# **CCAO Webinar – DCY Update**

7/25/24

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1/ Programmatic Updates2/ County Reporting & Best Practices3/ Next Steps

## **OHIO DCY PRINCIPLES AND GOALS**

The following principles provide a foundation by which we will be successful in achieving our goals as an agency:



#### Transparency

Will create transparency across programs utilizing cross-program data



#### Accountability

Will create accountability to ensure children are receiving services when needed with the intended outcomes



#### **Focus & Prioritization**

Continue prioritization of children from birth to age 21 both in policy and funding



#### **Maintain Local Structure**

Foster collaboration to ensure strong child and family outcomes but local structure remains a local decision

In order to...



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#### Help more children thrive in safe, healthy environments to reach their first birthday and beyond.

#### ) Communities

Ensure **continuity of care** across the spectrum of ages, stages, and services to help children and youth succeed.

#### **)** Families

Support families with needed resources and supports proactively.

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# **QUESTION NOT A CRISIS**

#### DEVELOPMENTAL SCREENING TOOL

Expand the Ages and Stages Questionnaire which provides a resource for parents experiencing concerns with their child to answer a few questions in the comfort of their homes and get any necessary referrals.

#### PARENT AMBASSADORS

Hiring 12 Parent Ambassadors, one in each region to ensure ongoing engagement and a judge free resource.

#### EXPAND FRONT DOOR - CENTRAL INTAKE

Created a one stop shop for parents of children birth to five when the have questions or concerns and need a service or support..

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#### EXPANSION OF SERVICES FOR 3-5 YEAR OLDS

Through Home Visiting Expansion, Child Care increased eligibility and Early Childhood Education expansion we anticipate serving at least 15,000 new children.

#### DATA SHARING/REFERRALS

As a result of being under one Department we have been able to better connect children in foster and kinship placements with early childhood education (~1,000 children will receive referrals.)



# **CENTRAL INTAKE & ASQ EXPANSION**



As of July 1, more Ohio families have the opportunity to utilize Central Intake and the free ASQ Online Service available at <u>http://www.helpmegrow.org</u> for children Birth to age 5.

### Accomplishments:

- This developmental screening service offering the ASQ-3 and the ASQ:SE, previously offered to families with children up to age 3, has expanded in the following ways:
  - Ohio families with **<u>children up to age 5</u>** can use the ASQ.
  - Families can receive a reminder when a new, age-appropriate screening is available for their child.
  - The ASQ is now available in **Spanish, French, and Arabic**.
  - The <u>Help Me Grow Community Resource Directory</u> has been expanded to serve families with children up to age 5 with community services and resources.
- As of July 1, Help Me Grow Central Intake & Referral has completed **1,425 screenings** through this online service.

#### Next Steps:

Sparkler app: will provide the ASQ screening tools, connect caregivers with their child's teachers and doctors, track developmental milestones, and offer off-screen, play-based activities that promote learning and development based on ASQ results all at the caregiver's fingertips.



# **MATERNAL & INFANT WELLNESS: HOME VISITING**

### **Family Connects**

### What is it:

- Evidence-based model for Universal Home Visiting offered free of charge to all families regardless of income or background.
- Families are offered the opportunity to schedule a visit during their hospital stay and all visits are completed by a registered nurse around 3 weeks after baby's birth.

#### Who does it serve:

- Intended for families who were not connected to Help Me Grow Home Visiting programs during their pregnancies.
- Families who are eligible can continue with an evidence-based home visiting model following the FCI home visit.

