Ohio Children's Trust Fund
Central Ohio Regional Prevention Council

CHILD ABUSE AND NEGLECT IN CENTRAL OHIO: AN ASSESSMENT OF NEEDS AND RESOURCES

REVISED FEBRUARY 2017

In 2016, the Ohio Children's Trust Fund's Central Ohio Regional Prevention Council first convened to begin coordinating child abuse/neglect prevention activities in a 13-county region of central Ohio. This report describes the scope of the problem, identifies key community-level risk and protective factors that will affect the need for prevention, summarizes existing prevention resources, and presents recommendations for future efforts. We hope our findings will provide a foundation for developing a regional prevention plan and will serve as a baseline to assess our progress over the next five years.

Contents

This report was authored by Kenneth Steinman, of the Ohio State University College of Public Health and incorporates the work and comments of Katie Maguire-Jack of the Ohio State University College of Social Work, as well as Heather Reed, Anne Harnish, Hilary Rosebrook and Thalia Farietta – all of the Ohio Colleges of Medicine Government Resource Center. The Needs Assessment Work Group of the Central Ohio Regional Prevention Council also provided valuable feedback. Its members include Kanda Benner (chair), Marsha Coleman, Jodi Demo-Hodgins, Kim Martin, Amanda Morgan, Nancy Kadunc Omahan and Jane Whyde.

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Executive Summary

In June 2016, the Ohio Children's Trust Fund's (OCTF) Central Ohio Regional Prevention Council (CORPC) convened to begin coordinating child abuse/neglect prevention activities in a 13-county region of central Ohio, including Crawford, Delaware, Fairfield, Fayette, Franklin, Knox, Licking, Madison, Marion, Morrow, Pickaway, Richland and Union counties. By November, this collaboration will produce a five-year prevention plan.

This needs assessment report describes the scope of child abuse/neglect in central Ohio, identifies key risk and protective factors, summarizes existing prevention resources, and presents recommendations for developing the prevention plan. Based on secondary analysis of data, an online survey of 97 local programs, and focus groups or interviews in all 13 counties, we reached the following conclusions:

The Scope of Child Abuse/Neglect

Child abuse/neglect is common. Last year, child protective services in central Ohio substantiated 4,343 allegations of child abuse/neglect. In comparison, 304 children are newly diagnosed with cancer in the region each year, while 2,881 are injured in motor vehicle crashes.

Counties vary widely in their rates of reports of child abuse/neglect. The rate of reports ranges from 31.5 per 1,000 children in Delaware County to 128.0 per 1,000 in Marion County. Such differences, however, partially reflect differences in how counties handle and record cases.

Central Ohio's population is growing. The overall number of children in the region will increase by 3.9% in the next 5 years, although the child populations in Crawford and Union counties will decrease.

Risk and Protective Factors

The heroin/opioid epidemic poses new challenges to prevention. The ongoing epidemic of heroin and opioids has devastated thousands of families across central Ohio. Not only does this increase rates of child abuse/neglect, but the epidemic also complicates primary prevention efforts. Opiate-addicted parents, for example, may be less likely to participate in, or benefit from parenting classes, home visiting programs and other prevention efforts.

No plan can address every factor that influences child abuse/neglect. There are so many different influences on child abuse/neglect, making a comprehensive plan impractical given anticipated budget resources.

Contextual factors can be monitored. It is relatively easy to monitor risk factors like the percent of children living in poverty or the rate of low birth weight babies. Doing so will enable CORPC to provide a more accurate and useful evaluation of the five-year plan that accounts for the confounding influence of contextual factors.

Counties vary in their prevention needs. Across a wide range of indicators, Crawford, Fayette, Marion and Richland counties report higher than average levels of risk compared to other counties in the region.

County population size matters. A county like Delaware may have a low poverty rate, yet its large population may mean that it has more children living in poverty compared to a higher risk (yet smaller) county like Crawford. And of course, more than half of the region's children live in Franklin County.

Resources for Prevention

Counties have used OCTF funds in very different ways. Some counties have supported home visiting and/or parent education and/or training of agency professionals.

OCTF-funded programs have varied widely in their cost per participant. Expensive programs may be more effective, but not always.

Each county has a distinct array of programs. Respondents from 97 programs reported basing their efforts on 36 different "evidence-based" models.

Nearly every county used one of four evidence-based models. A range of agencies in 12 counties based their programs on models of *Active Parenting, Healthy Families America, Parents as Teachers* or *Triple P.*

Programs have a mixed record of engaging special populations. Agencies have done a good job reaching lower income families, but have had less success with young or first-time parents. Such a focus may help align CORPC's plan with OCTF's emphasis on primary prevention.

It is impractical to reliably measure each program's participation and funding. Available data on program participation and prevention funding are difficult to summarize and compare across counties, given differences in how programs define "participant" and report their budgets.

Recommendations

Based on the above findings, we recommend that CORPC's five-year prevention plan should:

(1) *Reduce the number of reports of child abuse/neglect per year*. This should focus on the number of *new* reports – that is, those involving families who had not previously entered the child welfare system.

(2) *Recognize that its success may be county-specific*. CORPC should assess changes in the number of reports and victims within each county. Similarly, staff should monitor any changes in contextual factors within each county.

(3) *Consider targeted prevention approaches for families with a drug-addicted parent.* CORPC should consider prevention efforts that work with families struggling with addiction *before* maltreatment occurs. One approach may involve supporting first-time mothers struggling with addiction.

(4) *Develop reliable measures of program participation and prevention funding.* In order to assess how well we meet these goals of the plan, it will be necessary to be able to measure them reliably and accurately.

(5) *Focus on changing a limited number of risk and protective factors*. These "priority outcomes" should be selected because they are strongly associated with child abuse/neglect; can be reliably measured; and are likely to change as a result of primary prevention programs.

(6) *Develop a robust evaluation design*. Few reliable data sources are already being collected that could help us track changes in priority outcomes (e.g., nurturing parenting skills) in central Ohio. A robust evaluation will be necessary to help assess the success of the plan.

(7) *Focus on a limited number of programs and activities*. These should align with priority outcomes, and should have successful track record of implementation in central Ohio. Nonetheless, CORPC should also consider programs novel, promising approaches that may fit our region.

(8) *Preserve some autonomy for each county.* The range of programs and activities should be broad enough to enable each county to participate in the CORPC plan given its local array of programs and history of supporting prevention.

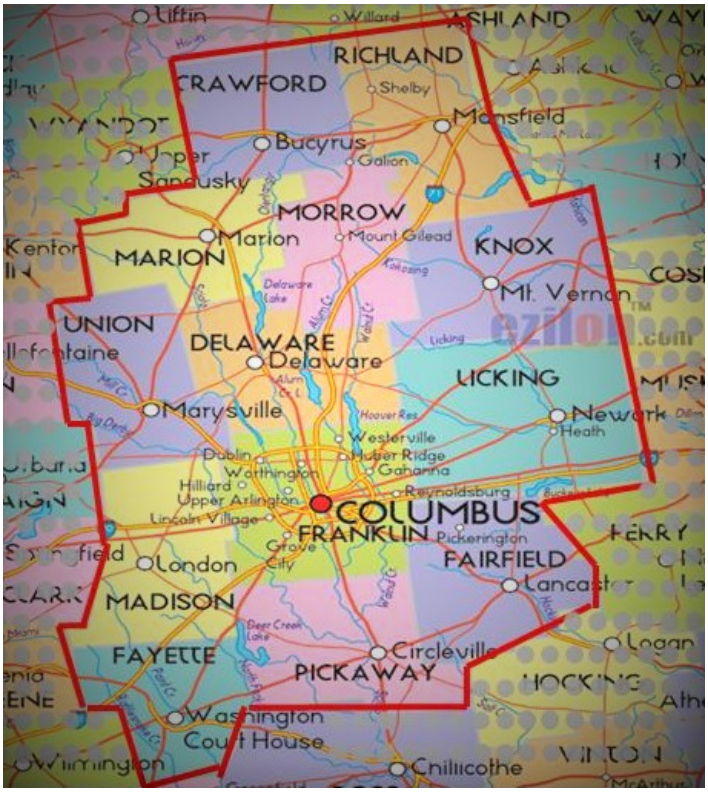
(9) *Apportion resources across counties based on the proportional level of risk, size of the child population and projected growth.* All three criteria are important for guiding the prevention plan. The data in this report can help in this regard.

These recommendations are presented as a foundation for CORPC to react to and discuss, not as a *fait accompli*. The final prevention plan rests with CORPC as a whole.

Introduction

Since its founding in 1984, the Ohio Children's Trust Fund (OCTF) has been a leading public funding source for primary and secondary prevention of child abuse/neglect – that is, "activities and services provided to the public designed to prevent or reduce the prevalence of child abuse and neglect before signs of abuse or neglect can be observed."[1]

In 2016, the OCTF initiated a new approach for supporting this work – one that emphasizes careful planning and regional cooperation across counties. Towards this end, representatives from 13 central Ohio counties convened to coordinate prevention activities in the region. With staffing support from the Ohio Colleges of Medicine Government Resource Center (GRC), they formed the Central Ohio Regional Prevention Council (CORPC) to identify prevention needs, develop a regional prevention plan and evaluate its success. In doing so, CORPC identified three initial goals to pursue by 2021: (1) reduce the number of reports and substantiated/indicated cases of child abuse/neglect; (2) increase the number of people served by effective child abuse/neglect prevention programs; and (3) increase funding for child abuse/neglect prevention.



