

Core Service Report

Group Homes for Dependent Children

Consumer Category:
Family Issues

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



February 2007

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COMPANION REPORTS

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

ACKNOWLEDGEMENTS

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SNAPSHOT

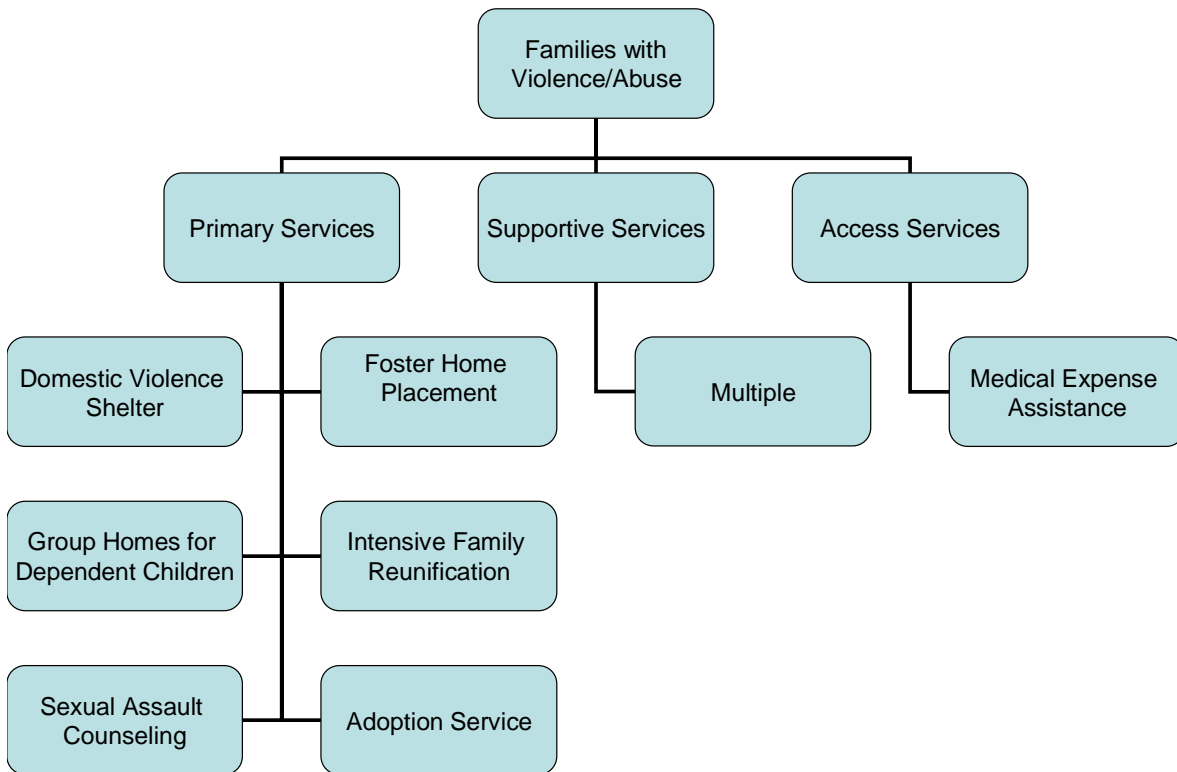
AIRS Code Level I: P – Individual & Family Life
AIRS Code Level II: PF – Family Substitute Services
Core Service: Group Homes for Dependent Children PF-650.250

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

AIRS Definition: Programs that provide an alternative living environment in agency-owned or operated facilities for children and youth who have been neglected, abused or abandoned or have had contact with the juvenile justice system, who are unable to live with their own family or a foster family and who would benefit from a professionally supervised, treatment-oriented, structured group environment. Group homes for dependent children are licensed by the state and include small group homes for up to six individuals and large group homes for up to thirteen individuals.

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

Family of Services
AIRS: Individual & Family Life



Core Service Environment

Group homes for dependent children is one service in a continuum of child welfare services that range from initial intervention for reports of child abuse and neglect, to intensive family reunification, to foster home placement, to group homes for dependent children, to permanent adoptive placement. A group home is one form of out-of-home foster care placement typically for a child who cannot be reunited with his or her family or cannot reside in a typical foster care setting.

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.

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

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. 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).

Although children enter residential group care (including a group home) for various reasons, many are characterized as having special needs. The most common reasons for residential care placement include abuse, neglect, behavioral acting out, status offenses, pregnancy, family crisis, and substance abuse. Placement may also be due to physical and/or mental disabilities; to attention deficit disorder (ADD) or attention deficit hyperactivity disorder (AHDHD); or to mental illnesses such as depression, conduct disorder, anorexia nervosa, bulimia, anxiety disorders, schizophrenia, and psychosis. (Child Welfare League of America, 2005) Many of these children have experienced multiple out-of-home placements.

An estimated 148 children were in county custody and receiving group home service at point-in-time December 2005. It is assumed that all children who need the service receive it. This number is projected to decrease slightly to 132 in 2015 because of population shifts

Core Service Delivery

The definition of the core service for this report is: programs that provide an alternative living environment in agency-owned or operated facilities for children and youth who would benefit from a professionally supervised, treatment-oriented, structured group environment in the community.

Residential group care encompasses a broad array of services. Children with emotional or physical conditions may require intensive on-site therapy; others receive services from day treatment programs in their communities. Residential care programs are highly flexible and are designed to meet each child's individual needs. Although long-term stays in family-like community-based group homes best serve some children's individual needs, residential group care is usually a temporary placement. For example, a child could stay longer for drug and alcohol therapy or for a short respite due to high tension in the family home (Drais-Parrillo, 2003).

Based on First Call for Help's (FCFH) database (February 2005), there is 1 single-site nonprofit group home for dependent children program. However, DCFS reports that it sub-contracts with 6 providers in Cuyahoga County and 5 out-of-county providers. FCFH call data shows a decrease in the number of total requests for group homes for dependent children programs in the county: from 6 in 2000 to 2 in 2004 (67 percent). Over the same five-year period, FCFH had 14 requests for information about group homes for dependent children. Of these requests, they were able to make referrals to 64 percent of callers. Note that most referrals for this service go directly to providers from the Cuyahoga County Department of Family and Children Services (DCFS) and Cuyahoga County Juvenile Court rather than through First Call for Help. Thus the call data reflects a small number of calls.

A group home for dependent children is a type of foster care, and is considered a child welfare service. The major funding sources are:

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

Between calendar years 2002 and 2004, funding for group homes for dependent children in Cuyahoga County increased from \$2.4 million to \$3.7 million.