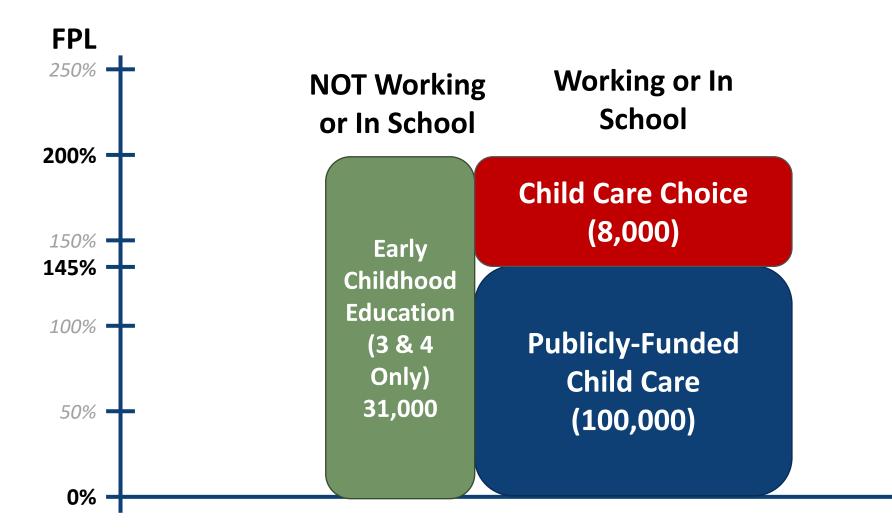
**Participation:** 

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- **11 counties** will be included in Wave 1: Darke, Erie, Fayette, Greene, Guernsey, Hamilton, Huron, Mahoning, Noble, Shelby and Trumbull.
- Approximately **6,000 families** will be served in the upcoming year.



## **EARLY CARE & EDUCATION**





## **STEP UP TO QUALITY – EFFECTIVE JULY 7, 2024**



#### **1. IMPROVE CHILD OUTCOMES**

To improve child outcomes, the following is expected of <u>all Programs</u>:

- Implement curriculum & corresponding assessments aligned with the Science of Reading.
- Use a **screening tool** to assist with children falling behind.
- Provide community resources & referrals, when needed (i.e., food pantry, housing, etc.)

While all <u>teachers</u> must complete **10 hours of professional development** annually focused on trauma, ageappropriate milestones, classroom mgmt.



#### **2. REDUCE ADMIN BURDEN**

To simplify the program and reduce administrative burden, the following changes were made:

- Transition from 5 to 3 levels
- Eliminating the following paperwork requirements:
  - Wage Structure
  - Professional Development plans
  - Written Transition Plans



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#### **3. INCREASE PARENTAL ACCESS**

To retain high quality programs and to increase the availability of more early care and education programs, DCY has implemented the following:

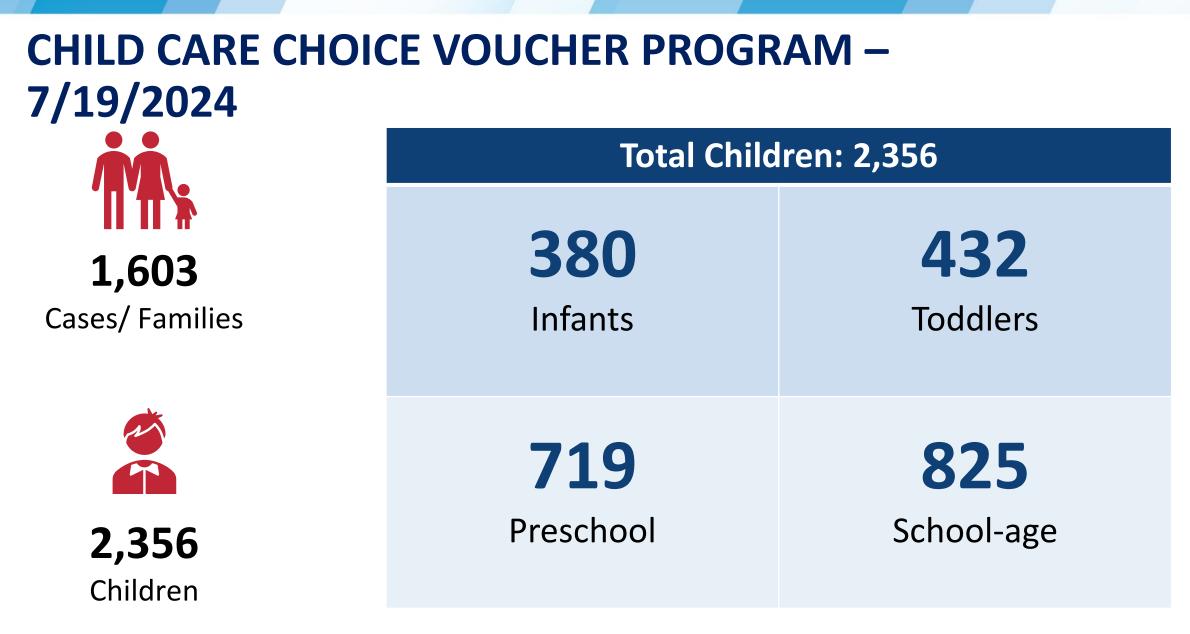
- Rate increases in February and July (Expect to put an additional \$150M/year).
- Child Care Choice Voucher Program
- Access Grants



