



*Helping people live healthy,
stable and productive lives.*

Licking County 
Job & Family Services
Help for today. Hope for tomorrow.

LEVERAGING NON-PROFIT & PUBLIC RESOURCES FOR CHILDREN SERVICES



**Children Services Funding is like a
“quilt”????**



- Non-Profit and Public Resources “sewed together” can create a “blanket” of funding for services
- Various funding resources have their “allowable” and “unallowable” activities
- Like a patch in a quilt – Non-profit and Public Resources come in various sizes/amounts

Examples for Today's Presentation

- Community Support Teaming
- Alcohol/Drug Counseling and Case Management Services
- Adoption Recruitment Services – Wendy's Wonderful Kids
- Health Care Outreach for Children
- TANF/PRC in Children Services

Community Support Teaming

Community Support Teaming

What is Community Support Teaming?

- A concerted team effort to support the family in keeping their child at home and in the community
- A process to ensure community resources are used effectively
- Coordination of services
- Involvement of natural supports, public and private service providers
- Team commitment to communication

Community Support Teaming involves:

Family Team Meetings to engage family members, supportive groups, and community resources to assist in keeping children safely in their own homes

Clinical Committee consisting of Community Partners and services dedicated to help serve the family/child to help develop a coordinated case plan

Community Support Teaming Partners:

Licking County JFS/Children Services

Licking County Juvenile Court

Licking County Board of Developmental Disabilities

Community Mental Health and Recovery Board

Licking County Health Department

City and County Schools

Licking County Alcoholism Prevention Program

Behavioral Healthcare Partners of Central Ohio

all coordinated by

Licking County Children and Families First Council

Community Support Teaming:

Need: A Clinical Coordinator dedicated to coordinating and operating the Community Support Teaming effort, including providing support to the family/child (approximately \$85,000/yr.)

Funding: Obtained a few small grants and “Shared Pooled” funding from Community Partners:

Boeing Grant (\$10,000/yr. initially – phased out over 3 years)

United Way Grant (\$15,000/yr. – reapply each year)

Licking County Foundation Grant (\$10,000/yr. initially – phased out over 2 years)

“Pooled Funding” – Community Mental Health and Recovery Board, Children and Families First Council Partners

Alcohol/Drug Counseling
&
Case Management
Services

Alcohol/Drug Counseling and Case Management Services

Background: Approximately 80% of the cases where children were being removed and placed in Foster Care, the parents' issues included an alcohol or drug (AOD) related problem.

Problems: Getting the parents initially enrolled in AOD counseling and maintaining their involvement.

Goal: The sooner parents are engaged and maintained in AOD services, the better AOD issues are addressed and (hopefully) the quicker and safer the reunification of the children with the parents.

Children Services and the local Mental Health Recovery Board worked together to leverage public (State and Local) resources to place an AOD Counselor/Case Manager in Children Services for designated parents.

Process (Prior to Medicaid Expansion)

- Identified parents' Medicaid eligibility at time of Children Services Intake Investigation (approximately 60% Medicaid Eligible)
- Identified what services would be Medicaid reimbursable:
 - Assessment
 - Case Management
 - Counseling
- Identified what services would not be Medicaid reimbursable:
 - Outreach
- Leverage State Medicaid to provide the identified services
- Leveraged local funds to perform limited "outreach" to quickly enroll adults in AOD Medicaid funded services

- Local funds provided by various Community Partners:
Juvenile Court
JFS/Children Services

Maximum local funds for project \$50,000

Goal:

- ✓ Addressing parents' AOD issues
- ✓ Reunify families/children sooner
- ✓ Reduction in local expenditures for Foster Care

AOD Counseling/Case Management

April 2013 – June 2014

Local Share for Non Medicaid Outreach

Services - \$16,832.16

15 months - \$1,122.14 average local
cost per month

Now with Medicaid Expansion
(January 2, 2014) –

Reduced concern about adults in AOD
Treatment losing Medicaid Eligibility

Adoption Recruitment Services

Adoption Recruitment Services

July 2012 –

Dave Thomas Foundation, through the Wendy's Wonderful Kids effort, began an increased investment to provide Adoption Recruiters in various public and private agencies throughout Ohio.

Adoption Recruitment Services

Focus: To provide Adoption Recruiters to focus on a statewide population of children 9 years and older who have been in foster care for at least 2 years and who are in the County's Permanent Custody.

Recruiters focus on locating the best adoptive home for the child through a proactive, child-focused recruitment program.