As of May 11, 2006, close to \$3.8 million in revenues for group homes for dependent children programs has been identified countywide. Almost 98 percent of the revenues are from contracts or grants from government organizations. United Way of Greater Cleveland does not currently fund group homes for dependent children programs.

The cost of a group home can be quite expensive. According to the Cuyahoga County Department of Children and Family Services (DCFS), a unit of service is typically a “bed day” and reimbursement ranges from \$40 to \$120 per day for more specialized care.

What Works; What Doesn't

The Teaching-Family Model (TFM), developed at the University of Kansas, has been hailed as a successful model that provides behavioral treatment in a structured family-style atmosphere using full-time married couples as caregivers and teachers. It is an organized approach to providing humane, effective, and individualized services. In a recent meta-analysis, TFM was one of the five most consistently effective treatment approaches for delinquent children (Lipsey, 1999).

The Child Welfare League of America has established the following set of guidelines for quality out-of-home care service delivery:

- Provide quality services after a thorough family assessment and reasonable efforts were made to maintain the family; or professional judgment has been passed that a child would best be served in out-of-home care.
- Provide children with a safe nurturing, protective, therapeutic environment that respects their cultural and ethnic identities while addressing their unique developmental, medical, emotional, and educational needs.
- Help families gather their strengths to reduce or eliminate the conditions that led to the child's out-of-home placement.
- Enable children and parents to establish relationships that could lead to family reunification if it is possible and appropriate.
- Prepare children and parents for permanent placement alternatives to reunification after reasonable efforts to return the child home have failed.
- Help older youth leave out-of-home care with adequate skills and connections to family as well as the economic, emotional, and social supports necessary to allow for a successful transition to independent living.

Ohio is one of a few states in the U.S. that offers child and youth care worker registration and certification. The registration and certification is administered by a nonprofit agency, the Ohio Association of Child and Youth Care Professionals.

Gap Analysis

The estimated universe of possible consumers is 148, including both realized (148) 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

Group homes for dependent children is one service in a continuum of child welfare services that range from initial intervention for reports of child abuse and neglect, to intensive family reunification, to foster home placement, to 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)

When child maltreatment is substantiated, caseworkers and courts must decide whether the child can safely remain home if the family is provided with in-home services or whether the child should be placed into state care. 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 a 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 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. (Ohio Department of Job and Family Services [ODJFS], 2006).

According to the Ohio Department of Job and Family Services, more than 22,000 children are living with foster families or in another out-of-home placement setting in Ohio on any given day (ODJFS, 2006a). There were 1,895 children entering permanent custody in FFY 2005, which was a 12 percent decrease from 2,107 in FFY2004.

A group home for a dependent child is one form of out-of-home foster care placement typically for a child who cannot be reunited with his or her family or cannot reside in a typical foster care setting.

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 for this report is youth ages birth through 17 who have been neglected, abused or abandoned, are in the permanent custody of the child welfare agency, are troubled by learning, emotional, and behavioral problems, and are unable to live with their own family or a foster family and would benefit from a professionally supervised, treatment-oriented, structured group environment.

DEMOGRAPHIC CHARACTERISTICS

Foster Care - National

National, state and local demographics show that the number of children entering foster care during the last 20 years has skyrocketed. The number of children in foster care 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 and 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 (U.S. Department of Health and Human Services [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.

Residential Group Care Consumers

Although children enter residential group care (including a group home) for various reasons, many are characterized as having special needs. The most common reasons for residential care placement include abuse, neglect, behavioral acting out, status offenses, pregnancy, family crisis, and substance abuse. Placement may also be due to physical and/or mental disabilities; to attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD); or to mental illnesses such as depression, conduct disorder, anorexia nervosa, bulimia, anxiety disorders, schizophrenia, and psychosis (Child Welfare League of America, 2005). Many of these children have experienced multiple out-of-home placements.

Beginning with data collection in 1994, the Child Welfare League of America (CWLA), with the support of 22 of its members, launched the Odyssey Project. Its fundamental purpose was to more accurately describe the children placed in residential group or therapeutic foster care and determine the differences in services and outcomes in each setting (Drais-Parrillo, 2003).

The study yielded the following information regarding the youth in residential group care (Drais-Parrillo, 2003):

- Youth ages at entry averaged 14 years.
- Males far outnumbered females at 73 percent.
- Nearly 40 percent of the children were white, 37 percent were black, and almost 15 percent were Hispanic.
- On average, youth had 5 prior living arrangements before entering.
- Over 20 percent of youth came to the treatment center from home, 19 percent came from other residential programs, and 30 percent came from psychiatric or correctional facilities.
- Ninety-three percent of children in residential group care had a psychiatric diagnosis and 51 percent had histories of psychiatric hospitalizations.
- More than half (51 percent) had a history of known crime, 34 percent had been suspended from school, and 38 percent had suicidal ideation.
- Abuse, both sexual (38 percent) and physical (57 percent), was present.
- Three-quarters of the youth received support services for mental and behavioral health, substance abuse, education, independent living, and health services.
- The predominant end goal for most children was to return to a parent, and at the end of the out-of-home placement 50 percent were discharged to a parent, 6 percent were moved to foster care placements, and 2 percent were adopted.

- Six-months after discharge, three-quarters of the children were living in less restrictive environments such as home, foster care, or independent living.
- At six months, one year, and two years post-discharge, roughly 20 percent of youth reported that they were found guilty by a court. The majority of the offenses were property or status crimes.

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

Estimated Persons in Need

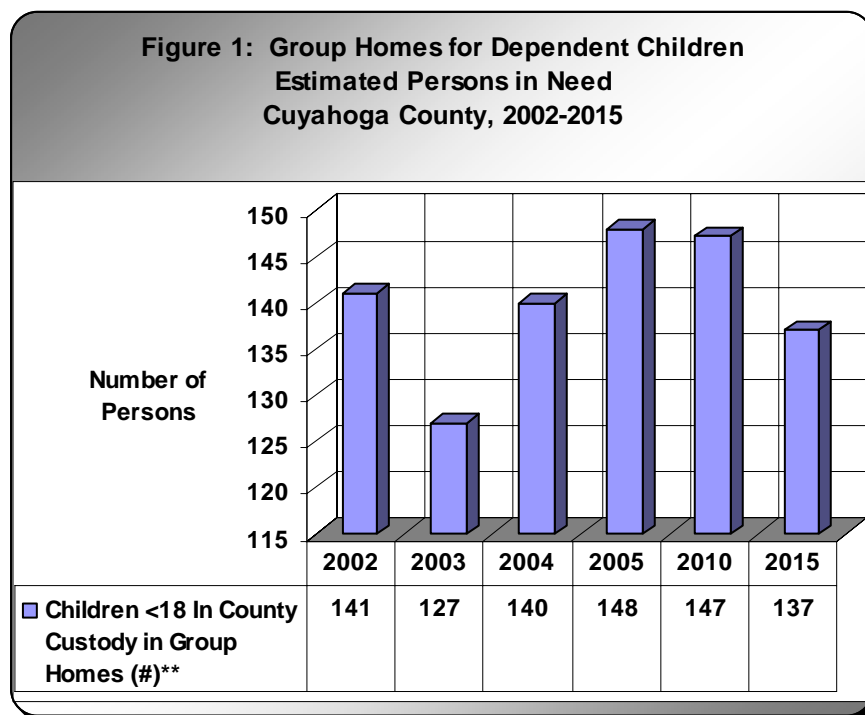
An estimated 148 children need group homes for dependent children, which is the number of children in county custody receiving group home service at point-in-time December 2005. (See Table 2.) It is assumed that all children who need the service receive it.