### FOSTER CARE YOUTH IN EARLY CHILDHOOD EDUCATION

of the **28,617** being served in the Early Childhood Education program, almost **150** new children were introduced to the program as a result of connecting the ECE Program Data and Foster and Kinship Care programs.







# **CHILDREN SERVICES BACKGROUND**

### LANDSCAPE

CHILDREN IN CUSTODY			
Year	2019	2024	
# of Children in Custody	15,712	14,665	
# of Children in Residential Setting	1,796	1,810	
# of Foster Parents	7,609	7,106	

### ACTION



#### Data Review (updated 11/7/23)

- 2,112 in Congregate Care
- 273 more than 2 years but less than 5



Telehealth – (\$1.9M) January 2024 launch (ECMH & Children Services)



Menu of Support (Residential & Foster Care Capacity Grants)



Child Match- (\$625,000)



Substitute Pool – (\$250,000)



Northwest Pilot Program (\$2.6M)



# **DATA REVIEW PROCESS OVERVIEW:**



- The process was developed through collaborative conversation of the Children Services Placement Workgroup.
- A master list identified children and youth in congregate care placement 2-5 years, and was merged with the Ohio Department of Medicaid (ODM)'s OhioRISE data = 273 youth.
- The list was broken out by county, and sent to PCSA Directors with 3 additional, key fields of information.
- The State Care Team was assembled (ODM, MHAS, DYS, DODD, DCY).



# **DATA REVIEW INITIAL FINDINGS:**

### 27%

Of children and youth had already transitioned out of congregate care by the time the data was returned to DCY.



25%

Of youth that remain in congregate care and are in a permanent legal status have clearly identified significant family-finding or permanency finding activities such as WWK, Kinnect to Family, or Youth Centered Permanency Roundtables.



### 28%

Of the youth that remain in congregate care have an identified discharge to a lower level of care this spring/summer.



### 18%

Of youth that remain in congregate care have long-term needs that involve the coordination of the County Boards of DD.



### 17%

Of youth that remain in congregate care have identified complex behavioral needs or sexualized behaviors that are indicated as a **barrier to step-down**. For those that have completed treatment, these behaviors continue to be a barrier to step-down.

# **3 youth**



are planning to attend college in the fall.

### **CHILD MATCH (FORMERLY BULLETIN BOARD)**

# Develop a system to facilitate streamlined communication and improve inefficiencies in the process for finding placements for youth and children.

### Recent Updates:

- **Initial Phase:** Deployed May 2nd
  - Community portal to create posts initially utilized by County PCSAs. Recommending Agencies will review through OCAF and express interest in youth.
- **Integration Phase:** Bi-directional integration with Ohio SACWIS anticipated August/September 2024
  - Posts will automatically be generated from the Ohio SACWIS Individual Child Care Agreement (ICCA).
- Future Phases:
  - Agencies will have the ability to link the posts to facilities and homes, not just the agency.
  - Improved data, analytics, and matching algorithms.



# **TREATMENT FOSTER HOME PILOT**





### What Is It?

- The Ohio Department of Children and Youth (DCY) wants to provide the opportunity to public children service agencies (PCSAs) to participate in a Treatment Foster Home Pilot Program.
- This program is focused on recruiting and supporting treatment foster homes willing to support higher acuity children with additional one-onone support, on-call 24/7 casework and counseling for crisis response, training, and marketing.

