundamental convictions: first, there is no substitute for strong families to ensure that children grow up to be capable adults; second, the ability of families to raise their children is inextricably linked to conditions in communities where they live. They believe that community-centered responses such as the Family to Family Initiative protect children, support families, and strengthen neighborhoods in a growing and increasingly complex child welfare system (Annie E. Casey Foundation 2005).

The Family to Family Initiative is a community partnerships model that is one of four linked strategies that have helped improve outcomes for children going into foster care. The other three are: team decision-making; recruitment, development and support of resource families; and self-evaluation. Within the Family to Family (F2F) model, public child-welfare agencies and their community partners seek to achieve multiple child-welfare outcomes or goals.

The mark of high quality foster care programs is multi-dimensional. Programs need enough qualified and willing foster care families. Child placement is critical to a successful fostering experience. The development and retention of qualified child welfare professionals is also critical. And creating a lasting or permanent family for a child who ages out of foster care is crucial to avoid early pregnancy, homelessness, criminal activity, etc. (Avery & Freundlich 2003).

An article entitled "How Helping Professionals May Compound Problems" (Delaney, 2004) finds a lack of professionals with the special expertise necessary for foster care and a disproportionate number of children of color, particularly African-Americans, are in foster care—a situation that raises questions about the equity of the foster care system and threatens the developmental progress of children of color (Chipungu & Bent-Goodley, 2005).

Nationally, every year 20,000 youth exit the foster care system without adequate preparation or support to transition successfully into adulthood and independent living.

*Gap Analysis*

The estimated universe of possible consumers is 2,553, including both realized (2,553) and unrealized (0) access.

## 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

Foster home placement is one service in 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.

Children enter foster care for a number of reasons. For some children, the journey begins at birth, when it is clear that a mother cannot care for her newborn infant. Other children come to the attention of child welfare when a teacher, a social worker, a police officer, or a neighbor reports suspected child maltreatment to child protective services. Some of these children may have experienced physical or sexual abuse at the hands of a loved and trusted adult. More often, parents battling poverty, substance addiction, or mental illness woefully neglect their children's needs. (Bass, Shields and Behrman, 2005)

In 2001, child protective services across the country received approximately 3 million referrals, and more than 900,000 children were victims of maltreatment. When child maltreatment is substantiated, caseworkers and courts must decide whether the child can safely remain at home if the family is provided with in-home services, or whether the child should be placed in state care. In 2001, 290,000 children entered the foster care system (Bass et al., 2005). In 2004, the number was 305,000 (U.S. Department of Health and Human Services [DHHS], 2006).

The term "foster care" commonly refers to all out-of-home placements for children who cannot remain with their birth parents. Children may be placed with non-relative foster families, with relatives, in a therapeutic or treatment foster care home, or in some form of congregate care such as an institution or group home (Bass et al., 2005). There has been a significant increase in the number of children placed with relatives (known as kinship care). Between 1986 and 1990, children placed in formal foster care with relatives rose from 18 to 31 percent. This trend is likely due to an increased interest in honoring familial and cultural ties and a lack of licensed foster homes in inner-city neighborhoods (Testa, 2004).

The children who reside in the custody of local children's service agencies may be dealing with issues of past abuse, neglect, and/or dependency and they either need to be reunited with their families or need "forever homes" through adoption. When neither is possible, foster care is where many spend a good portion of their childhood. On any given day in Ohio, over 22,000 children are living in foster families or in another out-of-home placement setting (Ohio Department of Job and Family Services [ODJFS], 2006).

**PUBLIC POLICY ISSUES**

***FEDERAL***

*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 in order 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.

### III. THE CORE SERVICE CONSUMERS

#### DEFINITION OF TARGET POPULATION

The target population addressed in this core service report is children ages 0-17 in the custody of the Cuyahoga County Department of Children & Family Services and in temporary commitment with foster families or relatives; planned permanent living arrangement (PPLA) or long term foster care; and in permanent commitment waiting for adoption in the public system.

#### DEMOGRAPHIC CHARACTERISTICS

National, state and local demographics show that the number of children entering foster care during the last 20 years has skyrocketed. The number has almost doubled since 1982, when roughly 262,000 children were living in foster homes. The most recent data reported by the Adoption and Foster Care Analysis and Reporting System (AFCARS) is for the period October 1, 2004 to September 30, 2005. As of September 2005, AFCARS reports that there were 513,000 children in the foster care system. After remaining relatively stable from FY 2000 through FY 2003, the number of children entering care increased in both FY 2004 and FY 2005 (DHHS, 2006).

Of the 513,000 children in foster care in September 2005, 52 percent were male and 48 percent female, at an average age of 10 years. Twelve percent of the children were one year old or less. Forty-one percent were white, non-Hispanic and 32 percent were black, non-Hispanic, 18 percent were Hispanic, 1 percent was Asian, non-Hispanic, and the rest fell in the “other” category. Children were in foster care an average of 28.6 months. At that time, 37 percent of children in foster care had been in a foster care setting for over two years (DHHS, 2006).

Foster care children are placed in a variety of settings. A non-relative foster family home accounted for 46 percent of the 513,000 foster child placements as of September 2005. The next most prevalent option places the child in a kin or relative foster family home (24 percent) followed by institutional care (10 percent), group homes (8 percent) and pre-adoptive homes (4 percent) (DHHS, 2006).

As of September 2005, the case goals of the 513,000 children in foster child placement were 51 percent reunification with parent(s) or principal caretaker(s), followed by 20 percent adoption, 8 percent no case plan goal established, 7 percent long-term foster care, 6 percent emancipation, 4 percent live with other relative(s), and 3 percent guardianship (DHHS, 2006)

In September 2005, 283,000 children exited foster child placement after an average stay of 21.5 months. Fifty-four percent were reunited with their birth families or primary caretaker; 18 percent were adopted (DHHS, 2006). In Ohio, more specifically, the average amount of time is much less, with a child typically residing in some type of foster home for just under 13 ½ months.

The Child Welfare Outcomes 2001 Annual Report to Congress (DHHS, 2004a) reported that:

- Exits from foster care to a permanent home ranged from 68.8 percent to 97.3 percent across states, with a median of 85.3 percent.

- Children leaving foster care who had a diagnosed disability and were discharged to a permanent home ranged from 53.0 percent to 96.5 percent, with a median of 78.4 percent.
- For children who were over age 12 when they entered foster care, 28.9 percent to 92.4 percent found a permanent placement, with a median of 72.3 percent.
- Children aged 12 and younger who were placed in a group home or institution ranged from 1.2 percent to 45.5 percent, with a median of 8.7 percent. In Ohio, only 4 percent of children were placed in group homes or institutions.

*Ohio*

On any given day in Ohio, according to the Ohio Department of Job and Family Services (ODJFS, 2006a), more than 22,000 children live with foster families or another out-of-home placement setting. ODJFS (2006a) reports that there were 1,895 children entering permanent custody in FFY 2005 which was a 12 percent decrease from 2,107 in FFY 2004.

*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 the 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**

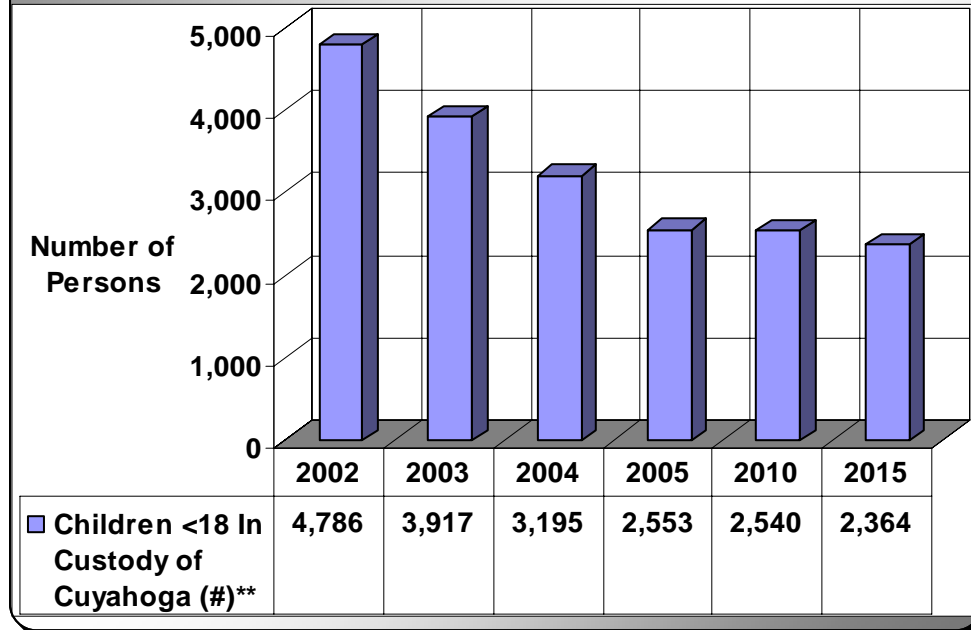
	Dec-02	Dec-03	Dec-04	Dec-05
<b>Children in Custody</b>				
<b>Total Number of Children in Custody</b>	<b>4,786</b>	<b>3,917</b>	<b>3,195</b>	<b>2,553</b>
Permanent Commitment	2,591	2,097	1,657	1,121
Planned Permanent Living Arrangement	815	747	667	487
Temporary Commitment	1,380	1,073	871	945

Source: Cuyahoga County Department of Children and Family Services

*Estimated Persons in Need*

As of December 2005, an estimated 2,553 persons needed foster care services, which is the number of children in county custody for that point in time. The projected number of foster home placements in 2015 is 2,364, down from 4,786 in December 2002. (See Figure 1.) Proposed 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).

**Figure 1: Foster Home Placement  
Estimated Persons in Need  
Cuyahoga County, 2002 to 2015**



Sources:

\* Number of children < 18 from American Community Survey, 2002 through 2005. 2010 and 2015 from Ohio Department of Development estimates.

\*\* Status of children in custody of Cuyahoga County, Cuyahoga County Dept. of Children & Family Services (CFS) 2002 to 2005: 2010 and 2015 estimated by applying 2005 percent children in custody of estimated population < 18, 2005. (0.7941%). Assumes same percentage for each period.

**REALIZED ACCESS TO SERVICE**

Realized access to service is represented by the number of consumers actually served. It includes the actual number of consumers reported by agencies funded by United Way and by government funders from which it was possible to obtain data. It is typically an underestimate of actual numbers of consumers receiving service. However, the number below represents the total number of children receiving service for foster home placement.