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

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

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

This number is projected to decrease slightly to 132 in 2015 because of population shifts. (See Figure 1.)



Sources:

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

** Status of children in custody of Cuyahoga County in Group Homes, 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. (0.046%). Assumes same percentage for each period.

It is recognized that this is a conservative estimate of persons under 18 in need of group homes for dependent children programs as it only reflects those taken into custody by the county. However, it is a number that begins to offer some clarity about the extent of need in Cuyahoga County.

REALIZED ACCESS TO SERVICE

Realized access to service is represented by the numbers 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 represents the total number of children receiving group home service.

As of December 2005, DCFS reported a total of 148 children receiving group home service. United Way did not fund it in FY 2004. There is no demographic information available for consumers of this service. (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: programs that provide an alternative living environment in agency-owned or operated facilities for children and youth who would benefit from a professionally supervised, treatment-oriented, structured group environment in the community.

BACKGROUND ON CORE SERVICE

There are three common forms of residential group care for children in the custody of the child welfare agency: foster care, group homes, and child care centers or dependency institutions. All three of these modalities give valuable services to children. The utilization of these modalities for normal children depends on the age of the child. Children ages three through six are in need of different care than those who are twelve to sixteen years of age. If the child is in a good environment between the ages of three and six, there is hope that he or she will change for the better. It becomes more difficult to change behaviors once the child becomes a preteen or teenager (TherapistsUnlimited, n.d.).

Residential group care encompasses a broad array of services. Children with emotional or physical conditions may require intensive, on-site therapy; others receive services from day treatment programs in their communities. Residential care programs are highly flexible and are designed to meet each child's individual needs. Although long-term stays in family-like community-based group homes best serve some children's individual needs, residential group care is usually a temporary placement. For example, a child could stay longer for drug and alcohol therapy or for a short respite due to high tension in the family home (Drais-Parrillo, 2003).

The Child Welfare League of America (CWLA) advocates that residential service providers ensure that families and children are provided with quality services within a community context, such as creating an environment that promotes respect for cultural diversity; helping families and children access needed services by linking and coordinating with other resources; promoting children's development and supporting families in caring for their children; and advocating for new service creation and system changes to meet identified unmet needs (Child Welfare League of America, 2005).

Group homes for dependent children are licensed by the state and include small group homes for up to six individuals and large group homes for up to thirteen individuals. There are generally therapeutic and educational components. Group homes vary greatly by target population.

In November 1998, the CWLA reported a total of 9,326 public and private residential group care facilities in the United States with an estimated capacity to serve 224,000. For Ohio, CWLA reported 174 facilities that served just under 9,000 (Drais-Parrillo, 2003).

Several the types of group homes and their focus are described below:

Shelter/Crisis Center. Shelter/crisis centers are normally short-term placement facilities, usually for placements of 30 days or less. Some are focused toward younger children who have been abused or neglected and provide a temporary immediate placement until a more permanent placement can be found. On many occasions a shelter or crisis center will take a placement in the middle of the night. Other facilities focus on adolescent children and are used as a cooling-off place during the early stages of delinquency and/or family conflicts. They are also used as a temporary placement for children/youth needing close supervision or are runaway risks while they wait for a long term behavior modification program placement. Most crisis centers have 24-hour-awake staff and employ shift workers (The Houseparent Network, 2006).

Group Home. The group home is sometimes the community catch-all that can be used as a child's home, crisis center, or treatment center. Most of the time children/youth in a group home come from the local community and they are in the early stages of delinquency or are non-violent criminal offenders. Others are removed from their home because they have been abused or neglected, but whose behavioral issues make placement in a foster home inappropriate. Many group homes use level or point systems to manage behavior and have alarm systems to monitor the children while the supervising adults sleep. The group home normally employs live in "house-parents," but some also have shift workers. The average placement for a group home is 3 to 6 months, but it can go on for over a year (The Houseparent Network, 2006).

Youth Ranch/Treatment Center. These are long-term facilities, with an average placement of 1 to 2 years. In almost all cases, they deal with behavior modification whether it is delinquency, substance abuse, sexual acting out, etc. The methods and programs vary greatly to include boot camps, wilderness experiences, intense counseling, etc. Most have 24-hour-awake staff and are self contained on a campus and offer school, counseling, chapel, and recreation. Some incorporate basic care facilities as part of their campus. Most are funded by the state on a per child basis, but some are privately funded through donations (The Houseparent Network, 2006).

The Odyssey Project of the Child Welfare League of America referenced previously in this report found that most of the residential group care programs (RGC) programs in their study sample were campus-based cottage settings. Nine RGC programs had open campuses, one had a secure setting, and two had open and locked settings. Seven RGC programs were co-ed and two had co-ed and single sex options. Twelve agencies operated schools on their campus. On average, the RGC programs served youth between 9 and 18 years of age; however, the youngest age reported was 5.5 years and the oldest age was 21. There were 13 (SD=3) youth per living situation on average (Drais-Parrillo, 2003).

The primary caregiver in most of the RGC programs was a shift-type child care worker or counselor. Two programs had resident-type counselors. Nine programs required caregivers to have a high school diploma or GED. Only three programs required an undergraduate degree. Most programs provided staff orientation and agency in-service training. Nine provided tuition-reimbursement for training. Training areas that all programs provided or supported were behavioral management, crisis intervention, orientation to the agency's policies, and first aid/CPR (Drais-Parrillo, 2003).

Other Types of Residential Care Programs include:

- Apartments;
- Campus-Based Group Homes;
- Emergency Diagnostic Shelters;
- Emergency Shelters;
- Mother & Infant Programs;
- Self-Contained Settings;
- Secure Settings; and
- Specialized Programming.