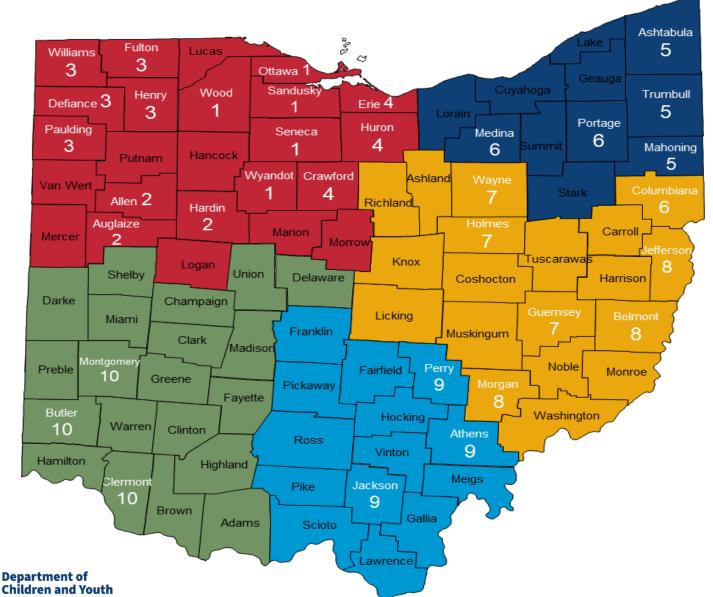
### **Results From the Northwest TFC Partnership**

- 8 new treatment foster homes have been recruited and licensed since 2022.
- This partnership is estimated to have saved more than **\$580,000** in one year of congregate placement per diem costs.

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## **TREATMENT FOSTER HOME PILOT**



1	Ottawa, Wood, <b>Sandusky</b> , Seneca, Wyandot
2	<b>Allen</b> , Auglaize, Hardin
3	<b>Defiance /</b> <b>Paulding</b> , Fulton, Henry, Williams
4	Huron, Erie, Crawford
5	<b>Mahoning</b> , Ashtabula, Trumbull
6	<b>Portage</b> , Medina, Columbiana
7	<b>Guernsey</b> , Holmes, Wayne
8	<b>Belmont</b> , Jefferson, Morgan
9	Athens, Perry, Jackson
10	<b>Montgomery</b> , Butler, Clermont

\*Bold represents lead county for each partnership

# **WORKFORCE SUPPORTS**

A well-developed workforce pipeline is essential for ensuring the stability, quality, and effectiveness of support services for Ohio families. DCY collectively enhances our workforce though the following programs.



### **POWER Ohio**

- POWER Ohio (Powering Optimal Wages and Encouraging Retention) was created by a subcommittee of state agencies and early childhood stakeholders.
- The program purpose is to provide additional funds to professionals and increase these trained professionals' retention in their programs.

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#### T.E.A.C.H.

- T.E.A.C.H. Early Childhood<sup>®</sup> OHIO is a compensation and retention program for Child Care professionals.
- Active in 23 states, T.E.A.C.H. is designed to address education, compensation and turnover issues that affect the early childhood field.
- Assistance is available for the cost of tuition, books, and related education expenses.



### UPP (University Partnership Program)

- UPP was established in 2002, as a partnership among the ODJFS, eight of Ohio's public university schools of social work, OUCCAS, PCSAO, and Ohio's 85 PCSAs.
- UPP bolsters Ohio's professional child protection workforce by increasing the number of graduates with B.A. and M.A. degrees in social work who enter the field.



#### Northwest Ohio Fellowship Program

- Provides fellowship opportunities to college seniors majoring in related degrees.
- Fellowship students complete required core training that caseworkers normally complete upon being hired, and they gain relevant experience in the field.



## **County Reporting & Best Practices**







# **BEST PRACTICE INCENTIVES – CHILDREN SERVICES**

The aim is to incentivize agencies making marked improvements in achieving compliance with visitation and timely assessment/investigation measures. Advancements in these areas are critical to our state's success in making transformative change for families served by our child protection system.



### **Best Practice Incentives Measures**

The Best Practice Incentives focus on two measures fundamental to the Children Services mission:

- 1. Timely Assessments/Investigations
- 2. A composite visitation score of all required face-to-face visits with children and parents.