As was stated in the previous section, DCFS reported a total of 2,553 children in custody as of December 2005 (DCFS, 2006). This is the actual number of children in foster home placement. The Cuyahoga Department of Children and Family Services provides a monthly flash report that gives a point-in-time number of consumers. 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 in each type of placement (including agency foster homes) also decreased from 928 to 505 to 546, respectively over the same periods. (See Table 2.)

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

	<b>Dec-02</b>	<b>Dec-03</b>	<b>Dec-04</b>	<b>Dec-05</b>	<b>Sep-06</b>
<b>Children Placed</b>					
<b>Total Number of Children in Placement</b>	<b>5,352</b>	<b>4,309</b>	<b>3,506</b>	<b>3,004</b>	<b>2,911</b>
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					

In FY 2004, United Way did not fund foster home placement programs. (See Attachments 3 and 4 for census data.)

## IV. CORE SERVICE DELIVERY

### CORE SERVICE DEFINITION

The definition of the core service for this report is as follows: programs that provide temporary care for a child with relatives or other persons as the result of problems or challenges taking place within the birth family, or while critical elements of an adoption are being completed.

### BACKGROUND ON CORE SERVICE

#### *Ohio*

Foster (substitute) care for children is one of the major program components of Ohio's child welfare system and is provided through public and private agencies. The program's main purpose is to reunify children with their families and/or find other permanent living arrangements when children cannot safely return home. Foster or substitute care includes kinship care, foster care, residential substitute care in group homes and treatment facilities, the independent living program, and the Interstate Compact for the Placement of Children (ODJFS, 2006b).

When it is determined that a child must be removed from the home, and a court grants temporary custody of the child to the public children services agency, the caseworker attempts to find a placement with a suitable relative to help maintain familial bonds. When a suitable relative is not available, the worker attempts to find a placement with a suitable non-relative with whom the child or family has a relationship. Suitable relatives and non-relatives are either licensed by the Ohio Department of Job and Family Services or approved by the local public children services agency. If the agency is unable to place the child with a relative (or a non-relative who has a relationship with the family), the child is placed into a licensed foster care setting (ODJFS, 2006b).

#### Licensing Adoption and Substitute Care Providers

The goal of children's services licensing is to determine agencies' fitness to provide foster care, residential care, adoption and independent living. Placement settings such as foster homes, group homes, and residential centers are routinely monitored to assure compliance with ODJFS rules. ODJFS staff provides technical assistance to improve agency compliance with regulations and can take action to revoke licensure for noncompliance (ODJFS, 2006b).

#### Case Planning

Each public children services worker strives for a placement that is culturally sensitive and based in the child's neighborhood and community to preserve relationships and to minimize disruption to the child's life. A case plan for the family is developed to promote permanence for the child and is designed to meet the child's emotional and physical needs in the least restrictive, most family-like setting. For a child to enter substitute care there is either a voluntary agreement between the public children services agency or a private child-placing agency and the parent; or there is an award of custody by the juvenile court. Substitute care is intended to be temporary and consists of services provided to the child, the family, and the substitute care giver (ODJFS, 2006b).

The number of children placed in group homes and residential centers has decreased in Ohio, while the number of children placed in kinship care and foster homes has increased. This may be

attributed to a conscious statewide effort to develop and use kinship and family foster homes that are located in the neighborhoods where the children lived with their parents (ODJFS, 2006b).

If a court determines that it is not in a child’s best interest to return home, the agency takes steps to find a permanent placement. Good case practice supports concurrent planning for family reunification and an alternative permanent living arrangement such as adoption or legal guardianship if family reunification is not in the child’s best interest. Concurrent planning supports engaging the family in the development of an alternative plan during the case planning process in order to prevent children from lingering unnecessarily in substitute care (ODJFS, 2006b).

Independent Living Program

For youth ages 16-18 in substitute care, the public children services agency is required to provide independent living services to help them successfully transition into adulthood and become self-sufficient. Children ages 18-21 who have already been emancipated from substitute care are also eligible to receive independent living services upon request. Services include life-skills development training, education and vocational training, preventive health activities, financial assistance, housing, employment and education, self-esteem counseling, and assistance with developing positive relationships and support systems. Public children services agencies may also use a portion of their allocation to assist young, emancipated adults ages 18 - 21 with rent and other costs (ODJFS, 2006b).

Education and Training Voucher Program

The Education and Training Voucher Program was made available to states in order to provide assistance to youths emancipated from foster care or were adopted from foster care at age 16 or older. Up to \$45,000 per year per youth is available to help cover the cost of post-secondary education. Aside from the traditional colleges and universities, these funds may also be used for post-secondary vocational and proprietary schools. The Orphan Foundation of America serves as the conduit for the application process and the disbursement of assistance. The foundation also provides mentors and monitors the youth’s progress in the program. Youth enrolled in the Education and Training Voucher program on their 21st birthday may remain eligible until they are 23 years old, provided they continue to be enrolled in a full-time post-secondary education or training program and make satisfactory progress. The award money may not exceed the cost of attendance. The cost of attendance includes tuition and fees, room and board, rental or purchase of required equipment, materials or supplies, books and transportation, residential training and special student projects. Young people may apply directly to the Orphans Foundation through Ohio’s link for the state voucher program at: <https://www.statevoucher.org/> (ODJFS, 2006b).

Interstate Compact for the Placement of Children

The Interstate Compact for the Placement of Children authorizes the placement of any child in or from Ohio. Out-of-state and Ohio agencies must have placements approved before the child enters or leaves Ohio for placement in a foster, adoptive family, group home, or institution. Ohio Department of Job and Family Services is committed to the following outcomes and goals:

- Increasing the usage of kinship homes;
- Providing for culturally responsive, neighborhood-based substitute care programs;
- Reducing the number of children placed in hospitals, residential treatment centers, nursing homes, group homes and other institutional or congregate care facilities;

- Decreasing the percentage of families whose cases have been closed, but reenter the system and require child placement services;
- Decreasing the time a child waits for a permanent home;
- Increasing the number and quality of substitute caregivers; and
- Increasing supportive services to enable children to safely return to their families (ODJFS, 2006b).

By close of calendar year 2004, 11,036 homes were certified for foster placements. During SFY 2004, Ohio provided 7.16 million days for children in out-of-home care settings, a decrease from SFY 2003 of 7.61 million (ODJFS, 2005).

*Cuyahoga County*

The Cuyahoga Department of Children and Family Service’s (DCFS) mission is to assure that children at risk of abuse or neglect are protected and nurtured within a family and with the support of the community. The department embraces the philosophy that children grow better in families and support this by keeping children close to their families whenever possible through neighborhood foster care. Its programs have the goal of stabilizing and reuniting families that have been weakened through poverty, illness, or crisis resulting in neglect of abuse of children. In its 2005 strategic plan, DCFS identifies 4 imperatives that guide its decisions, drive its work, and direct its steps. These imperatives are:

- Children who cannot be protected within their own home must be removed.
- The number of children who come into custody unnecessarily must be reduced.
- Children must be placed in the most family-like setting that meets their needs.
- All children must have a time-limited permanency plan (DCFS, 2005).

DCFS essentially follows the State of Ohio’s procedure as described in the previous section. It tries to work with families before resorting to removing a child from the home. However, the agency can remove a child with the juvenile court’s permission when there is reason to believe the child’s health or safety is in danger. DCFS states that its primary goal is family reunification. According to the most recent available county statistics (in 2004), 39 percent of the county’s custody terminations were the result of family reunification where the child was placed with the birth family. An additional 18 percent of the cases were terminated because the child was reunified with a family relative (DCFS 2005).

As a second alternative to family reunification, DCFS tries to find a kinship placement for the child. If none is available, the child is placed in a county foster home or a private agency foster home. However, private agency homes are usually reserved for children with higher levels of need. Foster family homes are licensed by the state after a careful study is made of the home and the family. The foster care home is re-licensed each year.

The Case Rate Pilot Project, presently in its third year of operation, is an experiment to implement a managed care type of model in foster care with a capitated rate for each child. Currently the Cleveland Christian Home, the lead agency for the West Side Family Resource Network (Network), and Beechbrook each have a contract with the county to pilot this model. The network is charged with comprehensive case planning and management of all mental health, out-of-home placement and family support services for a targeted population of special needs youth and their families in western Cuyahoga County. The goals are: 1) to reduce the length of time children remain in

substitute care and the likelihood that they will return to care; 2) to improve child safety and family well-being; and 3) to develop long term and sustainable strategies that yield superior outcomes for children and families (Cleveland Christian Home). An evaluation of its efficacy is underway.

To ensure there is an adequate number of available foster homes, DCFS utilizes public children services agencies and private child-placing agencies to act as representatives in recommending family homes for foster care certification. DCFS conducts case record reviews and on-site safety inspections to determine whether foster homes are operating in accordance with Ohio Administrative Code rules. To promote quality care of children while in placement, DCFS provides funding to public children services agencies and private child-placing agencies to support training of foster parents.

DCFS contracts with approximately 62 primary formal providers (agencies/organizations) and the children can be placed in 774 sites (homes). Because there have been fewer children in custody, fewer active foster agencies have been needed in the last three years (DCFS, 2005).

See Attachment 5 for detail on the Cuyahoga County Department of Children and Family Services placement procedures.

*United Way First Call for Help Call Data*

The 696-KIDS hotline is the official phone line for persons reporting cases of suspected child abuse or neglect. United Way First Call for Help refers callers to the hotline. Social workers at the Cuyahoga County Department of Children and Family Services take the lead in foster home placement services. Thus, there is no First Call for Help data for this service.

**FUNDING OF CORE SERVICES**

*Major Government Funders*

The major funding sources for foster home placement are:

- Social Services Block Grant (SSBG);
- Temporary Aid to Needy Families (TANF) – Kinship Care;
- Title IV-E Foster Care Program;
- Title IV-E Demonstration Project;
- Ohio General Revenue Fund; and
- Cuyahoga County Health and Human Services levies.

According to the Center for Law and Social Policy ([CLASP], 2006), funding sources for all child welfare services in Ohio in 2004 were broken down as follows: 43.71 percent (\$497 million) were local, 43.24 percent (\$403 million) were federal, and 13.05 percent (\$121 million) were state expenditures. The majority of foster care funding comes from the federal government through Title IV-E of the Social Security Act, with state and local sources responsible for the rest. Most sources of funding for foster care are passed to county departments of children and family services, which then contract with outside organizations to provide services. In Cuyahoga County, this is the Department of Children and Family Services.

