

LUCAS COUNTY

CHILDREN SERVICES



2018 ANNUAL REPORT

Robin Reese, Executive Director



LUCAS COUNTY
CHILDREN
SERVICES

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The 2018 Annual Report was prepared by the Quality Assurance Department, under the direction of the Director of Support Services. Quality Assurance was assisted in the creation of this report by the Assessment, Family Services, Placement, Community Development, Fiscal, MIS and Public Information departments. 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 this report.

Patricia Daher - Manager, Quality Assurance

Lindsey Boyle - Data Analyst, Quality Assurance



This past year has been one of transition at Lucas County Children Services, as a number of longtime employees retired and other veteran managers and supervisors moved up to leadership positions. The team of directors and managers now in place will direct this agency for years to come.

The steady upward trend of child abuse reports over the past five years finally abated in 2018, as the number of referrals and the number of alleged child victims on those reports each declined six percent. However, the number of substantiated abuse victims jumped 16 percent. The number of calls involving suspected abuse or neglect that were confirmed rose five percent from the previous year, because referrals we investigated involved more serious situations.

The number of children entering foster care declined 20 percent compared to 2017. That is the lowest point in four years, despite the continuing opioid epidemic. That is a direct reflection of the agency's efforts to keep more children in a family setting, when appropriate family members were available. However, substance abuse remained the most often-cited reason for LCCS to open a case with a family; heroin and opiates remained the most likely substance to be abused.

In February 2018, President Trump signed the "Family First Prevention Services Act" (FFPSA), which places greater emphasis on providing families in crisis with prevention services. The legislation will allow more children to remain at home or with kinship caregivers, rather than enter foster care.

While state leaders are in the process of implementing this new law, LCCS has made a number of proactive changes that are already yielding positive results. Agency leaders anticipate that LCCS will be well prepared to comply with the FFPSA when the Ohio Department of Job and Family Services puts guidelines in place.

The agency is also preparing for the possibility of other significant changes in child protection practice as a result of a Federal Court decision, *D.O. v. Glisson*, that would make approved kinship caregivers eligible to receive stipends to care for children similar to those currently received by foster parents.

In November, Lucas County voters acknowledged the efforts of this agency on behalf of the community's children by overwhelmingly renewing a 1.85 mill operating levy that represented nearly a quarter of the agency's revenue. Issue 9 passed in every precinct in the county, and in light of the changes mentioned above, will help stabilize LCCS funding for the next decade. We appreciate the citizen support, and remain committed to being as transparent and responsible as possible in the use of tax dollars to carry out our mission. The agency ended 2018 with a fund balance of \$8.3 million, \$1.4 million more than expected, largely due to careful spending and our efforts to reduce the number of children in foster care.

I thank the Lucas County Commissioners and the leaders of our community's service providers, public and private agencies, faith community and partners for your support.

A handwritten signature in black ink that reads "Robin Reese".

Robin Reese
Executive Director

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FINANCIAL SUMMARY

(Unaudited)

FUND BALANCE @ 1/1/18	\$ 7,335,513			
REVENUE	\$ 47,679,119			
EXPENSE	\$ 46,678,166			
FUND BALANCE @ 12/31/18	\$ 8,336,466			
REVENUE	2018		2017	
Levy	\$ 26,356,305	55.3%	\$ 25,795,664	54.3%
Federal	\$ 17,927,903	37.6%	\$ 18,338,594	38.6%
State	\$ 2,926,560	6.1%	\$ 2,705,168	5.7%
Other	\$ 468,351	1.0%	\$ 657,298	1.4%
TOTAL REVENUE	\$ 47,679,119	100.0%	\$ 47,496,724	100.0%
EXPENSE				
Salaries & Benefits	\$ 25,986,411	55.7%	\$ 24,668,035	54.2%
Placement Costs	\$ 12,838,377	27.5%	\$ 13,445,325	29.5%
Child Welfare Contracts	\$ 305,994	0.7%	\$ 296,719	0.7%
Daycare	\$ 1,346,858	2.9%	\$ 1,303,261	2.9%
Other Client Costs	\$ 1,066,531	2.3%	\$ 1,215,119	2.7%
Intergovernmental Contracts	\$ 1,986,246	4.3%	\$ 1,702,138	3.7%
Other Contracts	\$ 309,983	0.7%	\$ 269,479	0.6%
Other Operating Costs	\$ 2,837,766	6.1%	\$ 2,628,734	5.8%
TOTAL EXPENSE	\$ 46,678,166	100.0%	\$ 45,528,810	100.0%

For 2018, revenue exceeded expenditures by \$1,000,953. This increased the fund balance to \$8,336,466 at year end. Total revenue increased by \$182,395 from 2017 to 2018. The amount of levy funds received increased by \$560,641 from 2017 to 2018. In November 2018, Lucas County voters renewed the five-year, 1.85 mill levy and extended it to a 10 year mill levy.

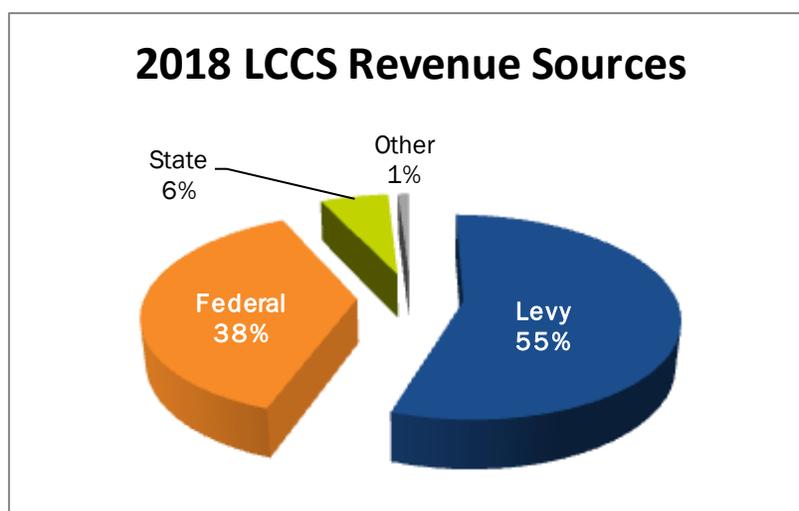
Federal funds decreased by \$410,691 from 2017 to 2018. The decrease in the amount of Title IV-E administrative cost reimbursement was the contributing factor. Title IV-E remains the agency's largest source of federal funding, with receipts of \$13.9 million in 2018. Funding from the State of Ohio increased by \$221,392 from 2017 to 2018. In 2018 we received an additional one-time supplemental funding in our State Child Protection Allocation (\$162k) and another one time supplemental funding for our adoption expenses (\$60k).

FINANCIAL SUMMARY CONTINUED..

Total expenditures increased by \$1,149,356 (3%) from 2017 to 2018. Direct services cost, along with placement costs, continued to be the largest expense categories. Agency headcount increased from 350 at the start of the year to 358 at the close of 2018. Placement costs decreased by \$606,948 (5%) from 2017 to 2018; we continue to intensify efforts in placing children with relatives rather than paid care during the year. The average daily number of children in paid care decreased by 5% from 2017. Total contract expenditures, which included child welfare, intergovernmental, training and other contracts increased by \$333,887 (15%). Daycare expenditures increased by \$43,597 (3%), while other client costs decreased by \$148,588 (12%) from 2017 to 2018. Other client costs included clothing, food, various client supports, respite care, medical, and client transportation. Other operating costs increased by \$209,032 (8%). Other operating costs included 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 \$8,336,466 equals 65 days of average daily expenditures based on 2018 expenses.