In most of these, professionally trained adults live with and nurture the youth. A therapist is generally assigned to each home. Each youth typically receives individualized treatment. Youth are taught personal management skills in community, family, and peer relationships. There is usually a focus on youth development and pro-social skills. Many of the youth in group homes also benefit from individual and group counseling, medical and psychiatric care, and continuing education opportunities (The Houseparent Network, 2006).

Youth typically come to a group home facility through a referring agency. An evaluation is generally performed, and often a client history and psychological evaluation are performed. Personalized goals and treatment plans are often established through collaboration with staff and the referring agency.

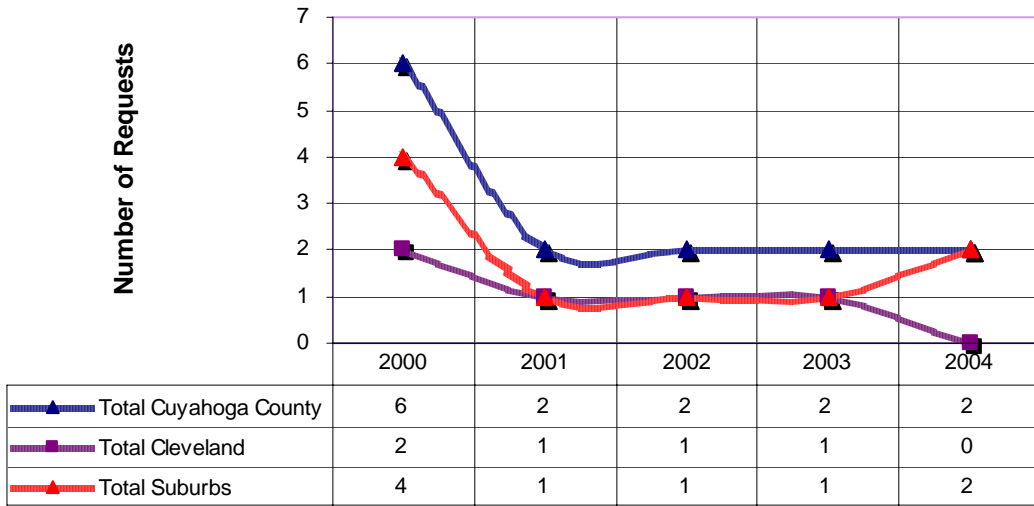
United Way First Call for Help Call Data

Based on United Way - First Call for Help's (FCFH) database (February 2005), there is 1 nonprofit single-site group home for dependent children program provider. (See Attachments 5 and 6.) However, DCFS reports that it sub-contracts with 6 Cuyahoga County and 5 out-of-county providers.

United Way - First Call for Help call data shows an decrease in the number of total requests for group homes for dependent children programs in the county: from 6 in 2000 to 2 in 2004 (67 percent decrease) with an 100 percent decrease in Cleveland (2 to 0 requests) and a 50 percent decrease in the suburbs (4 to 2 requests). (See Figure 2.) Note that most referrals for this service go directly to providers from the Cuyahoga County Department of Family and Children Services (DCFS) and Cuyahoga County Juvenile Court rather than through First Call for Help. Thus the call data reflects a small number of calls.

(See Attachment 7.)

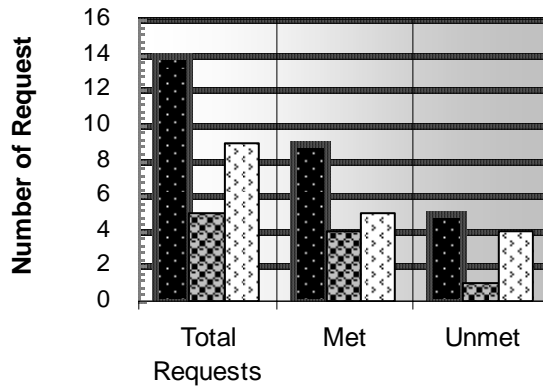
**Figure 2: Group Homes for Dependent Children
United Way - First Call for Help Requests 2000-2004
Greatest Increase/(Greatest Decrease)**



Over the same five-year period, United Way - First Call for Help had 14 requests for information about group homes for dependent children. Of these requests, they were able to make referrals to 64 percent of callers; however, 36 percent of all Cuyahoga County callers (5) had an unmet need, meaning there was no agency to which to refer the caller. Callers from the City of Cleveland had a 20 percent unmet need rate and 44 percent from the suburbs.

(See Figure 3 and Attachment 8.)

**Figure 3: Group Homes for Dependent Children
United Way - First Call for Help Requests 2000-2004
(TOTAL REQUESTS: n=14, TOTAL UNMET NEED: n=5)**



■ Total Cuyahoga County ■ Total Cleveland □ Total Suburbs

FUNDING OF CORE SERVICES

Major Government Funders

The major sources of government funding for group homes for dependent children are:

- Social Services Block Grant (SSBG)/Title XX;
- Temporary Assistance to Needy Families (TANF);
- Title IV-E Foster Care Program;
- 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, and group homes is specifically listed as a fundable service under the service area “Foster Care Services for Children.” 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 (ODFJS, 2006).

Temporary Assistance to Needy Families (TANF)

Per the Administration for Children and Families of the Department and Health and Human Services, TANF funds cannot be used for foster care, including group homes for dependent children, except in limited and specific situations, because foster care does not meet one of the basic principles of TANF. However, Ohio uses its TANF block grant to provide payments to relatives who are caring for children, also known as kinship care, because one of the goals of TANF is family stability and preservation, and Title IV-E does not permit placing children in unlicensed homes.

Title IV-E Foster Care Program

As described in Section II, Title IV-E funds are available for monthly maintenance payments to eligible foster care providers, which includes group homes for dependent children, administrative costs to manage the program, training staff and foster parents, foster parent recruitment, and other related expenses. 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 to pay for the entire cost of care with other sources (Child Welfare League of America, 2003). In 2004, Ohio had \$188,325,129 in for all foster care expenditures (CLASP, 2006).

STATE

Ohio General Revenue Fund

The Ohio general revenue fund is the primary source of state funds for foster care, which includes group homes for dependent children. The Ohio Children's Trust Fund is not an intended source of funding for foster care.