### Children Services Best Practice Incentive Program categories

The two Children Services Best Practice Incentive Program categories remain the same: **Most Improved** and those **Achieving 95% Compliance**.



# **APPLICATION TIMELINESS – EARLY CARE & EDUCATION**

<u>Two one-time incentives</u> were provided to support the additional training to determine eligibility for the: 1) Child Care Choice Voucher Program (families working or going to school between 146% up to 200% FPL); and 2)Early Childhood Education (state preschool).

**Two new incentive payments** were created to support counties that improved the most in application timeliness & those counties achieving the best overall application timeliness rate based on April 2024 to October 2024.



Training Incentives – April & July				
Size	#	Amount	Total	Counties
X Large	3	\$100,000.00	\$300,000.00	Cuyahoga, Franklin, Hamilton
Large	6	\$75 <i>,</i> 000.00	\$450,000.00	Butler, Lorain, Lucas, Montgomery, Stark, Summit
				Allen, Clark, Clermont, Columbiana, Delaware, Fairfield, Greene, Lake, Licking, Mahoning, Medina, Miami, Portage, Richland, Trumbull, Warren,
Medium	18	\$50 <i>,</i> 000.00	\$900,000.00	Wood, Wayne
Small	61	\$25 <i>,</i> 000.00	\$1,525,000.00	All Others Not Listed Above
Total	88		\$3,175,000.00	



### **Most Improved & Best Overall Application Timeliness**

Size	Amounts	Awards	Total
XL/L	\$200,000	2	\$400,000
Μ	\$100,000	2	\$200,000
S	\$50,000	2	\$100,000
Grand Total			\$700,000

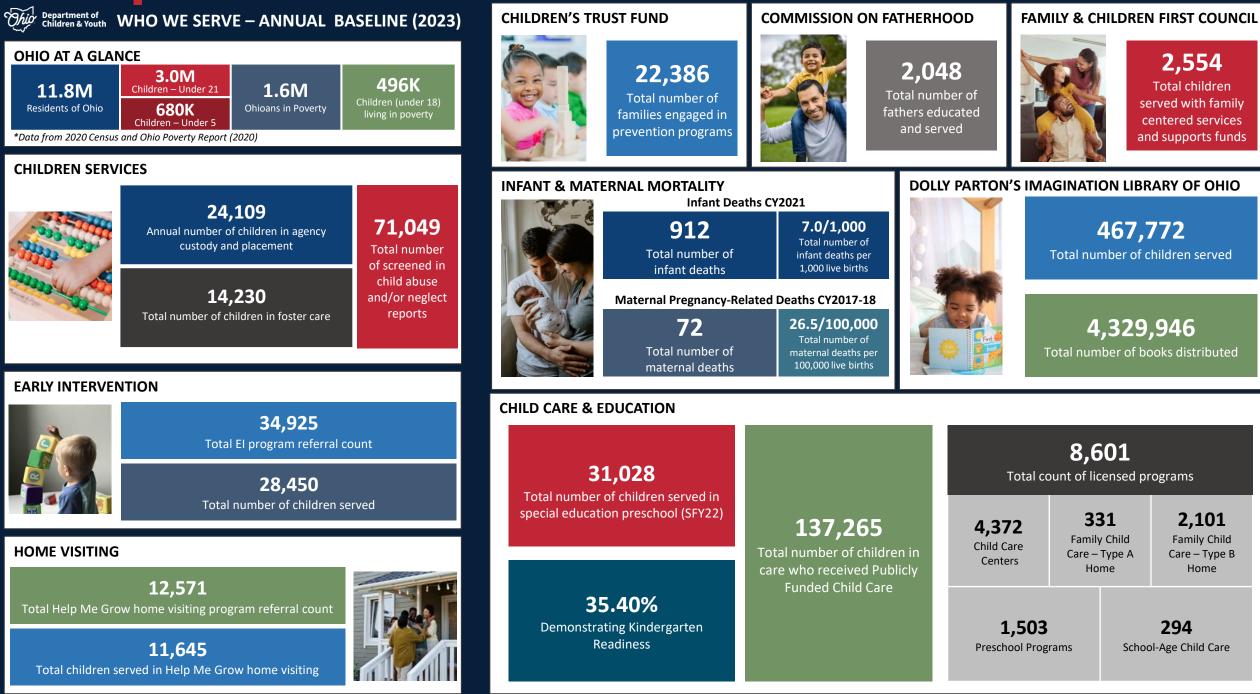


# **Next Steps**









All data points are for state fiscal year (SFY) 2023 (July 1, 2022 – June 30, 2023) and unduplicated, unless noted otherwise

