



LUCAS COUNTY
CHILDREN
SERVICES

2017 ANNUAL REPORT



ROBIN REESE, EXECUTIVE DIRECTOR

Acknowledgements

The Quality Assurance Department would like to acknowledge the LCCS Board of Trustees and the Executive Director for their support and allocation of resources for the production of the 2017 LCCS Annual Report.

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The 2017 Annual Report was prepared by the LCCS Quality Assurance Department, under the direction of the Associate Director of Quality Improvement.

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I am pleased to present Lucas County Children Services' 2017 Annual Report.

This is my second report as the agency's permanent executive director, having been appointed to the position after serving on an interim basis from September 2015 through March 2016. It has been my honor to serve the community. Over the past year, we have continued to build on existing partnerships with civic, faith, government, and law enforcement leaders and engage the community in the protection of children.

Lucas County's opiate epidemic had a profound impact on this agency in 2017. Sixty percent of cases we opened involved one or more parents who were substance dependent. Of that group, just over half were dependent on heroin or other opiates. These cases were more challenging for LCCS caseworkers, as children experienced high levels of trauma and parents experienced multiple relapses and were often unable to regain custody within mandated timeframes.

Undaunted, LCCS was one of the leading Ohio counties for completing and documenting monthly visits to children and families. Caseworkers made 98.7 percent of visits to children, and 96.4 percent of visits to adults on cases, even as the agency head count dropped to as low as 335 employees and caseloads increased. This far exceeded the state average of 89.9 percent of visits to children, and 69.6 percent of visits to adults. That track record is to be commended. Thank you for your effort.

The increased number of children coming into care was the driving force behind a campaign to train and license 400 new foster homes. We continue to reach out to potential foster parents in new and creative ways, as we strive to work diligently to recruit new families to care for children. As a result, LCCS successfully licensed 67 new foster homes in 2017. Outreach efforts will ramp up.

Other changes continue to impact the agency as well. An increasing number of multi-system youth with severe delinquency behavior and mental health needs are being placed into the agency's care. A number of longtime employees retired as a result of changes in the Public Employees Retirement System. Hiring new caseworkers became more difficult, because of a competitive market for social workers. However, in 2017, we were able to hire 24 caseworkers into our Assessments and Ongoing departments.

In November 2016, voters approved, by nearly a two-to-one margin, a renewal and increase of one of the agency's two property tax levies. The additional funds generated by this levy placed the agency on more solid financial footing in 2017. Local tax dollars represent 54.3 percent of the agency's operating funds.

We are off to a strong start in 2018. LCCS employees are working harder and smarter. The goal is to position LCCS as the most capable and progressive child protection agency in the state.

Warmest regards,

A handwritten signature in black ink that reads "Robin Reece". The signature is fluid and cursive, with a long horizontal stroke at the end.

Robin Reece
Executive Director



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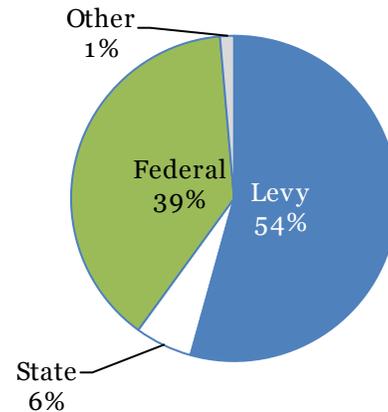
Federal funds increased by \$1,530,817 from 2016 to 2017. An increase in the amount of Title IV-E Foster Care maintenance reimbursement was the contributing factor. Title IV-E remains the agency's largest source of federal funding with receipts of \$14.5 million in 2017. Funding from the State of Ohio decreased by \$41,359 from 2016 to 2017.

Total expenditures increased by \$4,653,336 (11%) from 2016 to 2017.

Direct services cost along with placement costs continue to be the largest expense categories. Agency headcount increased from 338 at the start of the year to 350 at the close of 2017. Placement costs increased by \$3,223,333 (31.5%) from 2016 to 2017, with increased expenditures in all foster care categories except subsidized adoption expenses which experienced a reduction of \$126,665. The placement cost increase was largely due to the volume of children in care because of the opioid crisis and the cost of placing difficult multisystem youth. The average daily number of children in paid care increased by 23% from 2016. Total contract expenditures which included child welfare, intergovernmental, Training and other contracts increased by \$479,940 (26.8%). Daycare expenditures increased by \$318,874 (32.3%) while other client costs decreased by \$175,909 from 2016 to 2017. Other client cost includes clothing, food, various client supports, respite care, medical and client transportation. Other operating costs increased by \$210,158 (8.7%). Other operating costs include supplies, equipment purchases and leases, maintenance agreements, building occupancy costs, parking, mileage and travel, advertising, telecommunications, and liability insurance.

The year end fund balance of \$7,335,513 equals 58.8 days of average daily expenditures based on 2017 expenses.

LCCS Revenue Sources



Key Statistics

	2014	2015	2016	2017	Trend
New Child Abuse/Neglect Referrals	4271	4517	4564	4830	+6%
Traditional Referrals	1522	1863	2770	3889	+40%
Alternative Response Referrals	2749	2654	1794	941	-48%
New FINS Referrals	797	790	568	486	-14%
Alleged Child Victims	6419	6825	6822	7387	+8%
Substantiated Victims	963	1072	1465	1597	+9%
New Cases Opened	443	455	514	476	-7%
Custody Entries (Initial Removals)	619	646	809	752	-7%
Children Entering Agency Custody Initial and Custody Changes	427	475	599	746	+25%
Total Children Entering Relative Custody Initial and Custody Changes	320	306	332	218	-34%
Custodies Terminated	361	360	444	422	-5%
Permanent Custodies Received	82	99	110	136	+24%
Adoptions Finalized	130	58	117	88	-25%
Children Served	12116	12392	12421	12798	+3%
Families Served	5016	5079	5043	5129	+2%

After remaining relatively stable in 2016, new child abuse and neglect (CA/N) referrals increased by six percent in 2017. Traditional referrals were up 49 percent in 2016, and increased by 40 percent in 2017; Alternative Response referrals decreased by 48 percent in 2017. Family in Need of Services (FINS) referrals decreased by 14 percent, after a decrease of 28 percent in 2016. Substantiated victims increased by nine percent in 2017. The number children initially entering agency or relative custody decreased by seven percent in 2017; however the children initially entering *agency* custody increased 26 percent from 2016.

Child Abuse and Neglect Allegations

NEW REFERRALS

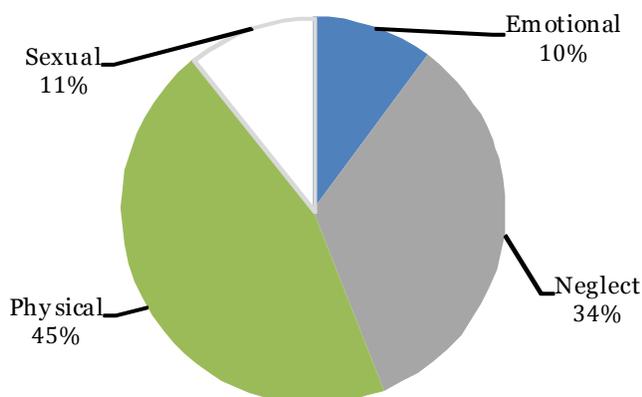
LCCS screened in 4,830 child abuse and neglect referrals in 2017, a six percent increase from 2016. Eighty-one percent of these referrals were assigned to a Traditional Response (TR) track and 19 percent were assigned to the Alternative Response (AR) track. A reversal in assignment percentages from previous years began in 2016; prior to 2016, approximately 60 percent or more referrals were assigned to the Alternative Response pathway.

	2015	2016	2017	Trend
New Child Abuse/Neglect Referrals	4517	4564	4830	+6%
Traditional Referrals	1863	2770	3889	+40%
Alternative Response Referrals	2654	1794	941	-48%
New FINS Referrals	790	568	486	-14%
Alleged Child Victims	6825	6822	7387	+8%

RESPONSE TIME ASSIGNED

The response time indicates how quickly the agency must attempt to make contact with parties on an abuse/neglect referral in order to assess child safety. The majority of referrals (98%) were assigned a non-emergency (72 hour) response time. Only two percent were assigned an emergency (one-hour) response time.