An important note about funding of Title IV-E: many in the child welfare community have considerable concern regarding the structure and emphasis of child welfare funding that, as many

advocates believe, should provide more for preventive services so that foster care can be avoided. Programs authorized under Title IV-B and Title IV-E of the Social Security Act provide the majority of federal funding for child welfare services. According to a study by the Child Welfare League, Title IV-E has long been criticized because it funds foster care on an unlimited basis without providing for services that would either prevent the child’s removal from the home or speed permanency. Funding sources for preventive and reunification services, primarily the Child Welfare Services Program and the Promoting Safe and Stable Families Program funded under Title IV-B of the Social Security Act, are quite small in comparison with those dedicated to foster care and adoption. Nationally, foster care funding under Title IV-E made up nearly two-thirds (65 percent) of federal funding dedicated to all child welfare purposes in fiscal year 2004. Adoption assistance funding (also authorized under Title IV-E) represented another 22 percent. Funding sources that may be used for preventive services, but also fund some foster care and adoption-related services including funds from the Title IV-B programs and the discretionary programs funded from authorizations in the Child Abuse Prevention and Treatment Act, represent 11 percent of federal child welfare program funds (Billing, Ehrle, Kortenkamp, 2002).

Below is an explanation of the major sources of funding for group homes for dependent children.

***FEDERAL***

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 “prevention and intervention services” that include services designed “to provide early identification and/or timely intervention to support families and prevent or ameliorate the consequences of abuse, neglect, or family violence” (ODJFS, 2006c). Foster care services can be funded through the SSBG. Appropriations from the SSBG were \$1.7 billion in 2006 and have remained unchanged since FY 2002, but are down significantly from the 1990s, when they were \$2.8 billion. The current administration has proposed a \$500 million cut to the program. Cuyahoga County received a total of \$27 million from SFY 2005-2007 from the SSBG, and \$11,936 was allocated to the Cuyahoga County Department of Children and Family Services for “foster care services for children” per the state’s Title XX plan (ODJFS, 2006c).

Temporary Aid to Needy Families (TANF) – Kinship Care

Though not traditional foster care, Ohio uses its TANF block grant to provide payments to relatives who are caring for children. In most cases, kinship caregivers may apply for these programs on a child’s behalf even though they are not the child’s parents or legal guardians. Cash assistance may be available to children and their grandparents and other relative caregivers through the Ohio Works First (OWF) program (funded with TANF dollars). Kinship care families may also be eligible for food stamps to help meet their children’s food and nutritional needs, and for health insurance through the Health Start program (ODJFS, 2003).

Title IV-E Foster Care Program

Title IV-E is a subpart of Title IV of the federal Social Security Act. This program provides federal reimbursement for a portion of a state’s costs for children placed in foster homes or other types of out-of-home care under a court order or voluntary placement agreement because of maltreatment.

Title IV-E funds are for poor children only. In order to qualify for federal foster care assistance under the statute, a child must meet the 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.

The program's funding (approximately \$5 billion per year) is structured as an uncapped entitlement, so any qualifying state expenditure will be partially reimbursed or matched without limit. Federal match funds range from 50 to 83 percent, depending on the state's per capita income. For Ohio, the federal match rate is 59.66 percent for FY 2007 (Department of Health and Human Services, 2005). 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. If the child is not Title IV-E eligible, the state is responsible for the entire cost of care using other resources (Child Welfare League of America, 2003).

Title IV-E funds are available for monthly maintenance payments to eligible foster care providers, administrative costs to manage the program, training staff and foster parents, foster parent recruitment, and other related expenses. In 2004 Ohio had \$188,325,129 in foster care expenditures (CLASP, 2006).

The Administration for Children and Families (ACF) of the U.S. Department of Health and Human Services conducted a review in 2000 of Ohio's Title IV-E program. ACF made the following comments about foster care funding in Ohio:

Since county agencies are primarily dependent on local tax levies for funding child welfare services, the amount and quality of services that counties can provide is dependent on maximizing Title IV-E, Medicaid and Supplemental Security Income (SSI) reimbursement. A discussion was held on the balance between the direct service provision and paperwork requirements. Strategies to convey to workers the benefits of accurately reporting information in the required format, as it relates to obtaining needed dollars for services, should be identified. (DHHS, 2002)

In addition, in 2006 the Cuyahoga Metropolitan Housing Authority received a \$15,405 federal foster care discretionary grant to provide supportive services to CMHA residents in the Central neighborhood. This grant has generally decreased, however. In 2004 the amount was \$45,381, and in 2005 the amount was \$59,589 (Cuyahoga Metropolitan Housing Authority, 2005).

#### Title IV-E Demonstration Project

As IV-E is currently structured, child welfare experts note that the program should be more preventative in focus. To this end, Ohio is the recipient of a five year Title IV-E demonstration project waiver for 13 counties (Cuyahoga County is not included) called ProtectOhio that is designed to reduce the number of children in foster care, decrease the time children remain in foster care, and promote adoptions. Instead of guaranteed funding for foster care (since IV-E is an entitlement), demonstration counties agreed to a lump sum to provide a full suite of child welfare services, including foster care. As ODJFS stated:

ProtectOhio adopts a managed care approach to increase the efficiency and effectiveness of the child welfare system, focusing on reducing use of out-of-home placement, increasing reunification and permanency, and improving family functioning, while also maintaining a cost-neutral budget. (ODJFS, 2004)

The state will conduct an evaluation to test the hypothesis that flexible use of Title IV-E funds to provide individualized services to children and families will assist in prevention of placement, increase reunification rates for children in out-of-home care, decrease rates of re-entry into out-of-home care, and reduce lengths of stay in out-of-home care. The findings of this demonstration project could have profound effects on the funding structure for child welfare services, possibly modifying to a block grant instead of entitlement.

**STATE**

Ohio General Revenue Fund

The state’s general revenue fund is the primary source of state funds for foster care. The Ohio Children’s Trust Fund is not an intended source of funding for foster care.

**LOCAL**

Cuyahoga County Health and Human Services Levies

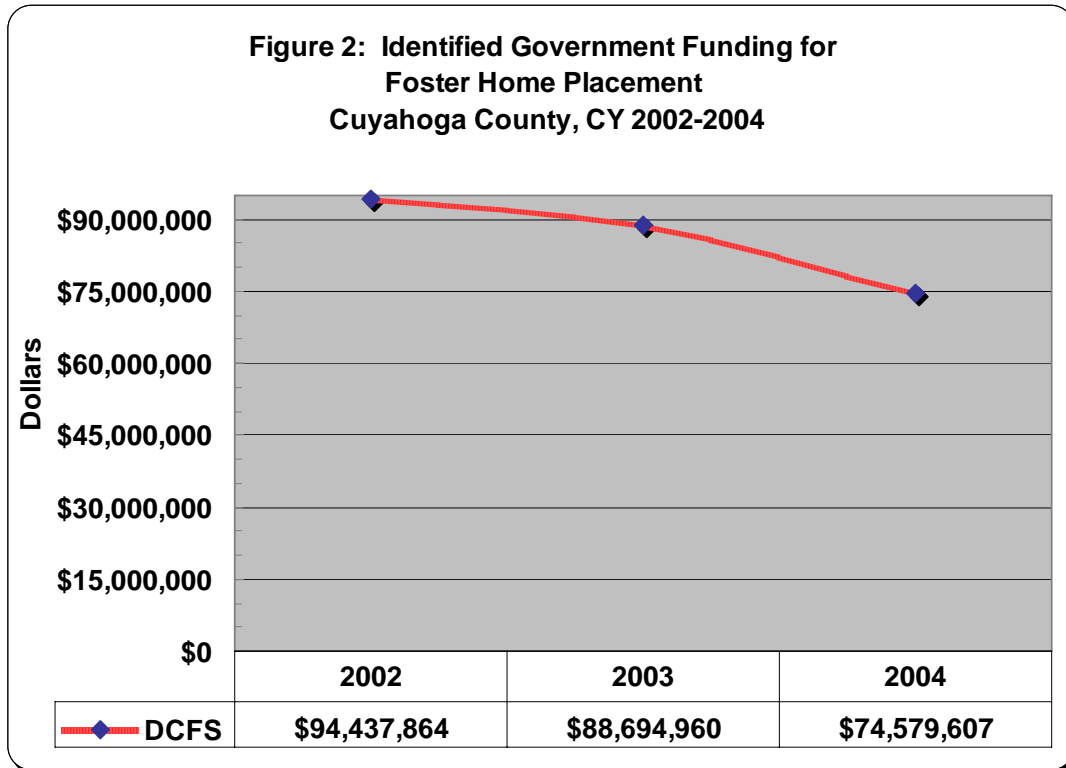
There are currently two Cuyahoga County Health and Human Services (HHS) levies, one at 3 mils set to expire in 2007 and the other at 4.9 mils set to expire in 2008. The levy provides a flexible source of funds for the county, and the Department of Children and Family Services receives funds from these 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. In November 2006, Issue 19 passed, which is a replacement and reduction of the portion of an existing levy that would generate an additional \$27.3 million annually. The specific amount of HHS levy funds going to foster care placement services was not available.

*Trends of Identified Government Funders in Cuyahoga County*

Between 2002 and 2004, funding for foster home placement decreased significantly. The funding allocated to foster home placement and care through DCFS dropped from \$94.4 million in 2002 to around \$74.6 million in 2004. Note that this includes a blending of the funds as outlined in the section above. The calendar year budget for 2005 was only approximately \$65.8 million. (See Figure 2.) Again, decreases in the funding appear to be correlated to the continuing decrease in numbers of actual consumers over time. The improvement to federal and department policies, the attention to earlier intervention and wrap-around services, and the increased number of children adopted by foster parents may account for the smaller number of children in foster care and, hence, the smaller demand for funding. As noted in the Cuyahoga County 2006 Annual Budget:

Throughout 2005, there continued to be a steady decline in the number of children coming into foster care on a monthly basis. The average number of children in custody during 2004 was 4,212 compared to 2,980 in 2005. The Department [of Child and Family Services] is estimating that the average number of children will drop to 2,850 in 2006, a decrease of 4.4 percent. With the effectiveness of programs such as the Invest in Children initiative,

families are receiving assistance so that instances of placing children in custody are decreasing, as well as the length of stay. (Cuyahoga County, 2006)



Source: Cuyahoga County Department of Children and Family Services

## IDENTIFIED REVENUES

As of May 11, 2006, nearly \$75 million in revenues for foster home placement programs 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.

Over ninety-nine percent of the revenues are from contracts or grants from government organizations. DCFS is the primary funder of the service, disseminating a blend of funds that include Title IV-E and HHS levies funding to over 60 providers across Cuyahoga County. United Way of Greater Cleveland does not currently fund foster home placement programs.