*Vision:* Each Ohioan is able to live up to their full potential and have the opportunity to live their version of the American dream. *Mission:* Promote positive, lifelong outcomes for all Ohio youth.

THE WORK OF DCY		OUTCOME AREAS	SHORT-TERM GOALS	LONG-TERM GOALS
Creates a culture that prioritizes	Providing support and programming across a variety of	Infant Wellness: Reduce infant mortality	Increase the number of families served by Home Visiting by 10% (1,165 more children)	
<ul> <li>Transparency &amp; Accountability</li> <li>Supporting Local Structure</li> <li>Data-driven Decisions</li> <li>Family &amp; Youth Voice</li> <li>Equity</li> <li>Transparency &amp; program areas</li> <li>Maternal &amp; Infant Wellness</li> <li>Early Care &amp; Education</li> <li>Early Childhood Development</li> <li>Children</li> </ul>		Early Childhood Development: Increase access to and usage of early intervention and medical supports	10% increase in serving mothers and infants (additional 1,400 moms and babies) through neighborhood navigation, Baby and Me Tobacco Free and Safe Sleep	<b>SUPPORT CHILDREN</b> & YOUTH: Help more children thrive in safe, healthy environments to reach their first birthday and beyond
	Infant Wellness	Early Care & Education: Decrease staff turnover and increase child enrollment	Reduce turnover by 5% for Administrators, Lead Teachers and Assistant Teachers	
	Early Childhood	Maternal Health: Decrease maternal mortality and improve prenatal health	53% of infants and toddlers receiving Early Intervention (EI) services will increase social / emotional development	
		Family Stability: Support family resiliency	55% of infants and toddlers receiving EI services will exit EI within age expectation in the social and emotional domain	EMPOWER
	Kinship, & Adoption	and access to healthy, nutritious food Safe & Healthy Homes: Support safe,	Increase Early Childhood Mental Health (ECMH) direct service consultation by 25% (85 to 109 consultants)	FAMILIES: Empower
		stable homes for children to grow up in	Decrease the number of children in congregate care settings by 10% (200 children)	families with needed resources and supports before, during and after a need
	<u> </u>	Parent Awareness: Increase awareness of services and child development milestones	Increase the number of licensed foster parents by 5% (with focus on high acuity children (approximately 350 children)	
	Supporting	Screening & Referral: Increase ASQ* Screening and referral to appropriate services	Increase access to nontraditional care and care for children with special needs by 10% (2,000 children)	UPLIFT
	Areas	Education: Improve youth educational outcomes and graduation rates	Increase Publicly-Funded Child Care (PFCC) access for infants and toddlers by 10% (2,000 children)	<b>COMMUNITIES:</b> Invest in community resources
		Adolescent Health: Reduce prevalence of behavioral, mental, & physical health risks	Increase the number of children in 2024/2025 school year demonstrating on the Kindergarten Readiness Assessment (KRA) by 7% (7,800 children)	to enable support along the continuum of ages, stages, and services to help children and youth succeed
Ohio Department of Children and		*ASQ = Ages and Stages Questionnaire		23

# LONG TERM GOAL #1: SUPPORT CHILDREN & YOUTH

Help more children thrive in safe, healthy environments to reach their first birthday and beyond

OUTCOME AREAS

Infant Wellness: Reduce infant mortality

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#### **Early Childhood Development:**

Increase access to and usage of early intervention and medical supports

#### Early Care & Education:

Decrease staff turnover and increase child enrollment

#### **Maternal Health:**

Decrease maternal mortality and improve prenatal health



Increase the number of families served by Home Visiting by 10% (1,165 more children)