LOCAL

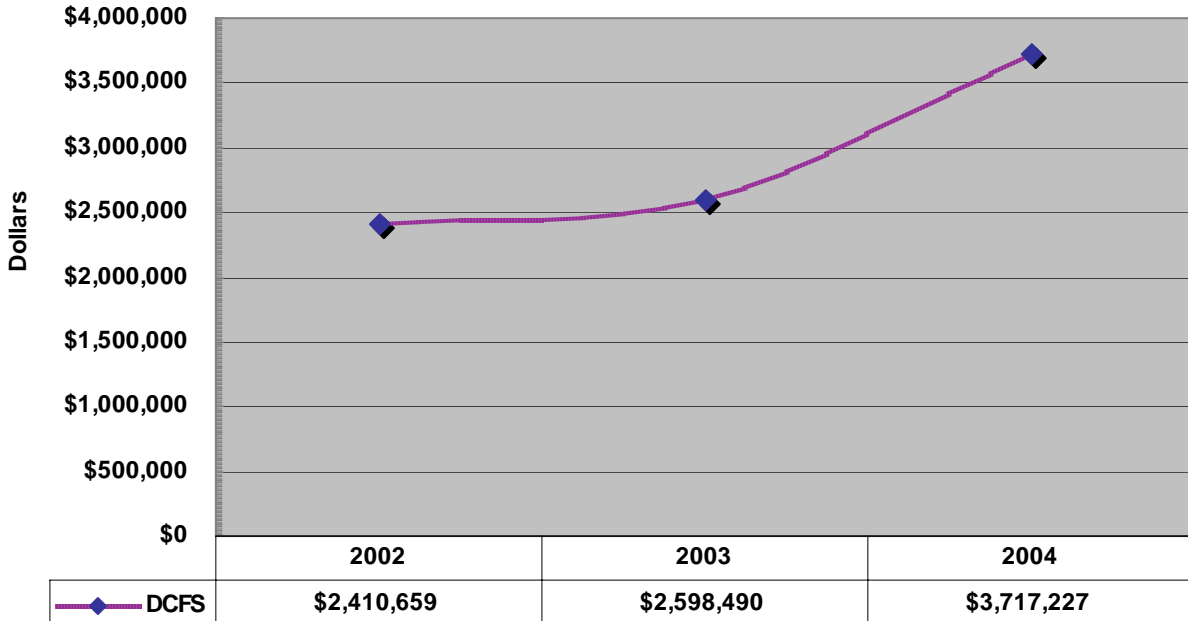
Cuyahoga County Health and Human Services Levies

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

Trends of Identified Government Funders in Cuyahoga County

The majority of government funding from the sources identified above is passed to the Department of Children and Family Services. Between calendar years 2002 and 2004, funding for group homes for dependent children in Cuyahoga County has increased from \$2.4 million to \$3.7 million. (See Figure 4.)

Figure 4: Identified Government Funding for Group Homes for Dependent Children Cuyahoga County, CY 2000-2004



Source: Cuyahoga County Department of Children and Family Services

Foundations also provide funding for group homes for dependent children. Funding by foundations for this core service has increased from a reported \$18,000 in 2002 to \$82,000 in 2004.

IDENTIFIED REVENUES

As of May 11, 2006, close to \$3.8 million in revenues for group homes for dependent children 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.

Almost 98 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, including Title IV-E and HHS levies dollars, to six Cuyahoga County and five out-of-county providers. United Way of Greater Cleveland does not currently fund group homes for dependent children programs.

Table 3: Annual Revenue for Core Services: Countywide and United Way of Greater Cleveland Group Homes for Dependent Children 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)
Abington Foundation, The		10,000			
Britton Fund		10,000			
Bruening Foundation, Eva L. and Joseph M.		62,000			
Total - Foundations & Trusts		82,000	2.16%	0	N/A
Department of Children and Family Services		3,717,227			
Subtotal Cuyahoga County Funding Sources		3,717,227	97.84%	0	N/A
Total - Contracts/grants from government organizations		3,717,227	97.84%	0	N/A
Subtotal Non - UWGrCle Support		3,799,227	100%	0	N/A
Total Support/Revenue		3,799,227	100%	0	N/A

REIMBURSEMENT/COST

The cost of a group home can be quite expensive. According to DCFS, a unit of service is typically a “bed day” and reimbursement ranges from \$40 to \$120 per day for more specialized care. DCFS averaged 1,776 bed days per month in 2004. Much of the cost depends on what type of treatment the youth need. According to the Odyssey research project, the average daily cost per child in a residential group program is \$226 with a standard deviation of \$68 (Drais-Parrillo, 2003).

V. WHAT WORKS; WHAT DOESN'T

IMPACT ON INDIVIDUALS/FAMILIES

What Works

Best Practice: Models/Curriculum

The Teaching-Family Model (TFM), developed at the University of Kansas, had its genesis with six boys in Lawrence, Kansas, over thirty years ago. Since then it has been hailed as a successful model that provides behavioral treatment in a structured family-style atmosphere using full-time married couples as caregivers and teachers. It is an organized approach to providing humane, effective, and individualized services. In a recent meta-analysis, TFM was one of the five most consistently effective treatment approaches for delinquent children (Lipsey, 1999).

In 1975, the Teaching-Family Association (TFA) was established to ensure that all those implementing the TFM were using the same common framework to provide the high quality of care the model advocates. The association certifies programs and also serves as a clearinghouse of information so that like-minded organizations can learn from one another.

The TFA has outlined and defined the specific components of TFM that each agency that has implemented it should emulate. Specifically, the following six elements of the TFM need to be reflected: the program needs to emphasize the positive teaching of functional skills and behaviors; give clients as much control over their lives as possible; actively promote and protect client rights and dignity; promote the development of relationships with clients that are maintained through trust, respect, and positive regard within professional boundaries; recognize the importance of family to the client; and provide services that are culturally sensitive and competent.

Additionally, TFM programs should reflect the following goals and integrated system designs that can be found on the TFA website at www.teaching-family.org:

Goals:

- Demonstrate compassionate, considerate, respectful, and unconditional positive regard for all clients with no tolerance for abuse and neglect.
- The agency's stated services are delivered with observable and measurable outcomes and clients demonstrating progress towards goals.
- Services are client-centered, strength-based, and directly related to the individual needs of the client.
- Opportunities for client and consumer input are available and they should express a high degree of satisfaction with services provided.

Integrated System Designs:

- Staff members are given opportunities to provide input regarding program components.
- Initial and on-going skill development is provided for all staff members so they are familiar with the TFM and know that they will be held accountable for its implementation. Competency-based training is also provided to increase the staff's skill level and maintain and improve skill development.
- Supportive consultation and supervision supports and promotes practitioners' skill development, ensures TFM integrity, and monitors services to clients.
- Continuous quality improvements are identified and implements through the evaluation system by assessing the practitioner's skills and the implementation of the TFM.