**Table 3: Annual Revenue for Core Services: Countywide and United Way of Greater Cleveland Foster Home Placement 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)
Jewish Community Federation		300,000			
United Black Fund of Greater Cleveland		26,000			
<b>Total - Federated Fundraising Organizations</b>		<b>326,000</b>	<b>0.43%</b>	<b>0</b>	<b>N/A</b>
Cuyahoga Metropolitan Housing Authority (CMHA)	2004	45,381			
Department of Children and Family Services	2004	74,579,607			
<b>Subtotal Cuyahoga County Funding Sources</b>		<b>74,624,988</b>	<b>99.57%</b>	<b>0</b>	<b>N/A</b>
<b>Total - Contracts/grants from government organizations</b>		<b>74,624,988</b>	<b>99.57%</b>	<b>0</b>	<b>N/A</b>
<b>Subtotal Non - UWGrCle Support</b>		<b>74,950,988</b>	<b>100%</b>	<b>0</b>	<b>N/A</b>
<b>Total Support/Revenue</b>		<b>74,950,988</b>	<b>100%</b>	<b>0</b>	<b>N/A</b>

**REIMBURSEMENT/COST**

Compensation for foster families depends on the level of foster care provided. In Cuyahoga County, there are three types of foster care: traditional/basic, specialized foster care, and therapeutic foster care. There are five levels of care service standards with the following ranges of reimbursement by level:

Level	Type	Per Diem Range of Reimbursement
Level 1	Family Foster Care	\$20.84 - \$49.44
Level 2	Treatment 2 Foster Care	\$21.96 - \$103.89
Level 3	Treatment 3 Foster Care	\$57.79 - \$166.86
Level 4	Therapeutic Foster Care	\$76.50 - \$214.24
Level 5	Residential Treatment	\$94.42 - \$638.60

Researchers studied the financial attributes of child welfare programs across the United States and concluded:

The United State has spent approximately \$22 billion on child welfare in 2002. About half of state spending on child welfare services comes from federal programs, with dollars primarily coming from Temporary Assistance for Needy Families (TANF) and Title IV-E, which provides foster care and adoption assistance. However, state administrators express some concern that federal budget deficits may force cutbacks in an array of child welfare support services. In the mid-1990s, two federal laws significantly changed how states pay for and prioritize child welfare services. Although the welfare-overhauling 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) made few direct changes to the nation's child welfare system, it did alter the system's federal funding streams. For one, it eliminated the Emergency Assistance program, which states could use for child welfare activities. The 1997 Adoption and Safe Families Act makes



safety the paramount concern in all child welfare services. Since passage of these laws, Urban Institute surveys have found that state child welfare agencies—to service their caseloads—have been channeling such federal funds as Medicaid and TANF to child welfare services. The surveys also found that states were spending relatively little on prevention of child abuse and neglect. (Billing, Ehrle, Kortenkamp, 2002)

## V. WHAT WORKS; WHAT DOESN'T

### IMPACT ON INDIVIDUALS/FAMILIES

#### *What Works*

##### Models/Curriculum

The Annie E. Casey Foundation purports that successful child welfare is grounded in two fundamental convictions: first, there is no substitute for strong families to ensure that children grow up to be capable adults; second, the ability of families to raise their children is inextricably linked to conditions in communities where they live. They believe that community-centered responses, such as the Family to Family Initiative, protect children, support families, and strengthen neighborhoods in a growing and increasingly complex child welfare system (Annie E. Casey Foundation [AECF], 2005).

The Family to Family Initiative is a community partnerships model that is one of four linked strategies that have helped improve outcomes for children going into foster care. The other three are: team decision-making; recruitment, development and support of resource families; and self-evaluation. Within the Family to Family (F2F) model, public child-welfare agencies and their community partners seek to achieve the following nine child-welfare outcomes, or goals:

- To reduce the number and rate of children placed away from their birth families;
- To place more children in their own neighborhoods;
- To reduce the number of children served in institutional and group care, and shift resources to kinship care, family foster care and family-centered services;
- To decrease the lengths of stay of children in placement;
- To increase the number and rate of children reunified with their birth families;
- To decrease the number and rate of children reentering placement;
- To reduce the number of moves children in care experience;
- To increase the number and rate of brothers and sisters placed together; and
- To reduce any disparities associated with race/ethnicity, gender or age in each of these outcomes (AECF, 2005).

The underlying assumption is that nobody understands a neighborhood better than the people who live in it. Community partners possess critical perspectives on the neighborhoods and cultures from which the children come. They bring needed skills and contacts, and can help increase local awareness of issues such as child abuse and neglect, which can lead to out-of home care. Community partners can greatly expand the resources available to children by participating in critical team decision-making meetings (TDM) with social workers and families. The larger the number of resources available, the greater the chances that children, their siblings, and their birth families can stay together and decrease the number going into care unnecessarily. This same TDM process can ensure that children are not being placed disproportionately because of their race, culture or language, age, or gender. Community partners can help recruit residents to become resource families. Neighborhood resource families are more culturally and geographically relevant for children and aid in the transition back home. Partners in the community can serve as links between the child welfare system and these potential resource families, encouraging them to become involved. Partnerships offer support and neighborhood services to birth families, kinship

care providers, and resource families—further improving children’s chances of placement with their siblings and staying near their schools, places of worship, and recreation while in care (AECF, 2005).

F2F uses the term “neighborhood foster care” to describe the option sought when kinship care is not possible. The neighborhood becomes the hub of activity in which the public child welfare agency social worker introduces the birth family to the resource family and begins the process of building relationships among all parties. The opportunity for such relationships usually increases the amount of contact between children and their birth families during placement. This kind of partnership helps to decrease the lengths of stay in out-of-home placement, increase planned reunifications, reduce the number of moves experienced by children in care, decrease re-entries into care, and reduce the number of children (especially youth) in institutional and group care. Community partnerships help to build trusting relationships between families and the child welfare agencies. As public agencies gain residents’ trust, they also gain knowledge about local services, resources, and informal support available to help families. Improved coordination with other service and support providers can allow everyone to do what they do best—and to learn from one another (AECF, 2005).

Community partnerships are integral to all four inextricably linked F2F strategies, with successful outcomes dependent on the simultaneous implementation of all four. Community representatives provide team decision-making meetings with relevant information about the neighborhoods and cultures in which children live. They help to recruit, develop, and support resource families in neighborhoods from which children come. They analyze self-evaluation data and provide crucial feedback on cultural and neighborhood factors and agency practices that affect child safety and well-being (AECF, 2005).

In Cleveland, Ohio, where neighborhood foster care contributed to an increase in adoptions, the change began with the sharing of data that showed the rate at which children were being removed from their communities. One result was that the community began to design programs and services to keep children with their families. That in turn led them to ask, “What about the children who do go into care—what happens to them?”

The public agency (DCFS) began working with the community to license residents as resource families so that children could stay in their communities. The community also began to provide visitation services. Growing out of joint efforts to help birth and foster parents in Cleveland’s Glenville neighborhood, these visitations made clear which parents were not participating. Community staff would sit with the children of the no-shows—and little by little, they began to identify with the child who was not visited.

In cases where the Department of Children and Family Services moved to sever parental rights, foster parents began to be the first to ask about becoming adoptive parents. As community members and foster parents saw for themselves what children go through while waiting for their parents to come visit them, they became much more concerned and quick to respond to children who needed permanency placements (AECF, 2005).

### Best Practice: The California Permanency for Youth Project (CPYP)

The California Permanency for Youth Project (CPYP) collected information from several model programs that reflect their definition of permanency for older children and youth, which includes at least one adult; a safe, stable, and secure parenting relationship; love; unconditional commitment; lifelong support; involvement of the youth as a participant, perhaps a leader, in the process; unless the child is not free, a legal arrangement where possible; and the opportunity to maintain contacts with important persons, including siblings (Louisell, 2004). The following are two of the nine examples of model programs provided by the CPYP:

#### **Life Long Family Connections**

Lifelong Family Connections for Adolescents (LFC) is a statewide Massachusetts initiative driven to develop lifelong relationships for adolescents in foster care. The youth work in partnership with the significant adults in their lives to develop a youth-specific permanency plan that addresses the most legally, emotionally, and physically secure family relationships possible upon exiting foster care.

The program includes a seven-part structure:

1. A community of care review that requires the youth to review their life to determine where and with whom they felt safe;
2. Specialized recruitment
3. A family consultation team, which includes lawyers, social workers counselors, family connections, etc. who gather to develop a collaborative permanency plan and a contingency plan with youth are placed in the driver's seat for the planning and decision-making;
4. Family bound youth training;
5. PATH adult training for families who will become permanent connections;
6. A Speak-Out Team youth advocacy/peer support group comprised of teens and young adults who were adopted or have foster care experience and who serve as role models and information sources; and
7. Post-connection supports.

#### **You Gotta Believe**

You Gotta Believe (YGB) is a Brooklyn, New York, based homeless prevention program for youth. Analyses about homelessness suggested that 40 to 50 percent of the homeless population come directly from foster care. So, YGB finds permanent homes for youths by identifying people who know them, providing training for the adults, and certifying the adults' homes. When families are certified, they are certified for adoption, so they are aware that they could be taking the child forever. YGB supports recruiters with funding from the Dave Thomas Foundation. The recruiters, who are former adoptive families and youth, take a nine-week training course, and show up at community board meetings, churches, flea markets, and other family locations to talk about YGB.

YGB offers on-going training for placement homes. Classes meet once a week at one of four locations for three hours for nine weeks. Families are attracted to YGB because there is strong staff enthusiasm, a lack of hierarchy, and no hard and fast rules. After an adoption, YGB must return the case to the foster care agency, but they assign a "shadow" post-placement worker (typically seasoned adoptive parents) to check in with the family on a weekly basis to catch problems while they are small.

### Characteristics of High Quality Foster Care Programs

The mark of high quality foster care programs is multi-dimensional. Programs need enough qualified and willing foster care families. Child placement is critical to a successful fostering experience. The development and retention of qualified child welfare professionals is also critical. And, creating a lasting or permanent family for a child who ages out of foster care is crucial to avoid early pregnancy, homelessness, criminal activity, etc. (Avery & Freundlich 2003). There are best practices for each of these critical characteristics.

### Effective Recruitment and Retention of Foster Care Families

As cited in Barbell and Freundlich (2001), the number of children in foster care increased by 68 percent between 1984 and 1995, as the number of foster parents decreased by four percent. Social responsibility and altruism leads most individuals to become foster parents. Specifically, foster families may want to help children or provide a companion for a specific child (Baum, Crase, & Crase 2001). Social and economic changes, such as the rise in single parent families and the number of women in the workforce, have made foster care recruitment difficult. And while some foster families age into retirement, many others leave in dissatisfaction with the foster care system. Specifically, the primary reason given by foster parents who leave the system is a lack of agency responsiveness, communication, and support.

The Department of Health and Human Services' Office of Inspector General issued a report in May 2002 concluding that foster care programs that cast a wide net to recruit foster care families often struggle to find families to care for the largest population of children in foster care, including school-aged children, teenagers, and children with special needs. The result is that states spend time and money licensing families who may never care for a foster child (Office of the Inspector General [OIG], 2002).