*The total lifetime
estimated financial
costs associated with
just one year of
confirmed cases of
child maltreatment in
the U.S. is
approximately
\$124 billion.¹*



¹ Fang, X., et al. The Economic Burden of Child Maltreatment in the United States and Implications for Prevention. *Child Abuse and Neglect* (2012), doi:10.1016/j.chiabus.2011.10.006

KEY STATISTICS

	2015	2016	2017	2018	2018 Trend
New CA/N Referrals (All)	4,517	4,564	4,830	4,563	-6%
New Referrals (Traditional)	1,863	2,770	3,889	3,721	-4%
New Referrals (Alternative Response)	2,654	1,794	941	842	-11%
New FINS* Referrals	790	568	486	484	<1%
Alleged Child Victims	6,825	6,822	7,387	6,972	-6%
Substantiated Victims	1,072	1,465	1,597	1,848	+16%
New Cases Opened	455	514	476	471	-1%
Agency or Relative Custody Cases**	227 (50%)	317 (62%)	294 (62%)	195 (41%)	-21%
Non-Custody/Protective Supervision Cases	228 (50%)	197 (38%)	182 (38%)	276 (59%)	+21%
Custody Entries (Initial Removal)	646	809	755***	603	-20%
Children Entering Agency Placement	258 (40%)	329 (41%)	363 (48%)	243 (40%)	-8%
Children Entering Relative Placement	388 (60%)	480 (59%)	392 (52%)	360 (60%)	+8%
Custodies Terminated****	360	444	422	589	+40%
Permanent Custodies Received	99	110	136	110	-19%
Children Reunified	112	140	144	202	+40%
Adoptions Finalized	58	117	88	98	+11%
Children Served	12,392	12,421	12,798	12,650	-1%
Families Served	5,097	5,043	5,129	5,047	-2%

*FINS is an abbreviation for Family in Need of Service referrals. These are referrals in which voluntary services are provided to families whose reported concerns do not meet the criteria to screen in for abuse/neglect.

**Includes any case where a custody event has occurred by the time of case opening for one or more children on the case.

***This figure has been updated from prior reports.

****These figures do not include custody terminations that were the result of temporary custody being transferred to a relative.

The federal definition of child abuse and neglect is “any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act, which presents an imminent risk of serious harm.”²

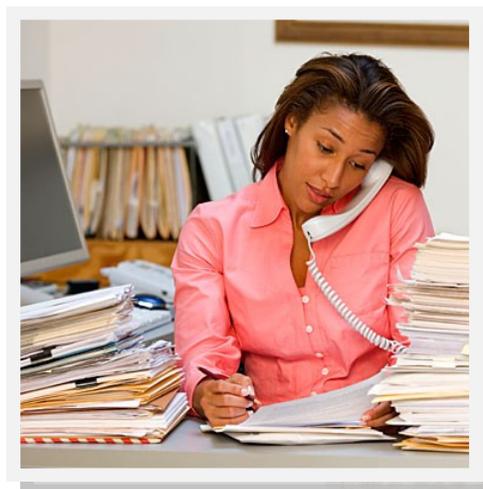
New referrals for child abuse/neglect and alleged child victims decreased six percent from 2017. Family in Need of Services (FINS) referrals remained relatively stable from 2017, decreasing less than one percent.

Substantiated victims of abuse/neglect increased by sixteen percent. Twenty-seven percent of all children on referrals had a substantiated or indicated abuse/neglect allegation. This is an increase of 5 percent from 2017.

New cases opened for ongoing services showed a very small decrease from 2017 (-1%). The distribution of custody and non-custody cases has changed from previous years, with 59 percent of cases opening in 2018 serving families in their own home. Over the last three years, non-custody or protective supervision cases have made up 42 percent of new cases opening, on average.

Initial custody entries decreased by 20 percent from 2017. The percentage of children entering custody who entered into a relative placement increased by eight percent from 2017.

The number of custodies terminated increased substantially from 2017 (by 40 percent). The number of children reunified and adopted both increased, by 40 percent and 11 percent, respectively.



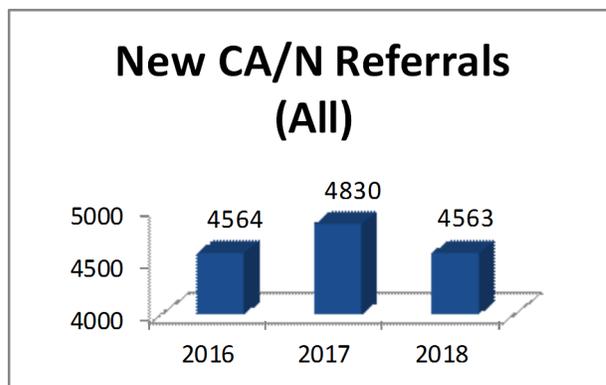
² U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2019). Child Maltreatment 2017. Available from <https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment>.

CHILD ABUSE & NEGLECT ALLEGATIONS

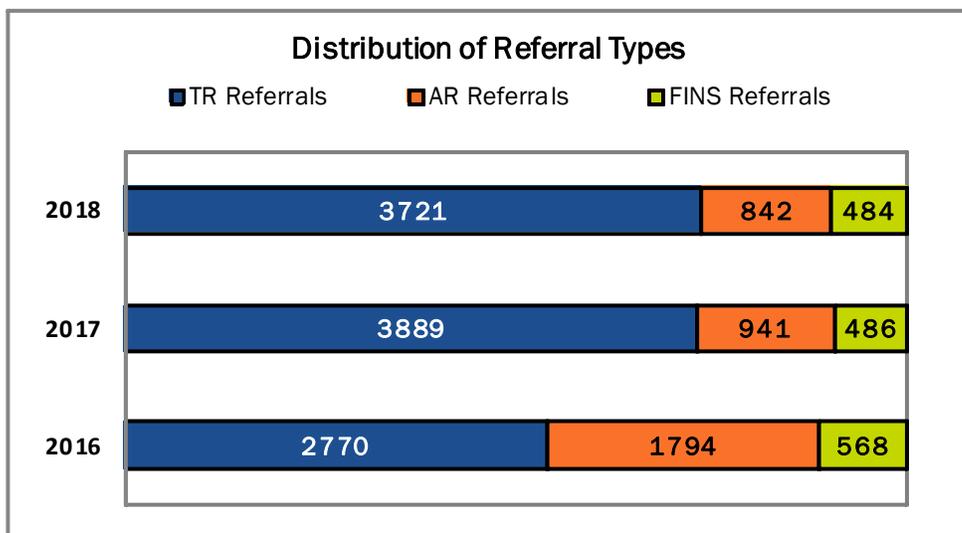
NEW REFERRALS

The table and figure below depict the trends in child abuse/neglect (CA/N) referrals and alleged child victims during the last three years. Referrals and alleged child victims both decreased six percent from 2017.

	2016	2017	2018	2018 Trend
New Referrals	4,564	4,830	4,563	-6%
Alleged Victims	6,822	7,387	6,972	-6%



In addition to the 4,563 CA/N referrals accepted for assessment during 2018, the agency also responded to 484 Family in Need of Services referrals for preventive services to families whose concerns did not meet the criteria for abuse/neglect. The table below shows the change in the distribution of referral types accepted for assessment. A reversal of assignment percentages from previous years began in 2016; prior to 2016, approximately 60 percent or more of referrals were assigned to the Alternative Response pathway.