Currently in Ohio -

Funds are available for up to 50 recruiters – NOT every County can have a recruiter, but

- ✓ Recruiters work across County borders to serve all kids
- ✓ Recruiters can be “shared” among Counties based on the number of children in need
- ✓ “Shared Services” or regional concept to spread resources to serve many children

Wendy's Wonderful Kids

- Typically, funds are not available to cover 100% of an Adoption Worker's wages/benefits.
- Balance of costs absorbed by Children Services
- Licking County:
 - July 1, 2013 – June 30, 2014
 - Actual Costs - \$76,443
 - WWK Funds - \$70,000
- Remember: Adoption Recruiters may be shared across various Counties.

Medicaid Outreach/Enrollment for Children

Medicaid Outreach/Enrollment for Children

Concern: Children were not being enrolled in Medicaid, thereby not receiving adequate health care (especially wellness care), and/or those children enrolled were not maintaining their eligibility (thereby receiving emergency services but not ongoing wellness services).

Issue: Federal Medicaid Administrative funds were available to provide 50% of the cost for a focused outreach, assessment, and eligibility program for children.

Due to State Budget reductions (2009-2011), the State Match was drastically cut and insufficient to provide outreach services.

Focus: Licking County JFS
investigated various private grant-
funding sources.

Locally: Licking County Foundation
“Miller Fund”

- Applied for \$35,000/yr. Healthcare Outreach, Assessment & Eligibility Program focused on:

A) Identifying eligible but non-enrolled children and providing various outreach events

B) Provided “family/person” centered case management to ensure once a child was enrolled that their continued eligibility and enrollment was maintained (eliminate churning).

- The initial \$35,000 would provide the non-federal match to draw another \$35,000 in federal Medicaid Administration funds, making a \$70,000/yr. outreach effort.
- Funds were awarded 2010 and 2011 (\$35,000 each year from the Foundation)

Results:

CY2010 – 671 additional children enrolled and a 25% increase in the number of children maintaining health coverage.

CY2011 – 217 additional children enrolled and maintained prior year's gains in children maintaining health coverage.

Recognized by Voices for Ohio Children as one of the “Best Practices” in Outreach and Enrollment for Child Health Coverage.



VOICES FOR
OHIO'S CHILDREN

BEST PRACTICES IN
**OUTREACH
& ENROLLMENT**

May 2014



A TOOLKIT TO HELP BRING OHIO'S CHILDREN
AND FAMILIES INTO HEALTH COVERAGE.

LICKING COUNTY

Population:
167,537

Uninsured Children:
4.9%

Poverty:
9.1%

Children Enrolled in Medicaid:
15,525 (14.8% increase over 2008)

Outreach Activities in Past 5 Years:

- Radio/TV/News Ads
- Signs, Billboards and Posters
- Brochures, Flyers and Direct Mailings
- Hotline or Helpline
- Enrollment or Health Fairs
- Back to School Campaign
- Outreach Workers in the Community

Summary of Key Outreach Activities:

During calendar years 2010 and 2011, with funding assistance from the Licking County Foundation, the county dept. of JFS initiated a focused outreach and enrollment campaign. The top expectation was to increase Healthy Start enrollments for children by educating the public on eligibility and providing outreach materials to the public. A main focus of the outreach was not only on new enrollments but also retention of Healthy Start eligibility. Unfortunately, many times families apply for Healthy Start for their children because of an immediate need. Once that emergent need has been addressed the barriers to the coverage lapse and do not complete the reapplication process. Outreach, enrollment, and educational services focused on this retention as well as "well care" preventative medical care. Outreach activities included the development of brochures and posters, including reference to a Healthy Start direct phone line. The materials were widely distributed throughout the county at doctor offices, clinics, hospitals, schools, pharmacies, food pantries, housing agencies, WIC, and various community agencies. The materials were also used in numerous visits and presentations at these locations—as well as at health fairs, career fairs, and employment fairs in the county—and, at parent/teacher conference nights at local elementary schools. Billboard ads were created, including two digital displays, and placed at multiple locations in the county. News ads and radio ads were placed, and e-mail blasts on the availability of health care coverage were directed to job seekers. More recently the county has mailed information flyers to individuals receiving food assistance but not currently enrolled in Medicaid. In separate mailings, information on available health coverage was mailed to individuals covered only under the Family Planning Medicaid category and spend down individuals who are not over age 65 and/or receiving Medicaid.

Outcome Measures:

Over the two years of funded outreach and enrollment activity, Medicaid enrollment of children increased from 14,672 (January 2010) to 15,560 as of December 2011. During the two years of the campaign, enrollments were higher than the statewide average. This increase exceeded the expectations when the campaign was launched. For the year prior to the campaign, as well as for the year following the campaign, Medicaid enrollment of children in Licking County was lower than the statewide average.