While there are no performance measures to track successful recruiting practices, foster care program managers in 20 of the 41 states who responded to the OIG survey found that current foster parents are the most successful and often the most cost-effective recruitment tool for new foster care families. Yet only seven states indicated they are regularly using foster care parents to recruit new families (OIG, 2002).

Baum, Crase, and Crase (2001) suggest that pre-service training is crucial because it not only provides potential foster parents opportunities to improve necessary skills, it also provides the proper context for deciding whether foster parenting is appropriate for the family and, if so, introduces the family to the mentality of team work with agencies and other foster care professionals (Baum, et al., 2001). The training must continue once the child is placed in the home. Fewer than one-third of foster parents argue that they were well-prepared to foster. Many parents argue that there is no reinforcement of training once the child comes home. In addition to improved communication between agency staff and foster families, auxiliary care services such as day care, child or family counseling, transportation, or respite care are recommended (Cuddeback & Orme 2002).

### Ensuring Safety, Permanency, and Well-being for the Child

Concurrent planning, defined as working toward the reunification of the family while simultaneously developing an alternative plan for the child, is useful to ensure permanency. As referenced in Barbell and Freundlich (2001), concurrent planning consists of: 1) diagnosing whether the family will be able to achieve reunification; 2) timeliness; 3) visitation between children and families; 4)

written agreements; and 5) the development of “Plan A” and “Plan B.” Children are placed with families willing to work toward family reunification, but are also willing and prepared to become the child’s adoptive family. This active and engaged approach of the foster family requires constant communication and specialized training (Barbell & Freundlich, 2001).

There are characteristics and techniques that can assist child welfare workers in effectively placing children. Daly and Dowd (1992) contend that a...

...harm-free, effective environment is one that is not only free from abuse and neglect and in compliance with legal licensing guidelines, but also promotes children’s rights and offers children the opportunity to receive care and treatment that promote spiritual, emotional, intellectual, and physical growth....it is not just the home that is important, but rather the system is also critical. Effective systems are characterized by caregiver support, a model of care, a focus on positive behavior, a consumer orientation, training, program evaluation, and an internal program audit.

#### Developing and Retaining Qualified Staff

Chipunga and Bent-Goodley (2004) cite Brown and Bailey-Etta (1997) that 90 percent of state child welfare agencies report difficulty in recruiting and retaining staff. Barbell and Freundlich (2001) and Chipunga and Bent-Goodley (2004) cite the following reasons for the poor development and retention of qualified staff: burgeoning caseloads, poor working conditions, high levels of staff turnover, poor public perception of the child welfare system, budget-driven staff reductions, and declining staff supports such as training. The need for continuing education or training is critical, as is the need for on-going quality supervision.

#### Strategies for Effectively Aging Out Foster Care Children

“Aging out” of the foster care system means foster youth are “discharged” to themselves rather than remain with a permanent family they can call their own. Unfortunately, these youth are not adequately prepared for the world that awaits them and have nowhere to turn for help (Frey 2005). As highlighted previously, reunifying children with their birth families is the first priority, followed by adoption or legal guardianship with kin or other non-relatives. When these outcomes cannot be achieved, an alternative planned permanent arrangement (APPLA) needs to be reinforced with the permanent commitment of a person, not a place, in addition to secure ties to culture, ethnicity, religion, and language (Frey, 2005).

In 2002, Casey Family Programs published “It’s My Life: A Framework for Youth Transitioning from Foster Care to Successful Adulthood.” They defined success as the point at which youth can declare the following (Casey Family Programs, 2002):

- I envision my success.
- I am a strong person with unique talents, gifts, and skills.
- I am proud of the cultural and personal values that make me who I am.
- I am responsible for my own life and know how to make good decisions.
- I determine the relationships that are significant in my life.
- I pursue relationships that help me succeed and seek opportunities to make contributions to others.
- I am committed to learning the skills to succeed.

- I need to begin the process of learning to live on my own early and continue it throughout my life.
- I am a leader and I make important contributions to my community.
- I benefit most by having services and supports that work together to help me achieve my goals.
- In order to help other youth, I will use my experience to create positive change in programs and services.

To achieve this level of resilience, confidence, and competence, Casey Family Services has articulated the following guiding principles of change that are critical to a holistic and integrated approach to serving youth in care (Frey, 2005):

- Understand and embrace sound definitions of permanency and preparation for adulthood that are continuously present and dynamically changing until a child exits the foster care system.
- Adopt a systemic process of integration that includes funding streams, systemic policies, case practice guidelines and tools, in addition to social work roles and functions addressing youth permanency and preparation for adulthood.
- Be youth-centered, family-focused, and collaborative in customized planning and decision-making through proactive and strategic casework that shares thorough information and includes youth, parent, and family participation.
- Ensure comprehensive, continuous, customized and collaborative services for youth and families both prior to and after achieving a permanency outcome.
- Promote a vision of shared responsibility for change that involves the community.

#### Best Practice: Pasadena Alumni Support Center

Casey Family Programs has partnered with the LA County Department of Children and Families, Pacific Clinics, LA County Health Department and Probation to create the Pasadena Alumni Support Center, which so far has served about 1,500 alumni of the foster care system. Initially, the primary services the center offered were information and referral and life skills classes such as cooking and money management. This year, however, to provide deeper, more meaningful support, the center has focused on providing intensive case management services to alumni. As a result, this year:

- The center has served about 400 alumni through its support services, which include information and referral, life skills classes, and workshops on career exploration, housing and job hunting.
- It has served another 45 alumni through its intensive case management services.
- Of those 45 alumni, 67 percent have found housing.
- 45 percent have found jobs.
- 29 percent were accepted into college or trade school (Casey Family Program, 2004).

#### *What Doesn't Work*

According to the Office of the Assistant Secretary for Planning and Evaluation (ASPE) brief issued in August 2005, the following report has stated that “current structure funding has failed to meet the needs of the child welfare field.” The ASPE Brief reads as follows:

If state and local child welfare systems were generally functioning well, most of those concerned might take the view that the approximately \$5 billion in

federal funds, and even more in state and local funds, was mostly well spent. In fact, however, knowledgeable observers are hard-pressed to name systems that are functioning well overall. Typically one aspect of an agency's efforts may be lauded, while serious weaknesses are acknowledged in other areas. Even so, good evidence of system performance has, until recently, been hard to come by. After several years of development and pilot testing, the Children's Bureau in 2000 began conducting Child and Family Services Reviews (CFSRs) in each state. These reviews, which include a data-driven statewide assessment and an onsite review visit by federal and state staff, are intended to identify systematically the strengths and weaknesses in state child welfare system performance. Once areas of weakness are identified, states are required to develop and implement Program Improvement Plans (PIPs) designed to address shortcomings. During onsite reviews, teams examine a sample of case files of children with open child welfare cases and interview families, caseworkers and others involved with these cases to determine whether federal standards have been met. System stakeholders such as child advocates and judges are also interviewed. In addition to examining practice in specific cases, the reviews also examine systemic factors such as whether the states' case review system, training, and service array are adequate to meet families' needs. (DHHS, 2005c)

An article entitled "How Helping Professionals May Compound Problems" (Delaney, 2004) stated:

To work with foster and adoptive parents, helping professionals should have more than one arrow in their quiver. Many professionals believe they can use one approach or generic tools with foster care situations, but that doesn't work. Excellent, truly genuine social workers, counselors, psychiatrists, and other helping professionals often simply do not know much about foster care and special needs adoptions. Even dedicated, highly skilled professionals may lack familiarity with how to help foster children and families. Unfortunately, these professionals do not fathom the impact a formerly maltreated child may have on the foster family's dynamics. These professionals are unaware of the fact that working with foster children and their families requires special expertise. To our knowledge, there are only two universities in the United States which grant a certificate in foster care specialty to mental health professionals.

Children of color, particularly African-American children, are disproportionately represented in foster care, a situation which raises questions about the equity of the foster care system and threatens the developmental progress of children of color. Foster families can find the experience overwhelming and frustrating, causing many to leave foster parenting within their first year. Organizational problems such as large caseloads, high staff turnover, and data limitations compromise efforts to adequately serve and monitor families. The challenges before the foster care system are numerous, however the authors believe promising policies and practices aimed at strengthening families, supporting case workers, providing timely and adequate data, and infusing cultural competency

throughout the system, can move the foster care system forward in the coming years. (Chipungu & Bent-Goodley, 2005)

## IMPACT ON COMMUNITY

In a recent speech to Merrill Lynch (2004), Ruth Massinga of the Casey Family Program cited these unfortunate statistics:

Every year 20,000 youth nationally—1,000 in Los Angeles County—exit the foster care system without adequate preparation or support to transition successfully into adulthood and independent living.

- Two-thirds of 18-year-olds have not completed high school or obtained a GED.
- Sixty-one percent have no job experience.
- Two to 4 years after leaving foster care, only about half have completed high school.
- About half are regularly employed.
- About 60 percent of the young women have given birth.
- A quarter has been homeless at least once.
- Nearly half have been arrested.

## ACCREDITATIONS/STANDARDS/CERTIFICATIONS

The Department of Health and Human Services established several national standards for foster care (highlighted in bold below). Survey results in bullets below the highlighted standards suggest that many of these standards are being met (DHHS, 2004a):

- Of all children who were reunified with their parents or caretakers at the time of discharge from foster care (in a specified fiscal year) **76.2 percent or more** were reunified in less than 12 months from the time of the latest removal.
  - States reunifying children with parents or caretakers within 12 months ranged from 40.3 percent to 90.1 percent with a median of 69.2 percent. Nineteen states achieved the standard of 76.2 percent. Ohio was close at 74.2 percent in 2001.
- Of all children who entered foster care during a specified fiscal year, **8.6 percent or fewer** re-entered foster care within 12 months of discharge from a prior foster care episode.
  - Children entering foster care who were re-entering within 12 months of a prior foster care episode ranged from 0.4 percent to 31 percent with a median of 10 percent. Twenty states met the standard of 8.6 percent. Ohio was above the standard at 12.4 percent of children re-entering within 12 months.
- Of all children who exited foster care to a finalized adoption during a specified fiscal year, **32 percent or more** exited foster care in less than 24 months from the time of the latest removal from the home.
  - Adoptions finalized within 24 months of a child’s entry into foster care ranged from 5.1 percent to 70.8 percent with a median of 21 percent. Fourteen states met the standard of 32 percent. Ohio did not meet the goal, with almost 26 percent exiting foster care within 24 months.

