

Children Services Funding Work Group
07/31/2014

Objectives:

- Define project scope of work
 - Have broad conversations that lead to recommendations
 - Envision ideal state of Child Protective Services (CPS)
- Identify additional participants – who else should be here?
- Inventory of resources to draw from
- Identify strategies and best practices
- Identify barriers - funding and programmatic
- Identify targeted gaps —high-value targets and translate into recommendations
- Next steps

Ideal State:

Keep kids safe and safely diverted from care
Local offices in compliance with federal requirements

Recommendations for who needs to be engaged?

- Matt Kurtz, director, Knox County JFS - Former PCSAO
Funding Chair
- Julie Barnes - Summit County CPS - Stand-alone agency
- Patrick Kanary - Director of the Center for Innovative Practices
- The Supreme Court of Ohio

Current work and resources available to help inform our work and recommendations:

- Engage Project - Research and Outcomes
- Child Welfare Opiate Workgroup Recommendations
- Summary of the Trauma-Informed Care Summit
- Casey Family Programs data, reports and website
- Ohio Infant Mortality Work
- Ready to Learn (Hamilton County)
- CPOE Measures
- Measuring Prevention - ODMHAS has expertise and resources to help with this
- ProtectOHIO Reports - Annual for the past five years
- Level of Care Pilot Research
- Impact of Differential Response in Ohio and nationally
- Levels of Research Evidence and Benefit Cost Data for Title IV-E Waiver Interventions

Strategies and Barriers to Child Protective Services in Ohio (and known Best Practices)

Strategies	Barriers
Prevention	Funding Structure e.g. Title IV-E
Home Visiting- Help Me Grow	Personnel / turnover / rate of pay
Case Worker Visits	Caseload size / case intensity
Protect Ohio - Metrics: family Team Meetings and Kinship Placement and Services	Cost of Services: Providers determine level of care, which includes cost and services rendered. e.g. Funding breakdowns (Medicaid) e.g. Payment rates (State vs. County)
Title IV-E & Medicaid Services e.g. EPSTD - Federally required, but package is determined by the states e.g. Sick kids in care (Opiate afflicted) e.g. IHBT (provider essentially moves in with the	Funding (Caseworkers/services/ visits)

Children Services Funding Work Group
07/31/2014

family and provides all services) OHT data on this for ages 0-21 - H.V.T.	
Work Force Development Strategies - Model of delivery	Level of Community Services/ Resources
Point of Access e.g. Community Learning Center (Hamilton Co.) Employee Evaluations tied to CPOE / performance outcomes	Local coordination of services and funding
Court Outcomes (Accountability)	Lack of rapid response to CRISIS
Technology e.g. iPads for workers to enter case data (Functional job analysis due out this fall - PCSAO) Estimates suggest that a workers has five hours of “work” for every one hour of “contact” with a family	SACWIS (reports) e.g. drug-addicted parents, tracking of homeless families, removal cause (drugs), and functionality of drop-down boxes
Pool of money at the state level to cover high-dollar placements (after locals have exhausted all resources). This happened in the 1980s. e.g. Cluster at the state level: multi-agency funding for multi-need kids; Temp Law in effect that permits agencies to move money to FCFC to help cover the costs for these children e.g. Wayne County has a best practice model	FCFC: Local System of Care e.g. Limits on the funding amount and services that can be provided (respite, etc.)
Differential Response	Intensity/ complexity for opiate-affected children and families
Funding	Silos
Share Best Practices - great things are happening in Ohio	Losing child welfare caseworkers to managed care agencies

Parking Lot:

- Define Child Welfare/ Child Protective Services / Children Services
- Discussion about staff wearing two hats: APS and CPS

Next Steps:

- Engage other state agencies: present on programs, funding and recommendations
- Gather and distribute resource materials
- ODJFS program and fiscal staff to present on best practice, e.g. funding model
- Group meeting notes into two primary areas: program services and funding
- Director to reach out to assign tasks
- Director to schedule the next meeting

Children Services Funding Work Group
07/31/2014

Other items to consider as the workgroup progresses:

Strategies:

- Screening at front door
- Paid relative placements
- Community outreach / engagements, e.g. school social worker, juvenile court liaisons

Barriers:

- Local interpretation of screening & rules
- Secondary trauma leads to turnover & poor work
- “Turf” problems locally

Engage:

- Ohio Association of County Behavioral Health Authorities
- FCFC representation
- Ohio Association of Child Caring Agencies
- Local judge
- Local prosecutor

Information:

- OACCA’s CANS Report
- CCS Report on C.W.
- JFS documents:
 - Current PIPs
 - Family/children - demographics
 - Title IV-E training