January '10 – December '10 = 671 additional children enrolled, and 25% increase in the number of children maintaining Healthy Start insurance.

January '11 – December '11 = 217 additional children enrolled, and maintenance of the prior year gains in numbers of children maintaining Healthy Start insurance.

Lessons Learned:

The implementation of case banking, the Medicaid hotline, and the phone enhancement, all significantly contributed to the success of the program. Case of success is crucial to the success of enrollment in the Healthy Start program. Being able to provide direct outreach to schools and provide information to parents and staff during school open houses was a real benefit in enrolling children in the Healthy Start program.

Recommendations for State Consideration:

Put more focus on reapplication follow-up. Instead of just sending a reminder and proposing to close when we receive no responses, we make phone calls and do a more intensive case management to help assure that families maintain their coverage. This approach is more successful when you identify some resources, including some specific individuals to be responsible for conducting all the follow-up contacts and tracking the outcomes to successful and timely reapplications.

We need to develop ways to make even better use of the new OES to further automate a passive reapplication process, and communicate with customers through the message center.

For More Information:

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TANF/PRC Funding for Children Services

Leveraging TANF/PRC Funds for Children Services:

Pro:

- ✓ 100% Federal funds limited by County Allocation can help maintain unification of families

Cons:

- ✓ TANF/PRC funds are also to focus on Workforce Development/Welfare Cash Reduction Services – redirecting funds to Children Services may reduce this focus
- ✓ TANF/PRC funds in Children Services contains several Federal requirements/prohibitions:
 - Families must be Income Eligible
 - Extreme limitations in serving families who have not maintained custody of their children

Identify and Incorporate eligible child welfare services into your TANF/PRC Plan –

CAUTION: Recommend that services be limited to those income-eligible families who still maintain custody of their children.

Possible Services:

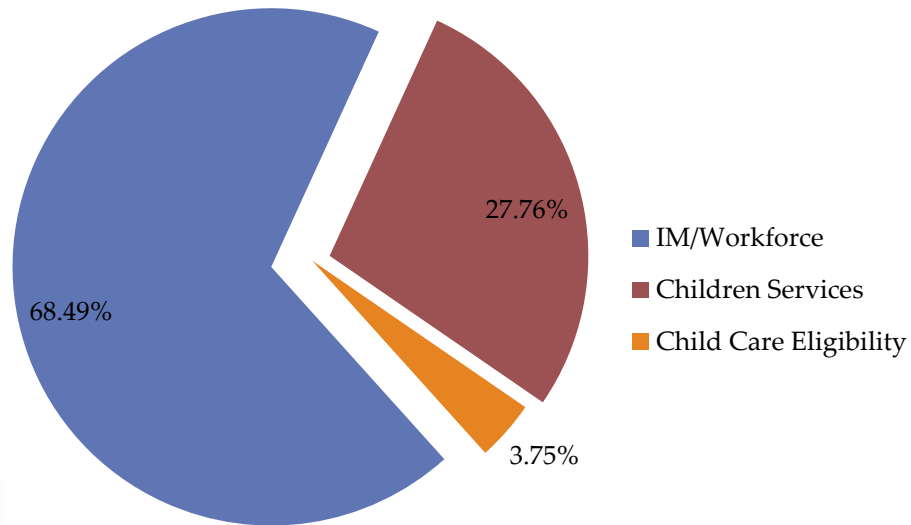
Home Based Services – Family centered case management designed to preserve the family unit by reducing risks, including Alternative/Differential Response intake services.

Parent Education Services – Assists parents in developing basic parenting skills.

Emergency Housing – Assisting with emergency housing needs including utility and rent assistance.

Kinship Navigator Services – Variety of information and referral services for “kin” who have custody and are caring for children.

LICKING COUNTY
TANF Expenditures/Services FFY13
(Oct. 2012 – Sept. 2013)



Licking County TANF Expenditure/Services FFY13 (Oct. 2012 – Sept. 2013)

IM/Workforce	Area	Expenditure
	Eligibility	\$ 189,139.63
	Case Management	183,314.62
	Work Activities	778,549.17
	Work Allowances/SEP	30,467.00
	PRC Work Activities	38,218.96
	PRC Work Diversion	46,899.37
Child Care	Eligibility/Home Certification	69,334.78
Children Services	Eligibility	3,742.35
	Kinship Navigator	69,541.03
	In-Home Services*	413,025.29
	PRC/AR/DR Services	26,560.19
	Total Expended	\$1,847,792.39

\$512,868.86
 27.76%

*C.S. In-Home Services include:

- Alternative/Differential Response Services
- Parent Mentor
- Parent Education
- Homemaker
- Ongoing Case Management/Non-Custody