- Of all children who have been in foster care for less than 12 months from the time of the latest removal from the home, 86.7 percent or more have had no more than two placement settings.
  - Children in foster care for less than 12 months who had no more than 2 placements ranged from 59.5 percent to 99.6 percent, with a median of 83.3 percent. Thirteen states achieved the measure of 86.7 percent. Ohio is close to achieving this measure, with 86 percent of children with two or fewer placements in less than 12 months.

The Foster Family-Based Treatment Association (FFTA) has program Standards for Treatment Foster Care. The standards were last updated in 2004. As described by FFTA:

Initially published in 1991, FFTA's Program Standards for Treatment Foster Care have helped define the model and set parameters to guide agencies in the private sector that provide Treatment Foster Care. The Standards have continued to influence child welfare and child behavioral health practices and provide direction for public agencies that develop programs and contracts for Treatment Foster Care. The Standards have been referenced by researchers, and utilized by accrediting bodies in defining Treatment Foster Care services and creating quality assurance processes. (FFTA, 2004)

The Child Welfare League of America (CWLA) also has created Standards of Excellence for Foster Care Family Services. CWLA states:

These standards emphasize the effect of social and economic conditions on children and their families, and the importance of making children and families the centerpiece of public policy. These standards describe the value of permanency in the lives of children, and the roles and responsibilities of the family. These standards examine the roles and responsibilities of communities in supporting children and their families, child welfare services, kinship care, and family foster care in meeting the child's special needs. (CWLA, 1995)

The Council on Accreditation (COA) is an international, independent, not-for-profit, child- and family-service and behavioral healthcare accrediting organization. It was founded in 1977 by the Child Welfare League of America and Family Service America (now the Alliance for Children and Families). Originally known as an accrediting body for family and children's agencies, COA currently accredits 38 different service areas and over 60 types of programs. Among the service areas are substance abuse treatment, adult day care, services for the homeless, foster care, and intercountry adoption. (COA, n.d.)

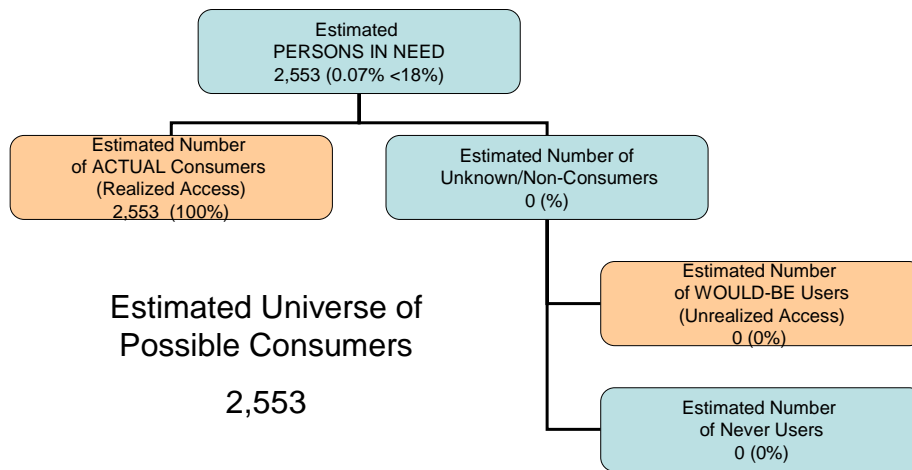
Finally, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) is an independent, not-for-profit organization that evaluates and accredits nearly 18,000 health care organizations and programs, including behavioral health care organizations. JCAHO provides accreditation a range of settings, treatment, care or services, and populations throughout the life span and include mental health, addictions, child welfare treatment, care or services and treatment, care or services to persons with developmental disabilities. Foster care accreditation standards were introduced in 2000 (JCAHO, 2002).

## VI. GAP ANALYSIS

The following is the formula for arriving at the estimated universe of possible consumers for Foster Home Placement:

- An estimated 2,553 persons need foster home placement, which is the number of children in permanent and temporary commitment of DCFS as of December 2005. This is the same number that has realized access to foster home placement programs.
- This leaves a net estimate of 0 children ages 0-17 who are either receiving services from unaccounted-for sources or are not receiving foster home placement.
- Including both realized and unrealized access, the estimated universe of possible consumers for foster home placement programs is 2,553 persons under the age of 17. (See Figure 3.)

### Figure 3 - Consumer Estimates: Foster Home Placement Program



#### *Service Site Index*

Countywide, there are 774 certified foster homes. This is a ratio of 3.3 possible consumers (estimated 2,553 total) to one service site countywide. This is a measure of potential service accessibility by possible universe of service consumers. Note that this measure does not include the capacity of providers to offer the service, for example, the number of new placements possible on a daily basis. It is only capturing whether there is a possibility of being a placed in foster care. The majority of providers are not tracked in FCFH and therefore, no zip code data related to service sites is available. Therefore, there is no service site index.

### *Service Capacity*

In 2004, Cuyahoga County's 774 certified foster homes represent a net decrease of 95 homes since 2003. Each home has the potential to serve 6 children. The capacity to serve children depends on the number of beds remaining (both those already filled by existing biological children and the number of children each provider is willing to serve). This is especially relevant for relatives not wanting to take in non-related children.

Key informant interviews were conducted with core service experts and community leaders in the field who work directly and indirectly with the target populations as part of United Way's core service planning (2005). One of the many areas key informants were asked about was unmet needs in the realm of services or groups of people not being served. The interviews uncovered the following areas as "gaps" in foster home placement services.

### Disparity/Groups Not Served

Informants noted some groups they believe are not being adequately served: African American boys, children with special needs and 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.*

One informant shared the attitude that many people—including the children—have is that "foster care is good enough." At age 18, adolescents who have not been placed in a permanent home are terminated from the system and some may end up living in an independent living program, staying with their foster parents or finding an apartment. However, it was noted that many end up with drug addictions or become homeless.

Informants discussed the importance of every child having a permanent family to return to after they turn 18.

*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.*

One informant commended the county for bringing the independent living program back under adoption services so that adolescents can continue to have an adoption plan as well as develop independent living skills. *"It's the best of both worlds. They don't have to give up the dream of being adopted."*

### 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.



In one of the interviews, a discussion around systemic issues and processes ensued. The informant talked about the need to build better working relationships between public and private agencies so that children can be placed more quickly. *“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 mentioned were the intrusive way families are treated, families not being viewed as resources, and the mindset of some professionals.

## VII. SUMMARY

The following are the major findings from the research on foster home placement:

- Children enter foster care for a number of reasons. Some of children may have experienced physical or sexual abuse at the hands of a loved and trusted adult. More often, parents battling poverty, substance addiction, or mental illness woefully neglect their children's needs.
- 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 in order to be eligible for federal funding under certain programs.
- The improvement to federal and department policies, the attention to earlier intervention and wrap-around services, and the increased number of children adopted by foster parents may be responsible for the smaller number of children in foster care.
- Between 2002 and 2004, funding for foster home placement decreased significantly. Again, decreases in the funding appear to be correlated to the continuing decrease in numbers of actual consumers over time.
- As of May 11, 2006, nearly \$75 million in revenues for foster home placement programs has been identified countywide.
- The Annie E. Casey Foundation purports that successful child welfare is grounded in two fundamental convictions: first, there is no substitute for strong families to ensure that children grow up to be capable adults; second, the ability of families to raise their children is inextricably linked to conditions in communities where they live.
- The Family to Family Initiative is a community partnerships model that is one of four linked strategies that have helped improve outcomes for children going into foster care. The other three are: team decision-making; recruitment, development and support of resource families; and self-evaluation.
- A disproportionate number of children of color, particularly African-Americans, are in foster care—a situation that raises questions about the equity of the foster care system and threatens the developmental progress of children of color.
- Nationally, every year 20,000 youth exit the foster care system without adequate preparation or support to transition successfully into adulthood and independent living.
- The estimated universe of possible consumers is 2,553, including both realized (2,553) and unrealized (0) access.
- Countywide, there are 774 certified foster homes. This is a ratio of 3.3 possible consumers (estimated 2,553 total) to one service site countywide.

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## ATTACHMENTS

### Attachment 1: Researcher List

# MCS CONSULTING SERVICE

### CORE SERVICE RESEARCH TEAM

#### Co-Lead Consultants

Marlene C. Stoiber, Ph.D. President, MCS Consulting Service, LLC  
Bette S. Meyer, M.A.

#### Research Team

Renee Aten, CFRE, Aten Enterprises, Associate, MCS Consulting Service, LLC  
Edwin A. Balcerzak, Ph.D., Associate, MCS Consulting Service, LLC  
Louis B. Burroughs, M.S.U.S., Associate, MCS Consulting Service, LLC  
Elsie Day, J.D., Associate, MCS Consulting Service, LLC  
Jennifer M. Forshey, M.P.P., IntelliSolve, Inc.

Karen Gillooly, M.Ed., IntelliSolve, Inc.  
Sue E. Grant, Ella & Associates, IntelliSolve, Inc.  
Gary Harris, B.A., M.B.A., IntelliSolve, Inc.  
Jeffry D. Harris, M.P.A., J.D., IntelliSolve, Inc.  
Kristen Haskell, M.A., Associate, MCS Consulting Service, LLC

Dion Lau, B.A., Associate, MCS Consulting Service, LLC  
Kitty Leung, M.S.S.A., Associate, MCS Consulting Service, LLC  
Marcy Hunt- Morse Ph.D., Ella & Associates, IntelliSolve, Inc.  
Carey Wiant Nyberg, M.U.P., Associate, MCS Consulting Service, LLC  
RNR Consulting, Inc.

Jeremy Shapiro, Ph.D., IntelliSolve, Inc.  
Jennifer Slusser, J.D., IntelliSolve, Inc.  
Sarah Stilgenbauer, M.N.O., Associate, MCS Consulting Service, LLC  
Kola Sunmonu, Ph.D., Associate, MCS Consulting Service, LLC  
Jamie Watkins, B.A., IntelliSolve, Inc.

Jacqueline Kirby Wilkins, Ph.D., CFLE - President/Director, IntelliSolve, Inc.  
Debra Zanglin, Ella & Associates, IntelliSolve, Inc.