ABUSE TYPE



The highest percentage of referrals screened in involved an allegation of physical abuse (45%). Allegations of domestic violence and infants being exposed to illicit substances in utero are included in the physical abuse category. Emotional abuse referrals increased from 2% in 2016 to 10% in 2017, largely due to a change in coding of domestic violence referrals as emotional abuse if there was no actual physical harm or potential for physical harm to the child(ren) during the incident.

REFERRAL SOURCES

The table below shows the source of referrals made to LCCS during 2017. These figures have remained relatively consistent over the past three years.

	2015	2016	2017
Social Services	24%	25%	24%
Private	20%	21%	18%
Legal/Law Enforcement	20%	19%	20%
School	13%	14%	15%
Anonymous	13%	12%	13%
Medical	5%	6%	6%
Other	4%	3%	5%

DEMOGRAPHICS OF CHILDREN ON REFERRALS

The age, gender and race of alleged child victims (ACVs) has changed little over the last three years.

AGE

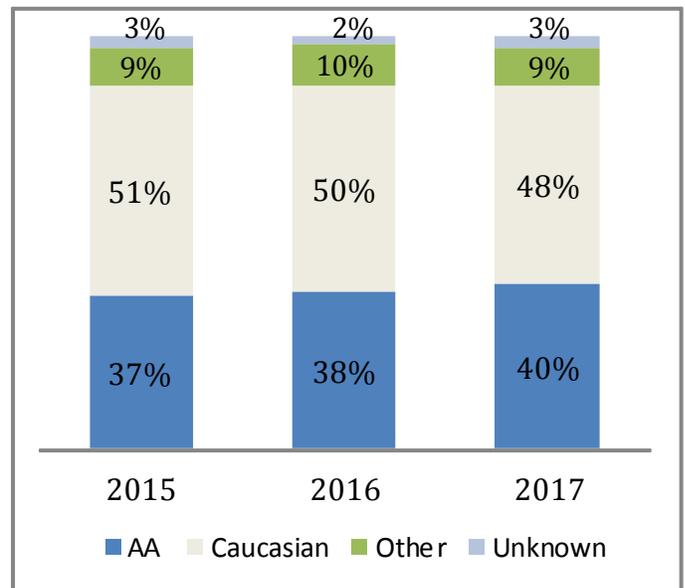
Forty-two percent of children on referrals were under the age of six.

Age	2015	2016	2017
0-1 yrs	16%	17%	17%
2-5 yrs	26%	26%	25%
6-9 yrs	25%	24%	24%
10-12 yrs	13%	13%	14%
13-15 yrs	13%	12%	12%
16+ yrs	7%	6%	6%
Unknown	1%	1%	1%

GENDER

	2015	2016	2017
Female	49%	50%	50%
Male	51%	50%	50%

RACE



Caucasian children represented the highest percentage of children on referrals at 48 percent. African American children represented 40 percent of children on referrals. This racial distribution has changed only slightly since 2016.

Eleven percent of ACVs were Latino, a decrease of one percent from 2016.



DEMOGRAPHICS OF ALLEGED PERPETRATORS ON REFERRALS

There were a total of 4,893 unduplicated alleged perpetrators (APs) identified on screened-in child abuse or neglect referrals in 2017. A majority of APs were either Caucasian (51%) or African American (38%). Sixty-seven percent were age 35 or under.

The gender of these alleged perpetrators was relatively evenly split (51% female, 45% male, and 4% unknown). The table below reflects the gender of alleged perpetrators for each type of abuse. Females were the predominant APs on neglect referrals (71%), while a majority of sexual abuse referrals (68%) and emotional abuse referrals (62%) involved male perpetrators. Gender ratios were about half male and half female for physical abuse referrals. These figures remain largely unchanged from previous years.

	Neglect	Physical	Sexual	Emotional
Female	71%	46%	20%	37%
Male	29%	52%	68%	62%
Unknown	1%	2%	12%	1%



REFERRALS BY ZIP CODE

Zip Code	Children on Incidents	Children In Zip Code	2017 Rate per 1,000	2016 Rate
43604	396	2734	144.8	136.8
43605	863	8563	100.8	101.2
43608	466	4722	98.7	93.6
43609	680	6915	98.3	93.3
43610	137	1395	98.2	68.8
43620	107	1346	79.5	92.1
43607	347	5111	67.9	72.8
43612	484	7883	61.4	53.5
43611	284	4576	62.1	53.1
43606	260	4998	52.0	50.6
43615	419	8509	49.2	36.7
43613	358	7688	46.6	44.2
43614	230	5841	39.4	29.3
43616	145	4700	30.9	25.3
43528	118	3872	30.5	22.5
43623	108	4022	26.9	28.8
43537	84	6214	13.5	15.6
43560	96	8348	11.5	12.3
All Others	476	N/A	N/A	N/A

The zip codes that experienced the most significant increases in rate of referral were 43610 (43%), 43528 (36%), 43614 and 43615 (34%). The most referrals came from the 43605 zip code, but this zip code also has the largest child population of all zip codes represented, at 8,563. The rate of referral decreased from 2016 to 2017 in several zip codes, though these decreases were minimal.

SUBSTANTIATION RATE OF REFERRALS

Following an investigation of an allegation of abuse or neglect, a finding, or "disposition," is made as to whether or not the allegations are supported by the information gathered during the course of the assessment (substantiated or indicated). Only Traditional Response referrals receive a disposition. The table below provides the substantiation rates overall and by abuse type.

	2015	2016	2017
All Referrals	40%	37%	32%
Physical	38%	35%	31%
Neglect	42%	37%	31%
Sexual	41%	41%	36%
Emotional	29%	26%	36%

Thirty-two percent (32%) of all referrals were substantiated or indicated. Substantiation rates have decreased for all abuse types since 2015 except for emotional abuse referrals. The highest substantiation rate was for sexual abuse and emotional abuse, at 36 percent.

CASE OPENINGS

A total of 476 referrals investigated in 2017 resulted in an open case being transferred to the Department of Family Services, which is a decrease of seven percent from 2016 in cases opened for ongoing services. The case opening rate decreased by one percent. The following section provides information on ongoing case services provided during 2017.



*9.9% of
referrals
investigated in
2017
resulted in a
case opening to
ongoing
services.*

Ongoing Services

Following an investigation into allegations of abuse or neglect, if the potential risk and severity of future child abuse or neglect is judged to warrant ongoing LCCS intervention, a case will be opened to the Department of Family Services. The following provides information about ongoing services provided to children and families during 2017.

	2015	2016	2017	Trend
New Cases Opened	455	514	476	-7%
Case Opening Rate	10.1%	11.3%	9.9%	-1.4%
Cases Carried Over from Prior Year	610	585	624	+7%
Average Cases Open Per Month	607	617	691	+12%
Custody*	301 (50%)	316 (51%)	401 (58%)	+7%
Non-Custody	306 (50%)	301 (49%)	290 (42%)	-7%
Cases Closed	497	523	469	-10%
Average Length of Time Cases Were Open**	414 days	412 days	433 days	+5%

* Agency Custody only

** Of those closed during the year

The average number of cases open per month increased by 12 percent. The average number of cases open to DFS increased steadily during 2017; in December 2017 there was an average of 12 percent more cases open than in December 2016 (75 more cases). The number of new ongoing cases that opened in 2017 decreased seven percent from 2016. There was an average of 1442 children on open cases each month (2.09 children per case).

CASE OPENED BY FAMILY RACE

	2015	2016	2017
African American	144 (32%)	157 (31%)	163 (34%)
Caucasian	197 (43%)	246 (48%)	204 (43%)
Two or More Races	114 (25%)	110 (21%)	109 (23%)
Asian	-	1 (<1%)	-

Forty-three percent (43%) of families on new cases opened in 2017 were Caucasian and 34 percent were African-American. Twenty-three percent (23%) of families were bi-racial.

ZIP CODES OF CASES OPENED

The table below shows the number of cases opened by zip code. The zip code with the highest volume of referrals (43605) had the highest percentage of cases opened (16%).

Zip Code	Number	%
43605	77	16
43609	50	11
43604	38	8
43615	37	8
43608	36	7
43614	29	6
43607	27	6
43612	26	5
43606	25	5
43611	21	4
43613	19	4
43620	13	3
Other	78	<3% per zip

REASONS FOR CASE OPENING

The table below provides information on the reasons that cases were opened in 2017.

Substance abuse was the most frequently identified reason for case opening (60 percent of cases). The percentage of cases opened with substance abuse as a presenting problem increased four percent in 2017.