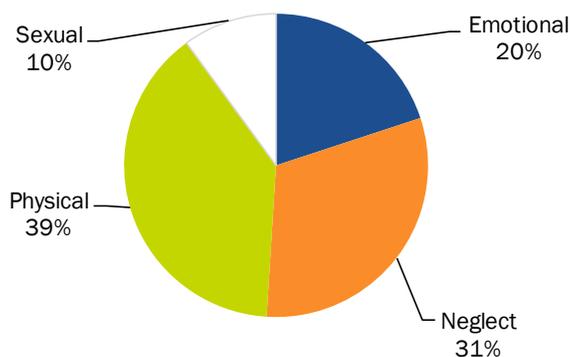


Note: Children involved in reports of abuse or neglect that are assigned to the Alternative Response track are listed as a "child subject of a report" rather than an "alleged child victim" (as they are in traditional response referrals). The term "ACV" will be utilized in this report when referring to both children who are involved in Traditional and Alternative Response referrals.

Nationally, professionals were the source of 66% of referrals for child abuse and neglect in 2017.³

ABUSE TYPES

The highest percentage of referrals screened in involved an allegation of physical abuse (39%). 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 10 percent in 2017 to 20 percent in 2018, 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 sources of referrals made to LCCS during 2018. These figures have remained relatively consistent over the past three years. Starting in 2018, hospital social workers are now categorized as “medical” referral sources; they were formerly categorized under social services. This would explain the increase in the medical category and corresponding decrease in social services referral sources.

	2016	2017	2018
Social Services	25%	24%	18%
Private	21%	18%	18%
Legal/Law Enforcement	19%	20%	19%
School	14%	15%	15%
Anonymous	12%	13%	13%
Medical	6%	6%	11%
Other	3%	5%	6%

³ U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau. (2019). Child Maltreatment 2017. Available from <https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment>.

REFERRALS BY ZIP CODE

The table below shows the number of children on CA/N referrals by zip code. The distribution of referrals by zip code has remained mostly unchanged from 2017. Of the 18 zip codes represented in the table below, 56 percent experienced a decrease in referral rates, while 44 percent experienced an increase.

Zip Code	Children In Zip Code	Children on Incidents	2018 Rate per 1,000	2017 Rate
43604	2734	357	130.6	144.8
43605	8563	882	103.0	100.8
43608	4722	436	92.3	98.7
43609	6915	619	89.5	98.3
43610	1395	113	81.0	98.2
43620	1346	102	75.8	79.5
43607	5111	365	71.4	67.9
43612	7883	520	66.0	61.4
43611	4576	259	56.6	62.1
43613	7688	393	51.1	46.6
43615	8509	425	49.9	49.2
43606	4998	207	41.4	52.0
43614	5841	197	33.7	39.4
43623	4033	130	32.2	26.8
43528	3872	112	28.9	30.5
43616	4700	123	26.2	30.9
43537	6214	97	15.6	13.5
43560	8348	114	13.7	11.5
All Others	N/A	438	N/A	N/A

The national average response time for CA/N referrals in Federal Fiscal Year 2017 was 76 hours, or 3.2 days.⁴

RESPONSE TIME

The response time indicates how quickly the agency must respond to reports of abuse or neglect. For an emergency report, there must be a face to face attempt with the alleged child victim within one hour. Two percent of referrals in 2018 were assigned this response time. For "non-emergency" reports, there must be a face to face attempt or completed phone contact within 24 hours with a principal of the report or collateral source and if face to face is not established, an attempt to establish face to face with the alleged victim must be made within 72 hours. LCCS practice is generally to attempt face to face contact within 24 hours on all "non-emergency" referrals (versus a phone contact). The majority of referrals in 2018 were assigned this "non-emergency" response time. The agency initiated 90 percent of referrals within the required timeframe during 2018.

⁴ U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2019). Child Maltreatment 2017. Available from <https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment>.

ALLEGED CHILD VICTIM DEMOGRAPHICS

The age, gender and race of children on referrals has changed little over the last three years. Forty-five percent of children on referrals were under the age of six, a three percent increase from 2017.

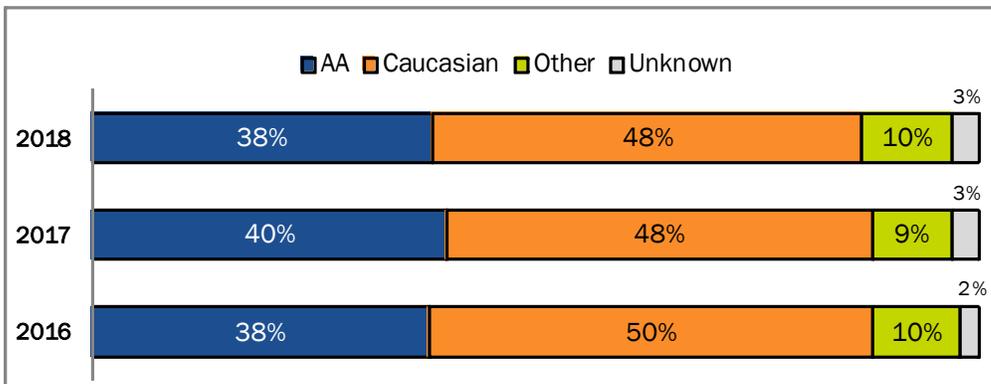
Age	Age			Gender	Gender		
	2016	2017	2018		2016	2017	2018
0-1 yrs	17%	17%	19%	Female	50%	50%	50%
2-5 yrs	26%	25%	26%	Male	50%	50%	50%
6-9 yrs	24%	24%	23%				
10-12 yrs	13%	14%	14%				
13-15 yrs	12%	12%	12%				
16 + yrs	6%	6%	6%				
Unknown	1%	1%	1%				



Children under the age of one had the highest rate of CA/N victimization in 2017 at 25.3 per 1,000 children of the same age in the national population.⁵



RACE OF ALLEGED CHILD VICTIMS



Caucasian children represented the highest percentage of children on referrals, at 48 percent. African American children represented 38 percent of children on referrals. This racial distribution has changed only slightly since 2017.

Twelve percent of children on referrals were of Latino ethnicity, an increase of one percent from 2017.

⁵ U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau. (2019). Child Maltreatment 2017. Available from <https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment>.

More than one-half of child abuse/neglect perpetrators in the U.S. in 2017 were women (54%). Forty-five percent (45%) of perpetrators were men and one percent were of unknown sex.⁶

ALLEGED PERPETRATOR DEMOGRAPHICS

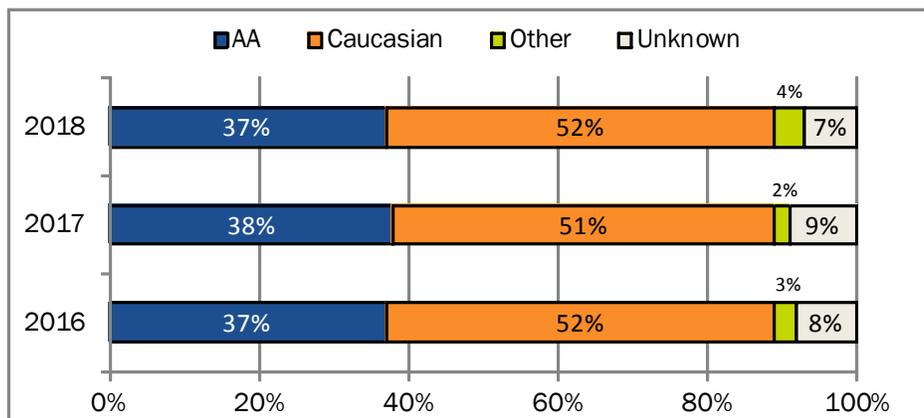
The highest percentage of alleged perpetrators (AP) of child abuse/neglect were between the age of 26 and 35 years of age. Females were the alleged perpetrator in 52 percent of referrals accepted for investigation. The distribution of alleged perpetrators by age and gender has remained very consistent for the last three years.