This needs assessment report is CORPC's first publication. It describes the scope of child abuse/neglect in our 13-county region (see map), identifies key risk and protective factors, summarizes existing prevention resources, and presents recommendations for developing the prevention plan. We hope this work will serve as a valuable foundation for CORPC to building and assessing our progress over the next five years.

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Any document starts becoming outdated as soon as it is printed. To make this report useful, we encourage readers to send their thoughts and questions to GRC staff or any of the Council members. A list of names with contact information appears on page 29.

[1] Ohio Department of Job and Family Services. *Ohio Children's Trust Fund* [website]. Available: jfs.ohio.gov/octf/

The Scope of Child Abuse/Neglect

Because so much of the problem is hidden, estimating the prevalence of child abuse/neglect is very difficult. Ideally, one should count more than those cases that are formally investigated by child protective services (CPS). The National Incidence Studies of Child Abuse and Neglect, for example, use a sentinel surveillance methodology that also obtains data on children seen by community professionals who were not reported to CPS or who were screened out by CPS without investigation.[2] Such estimates provide a more complete measure of child abuse/neglect known to community professionals, including abused and neglected children counted in official CPS statistics as well as those who are not.

However, the most recent available data are over 10 years old, during which time Ohio experienced, and is recovering from, profound economic distress. Because economic measures like unemployment are strongly associated with child maltreatment, it would be imprudent to base estimates on such old data.[3] Other data sources, however, may still offer some insights.

Child abuse/neglect is common

Ohio's Statewide Automated Child Welfare Information System (SACWIS) tracks reports of child abuse/neglect in each Ohio county, and records aspects of their investigation and disposition, among other variables. The data from each county highlight some important facts about the scope of child abuse/neglect in central Ohio.

Table 1 presents tallies of SACWIS data for the 13 counties in our region. Last year, child protective service agencies in CORPC's 13-county region handled over 41,000 reports of abuse/neglect – over 112 per day. Each report has to be investigated and many cases require extensive intervention and support, even when a case is not substantiated.

Of course many cases are substantiated or indicated.[4] Last year, 18,495 reports in central Ohio were screened into the traditional or alternative response pathways. To put that number into

[2] Sedlak AJ, Mettenburg J, Basena M, Petta I, McPherson K, Greene A, Li S. *Fourth National Incidence Study of Child Abuse and Neglect (NIS–4): Report to Congress*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families; 2010.

[3] Steinman KJ, Sahr TJ. *The Scope of Family Violence in Ohio: Sources and Methods, 2014 Update*. Columbus, OH: Ohio Colleges of Medicine Government Resource Center; 2014.

[4] "Indicated" refers to an investigation disposition that concludes maltreatment could not be substantiated under state law or policy, but there was reason to suspect the child had been, or was as risk of being maltreated. All reports with such a disposition are "screened in."

context, consider that an average of 304 children are newly diagnosed with cancer each year in these same counties and 2,881 are injured in motor vehicle crashes.[5]

Table 1. Reports of child abuse/neglect and dispositions in 13 Ohio counties, 2016.

	Reports[6] of child abuse or neglect are filed with children's services (A)	*Reports that were screened into traditional or alternative response (B)*	*Population of children (0-17 years) (C)*	*Reports per 1,000 children (A*1000/C)*
Crawford	950	257	9,734	97.6
Delaware	1,614	537	51,167	31.5
Fairfield	3,557	1,541	37,365	95.2
Fayette	263	151	7,002	37.6
Franklin	24,923	11,355	284,195	87.7
Knox	1,015	482	14,356	70.7
Licking	2,097	1,125	40,423	51.9
Madison	791	324	9,374	84.4
Marion	1,813	682	14,164	128.0
Morrow	667	151	8,861	75.3
Pickaway	441	160	12,713	34.7
Richland	2,469	1,410	26,982	91.5
Union	911	320	13,925	65.4
TOTAL	41,511	18,495	530,261	78.3

Sources: SACWIS, 2010-2014 American Community Survey 5-Year Estimates, S0901: Children Characteristics

Franklin County alone accounts for well over half of all the reports of child abuse/neglect (24,923/41,511=60%) in our region. However, over half of the children in our region reside there as well (284,195/530,261=54%). Adjusting for population differences, Franklin County's rates of child abuse/neglect reports are close to average for the region.

[5] Ohio Colleges of Medicine Government Resource Center. *The Scope of Family Violence in Ohio; Ohio Family Violence Prevention Project* [online database]. Available: http://www.grcapps.osu.edu/OFVPP/

[6] These reports represent the number of alleged types of child abuse and neglect from an incident (whether or not it was eventually substantiated or indicated), rather than the number of unduplicated victims. For example, a single child who experiences both physical abuse and neglect would merit two reports. Statewide in 2011, there were about 110 reports for every 100 unduplicated victims.

Counties vary widely in their rates of reports and victims

The data in Table 1 also indicate that the counties vary widely in their annual rates of reports of child abuse/neglect, from 31.5 per 1,000 children in Delaware County to 128.0 per 1,000 in Richland County.

Because counties vary in their organizational capacity for, and policies governing how and when to investigate cases, as well as their methods for recording allegations, it is inadvisable to use these data to compare the scope of child maltreatment across counties. In particular, counties with Alternative Response focus less on investigation and more on assessing and ensuring child safety through family engagement and collaborative partnerships (for cases not involving serious and imminent harm). To use SACWIS data for documenting changes in the prevalence of child maltreatment, it may be most appropriate to look at changes *within* each county rather than at overall figures for the region.

In addition, CORPC may need to look beyond SACWIS data in order to judge the success of its prevention plan. Creating measurable changes in risk and protective factors associated with child abuse/neglect may become important goals to consider.

Successful prevention should reduce the number of new cases

While the data used for Table 1 are helpful, they do have a limitation: many cases involve children who have already experienced abuse or neglect. Because CORPC focuses on *primary and secondary* prevention of child abuse/neglect – that is, preventing maltreatment *before* it begins – it is important to focus on SACWIS cases who enter the system each year for the first time.

Unfortunately, data on the number of new cases were not available in time for the completion of this report. Both Franklin and Madison counties are exploring approaches to collecting and analyzing data on the number of C/AN reports and the number of those with substantiated or indicated dispositions where the parents of the child victim had not previously been involved in the child welfare system (neither traditional nor Alternative Response). If, for example, a report was filed on a child victim, "Sara" and her older sibling had previously been found to be a victim of neglect, then Sara's case would not be included in the tally. A parent who him/herself had been involved in the child welfare system as a child victim, may still be included, so long as they had not also been involved once they became a parent.

In addition, given the variable and changing methods that counties use to screen in cases to the alternative or traditional response pathways, it is advisable to focus on reports of child abuse/neglect and not counts of substantiated/indicated victims. Depending on the reliability and validity of such data, they may represent a helpful metric for gauging the success of the prevention plan.

Central Ohio's population is growing

Another factor affecting trends in child abuse/neglect is simply the size of the population. Even if prevention efforts are successful and child abuse/neglect becomes less common, a growing population can result in an increased caseload for child welfare professionals.

Table 2. Population projections in 13 central Ohio counties, 2015-2020

	Total population				*Population of children (0-17)*			
	2015	*2025*	*change*	*% change*	*2015*	*2025*	*change*	*% change*
Crawford	42,300	40,890	-1,410	-3.3%	9,064	8,572	-492	-5.4%
Delaware	192,990	210,630	17,640	9.1%	52,030	52,120	90	0.2%
Fairfield	156,220	165,850	9,630	6.2%	38,146	40,008	1,862	4.9%
Fayette	28,880	28,860	-20	-0.1%	6,996	7,132	136	1.9%
Franklin	1,198,370	1,237,960	39,590	3.3%	296,382	313,530	17,148	5.8%
Knox	63,030	64,960	1,930	3.1%	14,786	15,034	248	1.7%
Licking	173,520	180,860	7,340	4.2%	40,558	41,534	976	2.4%
Madison	44,510	45,670	1,160	2.6%	9,368	9,666	298	3.2%
Marion	66,860	67,130	270	0.4%	14,280	14,636	356	2.5%
Morrow	36,180	37,380	1,200	3.3%	8,632	9,112	480	5.6%
Pickaway	56,690	58,010	1,320	2.3%	12,726	13,284	558	4.4%
Richland	122,180	120,200	-1,980	-1.6%	26,202	26,242	40	0.2%
Union	55,990	59,760	3,770	6.7%	13,366	12,988	-378	-2.8%
TOTAL	**2,237,720**	**2,318,160**	**80,440**	**3.6%**	**542,536**	**563,858**	**21,322**	**3.9%**

Source: Ohio Development Services Agency[7]

Note: The 2015 figures in this table are estimates made at the time they were published (2013). As such, they differ from those presented in Table 1. For planning purposes, we recommend using the figures in Table 1.

Between 2015 and 2025 the total population of our 13-county region is expected to grow by 3.6% or 80,440 people (Table 2). In raw numbers, most of this growth will occur in Franklin and Delaware counties. Delaware (+9.1%), Union (+6.7%) and Fairfield (+6.2%) counties will experience the greatest proportional growth, while Crawford (-3.3%), Richland (-1.1%) and Fayette (-0.1%) counties will lose population.