SHORT-TERM GOALS

10% increase in serving mothers and infants (additional 1,400 moms and babies) through neighborhood navigation, Baby and Me Tobacco Free and Safe Sleep



Reduce turnover by 5% for Administrators, Lead Teachers and Assistant Teachers



53% of infants and toddlers receiving Early Intervention (EI) services will increase social / emotional development



55% of infants and toddlers receiving EI services will exit EI within age expectation in the social and emotional domain



## LONG TERM GOAL #2: EMPOWER FAMILIES

Empower families with needed resources and supports before, during and after a need

**OUTCOME AREAS** 

#### Family Stability:

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Support family resiliency and access to healthy, nutritious food

#### Safe & Healthy Homes

Support safe, stable homes for children to grow up in

#### **Parent Awareness:**

Increase awareness of services and child development milestones



Increase Early Childhood Mental Health (ECMH) direct service consultation by 25% (85 to 109 consultants)

**SHORT-TERM GOALS** 

Decrease the number of children in congregate care settings by 10% (200 children)



Increase the number of licensed foster parents by 5% (with focus on high acuity children (approximately 350 children)



# LONG TERM GOAL #3: UPLIFT COMMUNITIES

Invest in community resources to enable support along the continuum of ages, stages, and services to help children and youth succeed

**OUTCOME AREAS** 

Screening & Referral: Increase ASQ\* Screening and referral to appropriate services

#### **Education:**

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Improve youth educational outcomes and graduation rates

#### **Adolescent Health:**

Reduce prevalence of behavioral, mental, & physical health risks

#### \*ASQ = Ages and Stages Questionnaire



Increase access to nontraditional care and care for children with special needs by 10% (2,000 children)

SHORT-TERM GOALS



Increase Publicly-Funded Child Care (PFCC) access for infants and toddlers by 10% (2,000 children)

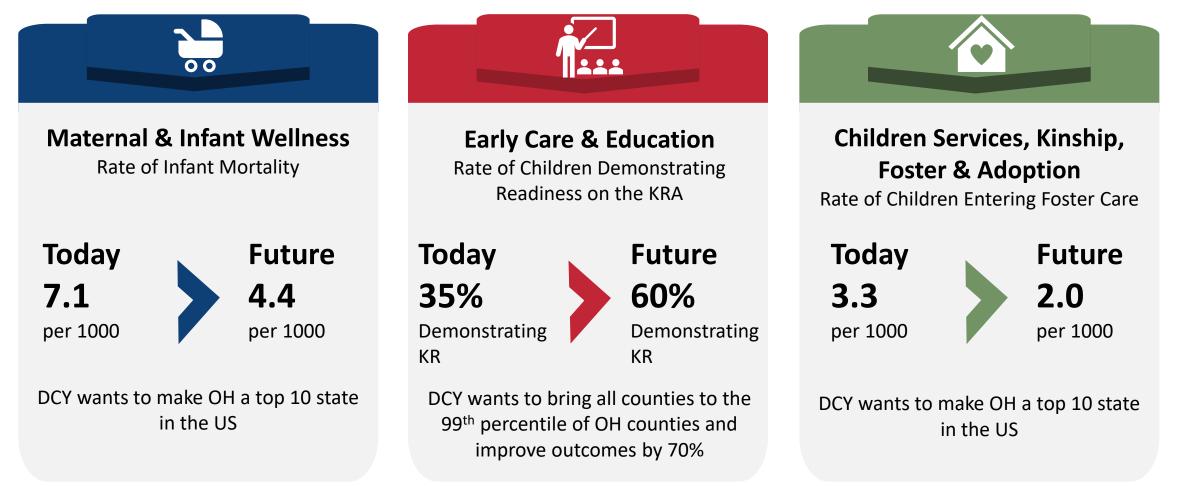


Increase the number of children in 2024/2025 school year demonstrating on the Kindergarten Readiness Assessment (KRA) by 7% (7,800 children)



# THE FUTURE OF OHIO - DRAFT

Ohio aims to be the **best place in the country to start and raise a family** and DCY has outlined the **following goals to become a leading state** (e.g., top 10 in the country across 3 program areas):





# MIKE DEWINE GOVERNOR OF OHIO