Age				Gender			
	2016	2017	2018		2016	2017	2018
> 18	3%	3%	3%	Female	49%	51%	52%
18-25 yrs	20%	20%	21%	Male	48%	45%	45%
26-35 yrs	37%	39%	39%	Unknown	3%	4%	3%
36-45 yrs	20%	20%	21%				
46-55 yrs	7%	7%	6%				
56+ yrs	4%	4%	4%				
Unknown	9%	8%	7%				

Note: Adults involved in reports of abuse or neglect that are assigned to the Alternative Response track are listed as an “adult subject of a report” rather than an “alleged perpetrator” (as they are in traditional response referrals). To avoid confusion, the term “alleged perpetrator” will be used when referring to both adults identified as an AP on a traditional response referral and adults that are the subject of an Alternative Response referral.

RACE OF ALLEGED PERPETRATORS

The graph below shows the race of alleged perpetrators for the last three years. These figures have remained largely the same over this time period.



Eight percent (8%) of APs were identified as being of Latino ethnicity.

⁶ U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau. (2019). Child Maltreatment 2017. Available from <https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment>.

GENDER OF AP BY ABUSE TYPE

The table below displays the gender of the alleged perpetrator (AP) of abuse/neglect by the type of abuse allegation.

	Neglect	Physical	Sexual	Emotional
Female	68%	47%	19%	38%
Male	31%	51%	65%	62%
Unknown	1%	2%	16%	<1%

Differences in the distribution of alleged perpetrator gender based on abuse type can clearly be seen in the above table. Females were the predominant alleged perpetrators on neglect referrals. For sexual abuse and emotional abuse referrals, males were the predominant alleged perpetrators, a pattern found consistently when examining this data. Emotional abuse referrals include domestic violence, which would explain the larger percentage of male APs.

Nationally, the rate of CA/N victimization in 2017 was 9.1 victims per 1,000 children.⁷

SUBSTANTIATION RATE OF REFERRALS

	2016	2017	2018
All Referrals	37%	32%	37%
Physical	35%	31%	38%
Neglect	37%	31%	32%
Sexual	41%	36%	43%
Emotional	26%	36%	40%

Thirty-seven percent (37%) of referrals for abuse/neglect were substantiated or indicated during 2018; an increase of five percent from 2017. Substantiation rates increased in all abuse type categories. Physical and sexual abuse referral substantiation rates both increased seven percent from 2017.

⁷ U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2019). Child Maltreatment 2017. Available from <https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment>.

CASE OPENINGS

Following the completion of an assessment, a determination is made as to whether a case should be opened to the Department of Family Services to provide ongoing services to the family, on either a custody or non-custody basis. Families assessed through Alternative Response may be referred for ongoing services based on a determination that the family could benefit from additional support beyond the assessment period.

Ten percent (10%) of referrals opened for investigation in 2018 resulted in an ongoing case being transferred to the Department of Family Services. Fifty-nine percent (59%) of cases transferred to ongoing services on a non-custody basis (fifty-five percent) or with the agency holding protective supervision (four percent); forty-one percent transferred with either the agency or a relative holding custody.

Approximately 1.3

million children

received post-

response services

from a CPS agency

in the U.S. in

Federal Fiscal

Year 2017.⁸



⁸ U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2019). Child Maltreatment 2017. Available from <https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment>.

ONGOING SERVICES

The table below shows the trend in the number of new cases opened, the case opening rate and average number of cases open per month for the last three years for the Department of Family Services.

	2016	2017	2018	2018 Trend
New Cases Opened	514	476	471	-1%
Case Opening Rate	11.3%	9.9%	10.3%	+0.4%
Cases Carried Over from the Prior Year	585	624	689	+10%
Average Cases Open Per Month	617	691	675	-2%
Custody*	316 (51%)	401 (58%)	387 (57%)	-1%
Non-custody	301 (49%)	290 (42%)	288 (43%)	+1%
Cases Closed**	440	403	503	+25%
Average Length of Time Cases were Open***	441 days	465 days	471 days	+1%

*Agency Custody only

**These figures have been updated to exclude closed adoption cases

***Of those closed during the year

The number of new cases opened during 2018 decreased by one percent. The average number of cases open per month decreased two percent. The proportion of cases that were custody cases decreased one percent. The Independent Living Unit also carried an average of 54 Worker of Record cases per month in 2018.

The table below shows that the average number of children on cases increased two percent, and the average number of children per case increased four percent.

	2017	2018	2018 Trend
Average Number of Children on Cases*	1,442	1,471	+2%
Average Number of Children per Case*	2.09	2.18	+4%

*Figures have been updated from previous reports.

ONGOING CASES OPENED BY FAMILY RACE

	2016	2017	2018
African-American	157 (31%)	163 (34%)	168 (36%)
Caucasian	246 (48%)	204 (43%)	202 (43%)
Two or More Races	110 (21%)	109 (23%)	100 (21%)
Unknown	1 (<1%)	-	1 (<1%)

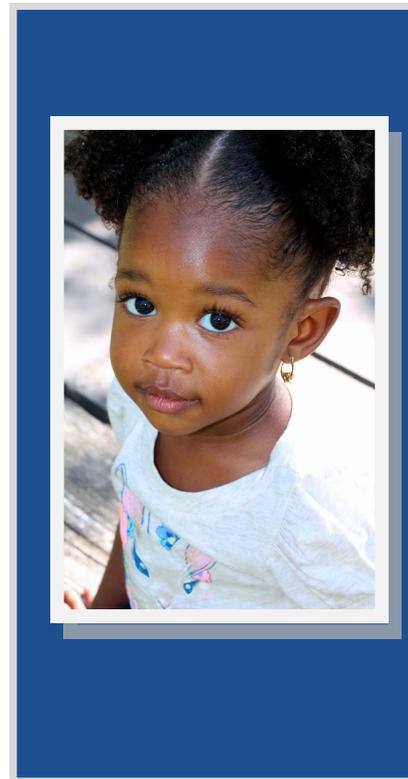
Forty-three percent (43%) of families on ongoing cases opened were Caucasian and 36 percent were African American. Twenty-one percent (21%) were identified as multi-racial. Nine percent (9%) of families were of Latino ethnicity.

Nationally, the average number of days from the receipt of a report to initiation of services in 2017 was 43 days.⁹

ZIP CODE OF CASES OPENED

The table below shows the number of cases opened by zip code. The top two zip codes for open cases remained the same as 2017. Zip code 43612 experienced an increase of 88 percent in the number of cases opened to become the third highest zip code for case openings.

Zip Code	Number	%
43605	71	15%
43609	49	10%
43612	49	10%
43604	44	9%
43608	36	8%
43613	28	6%
43615	26	6%
43607	24	5%
43611	23	5%
43614	16	3%
43623	13	3%
43606	13	3%
Other	79	<3% per zip



REASONS FOR CASE OPENING

Substance abuse was the most frequently identified reason for case opening (51 percent of cases). The percentage of cases opened with substance abuse as a presenting problem decreased nine percent from 2017.