Yet most relevant to the prevention plan are changes in the population of children, projected to grow by 21,322 or 3.9% overall. Over three quarters of this increase (17,148/21,322) will occur in Franklin County, although Fairfield, Morrow and Pickaway counties will also have large percentage increases. Interestingly, changes in the child population of Delaware (0.2%) and Union counties (-2.8%) will not keep pace with the rapid growth of their adult populations.

[7] Ohio Development Services Agency. *Population Projections by Age and Sex.* Columbus, OH; 2013. Available: https://development.ohio.gov/reports/reports_pop_proj_map.htm

These data indicate that the need for child abuse/neglect prevention may become greater in Fairfield, Franklin, Morrow and Pickaway counties. Plans for Delaware and Union counties might anticipate a growing, local focus on adult concerns as their adult populations grow rapidly while their child populations remain stable or even shrink.

Risk and Protective Factors

A large research literature has identified a wide range of factors that increase a child's risk for being abused or neglected.[8] These are known as "risk factors" and occur at multiple levels, including the child (e.g., behavioral/emotional disorders; having a special health care need); parent (e.g., nurturing parenting skills; knowledge of child development; substance abuse); family unit (e.g., a child living with a parent's unmarried partner; living in poverty); and community (e.g., high unemployment rate; poor access to social services). Other variables can buffer or reduce the likelihood of child abuse/neglect for higher risk families. Examples of these "protective" factors include access to caring adults outside the family and stable family relationships.

Findings from focus groups and interviews that CORPC staff conducted with local agency professionals[9] largely paralleled those from the research literature: participants indicated that the main risk factors for child abuse/neglect across the region were substance abuse and mental health issues, poverty, intergenerational parenting issues (e.g., cycle of abuse or neglect), and a lack of knowledge relative to parenting. The overwhelming majority of participants singled out drug abuse, namely heroin and opioid addiction, as a primary cause of child abuse/neglect; mental health was often mentioned as well, which in turn led to a discussion about the lack of services available to residents in each county. Other contributing factors mentioned were safe and affordable housing, accountability for parents, employment issues (e.g., only minimum wage jobs available), affordable child care, family support (e.g., social support), and neighborhood ecology.

The heroin/opioid epidemic poses new challenges to prevention

The ongoing epidemic of heroin, along with prescription painkillers, fentanyl and other opioids has devastated thousands of families across central Ohio. Parental substance abuse has long been known to be a risk factor for child maltreatment,[10] especially when accompanied by mental illness. The rapid increase in substance use disorders has strained Ohio's efforts to prevent child

[8] Runyan D, Wattam C, Ikeda R, Hassan F, Ramiro L. Child abuse and neglect by parents and caregivers. In: Krug E, Dahlberg LL, Mercy JA, Zwi AB, Lozano R, editors. *World Report on Violence and Health*. Geneva, Switzerland: World Health Organization; 2002. p. 59-86. Available from: www.who.int/violence_injury_prevention/violence/global_campaign/en/chap3.pdf

[9] Katie Maguire-Jack supervised the collection and analysis of these data in each of the region's 13 counties during July and August 2016. For a summary of findings, please refer to page 31.

[10] Young NK, Boles SM, Otero C. Parental substance use disorders and child maltreatment: overlap, gaps, and opportunities. *Child Maltreatment; 2007;* 12(2):137-149.

abuse/neglect. Recent studies suggest that communities with higher rates of opioid overdose also have higher rates of child maltreatment.[11]

One increasing area of concern is the growing number of babies born with Neonatal Abstinence Syndrome (NAS) – the group of problems a baby experiences when withdrawing from in utero exposure to substances like opioids, cocaine or marijuana. From 2004-2014, Ohio experienced a near ten-fold increase in the number of hospitalizations due to NAS, from 1.4 to 13.4 per 1,000 live births, with opioids being the most common drug of exposure.[12] (If such rates are applied to the CORPC region [under the reasonable assumption that central Ohio's rate resembles the statewide rate], then about 400 central Ohio children are born each year with NAS. Such children are at high risk for abuse/neglect, as one parent (or even both parents) struggle with substance use disorders while trying to care for a new child with demanding health care needs.

More broadly, substance abuse during pregnancy has been a major source of reports to child protective services. Although county-level data on substance abuse during pregnancy are currently unavailable, it is possible to provide a rough estimate of the number of pregnant women who abuse substances during pregnancy each year in central Ohio. Nationwide, CDC estimates that 10% of women use alcohol or other drugs during pregnancy. The prevalence of substance abuse, however, varies from community to community. Using county-level data on fatal drug overdoses enables us to adjust our estimates of the number of births in each county that are to mothers who abuse substances during pregnancy (Table 2a).

[11] Wolf JP, Ponicki WR, Kepple NJ, Gaidus A. Are community level prescription opioid overdoses associated with child harm? A spatial analysis of California zip codes, 2001-2011. *Drug Alcohol Depend 2016*; 166(Sep):202-8.

[12] Ohio Department of Health, Violence and Injury Prevention Program. *Neonatal Abstinence Syndrome (NAS) in Ohio: 2004-2014 Report*. Columbus, OH: Ohio Department of Health; 2015.

Table 2a. Estimated annual number of births to mothers who abuse substances in central Ohio

	Number of births in 2014	*Unadjusted estimate (10%) of births to mothers who abuse substances during pregnancy*	*Annual rate of overdose deaths per 100,000*	*Percentage of annual rate of overdose deaths relative to the regional average*	*Adjusted annual estimate of births to mothers who abuse substances during pregnancy*
Crawford	473	47	16.7	88.8%	42
Delaware	2,166	217	7.3	38.8%	84
Fairfield	1,633	163	11.1	59.0%	96
Fayette	341	34	28.1	149.5%	51
Franklin	18,742	1,874	17	90.4%	1,695
Knox	716	72	15.1	80.3%	58
Licking	1,951	195	13.5	71.8%	140
Madison	432	43	15	79.8%	34
Marion	730	73	27.3	145.2%	106
Morrow	367	37	16.6	88.3%	32
Pickaway	600	60	19.4	103.2%	62
Richland	1,379	138	18.4	97.9%	135
Union	601	60	8.8	46.8%	28
TOTAL	**30,131**	**3,013**	**18.8**	**100.0%**	**2,564**

A second challenge is that substance use disorders make it more difficult to engage families in prevention, especially when parents also experience mental illness. For parents struggling with addiction, working on parenting skills or learning about child development is simply less urgent than managing the challenges of drug addiction or the hunger and housing needs that often accompany it. Focus groups with central Ohio stakeholders repeatedly identified drug addiction as a major barrier to prevention.

A 2014 white paper[13] produced by the Public Children Services Association of Ohio (PCSAO), has already provided recommendations on how Ohio can improve working with such families when they become involved in the child welfare system. What is less clear, is how to work with such families to *prevent* their entering the child welfare system in the first place.

It is also useful to estimate the number of families with caregivers who are at risk for abusing substances. The Central Ohio region has 263,525 housing units with children, and an average of

[13] Public Children's Services Association of Ohio. *Child Welfare Opiate Engagement Project*. Columbus, OH: Public Children's Services Association of Ohio; 2014.

2.0 children per household.[14] Of these, approximately 20% or 52,705 of the households have at least one parent or caregiver who is abusing substances.[15] Excluding the households where a mother is pregnant (2,560; see above) and those with a substantiated or indicated child welfare case disposition (10% or 5,014)[16], we estimate that (52705-2560-5014=) about 45,000 households are at risk of abusing substances. Of course, it would be unrealistic to expect that we could identify, contact and recruit all these families. Assuming that we can reach 25% of eligible households and 25% of those we can then successfully recruit, we anticipate serving about 2,650 families in central Ohio. This figure would be a realistic improvement on prior-year OCTF-funded efforts to provide parenting classes in the region (see below). With regional coordination and economies of scale, we can serve a similar number of parents with more consistent, higher quality programs in a shorter amount of time.

No plan can address every factor that influences child abuse/neglect

No single intervention or policy can hope to address the many factors that influence child abuse/neglect. And it is similarly impractical to try and coordinate the wide range of agencies, services and programs that could possibly influence them, especially given the size of OCTF's budget relative to other offices that focus on Medicaid, housing, education and employment. As such, CORPC will need to be strategic in identifying selected factors where a limited prevention plan can intervene successfully.

One approach to selecting such risk and protective factors is to focus on those that have three characteristics: (1) are grounded in the research literature and focus group findings; (2) can be reliably measured; and (3) are likely to change as a result of planned activities and programs. We refer to these as **"priority outcomes."** It would be too ambitious to try and change every known risk and protective factor, so the CORPC prevention plan should focus on a limited number that best meet these criteria. Figure 1 presents recommended examples that can serve as a basis for discussion.

[14] US Census Bureau, 2010-2014 American Community Survey 5-Year, DP04: SELECTED HOUSING CHARACTERISTICS Estimates. 28% of households have children 0-17 years old.

[15] Substance Abuse and Mental Health Services Administration, Office of Applied Studies. *The NSDUH Report: Children Living With Substance Depending or Substance-Abusing Parents: 2002–2007*. Rockville, MD: Substance Abuse and Mental Health Services Administration; 2009

[16] Estimated by CORPC Council.