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: Foster Home Placement PF-200.200					
			Estimated Persons in Need	Actual Number/Percent of Consumers by Funding Source	
	Total Population (%)*	Total Population <18 (%)**	Children <18 In Custody of Cuyahoga County DCFS (%)***	UW Program Report Data Cuy Cnty (%)	CMHA (%)
PERIOD	1/1/2000-12/31/2000	1/1/2000-12/31/2000	12/1/05	7/1/2003-6/30/2004	2004
<b>TOTAL</b>	<b>1,393,978</b>	<b>347,379</b>	<b>2,553</b>	<b>N/A</b>	<b>Missing</b>
<b>Percent</b>		<b>24.9%</b>	<b>0.7%</b>		
<b>GENDER</b>					
Male	47.2%	51.0%	N/A	N/A	0.0%
Female	52.8%	49.0%	N/A	N/A	0.0%
Unknown Data*****				N/A	0.0%
Missing Data*****				N/A	100.0%
<b>RACE</b> *****					
White alone	67.1%	57.6%	N/A	N/A	0.0%
Black or African American alone/combination	27.9%	36.3%	N/A	N/A	0.0%
Asian alone/combination	2.1%	2.1%	N/A	N/A	0.0%
American Indian and Alaska Native alone/combination	0.7%	0.8%	N/A	N/A	0.0%
Native Hawaiian and Other Pacific Islander alone/combination	0.1%	0.0%	N/A	N/A	0.0%
Some other race alone/combination	2.1%	3.2%	N/A	N/A	0.0%
Unknown Data*****				N/A	0.0%
Missing Data*****				N/A	100.0%
<b>HISPANIC</b> *****	3.3%	5.0%	N/A	N/A	0.0%
<b>AGE</b>					
0-4	6.5%	26.2%	N/A	N/A	0.0%
5-9	7.3%	29.3%	N/A	N/A	0.0%
10-14	7.1%	28.5%	N/A	N/A	0.0%
15-19	6.4%	16.0%	N/A	N/A	0.0%
20-34	19.1%		N/A	N/A	0.0%
35-54	29.3%		N/A	N/A	0.0%
55-64	8.7%		N/A	N/A	0.0%
65-74	7.8%		N/A	N/A	0.0%
75+	7.8%		N/A	N/A	0.0%
Unknown Data*****				N/A	0.0%
Missing Data*****				N/A	100.0%
<b>INCOME</b> *****					
<b>Average Household Size</b>	<b>2.4</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
\$0-\$9,999	11.3%	N/A	N/A	N/A	0.0%
\$10,000-\$14,999	6.9%	N/A	N/A	N/A	0.0%
\$15,000-\$19,999	6.7%	N/A	N/A	N/A	0.0%
\$20,000-\$29,999	13.6%	N/A	N/A	N/A	0.0%
\$30,000 and above	61.5%	N/A	N/A	N/A	0.0%
Unknown Data*****				N/A	0.0%
Missing Data*****				N/A	100.0%
<b>Totals</b>	<b>100.0%</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>100.0%</b>

### 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 custody of Cuyahoga County, Cuyahoga County Dept. of Children & Family Services (CFS) as of December 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.
*****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").
*****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.
*****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: Foster Home Placement PF-200.200						
				Estimated Persons In Need	Actual Number/Percent of Consumers by Funding Source	
	City/Town (% Cleveland)	Total Population (%) <sup>a</sup>	Total Population < 18 (%) <sup>aa</sup>	Children < 18 In Custody of Cuyahoga County DCFS (%) <sup>aaa</sup>	****	
Period		1/1/2000-12/31/2000	1/1/2000-12/31/2000	12/1/05	UW Program Report Data (%)	CMHA (%)
TOTAL		1,393,978	347,379	2,553	N/A	Missing
Percent			24.9%	0.7%		
44017	Berea	1.4%	1.2%	N/A	N/A	0.0%
44022	Bentleyville	1.3%	0.8%	N/A	N/A	0.0%
44040	Gates Mills/Mayfield Village	0.2%	0.2%	N/A	N/A	0.0%
44070	North Olmsted	2.4%	2.3%	N/A	N/A	0.0%
44101	Cleveland (100%)	0.0%	0.0%	N/A	N/A	0.0%
44102	Cleveland/Brooklyn (95%)	3.7%	4.5%	N/A	N/A	0.0%
44103	Cleveland (100%)	1.8%	2.4%	N/A	N/A	0.0%
44104	Cleveland (100%)	2.1%	3.2%	N/A	N/A	0.0%
44105	Cleveland/NewburghHts/GarfieldHts (75%)	3.9%	4.9%	N/A	N/A	0.0%
44106	Cleveland/Cleveland Hts (60%)	2.3%	1.9%	N/A	N/A	0.0%
44107	Lakewood/Cleveland	4.0%	3.4%	N/A	N/A	0.0%
44108	Cleveland/Bratenahl (90%)	2.6%	3.4%	N/A	N/A	0.0%
44109	Cleveland/Brooklyn Hts (98%)	3.3%	3.7%	N/A	N/A	0.0%
44110	Cleveland/East Cleveland (98%)	1.9%	2.3%	N/A	N/A	0.0%
44111	Cleveland (100%)	3.1%	3.0%	N/A	N/A	0.0%
44112	East Cleveland/Cleveland	2.4%	2.8%	N/A	N/A	0.0%
44113	Cleveland (100%)	1.4%	1.3%	N/A	N/A	0.0%
44114	Cleveland (100%)	0.3%	0.1%	N/A	N/A	0.0%
44115	Cleveland (100%)	0.6%	0.9%	N/A	N/A	0.0%
44116	Rocky River	1.5%	1.3%	N/A	N/A	0.0%
44117	Euclid/Cleveland	0.9%	0.7%	N/A	N/A	0.0%
44118	ClevelandHts/UniversityHts/ShakerHts	3.2%	3.2%	N/A	N/A	0.0%
44119	Cleveland/Euclid (50%)	1.0%	0.8%	N/A	N/A	0.0%
44120	Shaker Hts/Cleveland	3.4%	3.8%	N/A	N/A	0.0%
44121	University Hts/South Euclid	2.5%	2.5%	N/A	N/A	0.0%
44122	Beachwood/Highland Hills/ShakerHts	2.5%	2.3%	N/A	N/A	0.0%
44123	Euclid	1.3%	1.2%	N/A	N/A	0.0%
44124	Pepper Pike/MayfieldHts/Lyndhurst	2.9%	2.2%	N/A	N/A	0.0%
44125	Valley View/Garfield Hts	2.1%	2.0%	N/A	N/A	0.0%
44126	Fairview Park/Cleveland	1.2%	1.1%	N/A	N/A	0.0%
44127	Cleveland (100%)	0.6%	0.8%	N/A	N/A	0.0%
44128	Warrensville Hts/Cleveland	2.4%	2.3%	N/A	N/A	0.0%
44129	Brooklyn/Parma/Cleveland	2.1%	1.9%	N/A	N/A	0.0%
44130	Parma/Cleveland	3.8%	3.0%	N/A	N/A	0.0%
44131	Independence/Seven Hills/BrooklynHts	1.5%	1.2%	N/A	N/A	0.0%
44132	Euclid	1.1%	1.0%	N/A	N/A	0.0%
44133	North Royalton	2.0%	2.0%	N/A	N/A	0.0%
44134	Parma/Cleveland	2.9%	2.6%	N/A	N/A	0.0%
44135	Cleveland/Linddale (90%)	2.0%	2.1%	N/A	N/A	0.0%
44136	Strongsville	3.1%	3.3%	N/A	N/A	0.0%
44137	Maple Hts/Cleveland	1.9%	1.9%	N/A	N/A	0.0%
44138	Olmsted Twp/Olmsted Falls	1.3%	1.2%	N/A	N/A	0.0%
44139	Bentleyville/Glenwillow/Solon	1.6%	2.0%	N/A	N/A	0.0%
44140	Bay Village	1.1%	1.2%	N/A	N/A	0.0%
44141	Brecksville	1.0%	0.9%	N/A	N/A	0.0%
44142	Brookpark/Cleveland	1.5%	1.4%	N/A	N/A	0.0%
44143	Highland Hts/Richmond Heights	1.7%	1.5%	N/A	N/A	0.0%
44144	Brooklyn/Cleveland	1.6%	1.2%	N/A	N/A	0.0%
44145	Westlake	2.3%	2.1%	N/A	N/A	0.0%
44146	Walton Hills/Oakwood/Bedford	2.3%	1.9%	N/A	N/A	0.0%
44147	Broadview Hts	1.1%	1.1%	N/A	N/A	0.0%
	Unknown Cuyahoga County Zip Codes*****				N/A	0.0%
	Missing*****				N/A	100.0%
	Unknown *****				N/A	0.0%
	<b>Total Cuyahoga County*****</b>	<b>100.0%</b>	<b>100.0%</b>	<b>N/A</b>	<b>N/A</b>	<b>0.0%</b>
	<b>Total Known Cleveland</b>	<b>30.5%</b>	<b>35.1%</b>	<b>N/A</b>	<b>N/A</b>	<b>0.0%</b>
	<b>Total Known Suburbs</b>	<b>69.5%</b>	<b>64.9%</b>	<b>N/A</b>	<b>N/A</b>	<b>0.0%</b>
	<b>Unknown &amp; Missing</b>				<b>N/A</b>	<b>100.0%</b>

### Attachment 4: Actual Consumer Zip Codes (continued)

* U.S. Census 2000, SF1 (P1)
** U.S. Census 2000, SF3 (P8)
*** Status of children in custody of Cuyahoga County, Cuyahoga County Dept. of Children & Family Services (DCFS) as of December 2005.
**** Note: Consumers could be funded by more than one funding source; thus the columns are not necessarily mutually exclusive.
*****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.
*****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.
***** 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: Cuyahoga County Department of Children and Family Services Placement Procedures

According to the Cuyahoga County Department of Children and Family Services, the following procedures are currently in place. The purpose of these procedures is to facilitate securing the most appropriate temporary or permanent home for a child; to provide child-focused criteria for placement decision-making; to maintain consistent procedures to help minimize the trauma of separation; and to help caregivers meet each child's special needs and best interests (Cuyahoga County Department of Children and Family Services, 2000).

### PROCEDURES

#### A. Placement Decision-Making Criteria/Factors:

1. When there is a need to separate a child from his/her biological family, all of the following factors will be considered when choosing a placement:
  - a. The placement must be capable of meeting the child's specific needs. The caregivers must possess the knowledge and skill to provide for the child's unique physical, emotional, social, or cognitive needs. This is to ensure that the child will receive the highest quality care possible and to promote placement stability.
  - b. The placement must be the least restrictive, most family-like setting available that is capable of meeting the child's emotional and physical needs. Children are not to be placed in settings that are more confining or restrictive than necessary as such settings contribute to the child's feelings of guilt and responsibility for the situation.
  - c. If the goal of the case plan is reunification, the placement must be in close proximity to the home or neighborhood from which the child was removed or to the home in which the child will be placed permanently, unless extenuating circumstances exist (See Section D., below). This is to facilitate family visits and the maintenance of family relationships and connections to the child's neighborhood.
  - d. The placement decision must consider the child's current attachments and level of bonding to parents, relatives, caregivers, siblings, and significant others. In both foster and adoptive placements, critical social ties and relationships must be considered to reduce the ill effects of separation and provide the child with a sense of continuity.
  - e. The placement decision must support the cultural heritage of the child. The child's ties to her/his culture must be maintained, developed and nurtured by the caregivers. This will lessen the trauma of separation and help the child feel less "different" in his/her new environment.
  - f. If the goal of the case plan is reunification, the placement decision must support the likelihood of the child's reunification with her/his family. The temporary caregivers must be willing and able to assist the child's reunification by actively participating with the child's family through family visits, direct contact, and collaboration.
2. Each of the above factors will be considered and weighed according to the overall best interests and critical needs of the individual child at the time of placement.
  - a. Any placement decision should reflect a balancing of all of the above factors.
  - b. When any of the above criteria cannot be met, every effort must be made to minimize the potential impact on the child.