Domestic violence was the second-most identified reason for case opening (increasing four percent from 2017); mental health as a cause for case opening decreased 13 percent.

Problem	2017	2018
Substance Abuse	60%	51%
Domestic Violence	32%	36%
Mental Health	45%	32%
Parenting/Neglect	27%	27%
History with LCCS	16%	13%
Housing	14%	12%
Physical Abuse	11%	11%
Child Behavior	9%	9%
Sexual Abuse	4%	3%
Dependency	1%	1%

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

⁹ U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2019). Child Maltreatment 2017. Available from <https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment>.

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).

Substance	2017	2018	2018 Trend
Heroin/Opiates	53%	53%	NC
Marijuana	45%	39%	-6%
Cocaine/Crack	32%	34%	+2%
Alcohol	27%	27%	NC
Other	24%	21%	-3%

Overall, 41 percent of cases initially opened as custody cases. Cases involving substance abuse concerns were more likely to open as custody cases. Fifty percent of cases where substance abuse was a concern were custody cases compared to only 33 percent of cases where substance abuse issues were not an identified concern.

Fifty-seven percent of cases where heroin was an identified substance being used were custody cases; this compares to 41 percent for cases where substance abuse concerns were identified but heroin was not an identified substance being used.

Nationally, parental

alcohol or other

drug use as a

contributing factor

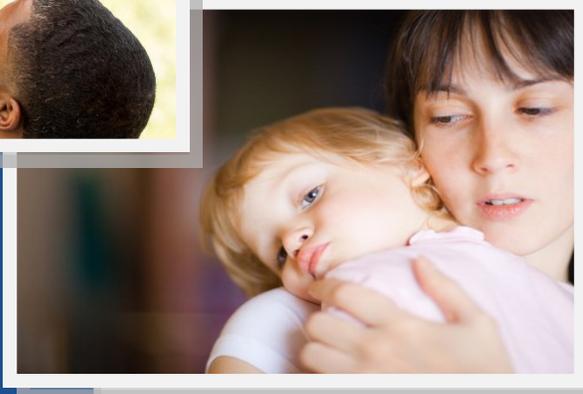
for children being

removed increased

from 18% to over

35% in the last

16 years.¹⁰



¹⁰ National Center on Substance Abuse and Child Welfare. Child Welfare and Treatment Statistics. Retrieved from: <https://ncsacw.samhsa.gov/resources/child-welfare-and-treatment-statistics.aspx>.

CUSTODY OF CHILDREN ON OPEN CASES

	2017	2018	2018 Trend
% of Children Served in Agency Custody	49%	48%	-1%
% of Children Served in Relative Custody	15%	11%	-4%
% of Children Served Non-custody/PSUP*	36%	41%	+5%

*Protective Supervision

On average, 52 percent of children being served were served on a non-custody basis, in protective supervision, or while in the custody of a relative.

There were also 57 youth on average per month in permanent custody of LCCS or a Planned Alternative Living Arrangement (PPLA) being served by the Independent Living Unit. These youth are not included in the custody figures above.



*Of the estimated
442, 995 children in
foster care on
September 30, 2017
56 percent had a
goal of
reunification with
parent(s) or primary
caretakers.¹¹*

PLACEMENT OF CHILDREN IN SERVICES

	2017	2018	2018 Trend
Own Home	515 (36%)	605 (41%)	+5%
Relative/Kinship Home	428 (30%)	401 (27%)	-3%
Agency Foster Home	342 (24%)	316 (22%)	-2%
Adoptive Home	18 (1%)	23 (2%)	+1%
Other Agency Foster Home	102 (7%)	91 (6%)	-1%
Group Home	16 (1%)	14 (1%)	NC
Residential Treatment	15 (1%)	16 (1%)	NC
Other*	6 (<1%)	5 (<1%)	NC
TOTAL	1,442	1,471	+2%

*Includes detention, hospital, independent living and AWOL.

On average, 68 percent of children were living in their own home or a relative home while receiving ongoing services. The percentage of children residing in an agency foster home while receiving services decreased two percent from 2017.

¹¹ U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. Available from <https://www.acf.hhs.gov/cb>.

PLACEMENT STATISTICS

	2016	2017*	2018	2018 Trend
Children Entering Custody	809	755	603	-20%
Agency Custody	548 (68%)*	694 (92%)	548 (91%)	-1%
Relative Custody	261 (32%)*	61 (8%)	55 (9%)	+1%
Children Entering Relative Placement	480 (59%)	392 (52%)	360 (60%)	+8%
Average Number of Children in Custody	979	928	867	-7%
% Agency Custody	62%	77%	81%	+4%
% Relative Custody	39%	23%	19%	-4%

*These figures have been updated from prior years.

When children cannot safely remain at home while their parents are receiving ongoing case services, substitute care placements must be identified, either with relatives or licensed foster parents. A total of 603 children entered custody in 2018 (a decrease of 20 percent from 2017).

It is always the intent of LCCS to place children with relatives, if possible. When appropriate relatives cannot be identified, placement in a family foster home setting is the next alternative. Sixty percent (60%) of children entering custody in 2018 were initially placed with a relative.

On average per month, there were approximately 700 children in agency custody and 167 children in relative custody. The table below shows the placement settings for children in LCCS custody during 2018.

PLACEMENT TYPES—CHILDREN IN LCCS CUSTODY

	2016	2017	2018	2018 Trend
Agency Foster Home	57%	48%	45%	-3%
Relative	23%	30%	33%	+3%
Adoptive Placement	4%	3%	3%	NC
Other Agency Foster Home	8%	14%	13%	-1%
Group Home	3%	2%	2%	NC
Residential Treatment	3%	2%	2%	NC
Other	2%	1%	1%	NC

When only looking at children in *LCCS custody*, 45% were placed in a LCCS foster home; 33% were placed with a relative.

Nationally, 45 percent of the estimated 442,995 children in foster care on September 30, 2017 were living in a non-relative foster family home.¹²

¹² U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. Available from <https://www.acf.hhs.gov/cb>.

DEMOGRAPHICS OF CHILDREN IN AGENCY CUSTODY

The tables below show the age and gender distribution of children in agency custody during 2018.

Age				Gender			
	2016	2017	2018		2016	2017	2018
0-1 yrs	28%	30%	29%	Female	50%	50%	48%
2-5 yrs	24%	24%	26%	Male	50%	50%	52%
6-9 yrs	18%	17%	18%				
10-12 yrs	10%	11%	10%				
13-15 yrs	10%	9%	9%				
16+ yrs	9%	8%	8%				