Outcome Research: The Family Home Program (FHP)

The most recognized practitioner of the TFM is likely to be Girls and Boys Town, which has been operating under a modified version of TFM called the Family Home Program (FHP). There are four hallmarks of the FHP. First, a strong emphasis is placed on the quality of the relationship between the married couple, who act as the family teachers, and the children. They are instructed to build a positive relationship with what they do, such as family outings, and how they do it. Second, FHP is highly structured. Family teachers train the children under their care to use pro-social alternative social skills rather than the deviant or ineffective social skills that have led to problems. This constant attention and daily progress reviews prevent the youth from learning delinquent behavior from one another. Third, FHP uses the peer culture to support treatment goals rather than undermine them and includes self-government through daily family meetings or youth managers who help administer the daily home routine. Lastly, so that the youth learn a variety of behavioral strategies that will help them deal with upsetting situations, FHP emphasizes self-determination, moral and spiritual development, and character education (Larzelere, Daly, Davis, Chmelka, & Handwerk, 2004).

From a study of 440 youth who were discharged from Girls and Boys Town between October 1998 and September 2000, Larzelere et al. (2004) concluded:

- Both boys and girls were discharged to less restrictive settings, with most returning to their own home or to independent living.
- Measured against standardized outcome measures of problem behavior, both boys and girls behavior improved from intake to discharge.
- The vast majority of boys and girls were functioning reasonably well (and consistent with national norms) three months after they were discharged.

Characteristics of High Quality Programs

The Child Welfare League of America has established the following set of guidelines for quality out-of-home care service delivery, many of which mirror the required components of the TFM (CWLA website):

- Provide quality services after a thorough family assessment and reasonable efforts were made to maintain the family or professional judgment has been passed that a child would best be served in out-of-home care.

- Provide children with a safe nurturing, protective, therapeutic environment that respects their cultural and ethnic identities while addressing their unique developments, medical, emotional, and educational needs.
- Help families gather their strengths to reduce or eliminate the conditions that led to the child's out-of-home placement.
- Enable children and parents to establish relationships that could lead to family reunification if it is possible and appropriate.
- Prepare children and parents for permanent placement alternatives to reunification after reasonable efforts to return the child home have failed.
- Help older youths leave out-of-home care with adequate skills and connections to family as well as the economic, emotional, and social supports necessary to allow for a successful transition to independent living.

The CWLA cautions that out-of-home care should not be viewed as a substitute for families, but rather as a support service for children and their families. However, for those children who cannot successfully reunify with their families, group homes must achieve a sense of stability for the child, which includes permanence, connectedness, cultural identity, and family support (Child Welfare League of America, 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 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

Ohio is one of a few states in the U.S. that offers child and youth care worker registration and certification. The registration and certification is administered by a nonprofit agency, the Ohio Association of Child and Youth Care Professionals. The association is the only agency in Ohio that provides professional certification for child and youth care workers employed by hospitals, residential treatment centers, group homes, schools, and so forth.

The Teaching-Family Association established standards for ethics and practice at both the teaching-parent level and the organizational level. Teaching-Family Model practitioners must be certified annually and organizations must be reviewed annually and certified every three years to be TFM-recognized.

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.)

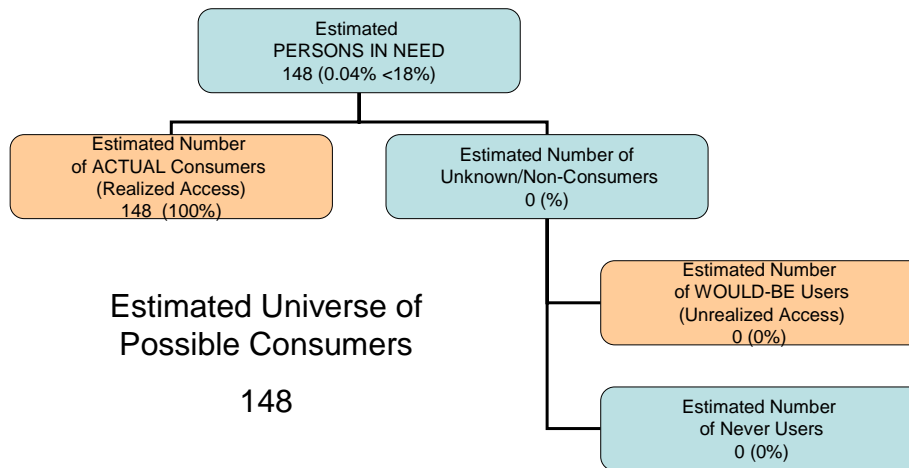
Finally, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) is an independent, not-for-profit organization that evaluates and accredits nearly 18,000 health care organizations and programs, including behavioral health care organizations. JCAHO provides accreditation a range of settings, treatment, care or services, and populations throughout the life span, and include mental health, addictions, child welfare treatment, care or services and treatment, and 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 Group Homes for Dependent Children:

- A conservative estimate of 148 children potentially need group homes, which is the number of children/youth in the county’s custody living in a group home in December 2005.
- This number is equal to the actual number of consumers (realized access), and to the estimated universe of possible consumers. (See Figure 5.)

Figure 5 - Consumer Estimates: Group Homes for Dependent Children



Service Site Index

There is no Service Site Index for this report because there is insufficient data. FCFH only reports that there is one provider.

Service Capacity

The Department of Children and Family Services indicated that the capacity to serve anyone requiring group home placement is high. There are currently many beds available as there has been a general movement away from the use of group homes. Group homes remain a viable option for a certain population. Generally, those entering group homes through DCFS have requested this type of program.

VII. SUMMARY

In summary, these are the major findings from the research on group homes for dependent children:

- Although children enter residential group care (including a group home) for various reasons, many are characterized as having special needs. The most common reasons for residential care placement include abuse, neglect, behavioral acting out, status offenses, pregnancy, family crisis, and substance abuse.
- 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.
- 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.
- 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.
- Since 1974, there have been ten major legislative policies that frame child welfare practice as we know it today. Each of these has also been amended over the past three decades.
- Between calendar years 2002 and 2004, funding for group homes for dependent children in Cuyahoga County increased from \$2.4 million to \$3.7 million.
- As of May 11, 2006, close to \$3.8 million in revenues for group homes for dependent children programs has been identified countywide.
- The Teaching-Family Model (TFM), developed at the University of Kansas has been hailed as a successful model that provides behavioral treatment in a structured family-style atmosphere using full-time married couples as caregivers and teachers.
- The estimated universe of possible consumers is 148, including both realized (148) and unrealized (0) access.
- The Department of Children and Family Services indicated that the capacity to serve anyone requiring group home placement is high. There are currently many beds available as there has been a general movement away from the use of group homes. Group homes remain a viable option for a certain population. Generally, those entering group homes through DCFS have requested this type of program.