Mental health was the second-most identified reason for case opening (increasing eight percent to 45%), followed by domestic violence (32%).

Problem	2016	2017
Substance Abuse	56%	60%
Mental Health	37%	45%
Domestic Violence	32%	32%
Parenting/Neglect	32%	27%
Housing	7%	16%
History with LCCS	9%	14%
Physical Abuse	14%	11%
Child Behavior	8%	9%
Sexual Abuse	3%	4%
Dependency	4%	1%
Other	6%	9%

Note: Percentages will not equal 100 as cases typically have more than one reason for opening.



SUBSTANCES BEING USED

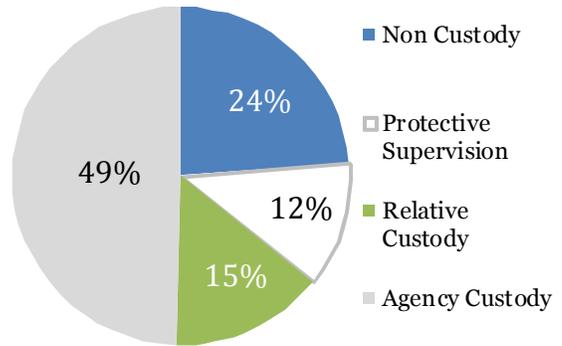
For cases where substance abuse was an identified problem related to case opening, data was collected on the types of substances being used (based on information known at the time of case opening). The following table provides this information.

Substance	2016	2017	% Change
Heroin/Opiates	62%	53%	-9%
Marijuana	38%	45%	+7%
Cocaine/Crack	31%	32%	+1%
Alcohol	28%	27%	-1%
Other	23%	24%	+1%



CUSTODY STATUS OF CHILDREN ON OPEN CASES

The following table shows the custody status of children on open cases during 2017. Sixty-four percent of children on open cases were in custody (agency or relative) and 12 percent were under protective supervision. Twenty-four percent of children were being served while living in their own home (without protective supervision).

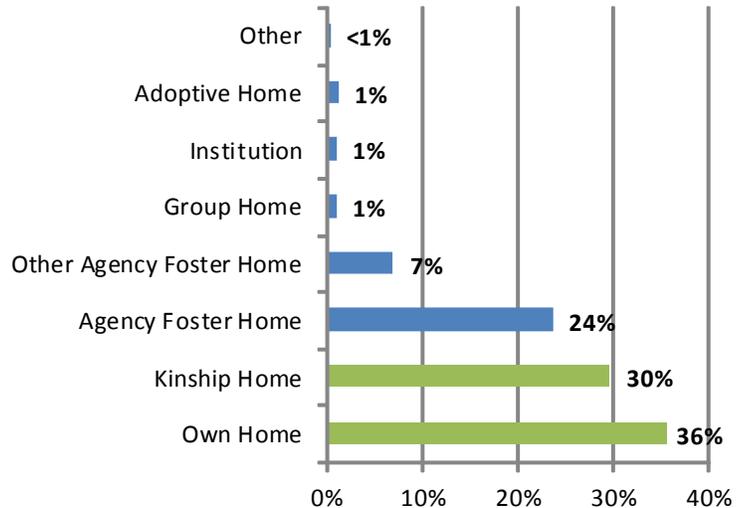


Overall, 62 percent of cases initially opened as custody cases. Cases involving substance abuse concerns were more likely to open as custody cases. Seventy-two percent of cases where substance abuse was a concern were custody cases compared to only 47 percent of cases where substance abuse issues were not an identified concern.

Eight-one percent of cases where heroin was an identified substance being used were custody cases; this compares to 65 percent for cases where substance abuse concerns were identified but heroin was not an identified substance being used.

PLACEMENT OF CHILDREN ON OPEN CASES

The table below shows the placement types for children on open cases. Sixty-six percent of children were living in their own home or a relative home.



Placement Statistics

If a child must enter substitute care, it is always the intent of LCCS to place that child in the least restrictive placement possible while maintaining the child's safety. Placement with appropriate relatives is the first placement option to be pursued. The following table provides information on children in substitute care during 2017.

	2015	2016	2017	Trend
Custody Entries (Initial Removal)	646	809	752	-7%
Agency Custody	439 (68%)	549 (68%)	691 (92%)	+26%
Relative Custody	207 (32%)	260 (32%)	61 (8%)	-77%
Percentage of Children Entering Relative Placement	60%	59%	53%	-6%
Average Number of Children in Custody	910	979	983	+<1%
% Agency Custody	61%	62%	79%	+17%
% Relative Custody	39%	39%	21%	-18%

The number of new children entering agency or relative custody decreased seven percent in 2017. The average number of children in custody increased by less than one percent. While the average number of children in custody has remained relatively the same from 2016 (+4 children in 2017), the number of children in *agency* custody increased 28 percent from 607 children in 2016 to 777 children in 2017 (+170 children).

PLACEMENT TYPES OF CHILDREN IN LCCS CUSTODY

The table below shows the placement types for children that were in the custody of LCCS during 2017. Forty-eight percent of children in LCCS custody were placed in an agency foster home; thirty percent were placed in a relative home.

	2015	2016	2017	Trend
Agency Foster Home	57%	57%	48%	-9%
Relative	24%	23%	30%	+7%
Adoptive Placement	3%	4%	3%	-1%
Other Agency Foster Home	10%	8%	14%	+6%
Group Home	3%	3%	2%	-1%
Institution	3%	3%	2%	-1%
Other	2%	2%	1%	-1%



DEMOGRAPHICS OF CHILDREN IN AGENCY CUSTODY

The following shows the age, gender, and race of children in LCCS custody during 2017. This data is based on all children who were in agency custody at any time during 2017.

AGE

	2015	2016	2017
0-1 yrs	29%	28%	30%
2-5 yrs	24%	24%	24%
6-9 yrs	17%	18%	17%
10-12 yrs	9%	10%	11%
13-15 yrs	13%	10%	9%
16+ yrs	8%	9%	8%

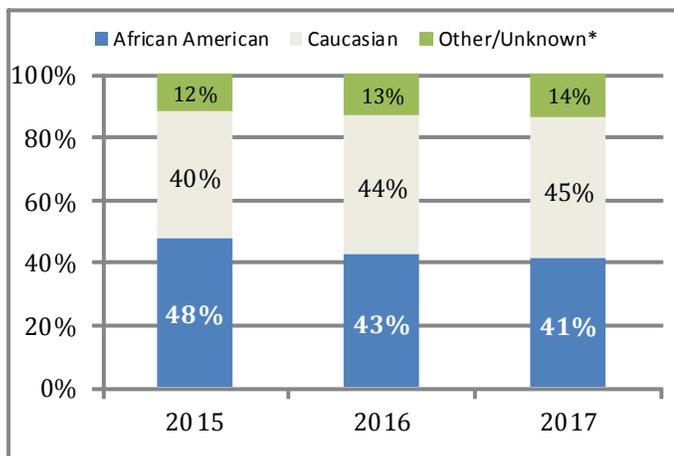
Eleven percent of children in custody were Latino, unchanged from 2016.

Demographics of children in agency custody have remained largely the same as in previous years, except for the racial distribution. African-American children in agency custody decreased seven percent from 2015. The percentage of children in custody that were Caucasian increased five percent during this same timeframe. The proportion of children in agency custody that were African American began to decline in 2012 (from a high of 55% in 2011). Some, but not all, of the changes in racial distribution of children in agency custody can be accounted for by improvements in categorizing children as bi-racial when appropriate.

GENDER

	2015	2016	2017
Male	48%	50%	50%
Female	52%	50%	50%

RACE



*The majority of children in this category are multi-racial.

54 percent of children in LCCS custody during 2017 were between the ages of zero and five.

FOSTER AND ADOPTIVE HOMES

The table below shows foster home licensing activity during 2017. There were 254 licensed foster homes at the end of 2016. By the end of 2017, there were 276 licensed foster homes, a net increase of 22 homes.

Number of Homes open on 12/31/2016	254
New Homes Certified	67
Homes Transferred from Other Agencies	3
Homes Closed	48
Homes Transferred Out	0
Homes Open on 12/31/2017	276
Net Increase	+22



The table below shows foster and adoptive home licensing/approval activity for the last three years. The number of new foster homes licensed increased 14 percent from 2016; the number of new adoptive homes approved decreased 11 percent.