Figure 1. Recommended priority outcomes to change and contextual factors to monitor

Priority outcomes *(CORPC programs may change in order to reduce child abuse/neglect)*	Contextual factors *(CORPC programs probably will not change, but may still influence child abuse/neglect)*
<u>Parents</u> • Nurturing parenting skills • Household rules and child monitoring • Parents' knowledge of children's needs and child development • Substance abuse by parents (especially opioid/opiate) • Parents' thoughts or emotions that justify abusive or neglectful behavior • Parenting stress • Percent of mothers not receiving prenatal care in the first trimester* • Percent of mothers smoking during pregnancy*	<u>Parents</u> • Rate of Medicaid hospitalizations for alcohol and substance use disorders** • Rate of petitions for civil protection orders* • Rate of victims involved in domestic violence incidents recorded by police* • Rate of births to mothers under 20 years old*
<u>Child</u> • Substance abuse by children • Rate of Medicaid claims for behavior/emotional disorders	<u>Child</u> • Percent of births that are low birth weight*
<u>Family</u> • Access to health and social services • Access to caring adults outside the family who serve as mentors and role models • Stable family relationships	<u>Family</u> • Percent of children living in households with Supplemental Security Income (SSI), cash public assistance income or SNAP benefits* • Percent of households with presence of unmarried partner of householder*
<u>Community</u> • Public support for child abuse/neglect prevention • Policy-makers support for child abuse/neglect prevention	<u>Community</u> • Percent of households in poverty* • Percent of adults who are unemployed* • Percent of households that are vacant* • Rate of overdose fatalities*
	** existing county-level data are available* *** existing county-level are available but not at press time*

Note that only a few of the listed priority outcomes already have county-level data that CORPC might use to judge the success of the prevention plan. Instead, the success of the plan will depend on a robust evaluation design for each funded program and activity.

Contextual factors can be monitored

Even if CORPC's prevention plan is remarkably effective, changes in child/abuse and priority outcomes will also depend on broader social and economic forces. A new economic recession, for example, could overwhelm the benefits of any prevention efforts. Therefore, identifying and monitoring "contextual factors" will enable CORPC to provide a more nuanced, accurate and useful evaluation of its five-year plan. If after five years, for instance, the number reports or victims of child abuse/neglect is unchanged, we would be more likely to consider the plan unsuccessful if the contextual factors have improved – that central Ohio has otherwise become

healthier and safer. If, however, the numbers of reports or victims are unchanged while the contextual factors have markedly worsened, we might consider the plan a success – avoiding an increase at time of greater threats to the well-being of children and families.

Examples of contextual factors include the rates of poverty, unemployment and low birth weight babies (Figure 1). It would be difficult for broad changes to affect child abuse/neglect without also altering some of these contextual factors.

Fortunately, existing county-level data are already available for a range of these factors, so it will be relatively easy to monitor a wide range of them. Table 3 (see p. 15) provides baseline measures for a wide range of indicators for each central Ohio county. A few indicators may reflect a priority outcome that the prevention plan chooses to address (e.g., percent of mothers smoking during pregnancy). Most, however, are beyond the scope of any realistic prevention plan (e.g., percent of households in poverty) yet will be important to monitor.

Counties vary in their prevention needs

Central Ohio includes a wide range of county types, from small rural areas like Fayette County to Franklin County – the core of a major metropolis. Examining data on contextual factors (Table 3, see p. 15) can help identify those counties that have a large proportion of their families at elevated risk for child abuse/neglect.[17] Such information can be useful for guiding the prevention plan to ensure programs reach where the need is most concentrated.

The data in Table 3 indicate that certain counties report consistently higher levels of risk factors compared to others in the region. Marion County, for instance, is in the top 3 of the 13 counties in terms of the percent of households in poverty (27.0%), vacant housing units (11.6%), adult unemployed (5.1%), births to women <20 years old (13.9 per 1,000), low birth weight (10.1%),

[17] A much broader range of indicators are also available, including additional census housing data, mortality data for various chronic diseases, distribution of various health care professionals, among others. We believe the current list of community-level factors is sufficient to illustrate county-level differences.

Table 3. Community-level factors associated with child abuse/neglect : Data for 13 central Ohio counties

	Crawford	Delaware	Fairfield	Fayette	Franklin	Knox	Licking	Madison	Marion	Morrow	Pickaway	Richland	Union	REGION total
POPULATION/POVERTY (PERCENTAGES)														
% housing units that are vacant	12.2%	4.2%	7.7%	9.0%	11.0%	10.6%	7.9%	7.7%	11.6%	10.5%	8.4%	11.4%	6.9%	**9.0%**
% unemployment	5.9%	3.7%	4.3%	4.5%	4.1%	4.6%	4.4%	3.8%	5.1%	4.7%	4.8%	5.3%	3.8%	**4.5%**
% of households with presence of unmarried partner of householder	11.9%	4.4%	9.2%	12.9%	8.6%	6.5%	8.5%	10.7%	16.2%	11.0%	10.6%	9.7%	7.0%	**9.7%**
Median family income	$48,760	$116,812	$75,797	$44,694	$59,080	$55,603	$69,211	$69,478	$46,999	$55,270	$66,714	$46,774	$79,520	**$59,080**
% children living in households with SSI, cash public assistance income, or Food Stamp/SNAP benefits (in the past 12 months)	30.9%	8.5%	25.3%	38.0%	33.5%	27.2%	25.9%	28.5%	37.6%	26.7%	29.0%	32.9%	16.6%	**29.1%**
% of households with household income below the federal poverty level	25.2%	5.2%	15.3%	25.9%	25.3%	23.7%	18.5%	16.4%	27.0%	19.8%	19.0%	24.1%	8.8%	**21.2%**
DOMESTIC VIOLENCE														
# victims (per 100,000 population) involved in domestic violence incidents recorded by police	57.5	8.9	53.7	68.1	62.0	n/a	n/a	42.4	65.4	29.6	65.4	107.2	19.8	**62.77**
# petitions for domestic violence civil protection orders are filed (per 10,000 population)	33.7	6.9	10.9	24.3	23.5	5.2	28.3	23.5	15.4	11.9	12.6	27.0	13.7	**15.4**
HEALTH & HEALTH CARE OUTCOMES														
infant mortality rate (2005-2014; per 1,000 births)	6.4	4.4	5.7	7.1	8.5	7.5	6.9	9.4	6.5	6.5	6.7	7.3	6.6	**6.7**
percent of live births that are low birth weight	7.4	5.8	7.6	7.9	9.1	6.7	7.6	7.5	10.1	6.8	8.0	7.7	5.1	**7.6**
all cause mortality (per 100,000)	935	620	721	982	807	745	805	792	908	785	808	848	751	**805.0**
overdose deaths (per 100,000 population)	16.7	7.3	11.1	28.1	17.0	15.1	13.5	15.0	27.3	16.6	19.4	18.4	8.8	**18.8**
rate of births to mothers <20 years (per 1,000)	10.2	2.2	5.8	10.8	8.0	7.0	7.1	6.6	13.9	8.1	8.1	11.1	4.7	**7.5**
percent of mothers not receiving prenatal care in the first trimester	20.4%	16.4%	21.5%	30.9%	30.3%	32.3%	23.9%	21.5%	23.3%	30.0%	20.8%	29.4%	21.7%	**27.5%**
percent of pregnant women smoking during the third trimester	25.7%	5.0%	14.4%	25.3%	10.1%	15.0%	15.9%	18.4%	27.0%	18.8%	20.2%	21.4%	11.5%	**12.3%**
primary care physicians (per 100,000 population)	30.6	132.7	63.8	38.2	100.7	40.9	44.3	52.4	41.1	17.1	45.7	54.9	50.2	**45.7**
OTHER OUTCOMES														
Kindergarten Readiness Assessment social foundation score (weighted average by county)	265.2	274.4	271.9	266.0	269.6	264.6	269.9	271.9	267.9	266.0	265.2	266.9	267.3	**267.3**
See appendix for sources														
All figures are annualized unless otherwise noted														
n/a = not available														

overdose fatalities (27.3 per 100,000) and most other indicators. Crawford, Fayette and Richland counties are also consistently higher than average across a range of indicators. In contrast, Union and Delaware counties consistently rank lowest. (Figures 2-4 illustrate these patterns by presenting select examples in chart format.)

The findings for domestic violence also suggest differences across the counties – with the same higher and lower risk counties at either end of the distribution. The annual number of victims (per 100,000 population) of domestic violence incidents recorded by law enforcement, ranged from 8.9 in Delaware County to 107.2 in Richland County. And the annual number of petitions for domestic violence civil protection orders (per 10,000 population) ranged from 5.2 in Knox County to 33.7 in Crawford County.

More than census, unemployment and health data, however, these domestic violence indicators likely reflect more than just variation in the underlying prevalence of the problem. It is likely that differences in organizational capacity and reporting procedures also contribute significantly.[3]

As noted earlier, the same limitation is certainly true for the SACWIS data presented in Table 1. Nonetheless, it is worth noting that two of the "higher risk" counties (Richland and Marion) had child victim rates far above the regional average, whereas Delaware County was far below.