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ATTACHMENTS

Attachment 1: Researcher List

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

Attachment 2: Technical Notes

Technical Notes: Methodology, Caveats, Limitations of Data

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

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

Unit of Analysis

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

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

United Way - First Call for Help Data

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

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

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

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

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

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

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

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

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

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

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

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

Funding Information for Core Services

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

Foundation Funding

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

Federated Funding Sources

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

Government Funding

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

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

In other cases, it was not possible to select a specific core service. An example is Medicaid in which Medicaid-defined services crossed over more than four core services in some instances. In cases

where Medicaid is a significant source of revenue, the data was entered as an aggregate total at the appropriate AIRS level. These aggregates are footnoted under the appropriate funding table.

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

Medicaid Funding

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

Entered as Aggregate Total Under Appropriate AIRS Level

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

Entered as Aggregate Total Under Third Party Payee/Direct Bill

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

United Way of Greater Cleveland Funding

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

United Way Agency Revenues

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

Consumer and Financial Data: Caveats

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

All Core Services

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

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

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

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

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

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

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

Gap Analysis Methodology & Limitations

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

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

resources such as insurance or agency fundraising. In addition, it was not always possible to obtain information from some government funders.

- *Estimate of number of “unknown/non-consumers”*: This is the difference between the estimated number of actual consumers and the estimate of persons in need.
- *Estimate of number of “would-be users” (unrealized access)*: This is the estimate of persons who would use a service if it were available, typically based on research.
- *Estimate of number of “never users”*: This is the difference between the estimated number of unknown/non-consumers and would-be users.
- *Estimate of “universe of possible consumers”*: This is the total of those actually receiving the service (realized access) and those would-be users (unrealized access).

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

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

Service Site Index

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

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

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

Specific Service Issues

Senior Services

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

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

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

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Attachment 3: Actual Consumer Demographics

Core Service: Group Homes for Dependent Children PF-650.250				
			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 in Group Homes (%) ^{***}	UW Program Report Data Cuy Cnty Only (%)
PERIOD	1/1/2000-12/31/2000	1/1/2000-12/31/2000	12/01/05	7/1/2003-6/30/2004
TOTAL	1,393,978	347,379	148	N/A
Percent		24.9%	0.04%	
GENDER				
Male	47.2%	51.0%	N/A	N/A
Female	52.8%	49.0%	N/A	N/A
Unknown Data ^{*****}				N/A
Missing Data ^{*****}				N/A
RACE^{*****}				
White alone	67.1%	57.6%	N/A	N/A
Black or African American alone/combination	27.9%	36.3%	N/A	N/A
Asian alone/combination	2.1%	2.1%	N/A	N/A
American Indian and Alaska Native alone/combination	0.7%	0.8%	N/A	N/A
Native Hawaiian and Other Pacific Islander alone/combination	0.1%	0.0%	N/A	N/A
Some other race alone/combination	2.1%	3.2%	N/A	N/A
Unknown Data ^{*****}				N/A
Missing Data ^{*****}				N/A
HISPANIC^{*****}	3.3%	5.0%	N/A	N/A
AGE				
0-4	6.5%	26.2%	N/A	N/A
5-9	7.3%	29.3%	N/A	N/A
10-14	7.1%	28.5%	N/A	N/A
15-19	6.4%	16.0%	N/A	N/A
20-34	19.1%		N/A	N/A
35-54	29.3%		N/A	N/A
55-64	8.7%		N/A	N/A
65-74	7.8%		N/A	N/A
75+	7.8%		N/A	N/A
Unknown Data ^{*****}				N/A
Missing Data ^{*****}				N/A
INCOME^{*****}				
Average Household Size	2.4	N/A	N/A	N/A
\$0-\$9,999	11.3%	N/A	N/A	N/A
\$10,000-\$14,999	6.9%	N/A	N/A	N/A
\$15,000-\$19,999	6.7%	N/A	N/A	N/A
\$20,000-\$29,999	13.6%	N/A	N/A	N/A
\$30,000 and above	61.5%	N/A	N/A	N/A
Unknown Data ^{*****}				N/A
Missing Data ^{*****}				N/A
Totals	100.0%	N/A	N/A	N/A

Attachment 3: Actual Consumer Demographics (continued)