	2015	2016	2017
Total Number of Licensed Foster Homes	215	254	276
New Foster Homes Licensed	39	59	67
New Adoptive Homes Approved	40	70	62

Seventy-nine percent of the newly licensed/approved homes were dually certified in foster and adoptive care, an increase of 20% from 2016.

INDEPENDENT LIVING OUTCOMES

The Lucas County Children Services Independent Living program provides services to all teens who are 14 years of age or older who are in the custody of LCCS. The goal is to assist these youth in becoming prepared for self-sufficiency when they emancipate from custody. Self-sufficiency outcomes are tracked for these youth at the time of emancipation. There were a total of 27 youth who emancipated from custody in 2017, which is a decrease of seven percent (two youth) compared to 2016. The following table shows the self-sufficiency outcomes for all emancipating youth who received services through the Independent Living Unit.

Thirty-three percent of youth completed their high school diploma or earned a GED by the time they emancipated, a decrease of 26 percent compared to 2016. Sixty-seven percent were still attending school at the time of emancipation. Fifty percent of emancipated youth that had graduated or had a GED were enrolled in college, an increase of 15 percent compared to 2016. Forty-one percent of youth were employed upon emancipation. Of the twelve youth not attending school (high school or college), 25 percent were employed.

	2015	2016	2017
Total youth emancipated	26	29	27
% of emancipated youth with a H.S. diploma, GED, or still attending school	20 (77%)	21 (72%)	18 (67%)
% of youth with a H.S. diploma or GED	12 (46%)	17 (59%)	6 (33%)
% of youth still attending school at the time of emancipation	8 (31%)	4 (14%)	12 (67%)
% of youth who were enrolled in college (of those who had Graduated or obtained a GED)	2 (17%)	6 (35%)	3 (50%)
% of youth who were employed	8 (31%)	12 (41%)	11 (41%)
% of youth not in school or attending college that were employed (N=12)	4 (25%)	6 (32%)	3 (25%)
% of youth with stable housing*	24 (92%)	26 (90%)	21 (78%)
% of youth who were “whereabouts unknown”	7 (27%)	7 (24%)	10 (37%)
% of youth who were incarcerated	-	-	2 (7%)
% of youth with a support system	25 (96%)	29 (100%)	26 (96%)

* Types of stable housing include Adult Group Home, family home, or own home

A total of 16 youth had a case opened to the LCCS Post Emancipation unit in 2017. Eight (50%) of these youth emancipated in 2017, five (31%) emancipated in 2016, two (13%) emancipated in 2015 and one (6%) emancipated in 2014.



Caseload Statistics

	Unit	2015	2016	2017	Trend
Assessments—New Referrals	Referral	11	10	11	+1
Assessments—All Referrals	Referral	13	11	13	+2
DFS	Case	11	12	13	+1
Family Foster Care	Foster Home	20	19	22	+3
Treatment Foster Care	Foster Home	9	9	10	+1
Independent Living	Children	11	14	16	+2
Community Advocate	Case	7	8	8	NC
Post Emancipation	Individual	11	10	9	-1
Parenting Program	Families	8	8	9	+1
Health Services (full time)	Children	142	169	188	+19
Case Review	Conference	46	49	51	+2

Note: Caseload averages are based on the average number of staff available per month.

SUPPORT SERVICES

The LCCS Transportation Department provides transportation to children in agency custody for visits and appointments. The department made 8,591 trips during 2017 and logged 159,300 miles. This represents a 13 percent decline in the number of trips and a 17 percent decrease in the number of miles logged compared to 2016.

FAMILY VISITS

The Family Visits Department schedules and supervises visitation for parents and children at LCCS and the neighborhood resource centers. There were 14,044 visits scheduled in 2017. A total of 9,528, or 68 percent, of those occurred as scheduled. This translates to an average of 31 visits being held per day, based on visits being held six days per week. This compares to an average of 30 visits per day in 2016.



Outcome Achievement

CHILD AND FAMILY SERVICE REVIEW DATA INDICATORS

The table below shows LCCS performance on the federal Child and Family Service Review indicators for the time period from April to March for each year where data is available based on how the measure is calculated.

Federal Measure	Standard	2013	2014	2015	2016
Maltreatment in Foster Care (rate)	<=8.5	19.5	10.3	19.6	20.9
Recurrence of Maltreatment	<=9.1%	8.2%	8.5%	7.8%	9.3%
Permanency w/in 12 months for children entering foster care	>=40.5%	53.3%	56.5%	51.9%	Unavailable
Permanency w/in 12 months for children in foster care 12 to 23 months	>=43.6%	59.8%	60%	59.6%	56.1%
Permanency w/in 12 months for children in foster care 24+ months	>=30.3%	39.2%	33.8%	22.5%	34.3%
Re-entry to foster care in 12 months	<=8.3%	12.3%	10.9%	17.7%	Unavailable
Placement Stability (rate)	<=4.12	3.6	4.0	3.9	4.6

LCCS was in compliance with the recurrence of maltreatment indicator the last 3 years but rose 0.2% above the standard in 2016. The agency was in compliance with the measure of permanency within 12 months for children entering foster care and for children in care 12 to 23 months for all years between 2013 and 2016.

The permanency rate increased to above the standard in 2016 for those children in care over 24 months. LCCS was not in compliance with the foster care re-entry indicator for any of the years for which data is available. This measure includes both re-entries occurring after a child is reunified with his or her parent(s) and also re-entries that are the result of children entering agency custody after being placed in the temporary or legal custody of a relative.

The maltreatment in foster care indicator measures substantiated or indicated abuse/neglect incidents for children in foster care regardless of the perpetrator. Although performance greatly improved in 2014, in 2015 and 2016 this rate returned to a rate similar to that of 2013. A review of incidents that led to non-compliance with this measure determined that for federal fiscal year (FFY) 2016, 39 percent (18 incidents) involved a foster parent as a perpetrator; this figure was 21 percent (eight incidents) for FFY 2015. Ten (22%) incidents coded as maltreatment in foster care in FFY 2016 involved an estimated incident date that was incorrectly entered as occurring within the time of the child's custody episode. A review of these cases found that the incident actually occurred prior to the child's entry into substitute care. If corrected data had been used to calculate LCCS' performance (taking out incidents with erroneous incident dates), the maltreatment in foster care rate for FFY 2016 would have been 16.3.

OTHER PERMANENCY AND WELL-BEING OUTCOMES

The table below provides data for other indicators of permanency and well being that are not part of the federal CFSR measures.

	2015	2016	2017
Median length of time in care until adoption (those adopted during the year)*	637 days	608 days	664 days
Number of children entering the legal custody of LCCS (PPLA)	13	17	18
Percentage of children in agency custody who are “whereabouts unknown”	<1%	<1%	<1%

*Figures have been updated from previous reports.

VISITATION WITH CHILDREN AND PARENTS

In 2015, the Ohio Department of Job and Family Services received a federal sanction of \$3.8 million for failure to meet CFSR Round 2 program improvement goals regarding the “absence of recurrence of maltreatment,” and “caseworker visits with parents and children receiving in-home and out-of-home care services.” In response, the state announced that it was withholding State Child Protection Allocation funding from Ohio county child welfare agencies that failed to meet at least a 90 percent compliance rate with visits between children and parents for State Fiscal Year 2016. The state established two reporting periods during which county compliance with visit requirements would be measured, and funds would be awarded to counties on a tiered system based on their level of compliance. The first reporting period for determining county compliance was October through December 2015 and the second was January through March 2016. LCCS achieved a compliance rate of over 90 percent for visits with children and parents during both of the reporting periods and received all of its State Child Protection Allocation funds for those review periods. LCCS was also awarded an additional \$9,790 in incentive funds for both reporting periods for being in the “High Performer” category for visits with children (over 90 percent compliance for both the review period and the baseline period).



In 2017, the goal set for the agency was to increase compliance and meet the Federal standard of 95 percent. The 2017 overall average compliance rates for all LCCS cases was 98.73 percent for children and 96.4 percent for parents. Both of these percentages exceed the increased state standards and ongoing federal benchmarks set. In comparison, the State of Ohio 2017 overall averages were 89.91 percent for children, and 69.6 percent for parents. LCCS caseworkers made a total of 26,386 required visits to children and parents in 2017, an increase of 11% from 2016.