Forty-four percent (44%) of children in foster care in the U.S. on

September 30, 2017

were White/

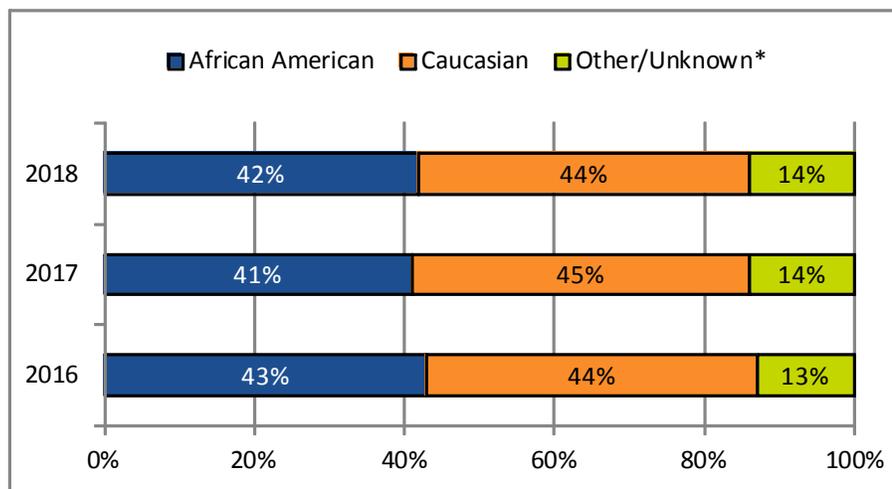
Non-Hispanic;

23% were Black/

Non-Hispanic.¹³

RACE OF CHILDREN IN AGENCY CUSTODY

The figure below displays the racial distribution of children in agency custody during the last three years. Forty-four percent (44%) of children in custody in 2018 were Caucasian; forty-two percent (42%) were African American. The majority of children in the “other/unknown” category were children of two or more races.



Twelve percent (12%) of children in custody were of Latino ethnicity.

¹³ U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. Available from <https://www.acf.hhs.gov/cb>.

FOSTER AND ADOPTIVE HOMES

The table below shows the foster home licensing activity during 2018. There were 276 licensed foster homes at the end of 2017. By the end of 2018, there were 266 licensed foster homes, a net decrease of 10 homes.

Family and Treatment Foster Homes	
Number of Homes open on 12/31/2017	276
New Homes Certified	47
Homes Transferred from Other Agencies	2
Homes Closed	59
Homes Transferred Out	0
Homes Open on 12/31/2018	266
Net Decrease	-10

Fifty-one percent of children adopted in the U.S. in 2017 were adopted by their foster parent.¹⁴

The table below shows foster and adoptive home licensing/approval activity for the last three years. The number of new foster homes licensed decreased 30 percent from 2017; the number of new adoptive homes approved decreased 26 percent.

	2016	2017	2018
Total Number of Licensed Foster Homes	254	276	266
New Foster Homes Licensed	59	67	47
New Adoptive Homes Approved	70	62	46



¹⁴ U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. <https://www.acf.hhs.gov/cb>.

INDEPENDENT LIVING OUTCOMES

The Independent Living program provides services to all teens who are 14 years of age or older who are in the custody of LCCS. This includes both Worker of Record and Support cases. The goal is to assist these youth in becoming prepared for self-sufficiency when they emancipate from custody.

A total of 42 youth emancipated from LCCS custody, an increase of 56 percent in the number of youth emancipating compared to 2017. This is likely due to the Bridges program beginning in February 2018.

Sixty-four percent of youth emancipated from LCCS custody with a high school diploma or a GED, or were still attending school at the time of emancipation. Thirty-three percent had a diploma or GED and 31 percent were still in school. Fifty-seven percent of youth who had obtained a diploma or GED were enrolled in college at the time of emancipation. Thirty-eight percent of the 21 youth who were not still in school (high school or college) were employed at the time of emancipation. This is an increase of 13 percent compared to 2017. Ninety-three percent of the emancipating youth had stable housing and 95 percent had a support system in place at the time of emancipation.

The table below displays the self-sufficiency outcomes for youth that emancipated during the last three years.

	2016	2017	2018
Total youth	29	27	42
% of emancipated youth with a H.S. diploma,	21 (72%)	18 (67%)	27 (64%)
% of youth with a H.S. diploma or GED	17 (59%)	6 (22%)	14 (33%)
% of youth still attending school at the time of emancipation	4 (31%)	12 (44%)	13 (31%)
% of youth who were enrolled in college (of those who had graduated or obtained a GED)	6 (35%)	3 (50%)	8 (57%)
% of youth who were employed	12 (41%)	11 (41%)	16 (38%)
% of youth not in school or attending college that were employed (N=21)	6 (32%)	3 (25%)	8 (38%)
% of youth with stable housing*	22 (100%)	15 (88%)	28 (93%)
% of youth who were “whereabouts unknown”	7 (24%)	10 (37%)	12 (29%)
% of youth who were incarcerated	-	2 (7%)	1 (2%)
% of youth with a support system	29 (100%)	26 (96%)	40 (95%)

*Types of stable housing include adult group home, family home, or own home. These figures have been updated from prior reports to exclude AWOL youth from the measure of youth with stable housing as their status is unknown.

POST EMANCIPATION SERVICES

A total of 27 youth had a case open to the LCCS Post Emancipation unit in 2018. Three cases involved young adults who had either emancipated from another state or another PCSA in Ohio. Eighteen (67%) of these cases were new case openings in 2018, while eight carried over from 2017 and one carried over from 2016.

¹⁵ U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. Available from <https://www.acf.hhs.gov/cb>.

*Four percent of children in foster care in the U.S. on September 30, 2017, had a case plan goal of Emancipation.*¹⁵

CASELOAD AVERAGES PER MONTH

	Unit	2016	2017	2018	Trend	# Staff
Assessments—New Referrals	Referral	10	11	11	NC	35
Assessments—All Referrals	Referral	11	13	14	+1	35
DFS	Case	12	13	13	NC	50
Family Foster Care	Foster Home	19	22	22	NC	9
Treatment Foster Care	Foster Home	9	10	10	NC	6
Independent Living (WOR* only)	Children	14	16	14	-2	5
Community Advocate	Case	8	8	11	+3	8
Post Emancipation	Individual	10	9	10	+1	1
Health Services (full time)	Children	169	188	198	+10	4
Case Review	Conference	49	51	45	-6	7

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

*Worker of Record

SUPPORT SERVICES

The LCCS Transportation Department provides transportation to children in agency custody for visits and appointments. The department made 8,072 trips during 2018 and logged 162,097 miles. This represents a six percent decline in the number of trips and a two percent increase in the number of miles logged compared to 2017. There was a three percent increase in the number of children transported from last year. Additionally, there was a sharp increase in the number of one-time transportation runs, which was up 366 percent, from 90 in 2017 to 416 in 2018. This is significant in that we are meeting the needs of the families by assisting with transportation to facilitate a visit whenever feasible.

FAMILY VISITS

The Family Visits Department schedules and supervises visitation for parents and children at LCCS and the neighborhood resource centers. There were 12,828 visits scheduled in 2018. A total of 8,263, or 64 percent, of those occurred as scheduled. This translates to an average of 26 visits being held per day, based on visits being held six days per week. This compares to an average of 31 visits per day in 2017.

OUTCOME ACHIEVEMENT

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	2014	2015	2016	2017
Maltreatment in foster care (rate)	<=8.5	10.3	19.6	20.9	15.7
Recurrence of maltreatment	<=9.1%	8.5%	7.8%	9.3%	9.0%
Permanency w/in 12 months for children entering foster care	>=40.5%	56.5%	51.9%	49.8%	Unavailable
Permanency w/in 12 months for children in foster care 12 to 23 months	>=43.6%	60%	59.6%	56.1%	58.9%
Permanency w/in 12 months for children in foster care 24+ months	>=30.3%	33.8%	22.5%	34.3%	28.7%
Re-entry to foster care in 12 months	<=8.3%	10.9%	17.7%	10.5%	Unavailable
Placement Stability (rate)	<=4.12	4.0	3.9	4.6	3.4

The maltreatment in foster care indicator measures substantiated or indicated abuse/neglect incidents for children in foster care, regardless of the perpetrator. While performance improved in 2017, the agency has not met this standard for the last four years. LCCS was in compliance with the recurrence of maltreatment indicator in 2014 and 2015 but rose 0.2% above the standard in 2016. This rate returned to below the federal standard in 2017.