**B. Meeting A Child's Specific Needs:**

1. Each child shall be placed in a setting where her/his specific needs will be met.
2. This ensures that each child will receive the highest quality care possible and helps to promote placement stability.

**C. Ensuring that a child is placed in the least restrictive setting possible:**

1. A child shall NOT be placed in a more restrictive setting than is necessary to meet the child's specific needs.
2. A child shall NOT remain in a restrictive setting any longer than is necessary to meet the child's specific needs.
3. Before a child is placed in a congregate/residential setting, the following procedures will be followed:
  - a. The child's assigned social worker (SW) will obtain a complete psychological assessment and statement from the child's psychologist or therapist who is recommending congregate/residential care.
  - b. The assigned SW and/or supervisor must request the placement in person and attend interviews with the placement services staff.
  - c. A case staffing will be held to determine the appropriateness of placement into a congregate/residential setting.
4. When a child is placed in a congregate/residential setting, the following efforts will be made to maintain the continuity of the child's attachments and to minimize the length of stay in the restrictive setting:
  - a. The assigned SW must attend a team meeting with the facility staff to develop a treatment plan for the child. The child's parents, relatives, foster parents, and/or others significant to the child shall be invited and encouraged to attend.
  - b. The SW will phone the child directly on a monthly basis.
  - c. If the child is placed in a facility located within Cuyahoga County, the SW will visit the child in person EACH MONTH.
  - d. If the child is placed in a facility located outside Cuyahoga County, the SW will visit the child in person AT LEAST EVERY OTHER MONTH.
  - e. Regular family visits will be conducted according to the case plan, weekly if possible. (The provider will facilitate family visits by providing transportation and assisting with the scheduling of visits.)
  - f. When the "family" consists only of siblings, the SW will facilitate visits between the siblings on a monthly basis.
  - g. The SW will facilitate weekly contact between the child and his/her family members via phone and mail.
  - h. If the child has not yet been discharged, the SW will schedule a staffing during the fifth (5th) month of the child's placement to review the appropriateness of the placement.

**D. Maintaining a Child's Proximity To Her/his Community:**

1. Every effort must be made to place a child within Cuyahoga County and within the child's own neighborhood.

2. Placement services staff must exhaust all Cuyahoga County resources and document their efforts prior to identifying an out-of-county resource.
3. Certain circumstances may necessitate placing a child out-of-county, including:
  - a. The child must be reunited with siblings who are currently residing outside of the county.
  - b. The child has bonded or established an attachment to caregivers who reside outside of the county.
  - c. The child must leave the county to ensure his/her safety.
  - d. There are currently no resources available within the county to meet the child's specific needs.
4. If a child is placed in an out-of-county foster home licensed by DCFS, the following procedures will be followed to minimize the negative effects of residing outside the proximity of the child's own community:
  - a. The foster home resource manager (FHRM) will visit the foster home monthly.
  - b. The SW will visit the child monthly, and will visit the child in her/his placement at least quarterly.
  - c. Regular family visits will be conducted according to the case plan.
  - d. The foster parent will facilitate family visits by providing transportation or hosting family visits in the foster home. (The foster parent will be reimbursed for mileage at the current Cuyahoga County rate.)
  - e. In the event that the foster parent is unable to transport, the SW will make arrangements with the Metzenbaum Center to provide transportation.
  - f. When the "family" consists only of siblings, the SW will facilitate visits between the siblings on a monthly basis. The foster parents will cooperate by hosting sibling visits in their home and by providing transportation whenever possible.
  - g. Arrangements will be made for weekly contact between the child and his/her family members via phone and mail.
5. If a child is placed in an out-of-county, private, contracted network foster home, the following procedures will be followed to minimize the negative effects of residing outside the proximity of the child's own community:
  - a. The assigned SW will visit the child in her/his placement at least quarterly.
  - b. Each child will be assigned a network liaison to monitor the child's progress.
  - c. The network staff/foster parent will be responsible for transportation to and from family visits as specified in the case plan. Network foster parents may host family visits in their home.
  - d. Arrangements will be made for weekly contact between the child and his/her family members via phone and mail.
  - e. When the "family" consists only of siblings, the SW will facilitate visits between the siblings. The foster parents/network staff will cooperate by providing transportation and hosting sibling visits in their home.
  - f. For all foster homes, agency-licensed or contracted, located within Cuyahoga County, please refer to:

#### E. Maintaining Family Relationships:

1. Every effort will be made to maintain, build and sustain family relationships through family visits, placement in close proximity, collaboration between caregivers and the child's family and inclusion of the child's family in case planning, decision-making and intervention.

2. Every effort must be made to place brothers and sisters together in the same home.
3. Certain circumstances may necessitate the separation of siblings, including:
  - a. High risk/likelihood of victimization of a child by a sibling.
  - b. One (or more) of the siblings have unique specific needs which require specialized care.
  - c. There is a strong attachment or bond between the child and someone other than a sibling which cannot be broken without severe emotional trauma to the child.
  - d. No placement resources are available to accommodate the sibling group despite an exhaustive search.
4. If siblings must be placed in multiple foster homes, the following efforts will be made to minimize the negative effects of separation:
  - a. Whenever possible, children will be placed with at least one sibling.
  - b. Every effort shall be made to reunify the children in a single foster home as soon as possible. (The value of such a placement change must be weighed against the trauma of multiple moves.)
  - c. The SW must arrange for a face-to-face visit between all siblings at least once per month. The foster parents are encouraged to facilitate sibling visits by providing transportation when possible and hosting visits in their home.
  - d. The SW will arrange for weekly contact between the child and his/her siblings via phone and mail.
  - e. The SW will provide the children with photographs of each other.
5. When children are in placed in separate settings and the decision is made to pursue permanent custody, the following procedures will be followed:
  - a. The SW will schedule a staffing to discuss adoption plans for the sibling group and to determine whether the siblings will be placed for adoption together or separately.
6. When siblings are placed in multiple adoptive homes, the following efforts will be made to minimize the negative effects on the siblings of separation:
  - a. Whenever possible, children shall be placed with at least one sibling.
  - b. Contact between siblings shall be required in the adoption agreement.
  - c. Prior to adoption finalization, the SW will arrange visits between the siblings at least monthly.
  - d. Prior to adoption finalization, the SW will arrange phone contact between the siblings at least weekly.
  - e. Prior to adoption finalization, the SW will facilitate postal communication between the siblings.
  - f. Prior to adoption finalization, the SW will provide the siblings with photo graphs of, and information about, one another for their lifebooks.
  - g. The adoptive parents will facilitate sibling visits by providing transportation and hosting visits in their home.
  - h. The SW will provide the adoptive parents with both pre- and post-placement counseling regarding the importance of maintaining the sibling relationship.

#### F. Maintaining a Child's Cultural Heritage:

1. No child's placement in a foster or adoptive home may be delayed or denied based on the child's race or culture.
  - a. DCFS "may consider the cultural, ethnic or racial background of the child and the capacity of the prospective foster or adoptive parents to meet the needs of a child of this

- background as one of a number of factors used to determine the best interests of a child.”
2. During the family assessment, the SW will explore, document, and evaluate the following areas that relate to a caregiver's ability to parent effectively across racial and/or cultural boundaries:
    - a. The caregiver’s experiences with persons of the same culture as the child.
    - b. The caregiver’s recognition of cultural diversity.
    - c. The caregiver’s understanding of and ability to deal with discrimination, stereotyping, prejudice and their impact on children.
    - d. The caregiver’s neighborhood, school district, church and recreational resources.
    - e. The caregiver’s cultural knowledge base and resources.
    - f. The caregiver’s perception of the meaning and importance of culture to one-self and to others.
    - g. The caregiver’s extended family's capacity to accept a child of a different culture (contact with the extended family is required).
  3. Every foster or adoptive family shall have an approved transcultural/transracial plan on file.
    - a. The FHRM (in the case of foster parents) or the adoptions and permanency planning SW (in the case of adoptive parents) will actively work with the parents in developing their transcultural/transracial plan during the home study process, relative to the types of children the family desires to provide care for.
    - b. The plan shall include:
      - i. The caregivers’ methods to be used to discuss with the child the positive aspects of his/her culture.
      - ii. The identification of community resources, individuals, programs, and other methods the caregivers will employ to provide the child with opportunities to develop and maintain relationships with persons of her/his culture.
      - iii. The caregivers’ plan to integrate the child's culture into their home environment through art, literature, music, traditions, dress, play, holiday celebrations, personal care, etc.
      - iv. The caregivers’ plan for assisting the child in dealing with discrimination, prejudice and stereotyping.
      - v. The caregivers’ plan for furthering their knowledge and building their skills to meet the child's ongoing and future cultural needs.
  4. The written plan shall be approved by the chief of adoptions (in the case of adoptions) or by the foster homes chief (in the case of foster care) and will be filed in the caregivers' record.
    - a. When a child is placed in the home, a copy of the plan will be made available to the child's assigned SW.
    - b. The plan will be utilized by the FHRM (in the case of foster parents) or the adoptions and permanency planning SW (in the case of adoptive parents) during home visits, to assess the caregivers’ progress towards meeting the child’s cultural needs and to make recommendations for changes or improvements that will assist the caregiver in meeting the child’s cultural needs.
  5. Foster/adoptive parents shall demonstrate their commitment to the child’s cultural development by attending ongoing training sessions offered by DCFS such as:
    - a. Cultural diversity & sensitivity
    - b. Parenting transracially/transculturally
    - c. Classes that pertain to the child's racial, ethnic or cultural needs (history, traditions, personal care, etc.)



6. Foster and adoptive parents shall participate in appropriate support groups such as the transracial/transcultural cluster and multi-cultural support groups as a means to further support their Plan.



**United Way of  
Greater Cleveland**

1331 Euclid Avenue

Cleveland, Ohio 44115

[uws.org/CoreServicesPlanning](https://uws.org/CoreServicesPlanning)