LONGITUDINAL OUTCOME DATA

The tables below provide longitudinal outcome data for cohorts of children that entered agency custody, left custody to reunification or entered permanent custody during the years identified.

Permanency Outcomes of Children Entering Custody

The table below shows the permanency outcomes for children entering agency custody between 2010 and 2015. With only one to five percent of children still remaining in care from 2010-2014 entries, the data shows that on average about 35 percent of children entering agency custody were reunified; 27 percent entered the legal custody of a relative; and 28 percent were adopted. Fourteen percent of children from 2015 still remain in custody.

	2010	2011	2012	2013	2014	2015
Number of Children	283	339	410	421	372	443
Reunification	31%	38%	31%	39%	36%	34%
Legal Custody to Relative	22%	22%	25%	32%	35%	31%
Adoption	36%	32%	32%	19%	20%	19%
Emancipation	9%	6%	11%	5%	4%	2%
Other	1%	1%	1%	<1%	1%	1%
Still in Care/Have not Exited	1%	2%	2%	5%	5%	14%

Number of Placements While in Care

The table below shows the number of placements children had while they were in care up to the two-year point. If a child left care before two years, his or her total number of placements while in care is being represented in this data. The data was fairly consistent through 2014; however, the percent of children with 1 placement increased to 57% in 2015. On average, fifty percent of children entering care between 2010 and 2014 had one placement and 30 percent had two placements while in care.

	2010	2011	2012	2013	2014	2015
1 Placement	51%	49%	50%	50%	50%	57%
2 Placements	28%	30%	29%	29%	31%	19%
3 Placements	11%	10%	13%	14%	11%	14%
4+ Placements	10%	11%	8%	7%	8%	11%

Foster Care Re-Entry

The table below shows rates of foster care re-entry following reunification for children that were reunified with a biological or non-custodial parent during the years identified. An average of 10 percent of children who were reunified between 2010 and 2015 re-entered custody within twelve months of reunification. Thirteen percent of children (on average between 2010 and 2015) re-entered custody within two years of reunification.

	2010	2011	2012	2013	2014	2015
# of children who left custody to reunification	225	222	207	234	246	267
% re-entering custody within 6 months	6%	7%	9%	4%	6%	4%
% re-entering custody within 12 months	9%	10%	16%	8%	8%	6%
% re-entering custody within 2 years	13%	11%	19%	14%	12%	10%
% NOT re-entering custody within 2 years	87%	89%	81%	86%	88%	90%

Length of Time from Permanent Custody Until Adoption

The table below shows the length of time until adoption for children entering permanent custody (PC) during the year identified. On average, 70 percent of children were adopted within 12 months of permanent custody over this seven-year period. Full data is not available for 2016 because not all of the children had been in permanent custody for 24 months by the time of the review (January 2018). An average of 92 percent of children entering PC between 2010 and 2015 had been adopted within 24 months of entering permanent custody.

	2010	2011	2012	2013	2014	2015	2016
Number of Children	101	92	116	150	81	93	110
% adopted in 6 months (from date of PC)	46%	44%	54%	35%	48%	28%	45%
% adopted in 9 months	61%	61%	60%	49%	66%	52%	60%
% adopted in 12 months	76%	74%	68%	66%	73%	68%	65%
% adopted in 15 months	90%	84%	78%	76%	77%	77%	
% adopted in 18 months	90%	88%	84%	88%	79%	85%	
% adopted in 21 months	93%	89%	88%	90%	83%	87%	
% adopted in 24 months	93%	95%	91%	92%	90%	88%	
% not adopted within 24 months	7%	5%	8%	8%	10%	12%	

HIGHLIGHT OF AGENCY SERVICES AND PROGRAMS

BRIDGES

Throughout 2017, LCCS Independent Living and Post Emancipation staff began making preparations to transition eligible youth in custody to the new Bridges program. Bridges is a voluntary benefits program available to young adults who leave foster care in Ohio at ages 18, 19 or 20 and who are in school, working, participating in an employment program, or have a medical condition that prevents them from going to school or working.

Bridges is funded by Title IV-E with the intended outcome of an eligible young adult gaining skills to self-sufficiency. Bridges provides an eligible young adult assistance with case management, stable housing, support to complete educational goals, employment resources, and access to community resources.

Bridges is administered by the Ohio Department of Job and Family Services through a contract with The Child and Family Health Collaborative of Ohio, LLC. The collaborative works in partnership with member agencies throughout the state to serve eligible young adults in each of five regions: Northeast, Southeast, Central, Northwest and Southwest. The collaborative began accepting applications to the program in February 2018.

HIGH RISK CASE REVIEW PROCESS

During 2017, the LCCS Quality Assurance Department began conducting “real time” reviews of cases identified as being high risk using a process based on the concept of predictive analytics. Predictive analytics is a field of data science that has generally been applied to the business sector. It uses current and historical data to identify patterns or sets of variables that when present together are predictive of future outcomes, in this instance the outcome being serious or fatal injury to a child due to abuse or neglect. High risk case elements were identified for this new review process using national research on factors correlated with child abuse fatalities as well as historical information on child abuse related fatalities in Lucas County. Some examples of high risk elements include that the referral involves a child under the age of three, the current allegation is for physical abuse, there are current or previous allegations of substance use and/or domestic violence and extent of prior child protective services involvement).

New abuse/neglect referrals to the agency are screened for high risk elements by a quality assurance reviewer each week and cases meeting criteria (based on the number and/or nature of high risk elements present) are subject to a special review while the investigation is still open to the Assessment department. Previously all QA reviews were done post-closure of an assessment. This new process allows for an additional set of checks and balances for cases where a child may be at higher risk for serious injury based on identified risk factors.

THE NORTHWEST OHIO REGIONAL TRAINING CENTER

Founded in 1986, the Ohio Child Welfare Training Program (OCWTP) is a comprehensive, competency-based in-service training system for staff, managers, and resource families in Ohio's 88 county Public Children Services Agencies.

For child welfare training purposes, the OCWTP divides Ohio into eight Regional Training Centers, each of which is responsible for the budgeting, scheduling, registration, and administration of child welfare-related training within its region. Each Regional Training Center collaborates with its constituent agencies regarding the identification of training needs, the implementation of training, transfer of learning, and other training-related issues.

The Northwest Ohio Regional Training Center (NWORTC) is hosted by Lucas County Children Services. Part of the Ohio Child Welfare Training Program, the NWORTC is committed to providing high quality culturally-responsive, family-centered, job-related training for child welfare staff and foster parents in the sixteen counties served by the region.

The Northwest Ohio Regional Training Center proudly services child welfare staff and foster parents in the counties of Defiance, Erie, Fulton, Hancock, Henry, Huron, Lucas, Ottawa, Paulding, Putnam, Sandusky, Seneca, Van Wert, Williams, Wood, and Wyandot.

The NWORTC hosted the following in 2017:

- Seven rounds of Pre-Service were held with 4,840 people attending, in anticipation of becoming a foster or adoptive parent in Lucas County; Five rounds of Pre-Service, with 514 people attending, were held in five outlying counties;
- 1,802 foster parents/caregivers attended 156 different on-going trainings at the Conference and Learning Center; 289 foster parents in the 15 outlying counties attended on-going training;
- 389 Foster parents completed training on-line totaling 1,142 hours of training;
- 2,400 staff/guests attended 192 on-going trainings; thirteen staff trainings were held in seven outlying counties;
- A total of 1,290 trainings/meeting/events were held in the Conference and Learning Center.



PARENT PARTNERSHIP PROGRAM/PERMANENCY SUPPORT

The LCCS Parent Partnership Program (P-3) engages parents who have been through the child welfare system in the past, and who are now in a stable position in their lives. They contribute by facilitating Building a Better Future (BABF) and Reunification support groups, sitting on agency committees, participating in speaking engagements at the agency and in the community, and assisting with other agency activities/events. In 2017, LCCS had the privilege of partnering with five Parent Partner volunteers.

Parent Facilitators teach a five-week, four-module workshop called Building a Better Future, which aims to help parents whose children have been removed from their care. The workshop provides parents with a better understanding of navigating through the child protection system by offering them information about their rights, responsibilities, how the child protection system works, advocacy, and healthy communication skills. In 2017, the Parent Partners and LCCS staff attempted to engage 207 parents in BABF workshops, resulting in 41 parents attending. Six BABF workshops were facilitated in 2017; a total of 31 parents successfully graduated from the program. Seventy-six percent of parents who attended BABF completed the program.