Figure 2. Percent of households in poverty

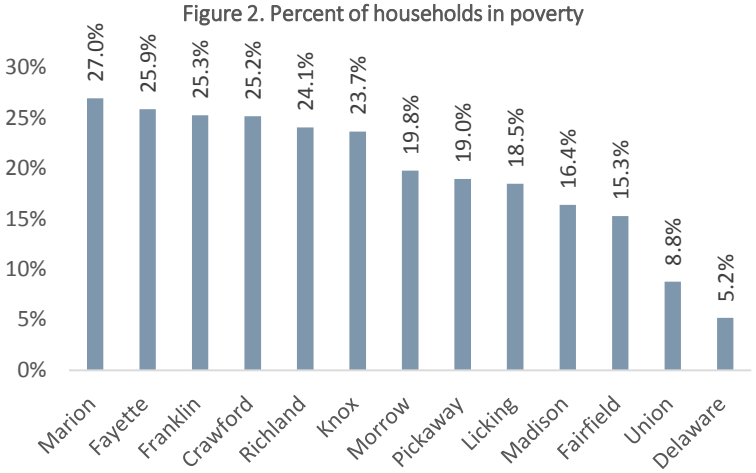


Figure 3. Percent of adults unemployed

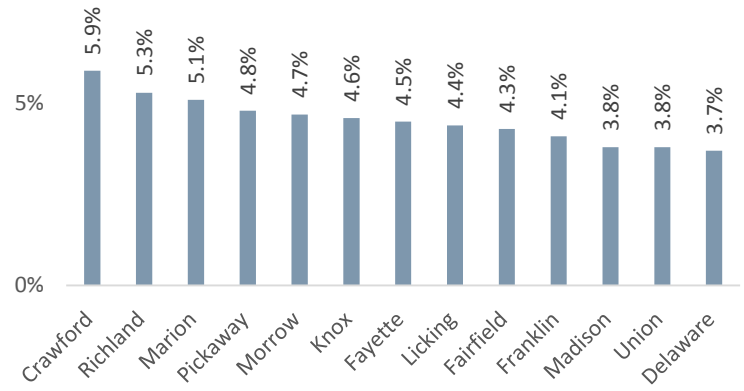
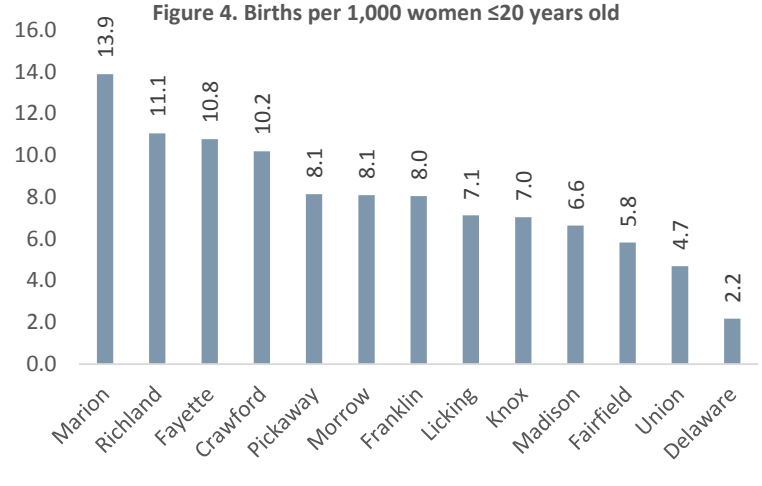


Figure 4. Births per 1,000 women ≤20 years old



County population size matters

While certain counties have a proportionately higher level of risk, it is still important to consider the absolute number of children and families who are exposed to these risk factors. A county like Delaware may have a low poverty rate, yet its large population may mean that it has more children living in poverty compared to a higher risk (yet smaller) county like Crawford.

Table 4 presents estimates of the number of children in each county who experience certain risk factors. Of course, the size of each county's population tends to drive differences in the absolute numbers, highlighting the unsurprising conclusion that most children in higher risk homes in the CORPC region live in Franklin County. This includes (70,929/110,854=) 64% of those in poverty, 53% of those living with a non-parental householder, 62% of those receiving various types of public assistance, and 58% of those born to mothers <20 years old.

Table 4. Estimated counts of higher risk populations for child abuse/neglect in 13 central Ohio counties

	Crawford	Delaware	Fairfield	Fayette	Franklin	Knox	Licking	Madison	Marion	Morrow	Pickaway	Richland	Union	REGION
number of children living in poverty (annual household income <100% of the federal poverty level)	2,369	2,637	5,647	1,760	70,929	3,364	7,387	1,509	3,673	1,700	2,341	6,344	1,195	**110,854**
number children living in a household who are not the biological, step or adopted child of the householder	1,129	2,200	3,176	1,022	27,283	1,192	4,123	1,106	2,238	1,427	2,072	3,346	1,156	**51,469**
number of children living in households with SSI, cash public assistance income, or SNAP (in the past 12 months)	3,008	4,349	9,453	2,661	95,205	3,905	10,470	2,672	5,326	2,366	3,687	8,877	2,312	**154,289**
number of children born each year to mothers <20 years old	54	59	116	39	1,259	58	157	34	105	37	56	161	35	**2,169**

Source: US Census Bureau; Ohio Department of Health

Nonetheless, these figures are useful for estimating the size of the higher risk populations in each county that a prevention plan might aim to reach. It is helpful, for instance, to plan a parent education program for Knox County, knowing that each year, about 58 babies are born to mothers under 20 years old. Moreover, comparing these figures to the number of participants already reached by existing programs can help estimate unmet needs for prevention.

Resources for Prevention

In order to create an effective prevention plan, it is critical to understand how resources have been used in the recent past. Some counties, for instance, have used OCTF funding to support home visiting programs for low income mothers, whereas others have conducted parent education classes or trained agency professionals in trauma-informed care. A regional prevention plan may need to reallocate resources, but should do so in a manner that minimizes disruption to valued prevention efforts within each county.

Counties have used OCTF funds in very different ways

Analyses of OCTF budget data determined the previous amounts of funding that counties had spent and the types of programs they supported. OCTF invested an average of $694,289 per year for central Ohio prevention efforts during SFY 2014 and SFY 2015.[18] Nearly half of this funding ($322,705) went to Franklin County to train educational and health care professionals working with children about trauma-informed care. Funding for other counties supported a variety of parent education programs and the *Parents as Teachers/Healthy Families America* home visiting program. Table 5 presents the amount of funding for each type of program by county. These totals represent the amount spent, not the amount allocated by the OCTF (which relied on a population-based system). It is important to note that all counties within the region were eligible to receive their full allocations.

These data indicate that during SFY 2014 and SFY 2015, average annual OCTF funding was spent relatively evenly on a per-child basis, with most counties using funding similar to the regional average of $131 per child per year. Marion County, however, was an exception, as it spent only $60 per child per year.

Parent education programs ($235,480 per year in 10 counties) used more funding than did the *Parents as Teachers/Healthy Families America* home visiting program ($136,103 per year in 4 counties). Most counties chose only one type of program (i.e., either parent education or home visiting) during the two-year period; yet of those who chose parent education, many used more than one curriculum.

[18] We omitted data from SFY 2016 because the OCTF was beginning to change its funding model and budgets varied widely by county, with some counties using no funding even though all counties were eligible to receive their full allocation.

Table 5. Expenditures for different types of programs funded by the Ohio Children's Trust Fund in 13 counties, annual averages from SFY 2014 and SFY 2015

	parent education	*home visiting*	*other*	*total budget*	*total budget per 100 children*	*Activities funded*
Crawford	$0	$13,166	$0	$13,166	$136	Parents as Teachers; Parent Café[19]
Delaware	$0	$67,355	$0	$67,355	$132	Parents as Teachers
Fairfield	$10,667	$40,582	$0	$51,249	$137	Parents as Teachers; 1-2-3-4 Parents!; Active Parenting Now
Fayette	$7,928	$0	$0	$7,928	$113	Stewards of Children; I Have a Plan – Shaken Baby Syndrome
Franklin	$0	$0	$371,549	$371,549	$131	Trauma Informed Practice (multiple components); Incredible Years
Knox	$17,165	$0	$0	$17,165	$120	Active Parenting Now
Licking	$54,873	$0	$0	$54,873	$136	Triple P
Madison	$0	$15,000	$0	$15,000	$160	Parents as Teachers
Marion	$8,475	$0	$0	$8,475	$60	1-2-3-4 Parents!; Active Parenting Now
Morrow	$15,000	$0	$0	$15,000	$169	Stewards of Children; 1-2-3 Magic
Pickaway	$17,300	$0	$0	$17,300	$136	Incredible Years
Richland	$37,437	$0	$0	$37,437	$139	1-2-3-4 Parents!; Active Parenting Now; Parent Café
Union	$11,100	$0	$6692	$17,792	$128	Active Parenting Now; Incredible Years
TOTAL	$228.788	$136,103	$329,397	$694,288	$131	

OCTF-funded programs have varied widely in their cost per participant

Looking at data on each parenting education program (Table 6) offers further insights. Three curricula were implemented in multiple counties, including *1-2-3-4 Parents!* in 3 counties, *Active Parenting Now* in 6 counties and *Incredible Years* in 3 counties. The cost per participant varied widely across these curricula, with *Incredible Years* costing nearly 5 times more per participant as did *1-2-3-4 Parents!.* In addition, the cost per participant in the 3 counties that offered *1-2-3-4 Parents!* ranged from $51 to $179 whereas the range for *Incredible Years* was $52 to $844. In

[19] Crawford County listed participants in a Parent Café, but had no budget.

comparison, *Triple P* cost only $24 per participant.[20] The variation in the cost per participant figures is due to multiple factors including, but not limited to the intensity of the curricula (some require more sessions than others), the type of curricula (parent education versus classroom based) and the training needs for providers.