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 2014 and 2017 for which data is available. The permanency rate decreased slightly below the standard in 2017 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. This rate is the lowest it has been since 2014.

LCCS was in compliance with the standard for placement stability for all years except 2016. The rate of 3.4 in 2017 brought the agency back into compliance and was the lowest this rate has been in the last four years.



Note: Ohio's review period for the CSFR data begins on April 1 and ends March 31. Bolded figures indicate that LCCS met the performance expectation.

OTHER PERMANENCY AND WELL-BEING INDICATORS

The following table provides data on other indicators of permanency and well-being. Notable findings include the fact that there was an eight percent increase in the percentage of children removed who were initially placed with a relative, and a two percent decrease in the number of children in LCCS custody placed in a treatment foster home.

	2017	2018	Trend
Percentage of children removed who were initially placed with a relative	392 (52%)	360 (60%)	+8%
Percentage of children in LCCS custody on average per month who were placed with a relative	30%	33%	+3%
Number of children entering the legal custody of LCCS (PPLA)	18	17	-6%
Percentage of children in agency custody in a treatment foster home	12%	10%	-2%
Percentage of children in agency custody in a group home or residential treatment facility	4%	4%*	NC
Percentage of children in agency custody who are "whereabouts unknown"	<1%	<1%	NC

*2% were in a group home and 2% were in residential treatment

*Of the estimated
442,995 children in
foster care
in the U.S. on
September 30, 2017,
32 percent were
living in a
relative home.¹⁶*

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 with children and parents for State Fiscal Year 2016. LCCS achieved a compliance rate of over 90 percent for visits with children and parents during the reporting periods and received all of its State Child Protection Allocation funds for 2016. LCCS was also awarded an additional \$9,790 in incentive funds for being in the "High Performer" category for visits with children.

In 2018, the goal set for the agency was to increase compliance and meet the Federal standard of 95 percent. The 2018 overall average compliance rates for all LCCS cases was 99.17 percent for children and 97.19 percent for parents. Both of these percentages exceed the increased state standards and ongoing federal benchmarks set. LCCS caseworkers made a total of 25,833 required visits to children and parents in 2018.

¹⁶ U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. Available from <https://www.acf.hhs.gov/cb>.

SPECIAL INITIATIVES & PROGRAMS

BRIDGES

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 achieve 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.

In 2018, 17 youth served in the Independent Living Unit were referred to the Bridges program and 10 (59%) followed through with Bridges services. During 2018, five youth served by the Post-Emancipation unit were referred to the Bridges program and all of these young adults followed through with these services.



LCCS-LMHA COLLABORATION

LCCS continued its partnership with LMHA in 2018 in order to assist families with housing through the Family Unification Program (FUP). This collaboration effort is geared toward assisting families whose children remain in care due to housing being the only barrier to reunification. Referrals can be made on the behalf of the parents prior to reunification or on behalf of relatives or alternative placement options where housing is the only barrier preventing placement of children in familiar environments. The program is also able to help families where housing is a primary reason for potential removal of the children. Through this collaborative effort, LCCS supports families in completing the LMHA application, gathering necessary paperwork, as well as processing all of the necessary information. Once approved, LMHA provides Section 8 Housing Vouchers to families based on their income and household size. The Section 8 Housing Vouchers give families an opportunity to lease adequate, 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. In 2018, Community Development accepted a total of 53 FUP referrals and 17 families were provided with adequate housing. LMHA typically leases 30 percent of its Section 8 applicants annually and LCCS was able to lease 32 percent of its applicants, slightly above LMHA's annual average.

THIRTY DAYS TO FAMILY

Lucas County Children Services (LCCS) will be the next county to join a statewide pilot program that seeks to place more children who are victims of abuse and/or neglect with extended family caregivers rather than in foster care. *30 Days to Family* is a short-term intervention program that helps public children services agencies aggressively search for extended relatives of child victims who cannot live safely with their birth families. The goal is to identify potential placement options and supports, decreasing the need for long-term foster home placements. The pilot program provides each site with a full-time family search and engagement staff member. While LCCS already casts a wide net looking for available family members to place children, *30 Days to Family* will allow the agency to devote a caseworker solely to that task. There are special tools and techniques that will be used to find family, along with available databases and other tried-and-true methods. Caseworkers assigned will receive free training as part of the program. The agency is in the process of hiring one *30 Days to Family* caseworker who will receive training in April 2019. Implementation of the program will begin after staff has been trained.

SUSTAINED PERMANENCY UNIT

In November 2018, the agency established a new unit called the Sustained Permanency Unit (SPU). This new service focuses on providing prevention and intervention support services to families who are involved with the agency but continue to hold custody of their child(ren). The services are intended to decrease the chances of those children entering into the custody/care of the agency or someone other than the parent with whom they are currently living with. Another aim of the service is to work with families where children have reunified with their parents to help support the reunification process.

The services provided by caseworkers, called Permanency Support Workers (PSW), are designed to be a support to both the family as well as the Department of Family Services Worker of Record (WOR). These services are to be intensive, but not intrusive. One primary difference with this model of practice compared to other practices used in other child protection agencies throughout the country is that the PSW supports the family by helping identify services indicated by the Worker of Record that will meet each family's specific needs. The support provided is created with the family, WOR, and PSW's input, embracing "family engagement" through a teaming environment.

However, the engagement does not stop with only those individuals, but is extended to others who can become a member on the "family's team". The family and the PSW explore others who can be a team member. Just like any team, different members have different roles, experiences, and expertise, that will be a benefit to the family, not only now, but also in the future when the family is no longer involved with the agency. One final nuance to this practice is that the "team" meets monthly to discuss family progress and/or barriers. The monthly "team meeting" can consist of the entire team or partial team members, depending on the objective of that particular meeting.



TECHNOLOGY FOR CASEWORKERS

Technology is transforming the world of social work, so its use in the field is growing and expanding.

As a result, Lucas County Children Services (LCCS) has recognized several areas where improved use of technology will make caseworkers more effective and efficient, better able to directly assist client families and children, and have direct access to case files in the field. 2018 saw the start of major efforts to implement these technologies.

First, LCCS completed the conversion of the agency email system to one operated by the State of Ohio: a Microsoft Exchange and Outlook email system. This move has increased the integration of our county agency with the Ohio Department of Job and Family Services, providing a cloud interface which allows staff and caseworkers remote, mobile, and office access to emails.

Next, LCCS is introducing the use of mobile computers, iPads, and Surface computers to managers, supervisors, and caseworkers for field access to email, SACWIS, and other digital systems to improve their ability to service clients from wherever they happen to be. The implementation of state government's Electronic Document Management System (EDMS) further enhances a caseworker's ability to access case information, client forms, and other paperwork electronically—from their desktop computer or in the field through a mobile device. EDMS is driving an effort to become paperless.

Long-term, LCCS is planning to convert to a statewide computing network. This effort will improve access to State of Ohio information systems, provide enhanced IT security, and increased resources for managing the network. Once that move is in place, LCCS can then implement a Voice over Internet Protocol (VOIP) phone system that supports the increased functionality of a mobile workforce, along with improved call center and reporting features.