In late 2015, as part of the agency's trauma-informed care initiative, five-week Reunification Readiness Workshops began being offered to parents who are anticipating the return of their children to their care. These groups are designed to provide support and education to parents on a number of topics, including fears related to the reunification process, the need for planning and preparing for reunification, and the effects of trauma on the parent/child relationship and on children's behaviors. Group activities encourage parents to explore healthy relationships, develop positive coping skills, and practice self-care strategies for long-term, overall well-being.

Workshops are primarily facilitated by LCCS Parent Partners with the assistance and support of selected agency staff. Reunification Readiness workshops are completely voluntary and provided as an extra support to parents who are interested in participating. In 2017, the Parent Partners and LCCS staff attempted to engage 168 parents in Reunification Readiness groups, resulting in 28 parents attending. Six Reunification Readiness groups were facilitated in 2017; a total of 21 parents successfully completed the program. Seventy-five percent of parents who attended a Reunification Readiness group completed the program.

The goal in 2018 is to increase attendance at BABF workshops and Reunification Readiness groups. One strategy toward achieving this goal is to increase the availability of the BABF workshop by adding a second group in the evenings.

LCCS-LMHA COLLABORATION

LCCS re-established a partnership with LMHA in 2017 in order to assist families with housing. This collaboration is aimed at helping families whose children remain in care because housing is the only barrier to reunification. Referrals can be made on behalf of parents prior to reunification, or on behalf of relatives or other placement options where housing is the only thing preventing placement of children in familiar environments. The program is also able to assist families where housing is a primary reason for potential removal of children. Through this collaboration, LCCS supports families in completing the LMHA application and gathering necessary paperwork. Once approved, LMHA provides housing vouchers to families based on their income and household size. Families are able to use the vouchers to lease decent, safe, and sanitary housing in the private housing market. The partnership allows children to return home quicker and prevents some children from having to be placed into foster care.

CHILDREN'S TRAUMA ASSESSMENT CENTER TRAUMA SCREENING CHECKLIST

As part of its initiative to become a trauma informed child welfare agency, LCCS began implementation of a Trauma Screening Tool in June 2016 for all children on cases opened to the agency for ongoing services. The tool examines the type and number of traumatic experiences of the children as well as problematic symptoms a child may be experiencing in their emotions, behaviors, problems in school and relational/attachment difficulties.

In 2017, a total of 1,035 children met the criteria for a trauma screen to be completed, and 781 screens were completed (75%). Results of an analysis conducted in October 2017 indicated that 97 percent of children who had become involved with the agency since the implementation of the trauma screen had at least one traumatic experience documented on the tool, with 52 percent experiencing between one and three traumas, and 31 percent experiencing between four and six traumas. Children over the age of five had a greater likelihood of experiencing four or more traumas than those younger than five years old.

Fifty-one percent (51%) of the children screened were experiencing some kind of problematic symptom associated with the trauma. The most common problem area identified was behavioral, with 41% of children screened experiencing at least one behavioral symptom. Male children were more likely than female children to have both traumatic experiences and problematic symptoms documented on the screening tool. Children in custody were more likely to have a greater number of traumatic experiences and were more likely to have problem symptoms associated with those traumas.

A total of 274 children received some kind of referral for services to address their trauma history and problematic symptoms. Additional analysis will occur every 6 months to analyze trends in the population of children becoming involved with LCCS on an ongoing basis.

SLUHAN FAMILY FOUNDATION GRANT TO SUPPORT EMANCIPATING & POST EMANCIPATED YOUTH

In 2017, the Sluhan Family Foundation approached both LCCS and Adopt America Network about the possibility of funding a program to support emancipating youth/emancipated young adults. A grant application of \$25,000.00 has been funded at this point. Wendy Spoerl, President of Adopt America Network, and her team were chosen to administer the grant due to that agency's non-profit status. As a 501(c)3 charity, Adopt America Network is able to receive donations and to provide scholarships to public, private, and for-profit schools, training programs and service providers. The following areas are the primary focus for these funds at this time:

Education and Training Support: Establish a pool of money to be used to support students attending two and four year colleges and universities to help cover tuition and educational expenses not covered by Education and Training Voucher (ETV) funds and Pell Grants and to cover tuition and other training expenses to technical and trade school programs.

Driver's Training, Driving Time, and Insurance Support: Establish a pool of money to support access to driver's training and drive time instruction for youth exiting the care of LCCS and to assist in their access to affordable vehicles and automobile insurance.

Food, Clothing, and Housing Costs: Establish a pool of money to be used to supplement the existing financial supports for living expenses available to youth exiting the care of LCCS especially over holiday breaks and in the summer.

Several emancipated young adults have already benefited from this funding.

One young adult received \$3,450.00 so that she could go on a trip to China with her business class. This young adult emancipated from agency custody in 2013. Without these funds, it is likely that she would not have been able to take advantage of this opportunity.

One young adult has maintained full time employment via a Promedica partnership for over fifteen months. He saved enough money to purchase a car but needed assistance with the first six months of insurance (\$430). He emancipated from agency custody in 2016. Without the assistance of these funds, it is possible that he would forego insurance and be at risk of accumulating tickets/court fines.

Approval has been received for transportation funding for employed adults who need help on an emergency basis. In addition, \$500.00 in pre-paid cards to have on hand at LCCS for emergent needs (such as food, work clothing, etc.) has been set up through our Fiscal Department.

Contract Services

CONTRACT ALLOCATION AND SPENDING

Lucas County Children Services had client service contracts with seven providers in 2017, a decrease of two providers from 2016. The table below displays the total contract amount for each provider. A total of \$401,500.00 was allocated for 2017 contract services, of which \$336,356.59 (84%) was utilized. This is a 16 percent decrease in spending compared to 2016. There was a two percent decrease in the percentage of the total allocation spent.

Provider	2016 Allocation	2016 Spent	% Spent	2017 Allocation	2017 Spent	% Spent
Centralized Drug Testing Unit	\$90,000.00	\$75,065.10	83%	\$90,000.00	\$60,850.84	68%
Family & Child Abuse Prevention Center	\$150,000.00	\$150,000.00	100%	\$150,000.00	\$150,000.00	100%
Mercy St. Vincent Medical Center—Dr. Randall Schlievert	\$36,000.00	\$36,000.00	100%	\$36,000.00	\$36,000.00	100%
Mercy St. Vincent Medical Center—Substance Abuse Mentoring	\$25,000.00	\$18,868.75	75%	\$20,000.00	\$3,781.25	19%
Providence EFP Network	\$49,500.00	\$44,218.00	89%	\$49,500.00	\$46,233.50	93%
Sylvan Learning Center	\$41,000.00	\$37,735.00	92%	\$41,000.00	\$34,335.00	84%
The Padua Center	\$22,500.00	\$10,503.00	47%	\$15,000.00	\$5,156.00	34%
Total Contract Amounts*	\$464,000.00	\$399,190.85	86%	\$401,500.00	\$336,356.59	84%

*2016 total contract allocation and spending includes contracts that did not carry over from 2016 to 2017.

Providence EFP Network was the only provider in 2017 that saw an increase in contract spending from 2016 (5%). Total spending for substance use mentoring services decreased significantly in 2017 as a result of the contract ending in February.

The lowest percentage of allocated funds spent was for the Padua Center contract (34%). This is likely due to a new practice set forth by Toledo Public Schools to defer suspensions. Spending for the St. Vincent Substance Abuse Mentoring contract decreased by 80 percent due to this contract ending in February of 2017. Centralized Drug Testing Unit saw a 15 percent decrease in the percentage of allocated funds spent, largely due to drug court clients utilizing alternative testing programs available in the community. Spending for drug court clients in 2017 was down 79 percent from 2016 spending while non drug court spending was up 33 percent from 2016.

INDIVIDUALS REFERRED

The following table provides information on the number of clients referred to each provider. For comparison purposes, only contracts that carried over from 2016 to 2017 are shown. These are unduplicated individuals referred for every provider except the Padua Center, which might receive multiple referrals for one client and separate services were provided for each referral. Referrals to Dr. Schlievert and Family and Child Abuse Prevention Center are not included as these are not received through the Contract Unit. Drug screen referrals are reported separately from direct service providers due to the large number of screens requested. Providence Center made up the largest percent (54%) of the total referrals in 2017 but still decreased nine percent from 2016. Overall, total referrals decreased by 22 percent from 2016.