"Cost per participant" is an imperfect measure of a program's efficiency and has nothing to do with its effectiveness. In some instances, training 10 professionals will result in a larger impact than training 100 parents. Some programs may become more expensive because they involve more sessions. And of course, a less costly program can still be a waste of money if it is ineffective, just as an expensive program can be a good investment if it is effective.

Table 6. Participation and budget data for parenting education programs funded by the Ohio Children's Trust Fund in 13 central Ohio counties: cumulative totals from SFY 2014 and SFY 2015

	number of counties offering program	*number of adults (parents) served*	*number of children served*	*number of agency staff served*	*total budget*	*cost per person served*	*Range of cost per person served (across counties)*
1-2-3 Magic	1	5	0	2	$15,000	$2,143	$2,143
1-2-3-4 Parents!	3	213	206	1	$29,154	$69	$51-179
Active Parenting Now	6	337	418	16	$103,045	$134	$89-414
I Have a Plan	1	80	50	5	$4,437	$33	$33
Incredible Years	3	50	386	39	$145,771	$307	$52-844
Parent Café[13]	2	191	125	2	$37,386	$118	$127
Stewards of Children	2	316	0	95	$26,419	$64	$57-71
Triple P	1	1,575	2,956	113	$109,746	$24	$24

Nonetheless, the measure can be useful for raising questions. Is *Incredible Years* worth the extra expense per person? Why does cost per participant vary so much more from county to county than do other programs? Why not simply invest in *Triple P* – the least expensive program (indeed, with a strong evidence base) that had more participants than did all the other parent education programs combined? There may be good explanations for all these questions, (e.g., did

[20] For the *Parents as Teachers/Healthy Families America* program, the overall cost per participant was $605, with a range from $524 to $789 (excluding questionable data from Crawford County that reported a cost per participant of only $44). A recurring issue with counties utilizing OCTF $ for Parents as Teachers programming is that participants are often served throughout the year and from year-to-year. Some providers count continuing participants as new participants and this inflates their participation number and reduces their cost per participant figure.

the budget for *Triple P* include the expensive initial training costs?) but such discussions can help shape CORPC's prevention plan.

Each county has a distinct array of programs

Because the OCTF is only one of several possible funding sources for programs related to child abuse/neglect prevention, CORPC staff conducted an online survey to identify and describe other relevant programs in each county.[21] The survey focused on parent education, home visiting and other types of efforts that CORPC representatives thought may help prevent child abuse/neglect.

Table 7. Type of child abuse/neglect prevention programs represented in the CORPC online survey[22]

	home visiting		***parent education***		***other***		***total***	
	invited	*responded*	*invited*	*responded*	*invited*	*responded*	*invited*	*responded*
Crawford	3	5	5	2	2	1	10	8
Delaware	4	4	4	2	1	2	10	8
Fairfield	4	6	7	1	0	2	11	9
Fayette	4	3	3	2	1	2	10	7
Franklin	6	4	3	1	4	4	17	9
Knox	3	2	6	5	2	2	11	9
Licking	6	4	5	4	9	5	20	13
Madison	3	5	2	1	1	0	7	6
Marion	1	1	3	3	0	0	4	4
Morrow	1	1	3	1	0	0	4	2
Pickaway	3	2	3	0	6	5	16	7
Richland	3	3	3	3	2	1	9	7
Union	3	3	5	4	0	1	9	8
Total	44	43	52	29	29	25	138	97

Based on the 97 surveys completed, the array of programs represented from each county was strikingly different (Table 7). Madison County reported 5 different home visiting programs but only 1 parent education program, whereas Marion County reported only 1 home visiting program and 3 parent education programs. Some of this diversity simply reflected the limitations of the

[21] During August 2016, CORPC representatives identified 125 relevant programs (with a contact person) that were invited to participate in the survey. Those responding to the survey identified an additional 13 programs (i.e., a "snowball" sample) who were also invited. Of the 138 people invited, 97 completed the survey (70%).

[22] In some cases, the number of responses for a given program type in a county exceeded the number of invitations. This is because the invited totals do not include 13 programs identified and recruited through the snowball sample. Also, 26% of respondents reclassified their program (e.g., from "parent education" to "other").

survey. In some cases, for example, a parent education program was part of a broader multi-component initiative and so was classified (by the respondent) as "other." Response rates also affected results: Pickaway County initially identified 3 parent education programs, but none responded to the survey.

Yet the diversity apparent in the survey likely reflects reality as well. Many counties had responses from their Head Start programs, yet some counties had different contact people and data from different components of the program whereas others had a single contact and a single set of data. And while 84% of respondents reported that their program used an "evidence-based" model (either following it strictly or adapting it for local needs), they listed 36 different models (Table 8). Many of the examples are well-known and well-regarded, others less so. [23] This is not to say any one program is wrong in using a distinct model, only that a wide variety of models are being used in central Ohio.

Table 8. Evidence-Based Models reported as being used for child abuse/neglect prevention in central Ohio

Active Parenting	Head Start	Parent Cafes
Bridges Out of Poverty	Healthy Families America	Parent Project
Casey Family	Helping Children Succeed After Divorce	PAX Good Behavior Game; Triple P
Children with Medical Handicaps Program	Hi-Fidelity Wrap Around Services	Primary Service Provider model
Conscious Discipline	I Have A Plan	Step Up to Quality
Creative Curriculum	Intensive Home Based Therapy	Stewards of Children
Early Head Start	Incredible Years	The Art of Positive Parenting
Evidenced Based Early Intervention	Lifeskills	The Neurosequential Model
Exchange Parent Aide Program	Miami Valley Child Dev. Centers, Inc	Trauma Informed Care
Father Factor	NMT, CPS, Family Teaching Model	Triple P Positive Parenting Program
Fatherhood Initiative	Nurse Family Partnership and HFA	UCLA Model for Groups
Girl Scout Research Institute study	Parent As Teachers Curriculum	Welcome Home

In addition, the focus groups also highlight the diversity of agencies and programs that aim to prevent child abuse/neglect within each county. Consider the following excerpt from the summary of focus group finding (see p. 34).

A diverse array of prevention programs is available in each county. A number of agencies and individuals were mentioned in terms of prevention, and included mental health and substance abuse services, parenting programs, early childhood intervention programs, the school systems and school-based programs, resources for addressing poverty and meeting basic needs, law enforcement and school resource officers, hospitals, employment assistance and training, services through faith-based organizations, domestic violence services, and mentorship programs. Participants mentioned mental health in terms of services for both children and their parents. Additionally, the court system, specifically the drug court, was identified as a preventative program aiding families dealing with addiction.

[23] A few responses (e.g., "Step Up to Quality"; "Head Start") indicated that some respondents confused a funding or accreditation mechanism with a program model.

Nearly every county used one of four evidence-based models

Yet amid this diversity there was also some consistency across the counties. Twelve of the 13 counties used at least 1 of 4 common evidence-based models (Table 9).

Table 9. Number of participants by county, in programs using one of four evidence-based models

	Active parenting	Healthy Families America	Parents as Teachers	Triple P
Crawford	0	27	133	0
Delaware	0	0	0	0
Fairfield	123	1	444	0
Fayette	0	103	104	0
Franklin	0	519	0	0
Knox	70	14	84	0
Licking	0	6	39	1,120
Madison	11	0	31	0
Marion	14	0	0	0
Morrow	14	0	0	0
Pickaway	0	0	492	0
Richland	0	0	30	25
Union	101	8	0	0
Total	333	679	1,357	1,145

The models include two home visiting programs (*Healthy Families America; Parents as Teachers*) and two parenting education curricula (*Active Parenting; Triple P*). Comparing these findings to our analyses of data from OCTF-funded programs (see Tables 5,6, see pp. 17-18) indicates that OCTF has been a major source of funding for *Active Parenting, Parents as Teachers* and *Triple P.* Healthy Families America is also central to child abuse/neglect prevention – especially in Fayette and Franklin counties – but has been supported through other funding streams.

It is also instructive to examine how each of the models has been implemented by different organizations in different counties (Tables 10a-10d, pp. 21-22). As expected,[24] the exact figures differ from those in Tables 5 and 6 but the overall conclusions are similar: at the local level, each program was implemented typically within a relatively narrow range of cost per participant. The exceptions (e.g., *Parents as Teachers* cost $7,489 per participant in Madison County versus $907 in Fayette County) are not necessarily worrisome, but can provoke discussions to identify the challenges of local implementation as well as consistently measuring budgets and participation.

[24] The OCTF data and survey often referenced different years and were likely reported on by different people using different definitions for "budget" and "participant."