* U.S. Census 2000, SF1 (P1); SF4(PCT144)
** U.S. Census 2000, SF3 (P8); SF4 (PCT3)
*** Status of children in custody of Cuyahoga County and in group homes, 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: Group Homes for Dependent Children PF-650.250					
				Estimated Persons in Need	Actual Number/Percent of Consumers by Funding Source *****
	City/Town (% Cleveland)	Total Population (%) ^a	Total Population <18 (%) ^{aa}	Children <18 In Custody of Cuyahoga County DCFS in Group Homes (%) ^{aaa}	UW Program Report Data (%) ^{****}
Period		1/1/2000-12/31/2000	1/1/2000-12/31/2000	1/1/2000-12/31/2000	7/1/2003-6/30/2004
TOTAL		1,393,978	347,379	148	N/A
Percent			24.9%	0.04%	
44017	Berea	1.4%	1.2%	N/A	N/A
44022	Bentleyville	1.3%	0.8%	N/A	N/A
44040	Gates Mills/Mayfield Village	0.2%	0.2%	N/A	N/A
44070	North Olmsted	2.4%	2.3%	N/A	N/A
44101	Cleveland (100%)	0.0%	0.0%	N/A	N/A
44102	Cleveland/Brooklyn (95%)	3.7%	4.5%	N/A	N/A
44103	Cleveland (100%)	1.8%	2.4%	N/A	N/A
44104	Cleveland (100%)	2.1%	3.2%	N/A	N/A
44105	Cleveland/NewburghHts/GarfieldHts (75%)	3.9%	4.9%	N/A	N/A
44106	Cleveland/Cleveland Hts (60%)	2.3%	1.9%	N/A	N/A
44107	Lakewood/Cleveland	4.0%	3.4%	N/A	N/A
44108	Cleveland/Bratenahl (90%)	2.6%	3.4%	N/A	N/A
44109	Cleveland/Brooklyn Hts (98%)	3.3%	3.7%	N/A	N/A
44110	Cleveland/East Cleveland (98%)	1.9%	2.3%	N/A	N/A
44111	Cleveland (100%)	3.1%	3.0%	N/A	N/A
44112	East Cleveland/Cleveland	2.4%	2.8%	N/A	N/A
44113	Cleveland (100%)	1.4%	1.3%	N/A	N/A
44114	Cleveland (100%)	0.3%	0.1%	N/A	N/A
44115	Cleveland (100%)	0.6%	0.9%	N/A	N/A
44116	Rocky River	1.5%	1.3%	N/A	N/A
44117	Euclid/Cleveland	0.9%	0.7%	N/A	N/A
44118	ClevelandHts/UniversityHts/ShakerHts	3.2%	3.2%	N/A	N/A
44119	Cleveland/Euclid (50%)	1.0%	0.8%	N/A	N/A
44120	Shaker Hts/Cleveland	3.4%	3.8%	N/A	N/A
44121	University Hts/South Euclid	2.5%	2.5%	N/A	N/A
44122	Beachwood/Highland Hills/ShakerHts	2.5%	2.3%	N/A	N/A
44123	Euclid	1.3%	1.2%	N/A	N/A
44124	Pepper Pike/MayfieldHts/Lyndhurst	2.9%	2.2%	N/A	N/A
44125	Valley View/Garfield Hts	2.1%	2.0%	N/A	N/A
44126	Fairview Park/Cleveland	1.2%	1.1%	N/A	N/A
44127	Cleveland (100%)	0.6%	0.8%	N/A	N/A
44128	Warrensville Hts/Cleveland	2.4%	2.3%	N/A	N/A
44129	Brooklyn/Parma/Cleveland	2.1%	1.9%	N/A	N/A
44130	Parma/Cleveland	3.8%	3.0%	N/A	N/A
44131	Independence/Seven Hills/BrooklynHts	1.5%	1.2%	N/A	N/A
44132	Euclid	1.1%	1.0%	N/A	N/A
44133	North Royalton	2.0%	2.0%	N/A	N/A
44134	Parma/Cleveland	2.9%	2.6%	N/A	N/A
44135	Cleveland/Linndale (90%)	2.0%	2.1%	N/A	N/A
44136	Strongsville	3.1%	3.3%	N/A	N/A
44137	Maple Hts/Cleveland	1.9%	1.9%	N/A	N/A
44138	Olmsted Twp/Olmsted Falls	1.3%	1.2%	N/A	N/A
44139	Bentleyville/Glenwillow/Solon	1.6%	2.0%	N/A	N/A
44140	Bay Village	1.1%	1.2%	N/A	N/A
44141	Brecksville	1.0%	0.9%	N/A	N/A
44142	Brookpark/Cleveland	1.5%	1.4%	N/A	N/A
44143	Highland Hts/Richmond Heights	1.7%	1.5%	N/A	N/A
44144	Brooklyn/Cleveland	1.6%	1.2%	N/A	N/A
44145	Westlake	2.3%	2.1%	N/A	N/A
44146	Walton Hills/Oakwood/Bedford	2.3%	1.9%	N/A	N/A
44147	Broadview Hts	1.1%	1.1%	N/A	N/A
	Unknown Cuyahoga County Zip Codes*****				N/A
	Missing*****				N/A
	Unknown *****				N/A
	Total Cuyahoga County*****	100.0%	100.0%	N/A	N/A
	Total Known Cleveland	30.5%	35.1%	N/A	N/A
	Total Known Suburbs	69.5%	64.9%	N/A	N/A
	Unknown & Missing			N/A	N/A

Attachment 4: Actual Consumer Zip Codes (continued)

* U.S. Census SF1 (P1)
** U.S. Census 2000, SF3 (P8)
*** Status of children in custody of Cuyahoga County and in group homes, 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.
*****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: Profile of Core Service Providers – 2005

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

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

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

Attachment 6: Providers and Functions – 2005

Service Providers & Functions	
Source: United Way - First Call for Help Refer Database February 2005	
Agency	Services
Ohio Boys Town	Group Home For Boys

Bold represents agencies funded by United Way for this service. No agency was funded for this service by United Way in FY 2004.

Attachment 7: United Way - First Call for Help Group Homes for Dependent Children Requests – 2000-2004: Greatest Increase/Greatest Decrease

PF-650.250 Group Homes for Dependent Children								
United Way - First Call for Help Requests 2000-2004								
Greatest Increase/(Greatest Decrease)								
Zip Code		TOTAL REQUESTS					%Change*	Avg. #
		2000	2001	2002	2003	2004	00&04	Calls 00-04
44125	Valley View/Garfield Hts	0	0	0	0	1	N/A	N/A
44104	Cleveland	1	0	0	0	0	(100%)	N/A
44115	Cleveland	1	0	0	0	0	(100%)	N/A
44118	ClevelandHts/UniversityHts/ShakerHts	1	0	0	0	0	(100%)	N/A
44070	North Olmsted	1	0	0	0	0	(100%)	N/A
44130	Parma/Cleveland	1	0	0	0	0	(100%)	N/A
**Total Cuyahoga County		6	2	2	2	2	(67%)	3
**Total Cleveland		2	1	1	1	0	(100%)	1
**Total Suburbs		4	1	1	1	2	(50%)	2
* Extremely high percentages are due to low numbers.								
** These totals do not reflect the sum of the numbers above which are the zip codes reflecting the greatest increase or decrease. Rather, they are the total of calls from ALL zip codes many of which do not appear on this table.								

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

PF-650.250 Group Homes for Dependent Children					
United Way - First Call for Help Requests 2000-2004					
Unmet Need					
Zip Code		TOTALS 00-04			%
		Requests	Met	Unmet	Unmet
44113	Cleveland	1	0	1	100%
44118	ClevelandHts/UniversityHts/ShakerHts	1	0	1	100%
44112	East Cleveland/Cleveland	1	0	1	100%
44070	North Olmsted	1	0	1	100%
44123	Euclid	2	1	1	50%
*Total Cuyahoga County		14	9	5	36%
*Total Cleveland		5	4	1	20%
*Total Suburbs		9	5	4	44%
FCFH DATA NOTES					
<p>Met = service request resulting in referral to an organization. (Does not mean agency was able to provide the service.)</p> <p>Unmet = service request for which there was no referral.</p> <p>Note: Zip Codes shared by Cleveland and surrounding suburbs whose boundaries fall 50% and greater within the city of Cleveland are highlighted and totaled as Cleveland. Others are totaled as Suburbs.</p> <p>* These totals do not reflect the sum of the numbers above which are the zip codes reflecting unmet need in 2004. Rather, they are the total of calls from ALL zip codes some of which do not appear on this table.</p>					



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