Alongside the implementation of new technologies, LCCS is reviewing current processes for improvements. Examples include the review of existing forms for need, moving those forms to the EDMS system for Internet access, and adding automated features to decrease the time needed to process forms. The goal of these efforts is continuous improvement to better serve clients.



QUALITY ASSURANCE INITIATIVES

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. 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. Of all screened in referrals in 2018, 1,208 were screened to determine if the referral met criteria for a high risk review and it was determined that 584 (48 percent) met criteria for a full high risk review. A total of 225 cases were selected for high risk review by the Quality Assurance reviewer in 2018.

The Quality Assurance Department continues to explore the dissemination of data across the agency that conveys integral information in a user friendly format. In addition to providing the Assessment Department with a one-page summary of the high risk case review results quarterly, data dashboards have also been created for the Assessment Department, the Placement Department and to provide general information about agency trends across the board. The Quality Assurance Department is currently working on creating a dashboard for the Department of Family Services as well.

CONTRACT SERVICES

CONTRACT SPENDING

Lucas County Children Services had client service contracts with six providers in 2018, a decrease of one provider from 2017. The table below displays the total contract amount for each provider. A total of \$378,000.00 was allocated for 2018 contract services, of which \$342,307.53 (91%) was utilized. This is a three percent increase in spending compared to 2017. There was a four percent increase in the percentage of the total allocation spent.

Provider	2017 Allocation	2017 Spent	% Spent	2018 Allocation	2018 Spent	% Spent
Centralized Drug Testing Unit	\$90,000.00	\$60,850.84	68%	\$82,500.00	\$61,089.00	74%
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%
Providence EFP Network	\$49,500.00	\$46,233.50	93%	\$49,500.00*	\$48,492.33	98%
Sylvan Learning Center	\$41,000.00	\$34,335.00	84%	\$45,000.00*	\$41,475.00	92%
The Padua Center	\$15,000.00	\$5,156.00	34%	\$15,000.00	\$5,251.20	35%
Total Contract Amounts	\$381,500.00	\$332,575.34	87%	\$378,000.00	\$342,307.53	91%

*Amount includes additional allocation from an amended contract.

All providers, with the exception of the Family and Child Abuse Prevention Center and Dr. Randall Schlievert, saw an increase in amount and percentage of allocated funding spent. For the Providence Center and Sylvan Learning Center, amendments to the contract were made in October 2018 to increase the total allocation.

The lowest percentage of allocated funds spent was for the Padua Center contract (35%). This is likely due to a practice set forth by Toledo Public Schools to defer suspensions. Centralized Drug Testing Unit saw a decrease in allocated funds in 2018 due to drug court clients utilizing alternative testing programs available in the community. Spending for drug court clients in 2018 was down 67 percent from 2017, while non-drug court spending was up eight percent from 2017. Overall spending for CDTU increased slightly (by less than 1%).

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 2017 to 2018 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 (61%) of the total referrals in 2018, but still saw a decrease of two percent from 2017. Overall, total referrals decreased by 9 percent from 2017.

	2017	2018	Trend
Providence Center EFP Network	86	84	-2%
Sylvan Learning Center	26	22	-15%
The Padua Center	39	32	-18%
Total	151	138	-9%
Centralized Drug Testing Unit (Individual Clients Referred)	1,483	1,564	+5%



INDIVIDUALS REFERRED BY DEPARTMENT

The table below shows the referring department at LCCS for all referrals made to contracted providers in 2018. The Department of Family Services (DFS) accounted for 91 percent of total referrals made in 2018.

	Assessment	DFS	Placement	Other	Total
Providence Center EFP Network	11	73	0	0	84
Sylvan Learning Center	0	22	0	0	22
The Padua Center	1	31	0	0	32
Total	12 (9%)	126 (91%)	0	0	138
Centralized Drug Testing Unit (Individual Screens Requested)	1,146 (22%)	3,963 (77%)	-	7 (<1%)	5,116



INDIVIDUALS SERVED

The table below provides information about persons served by contract service providers in 2018. Across all providers that bill by individual clients, 116 unduplicated individuals from 99 families were served in 2018. This is a decrease of 11 percent (14 individuals) from 2017. 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 52 percent.

	2017 Individuals Served	2018 Individuals Served	Trend
Providence Center EFP Network	85	76	-11%
Sylvan Learning Center	30	29	-3%
The Padua Center	15	11	-27%
Total	130	116	-11%
Centralized Drug Testing Unit (Drug Screens only)	808	1,227	+52%

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.

	2017	2018	Trend
Total screens requested	4,689	5,116	+9%
Screens completed	2,329 (50%)	2,585 (51%)	+1%
Not completed/No show	2,303 (49%)	2,491 (49%)	NC
No sample left	57 (1%)	40 (1%)	NC

The results of the completed screens are outlined in the following table. Of the 2,585 drug screens completed, 1,497 screens from 826 clients were positive for some substance (58%). This is an increase of 17 percent from 2017 in the number of positive screens, and a three percent increase in the proportion of screens positive for some substance compared to 2017 (55%).

Results	2017		2018		Trend
	Screens	Clients*	Screens	Clients	
Negative	1,052 (45%)	559 (1.9 screens/client)	1,088 (42%)	597 (1.8 screens/client)	-3%
Positive	1,277 (55%)	741 (1.7 screens/client)	1,497 (58%)	826 (1.8 screens/client)	+3%

*Figures have been updated from previous reports, duplicated for parents who had both positive and negative screen results.

The table below shows the number of screens with each substance detected. Multiple drugs were identified in 21 percent (309) of the positive screens. The most common substance detected in a positive drug screen in 2018 was THC (45%). The second most common substance was Heroin/Opiates (40%). 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	2017		2018		Trend
	N	%	N	%	
Alcohol	17	1%	16	1%	NC
EtG (longer term alcohol testing)	107	8%	99	7%	-1%
Amphetamine	44	3%	44	3%	NC
Barbiturate	16	1%	10	1%	NC
Benzodiazepine	54	4%	44	3%	-1%
Cocaine	70	5%	131	9%	+4%
Ecstasy	5	<1%	0	-	<-1%
Heroin/Opiates	553	43%	594	40%	-3%
Fentanyl	65	5%	124	8%	+3%
Buprenorphine (Suboxone)	286	22%	316	21%	-1%
Methadone	91	7%	115	8%	+1%
THC (Marijuana)	518	41%	669	45%	+4%

A diluted Creatinine level indicates that the urine sample had been altered in some manner; these are considered positive screen results. In 2018, 10 percent (157) of the positive screens were positive due to a diluted Creatinine level only. Seventeen percent (254) of all screens were diluted; however, 97 of these screens also tested positive for some substance.



Appendix A
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.	<= 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.	>= 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.	>= 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.	>= 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.	<= 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 2019)

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 2019)

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 2019)

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 2019)

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 2019)

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 2019)



2018 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.

Family First Prevention and Services Act (FFPSA) - Signed into law as part of the Bipartisan Budget Act on February 9, 2018, this act reforms the federal child welfare financing streams, Title IV-E and Title IV-B of the Social Security Act, to provide services to families who are at risk of entering the child welfare system. The bill aims to prevent children from entering foster care by allowing federal reimbursement for mental health services, substance use treatment, and in-home parenting skill training.

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.

Kinship Caregiver - An individual identified by the current custodial caretaker or child as having a familiar and longstanding relationship with the child or family for the purpose of selecting a substitute care setting for the placement of a child.

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.

Residential Treatment 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.

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.