Table 10a. Data from programs using the *Active Parenting* curriculum (2013-15)

County	*Program*	*Average # participants per year*	*Average waitlist per year*	*Average budget*	*Cost per participant*
Fairfield	Fairfield County FCFC	123	0	$28,225	$230
Knox	Active Parenting	45	0	$17,982	$397
Knox	Active Parenting of Teens	25	0	$6,000	$240
Madison	Parent Education	11	0	$4,000	$364
Marion	CAREFIT Center	14	0	--	--
Morrow	Active Parenting Now	14	0	$8,250	$589
Union	Active Parenting	101	0	$19,000	$188
Union	Maryhaven	--	--	--	--
	Total	333	0	$83,457	
	Cost per participant (omitting programs with incomplete data)				$262

Table 10b. Data from programs using the *Triple P* curriculum (2013-15)

County	*Program*	*Average # participants per year*	*Average waitlist per year*	*Average budget*	*Cost per participant*
Licking	Our Futures in Licking County	67	0	$15,667	$235
Licking	Triple P	839	0	$72,000	$86
Licking	Parent Support Program of Mental Health America	214	0	$16,439	$77
Richland	Triple P - Catalyst	25	0	$5,833	$233
	Total	1,145	0	$109,939	$96

Table 10c. Data from programs using the *Healthy Families America* model (2013-15)

County	*Program*	*Average # participants per year*	*Average waitlist per year*	*Average budget*	*Cost per participant*
Crawford	CareStar Help Me Grow Home Visiting	1	2	--	--
Crawford	Crawford County Public HMG MIECHV	26	0	$85,800	$3,300
Fairfield	Help Me Grow- CareStar	1	0	--	--
Fayette	Help Me Grow Home Visiting	56	7	$110,000	$1,964
Fayette	MIECHV	47	22	$99,000	$2,106
Franklin	CareStar, Inc	186	97	--	--
Franklin	Syntero Help Me Grow Home Visiting	--	9	--	
Franklin	Youth Advocate Services/Help Me Grow	33		--	--
Franklin	Center for Family Safety & Healing HMG	300	18	$1,100,000	$3,667
Knox	Help Me Grow Home Visiting	14	8	$50,000	$3,659
Licking	Help Me Grow Home Visiting	6	0	--	--
Union	Help Me Grow	8	0	--	--
	Total	679	163	$1,444,800	
	Cost per participant (omitting programs with incomplete data)				$3,264

Table 10d. Data from programs using the *Parents as Teachers* model (2013-15)

County	*Program*	*Average # participants per year*	*Average waitlist per year*	*Average budget*	*Cost per participant*
Crawford	Crawford County Help Me Grow	133	4	$153,333	$1,150
Fairfield	Early Head Start	412	18	$1,094,888	$2,657
Fairfield	Help Me Grow Home Visiting	32	2	$68,299	$2,168
Fayette	Fayette County Help Me Grow	104	14	$94,667	$907
Knox	The Village Network	36	0	--	--
Knox	Head Start Home Visiting	48	0	--	--
Licking	Parents as Teachers Home Visiting	17	0	$52,129	$3,066
Licking	Pathways of Central Ohio Parent Education Center	22	0	--	--
Madison	Early Head Start	31	0	$229,654	$7,489
Pickaway	Early Head Start	133	10	--	--
Pickaway	Head Start	359	11	$2,329,932	$6,496
Richland	Help Me Grow - Home Visiting	30	2	--	--
	Total	1,357	60	$4,022,901	
	Cost per participant (omitting programs with incomplete data)				$3,699

Not surprisingly, there was considerable agreement regarding the outcomes that these programs were designed to influence (Table 11). All (or nearly all) respondents from each model reported that their program was designed to promote nurturing parenting skills, parents' knowledge of children's needs and child development, as well as to reduce parenting stress, poor parent-child relations and child abuse/neglect. Similarly, few respondents believed their program promoted access to caring adults outside the family or reduced substance abuse by parents or children. Results for the other outcomes varied by program. Only 1 respondent (of 3) using *Triple P* believed the program reduced family social isolation, whereas overwhelming majority of respondents using other models believed that their programs did.

Table 11. Percent of respondents from each model who report their program influenced outcome

Outcome	*Active Parenting (n=8)*	*Healthy Families America (n=12)*	*Parents as Teachers (n=10)*	*Triple P (n=3)*
nurturing parenting skills	100%	100%	90%	100%
stable family relationships	100%	83%	50%	67%
household rules and child monitoring	88%	67%	50%	100%
access to health and social services	63%	100%	80%	33%
caring adults outside the family as mentors or role models	38%	8%	20%	0%
parents' knowledge of children's needs and child development	100%	100%	100%	100%
substance abuse by parents	13%	50%	40%	0%
substance abuse by children	38%	0%	20%	33%
parents' thoughts or emotions that justify abuse/neglect	88%	33%	70%	100%
family social isolation	88%	92%	80%	33%
parenting stress	100%	100%	90%	100%
poor parent child relations	100%	92%	90%	100%
child abuse/neglect	100%	100%	90%	100%
other types of family violence	50%	33%	30%	33%

Programs have a mixed record of engaging special populations

To maximize their efficiency, prevention programs should focus on lower income families, given their higher risk for child abuse/neglect. This, however, is sometimes not the case because of the added barriers to participation such as transportation and child care. Fortunately, programs in central Ohio have done a good job reaching this important population. Based on the survey data, 77% of responding programs indicated that at least three quarters of their participants were from lower income households.

Currently, 87% of the programs surveyed report that less than 10% of their clients do not speak English fluently. (In fact, 41% of programs serve no participants who do not speak English.) Only a handful of programs in Delaware and Franklin counties have extensive experience with such

populations. Yet even this is limited to home visiting programs like *Healthy Families America*. Efforts to expand parenting education programs to non-English speakers will likely require thoughtful planning.

Nearly all programs that serve families have some participants who are first time parents. Relatively few programs, however, appear to focus primarily on this important population. Of the 71 responding, only 17 (24%) reported that over half of the parents participating in their programs were primiparous. Similarly, only half (51%) of these programs focus on families with children 0-5 years old. If the prevention plan focuses on primary prevention, it may be appropriate to insure programs prioritize working with first-time parents and/or those with young children

It is impractical to reliably measure program participation and funding

While the survey and focus groups yielded valuable information, these data collection activities also underscored their limited ability to reliably document the number of participants served or prevention dollars invested in each county. Several survey respondents had questions about how to define a "participant" in a program or how to create a budget when staff who ran it were supported (wholly or in part) through a different funding stream. Similarly, the budget and participation data provided by the OCTF likely had similar concerns. There was also considerable missing data across the sources, due to non-participation or by a respondent neglecting to complete the entire survey. While we feel comfortable using these data in limited ways to raise questions (e.g., does the cost of a program really vary so much from county to county?), it would be inadvisable to claim the findings could be reliably used to answer questions about the success of our efforts (e.g., did CORPC increase funding for prevention over five years?).

Other aspects of organizational capacity are similarly difficult to measure. The relationships among local agencies, their leadership and organizational structure all influence a community's capacity for prevention, yet measuring them would require extensive data collection that is well beyond the resources available for this needs assessment.

Recommendations

Based on the above findings, we recommend that CORPC's five-year prevention plan should:

(1) Reduce the number of reports of child abuse/neglect and the number of substantiated/indicated cases per year. This should focus on the number of *new* reports and victims – that is, those from families who have not yet entered the child welfare system. Doing so would be much more consistent with the OCTF's emphasis on primary and secondary prevention. Primary prevention is "activities and services provided to the public designed to prevent or reduce the prevalence of child abuse/neglect before signs of abuse or neglect can be observed."[1] Secondary prevention is, "activities and services provided to a specific population identified as having risk factors for child abuse and child neglect and are designed to intervene at the earliest warning signs of child abuse or child neglect, or whenever a child can be identified as being at risk of abuse or neglect." We recognize, however, that marked increases in contextual risk factors (e.g., the number of children living in poverty) may undermine the apparent effectiveness of our prevention plan.

(2) Recognize that its success may be county-specific. CORPC should assess changes in the number of reports and victims within each county. Similarly, staff should monitor any changes in contextual factors within each county. This would help account for the different ways in which each county handles and records reports of child abuse/neglect. And in any event, combining data to generate conclusions about the region as a whole would be largely driven by the results for Franklin County.

(3) Consider targeted prevention approaches for families with a drug-addicted parent. One approach could be to engage mothers of newborns who test positive for drug use. Federal law[25] already requires states to have policies and procedures for notifying child protective services in such instances, although implementation in Ohio and elsewhere has been inconsistent.[26] (Many health care providers are reluctant to report, as doing so may discourage pregnant women from seeking prenatal care or receiving postnatal follow up care.) Fortunately, statewide initiatives like the Medical Opiate Maternal Support (MOMS) Project are already working with this population, although few if any such effort specifically aim to prevent child abuse/neglect. Partnering with such projects could help provide valuable supplemental services specifically designed to reduce the likelihood of maltreatment.

(4) Develop reliable measures of program participation and prevention funding. In order to assess how well the plan will increase participation and prevention funding, it will first be

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[25] 42 U.S.C. § 5106a(b), as amended by the Child Abuse Prevention and Treatment Act (CAPTA) Reauthorization Act of 2010 (P.L. 111-320).

[26] Child Welfare Information Gateway. *Parental Drug Use as Child Abuse*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau; 2016.

necessary to measure these outcomes reliably and accurately. While we feel comfortable using this data in limited ways to raise questions (e.g., does the cost of a program *really* vary so much from county to county?), it would be inadvisable to claim the findings could be reliably used for baseline data. Instead, doing so will require investigating numerous funding streams other than the OCTF, while recognizing that the OCTF may be the major source of prevention funding in some smaller counties. And for Franklin County, we will need to acknowledge that trying to assess prevention funding would be an enormous undertaking. Our scarce resources would best be spent developing and implementing programs.