	2016	2017	Trend
Mercy St. Vincent Medical Center— Substance Abuse Mentoring	28	6	-79%
Providence Center EFP Network	94	86	-9%
Sylvan Learning Center	30	26	-13%
The Padua Center	48	39	-19%
Total	200	157	-22%
Centralized Drug Testing Unit (Individual Clients Referred)	1,213	1,483	+22%



The table below shows the referring department at LCCS for all referrals made to contracted providers in 2017. The Department of Family Services (DFS) accounted for 90 percent of total referrals made in 2017.

	Assessments	DFS	Placement	Other	Total
Mercy St. Vincent Medical Center— Substance Abuse Mentoring	1	5	0	0	6
Providence Center EFP Network	14	72	0	0	86
Sylvan Learning Center	0	26	0	0	26
The Padua Center	0	39	0	0	39
Total	15 (10%)	142 (90%)	0	0	157
Centralized Drug Testing Unit (Individual Screens Requested)	948 (20%)	3,726 (79%)	1 (<1%)	14 (<1%)	4,689

INDIVIDUALS SERVED

The table below provides information about persons served by contract service providers in 2017. Across all providers that bill by individual clients, 138 unduplicated individuals from 122 families were served in 2017. This is a decrease of 30 percent (59 individuals) from 2016. CDTU information is reported separately in the table below because the service being provided is only a drug screen. The number of completed drug screens increased by 26 percent.

	2016 Individuals Served	2017 Individuals Served	Trend
Mercy St. Vincent Medical Center—Substance Abuse Mentoring	32	8	-75%
Providence Center EFP Network	104	85	-18%
Sylvan Learning Center	38	30	-21%
The Padua Center	23	15	-35%
Total	197	138	-30%
Centralized Drug Testing Unit (Drug Screens only)	640	808	+26%

The 30% decrease in individuals served (excluding CDTU) is, in part, explained by the Mercy St. Vincent Substance Abuse Services contract ending in February 2017.

SUBSTANCE ABUSE SUPPORT SERVICES—DRUG SCREENS

Centralized Drug Testing Unit administers urine screens for Lucas County Children Services to determine whether an individual is currently using alcohol or other drugs. The table below provides information about the results of drug screens requested for clients involved with LCCS.



	2016	2017	Trend
Total screens requested	3,478	4,689	+35%
Screens completed	1,698 (49%)	2,329 (50%)	+1%
Not completed/No show	1,722 (49%)	2303 (49%)	NC
No sample left	58 (2%)	57 (1%)	-1%

The results of the completed screens are outlined in the following table. Of the 2,329 drug screens completed, 1,277 screens from 487 clients were positive for some substance (55%). This is an increase of 33 percent from 2016 in the number of positive screens, but a two percent *decrease* in the proportion of screens positive for some substance compared to 2016 (57%).

Results	2016		2017		Trend
	Screens	Clients*	Screens	Clients	
Negative	738 (43%)	281 (2.6 screens/client)	1,052 (45%)	321 (3.3 screens/client)	+2%
Positive	960 (57%)	359 (2.7 screens/client)	1,277 (55%)	487 (2.6 screens/client)	-2%

*Figures have been updated from previous reports

The table below shows the number of screens with each substance detected. Multiple drugs were identified in 23 percent (297) of the positive screens. The most common substance detected in a positive urine screen in 2017 was Heroin/Opiates (43%). The second most common substance was THC (41%). Suboxone and Methadone may be detected as a result of a client being prescribed these medications in treatment for heroin/opiate addiction; however, these substances may also be used by clients when not prescribed by a physician.

Substance	2016		2017		Trend
	N	%	N	%	
Alcohol	7	1%	17	1%	NC
EGG (longer term alcohol testing)	113	12%	107	8%	-4%
Amphetamine	34	4%	44	3%	-1%
Barbiturate	15	2%	16	1%	-1%
Benzodiazepine	41	4%	54	4%	NC
Cocaine	67	7%	70	5%	-2%
Ecstasy	72	8%	5	<1%	-7%
Heroin/Opiates	481	50%	553	43%	-7%
Fentanyl	52	5%	65	5%	NC
Buprenorphine (Suboxone)	217	23%	286	22%	-1%
Methadone	85	9%	91	7%	-2%
THC (Marijuana)	348	37%	518	41%	+4%

A diluted Creatinine level indicates that the urine sample had been altered in some manner. In 2017, eight percent (103) of the positive screens were identified as diluted.

PLACEMENT PROVIDERS

The agency contracted with 40 residential, group home and foster home network placement providers in 2017. The table below displays the spending for placement contracts in 2017.

Provider	Type	Served	Contract Amount	Amount Spent	%
Adriel School, Inc.	Foster/GH	61	\$400,000.00	\$656,716.97	164%
Applewood Centers, Inc.	Institution	2	\$20,000.00	\$98,856.80	494%
Beech Brook Residential	Institution	0	\$20,000.00	\$0.00	0%
Bellefaire Jewish Children's Bureau	Institution	2	\$100,000.00	\$184,615.56	185%
Belmont Pines Hospital	Institution	2	\$100,000.00	\$115,220.00	115%
Caring for Kids, Inc.	Foster	0	\$10,000.00	\$0.00	0%
Carrington Youth Academy, LLC	Institution	1	\$100,000.00	\$7,786.00	8%
Children's Resource Center	Institution	1	\$60,000.00	\$907.90	2%
Christian Children's Home	Institution	1	\$20,000.00	\$38,060.00	190%
Cleveland Christian Home, Inc.	Institution	3	\$60,000.00	\$132,324.84	221%
Community Teaching Homes, Inc.	Group Home	1	\$20,000.00	\$94,170.00	471%
Cornell Abraxas Group, Inc.	Institution	5	\$100,000.00	\$39,824.00	40%
CT Quality Care, LLC*	Group Home	10	N/A	\$110,835.00	N/A
David L. Brown Youth Center	Residential	1	\$100,000.00	\$10,248.00	10%
Eastway Corporation	Institution	3	\$100,000.00	\$209,551.53	210%
Foundations For Living, CRC	Institution	2	\$100,000.00	\$43,933.26	44%
Fox Run	Institution	0	\$100,000.00	\$66,300.00	66%
George Junior Republic	Institution	2	\$200,000.00	\$41,258.24	21%
Gracehaven, Inc	Group Home	2	\$100,000.00	\$53,625.00	54%
Health Recovery Services, Inc.	Institution	0	\$10,000.00	\$0.00	0%
Keeping Kids Safe, Inc.	Foster/GH	27	\$150,000.00	\$283,525.00	189%
Kids Count Too, Inc.	Foster	17	\$80,000.00	\$443,915.00	555%
LHS Family and Youth Services	Institution/GH	2	\$200,000.00	\$292,013.00	146%
National Youth Advocate Program	Foster	21	\$110,000.00	\$295,006.13	268%
New Directions	Institution	2	\$100,000.00	\$17,892.00	18%
Oesterlen Services for Youth	Foster	0	\$20,000.00	\$0.00	0%
Ohio Teaching Family Association	Group Home	15	\$280,000.00	\$512,132.00	183%
Ohioquidstone	Institution/FH	4	\$200,000.00	\$145,505.92	73%
Piney Ridge Center	Institution	3	\$300,000.00	\$390,499.92	130%
Richmeier Therapeutic Home	Group Home	2	\$100,000.00	\$77,925.00	78%
Sequel Pomegranate Health Systems	Institution	3	\$100,000.00	\$92,360.00	92%
Sister's House	Group Home	10	\$100,000.00	\$214,250.00	214%
Skyfall Residential Homes, LLC	Institution	2	\$100,000.00	\$20,000.00	20%
Specialized Alternatives for Youth	Foster	31	\$200,000.00	\$590,493.76	295%
The Anthony House	Group Home	24	\$300,000.00	\$390,409.00	130%
The Buckeye Ranch	Institution	2	\$75,000.00	\$30,915.33	41%
The Mustard Seed Foundation	Institution	6	\$100,000.00	\$44,585.00	45%
The Twelve of Ohio, Inc.	Foster	41	\$250,000.00	\$335,590.29	134%
The Village Network	Institution	1	\$100,000.00	\$53,829.00	54%
Tri State Youth Authority	Institution	5	\$100,000.00	\$281,922.50	282%
United Methodist Children's Home	Institution	0	\$20,000.00	\$0.00	0%
Total** (Unduplicated)		262	\$4,705,000.00	\$6,417,001.95	136%

*Contract not developed until 2018.

**Duplicated count=317 children (3 children were served by 4 providers, 9 children were served by 3 providers, 28 children were served by 2 providers and 222 children were served by one provider).

In 2017, LCCS engaged in a project to identify the most pressing service needs for the children and families involved with the agency. This effort entailed creating and distributing surveys to multiple stakeholders including birth parents, relatives, foster caregivers, service providers, staff and youth. Upon initial analysis, several themes emerged regarding the needs of families. These included the need for mentoring and respite services across the board (for parents, foster parents, and relatives); the need for reunification support services including support for caregivers who have to embark on a "letting go" process when children reunify; and the need for youth services including youth mentoring services, behavioral/crisis intervention services, increased access to recreational opportunities and the need for independent living services. LCCS continues to work with community providers to secure the resources necessary to meet the unique and individualized needs of each family and will continue to focus on obtaining services that will address the distinctive needs identified for families through the needs assessment. In 2018, LCCS will also be engaging in research activities to evaluate outcomes achieved for children and families based on the family's issues that resulted in agency involvement, in hopes that this will further inform agency decisions regarding the most critical service needs of families.

Appendix A

CHILD AND FAMILY SERVICE REVIEW (CFSR) OUTCOME MEASURE DEFINITIONS

Data Indicator	How measured	National Standard
Maltreatment in Foster Care (Rate of victimization per day in foster care)	Total number of substantiated or indicated reports of maltreatment for children in foster care during a 12-month period divided by the total number of care days for all children in foster care during that 12-month period. Maltreatment by any perpetrator is included in the numerator for this measure.	≤ 8.5 victimizations per 100,000 days in foster care
Recurrence of Maltreatment	The percentage of children with at least one substantiated or indicated report of maltreatment within a 12-month period who have another substantiated or indicated report of maltreatment within 12-months of their initial report. Reports that are screened in within 14 days of the initial report will not be counted as recurrence.	$\leq 9.1\%$
Permanency in 12 Months for Children Entering Foster Care	The percentage of children entering foster care in a 12-month period who are discharged to permanency within 12 months of entering foster care. Permanency includes discharge from foster care to reunification, living with a relative, guardianship or adoption. This measure does not include children in care less than 8 days.	$\geq 40.5\%$
Permanency in 12 Months for Children in Foster Care Between 12 and 23 Months	Percentage of children in foster care on the first day of a 12-month period (who had been in foster care between 12 and 23 months) that are discharged to permanency within 12 months of the first day of the review period.	$\geq 43.6\%$
Permanency in 12 Months for Children in Foster Care for 24 Months or More	Percentage of children in foster care on the first day of a 12-month period (who had been in foster care for 24 months or more) that were discharged to permanency within 12 months of the first day of the review period.	$\geq 30.3\%$
Re-entry to Foster Care in 12 Months	Percentage of children entering foster care who achieve permanency within 12 months of entering care that re-enter foster care within 12 months of discharge from foster care. This measure does not include children in care less than 8 days.	$\leq 8.3\%$
Placement Stability (Rate of placement moves per day in foster care)	Total number of placement moves for children who entered foster care within a 12-month period divided by the total number of days these children were in foster care as of the end of that 12-month period.	≤ 4.12 moves per 1,000 days in foster care

Appendix B

CONTRACT SERVICE PROVIDER DESCRIPTIONS

Centralized Drug Testing Unit (CUTUP) – provides drug testing services, test validation and court testimony. (Renewed for 2018)

Family and Child Abuse Prevention Center – provides a child/family friendly site for multi-disciplinary interview of child abuse victims, crisis counseling, family advocacy, and safety education. Provider is a nationally accredited Child Advocacy Center. (Renewed for 2018)

Mercy St. Vincent Medical Center – LCCS medical consultant who provides medical examinations and consultation services to the LCCS Health Services Department and agency Executive Director. (Renewed for 2018)

Mercy St. Vincent Medical Center – Hope for Families - provides mentoring services for substance dependent parents involved with LCCS. Mentors model attitudes and behaviors they have found effective in connecting with the recovery community with the goal for parents to actively engage in substance abuse treatment services and to participate with the recovery/twelve step community. (Not renewed for 2018)

The Padua Center – provides alternative school suspension/expulsion services for youth in grades K-6, who are part of an open LCCS case and have been suspended or expelled from school. (Renewed for 2018)

Providence Center for Social and Economic Empowerment – provides family-centered neighborhood-based network services which include: Domestic Violence Survivor's Group for Women, Interactive Parent Education, Parent and Teens together-(Parent Education) and Anger Management groups. Parent Support, In Home Services and foster/adoptive recruitment are also provided. (Renewed for 2018)

Sylvan Learning Center – provides educational assessment and planning, and individual support and specialized tutoring for children in LCCS custody and residing in an agency approved foster home or the home of kin or relative caregivers. (Renewed for 2018)

2017 Annual Report Glossary

Alternative Response - Child Protection practice that allows for more than one method of initial response to reports of child abuse and neglect. Also known as "dual track," "multiple track," or "differential response." Alternative response is usually applied in low-and moderate-risk cases and involves an assessment of the family's strengths and needs and offering of services to the family, without the assignment of a formal determination or substantiation of child abuse or neglect.

Child and Family Services Review (CFSR) - Bi-annual monitoring, conducted by the Children's Bureau of the U.S. Department of Health and Human Services, of the extent to which safety, permanency and well-being is achieved by child welfare agencies.

Emancipation - Legal status granted by the court that terminates LCCS custody of a child in foster care, typically when the child reaches the age of majority.

Emotional Maltreatment - Chronic attitude or acts that result in significant, verifiable psychological damage or impairment to the social development of a child.

Foster Care - Placement of a child in a family-like setting certified by ODJFS. Foster parents are licensed and must participate in the agency's training and orientation program, undergo medical, financial, and criminal background checks, and obtain fire and other inspections of their home.

Indicated Child Abuse/Neglect (CA/N) - CA/N is said to have been indicated when there is insufficient evidence to substantiate, but there are circumstantial or other isolated indicators of child abuse or neglect lacking confirmation.

Institutional Setting - A facility authorized to provide either secure or non-secure care for 11 or more children whose mental, physical, or emotional needs cannot be met in some other less-restrictive placement setting.

Legal Custody - Legal status which vests in the custodian the right to have physical care and control of the child and to determine where and with whom he/she shall live, and the right and duty to protect, train and discipline him/her and to provide the child with food, shelter, education and medical care, all subject to any residual parental rights, privileges and responsibilities.

Permanent Custody (PC) - Legal status which vests in a public child protective agency all parental rights, duties and obligations, including the right to consent to adoption, and divests the natural or adoptive parent of any and all parental rights, privileges, and obligations, including all residual rights and obligations.

Planned Permanent Living Arrangement (PPLA) - An order of a juvenile court pursuant to which the court gives legal custody of a child to a Public Children Services Agency without the termination of parental rights and permits the agency to make an appropriate placement of the child.

Protective Supervision - Disposition pursuant to which the court permits an abused, neglected, dependent, unruly or delinquent child to remain in the custody of his/her parent, guardian, or custodian and stay in his/her home, subject to any conditions and limitations upon the child, his parent, guardian, or custodian, or any other person that the court prescribes.

Referral - An allegation of child abuse or neglect meeting established criteria for assessment made, either orally or in writing, to a public child protective agency from any person in the community with first or second-hand knowledge.

Relative Custody - Refers to cases in which a relative holds temporary custody of the child(ren) placed in the relative's home by the agency.

Substantiated CA/N - CA/N is typically substantiated through an admission by the person(s) responsible, an adjudication of child abuse and/or neglect, other forms of confirmation deemed valid by the agency, or a professional judgment made by agency staff that child abuse or neglect has occurred.

Temporary Custody (TC) - The pre-dispositional legal status of a child placed in temporary custody of a public children services agency, a private child-placing agency, either parent, a relative residing within or outside the state, or a probation officer for placement in a certified family foster home or in any other home approved by the court.

Treatment Foster Care - Foster home based treatment services for children whose special or exceptional needs cannot be met in other settings. The focus is on providing rehabilitative services to children with special or exceptional needs, with the primary location of treatment being in the treatment foster home. Treatment foster parents are required to complete specialized training.