(5) Focus on changing a limited number of risk and protective factors. No single intervention or policy can hope to address the many factors that influence child abuse/neglect. And it is similarly impractical to try and coordinate the wide range of agencies, services and programs that could possibly influence them, especially given the size of the OCTF's budget relative to other offices that focus on Medicaid, housing, education and employment. As such, CORPC's five-year prevention plan will need to be strategic in identifying selected factors where a limited prevention plan could intervene successfully. These "priority outcomes" should be selected because they are strongly associated with child abuse/neglect; can be reliably measured; and are likely to change as a result of primary prevention programs. The list in Figure 1 is a good place to start.

(6) Develop a robust evaluation design. Currently very few reliable county-level data sources are available to track changes in potential priority outcomes (e.g., nurturing parenting skills), so a robust evaluation will be necessary to assess the success of the five-year plan. Fortunately, GRC staff and other partners have the resources and expertise to help in this regard. To be most useful and practical, the evaluation should employ standardized tools (e.g., protective factors survey) across all 13 counties. Supplemental in-depth evaluations in a few locations (or with special populations) can also help determine if the five-year plan has been sufficiently effective and inclusive.

(7) Focus on a limited number of programs and activities. These should align with priority outcomes, and should have successful track record of having been implemented in central Ohio. The experience of the four programs identified in Table 9 – *Active Parenting, Healthy Families America, Parents as Teachers* and *Triple P* is noteworthy and should merit some discussion. Focusing on a few programs can result in better coordination and economies of scale, so CORPC should be prepared to consider supporting a small number of agencies – especially ones with relevant experience and expertise – to provide each of the programs to those counties in the region that are interested. We should also note, however, the resources that some counties may have already invested to train staff in certain curricula. Moving away from funding such programs may undermine enthusiasm for new approaches.

(8) Preserve some autonomy for each county. The range of programs and activities should be broad enough to enable each county to participate in the CORPC plan given its local array of

programs and history of supporting prevention. Some counties, for example, have robust home visiting programs that are supported by funding streams other than the OCTF.

(9) Apportion resources across counties based on the proportional level of risk, size of the child population and projected growth. The data in this report can help in this regard. Table 12 summarizes these criteria for each of the 13 counties in the CORPC region.

Table 12. Recommended county-level criteria for apportioning resources across counties

	Risk for children	*Child population size*	*Child population growth*
Crawford	Higher	Smaller	Decline
Delaware	Lower	Larger	Stable
Fairfield	Average	Larger	Fast
Fayette	Higher	Smaller	Slow
Franklin	Average	Enormous	Fast
Knox	Average	Smaller	Slow
Licking	Average	Larger	Slow
Madison	Average	Smaller	Slow
Marion	Higher	Smaller	Slow
Morrow	Average	Smaller	Fast
Pickaway	Average	Smaller	Fast
Richland	Higher	Larger	Stable
Union	Lower	Smaller	Decline

Apportioning resources does not necessarily mean that each county will get OCTF funding. In the prevention plan, some counties may receive local services (e.g., parent education classes) that are implemented by an agency in another county that is best positioned to do so. Rather the plan should consider these criteria in apportioning the services.

* * *

These recommendations are presented as a foundation for CORPC to react to and discuss, not as a *fait accompli*. The final prevention plan rests with CORPC as a whole.

Appendix

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Focus Group Findings

Katie Maguire-Jack, PhD
The Ohio State University College of Social Work
Central Ohio Regional Prevention Council

August 31, 2016

During July and August 2016, CORPC staff conducted focus groups in 12 of the region's 13 counties. (In Marion County, two individual phone interviews were conducted in lieu of focus groups.) Participants include local child welfare and prevention professionals nominated and recruited by the CORPC representative(s) in their county. All findings reported represent the thoughts and opinions of the focus group participants and should not be considered representative of the region as a whole. This document summarizes those findings that analyses determined were relatively consistent across the different counties.

Causes of Child Abuse & Neglect

According to the focus group participants, the main causes of child abuse/neglect across the region can be attributed to substance abuse and mental health issues, poverty, intergenerational parenting issues (e.g., cycle of abuse or neglect), and a lack of knowledge relative to parenting. The overwhelming majority of participants singled out drug abuse, namely opiate addiction, as the primary cause of child abuse/neglect; mental health was often mentioned as well, which in turn led to a discussion about the lack of services available to residents in each county. Other contributing factors mentioned were a lack of safe and affordable housing, a lack of accountability for parents, employment issues (e.g., only minimum wage jobs available), a lack of affordable child care, a lack of family support (e.g., social support), and neighborhood ecology.

Protective Factors Against Child Abuse & Neglect

Several common themes emerged regarding protective factors in counties across central Ohio. The school systems and school-based programs were frequently identified by participants as protective factors in their county, both in terms of prevention and in meeting the needs of the children and families they serve. Agency collaboration was also cited frequently across counties as a protective factor, specifically in terms of the support system created in the community. Parent education and home visiting programs were also mentioned as protective factors, with Help Me Grow, Head Start, and Early Head Start mentioned frequently by all

counties. Informal support through community agencies, activities and events for parents and families, and opportunities outside of an agency setting were also mentioned by some counties as well.

Prevention Programs

A diverse array of prevention programs is available in each county. A number of agencies and individuals were mentioned in terms of prevention, and included mental health and substance abuse services, parenting programs, early childhood intervention programs, the school systems and school-based programs, resources for addressing poverty and meeting basic needs, law enforcement and school resource officers, hospitals, employment assistance and training, services through faith-based organizations, domestic violence services, and mentorship programs. Participants mentioned mental health in terms of services for both children and their parents. Additionally, the court system, specifically the drug court, was identified as a preventative program aiding families dealing with addiction.

Barriers for Accessing Services

Despite the array of prevention programs and resources available across the region, several barriers for accessing services were identified by participants. These included waitlists for programs, a lack of agency funding or funding that is heavily restricted, transportation, stigma, eligibility restrictions for programs (e.g., income restriction), a lack of affordable child care, poverty, a lack of communication regarding the services that are available, and issues related to mental health and substance abuse in families. Additional barriers mentioned less frequently were program costs, issues navigating the systems of services, services that have restricted hours and do not fit in the schedules of families, and a lack of buy-in from parents.

Participants specifically mentioned waitlists for subsidized housing (2 or more years in some counties) and mental health, psychiatric, or substance use services (6-10 months or more in some counties). Further, a lack of funding and resources for child protective services was noted in several counties as a barrier, with participants mentioning overworked and overwhelmed caseworkers and a lack of quality foster care homes within their community. The high cost of child care services was also mentioned frequently, with families unable to find services they could afford in their community. Overall, participants mentioned short or nonexistent waitlists for parenting programs, in-home services, and early childhood education (e.g., Head Start).

Are Services Benefiting Families?

The overwhelming consensus among participants was that the services being provided across central Ohio are benefiting families. However, there were a few caveats were noted across the counties. Several participants noted that once families were engaged in services, they definitely benefited; however, it is a struggle to consistently achieve and maintain engagement. Further, several mentioned issues resulting from the transition out of services; many services are time-limited due to funding or other requirements, and many times, participants are finding that the services are cut off before the families are truly ready to transition out and be on their own.

Additional Services that are Needed

Participants across the counties identified many services that are needed in their communities. These include respite services for parents, in-home parenting programs or home visiting services, informal support for parents and children in the community, services for transition-age foster youth, additional mental health and substance use services, mentoring programs, training for providers in the community (so they don't have to travel far to attend trainings), more resources for individuals involved with the criminal justice system, services that address poverty or basic needs, services that are more accessible (e.g., located in neighborhoods), affordable housing or housing assistance, domestic violence services, free or low-cost legal services, and improved public transportation.

Improving Quality and Accessibility of Services

Finally, participants had several recommendations for ways to improve the quality and accessibility of the services available to families in central Ohio. These recommendations included improving the way information about services is communicated, building stronger relationships between the juvenile court systems and the agencies, providing services in locations that are more centrally located or convenient for families, providing training for staff members in cultural competency (particularly in areas with large immigrant populations), increasing funding for prevention services or programs in the community, adding additional training to ensure services are being received the same way across the state (e.g., case management services), incorporating more web-based services and technology (e.g., phone apps, social media) into service delivery, and focusing on agency collaboration and communication.

Crawford County Focus Group Findings

Representatives from Crawford County primarily attributed child abuse and neglect to mental health or substance abuse issues. Four out of twelve participants mentioned mental health or drug use as a contributing factor. Additionally, other causes mentioned were poverty or a lack of access to resources, a lack of understanding of child development or parenting skills, a lack of accountability for parents, and intergenerational parenting issues. Protective factors against child abuse and neglect for Crawford County include community resources, the school systems and school-based programs, and collaboration between agencies in the county. Several participants described the school systems as being "excellent," and noted the availability of after school programming, free breakfast for every student, a backpack program, mentoring, a family advocate directory, and in-school mental health programs. Further, there seems to be a focus in the school systems on prevention, with programs like SOS, digital footprints (targets cyber bullying), and others that target cyber sexting, human trafficking and suicide risk.

Crawford County has a number of prevention programs available to the community including mental health and substance abuse services, parenting programs, early childhood intervention programs, school-based programs, and resources for poverty and basic needs. Parenting programs include Parent Cafes, Parents as Teachers through Help Me Grow, the National Fatherhood Initiative, training through Head Start, Leader in Me, and Triple P. One notable program for families in Crawford County is Getting Ahead, which is based on Bridges out of Poverty, and educates people about poverty and how their economic status can affect their behaviors and thinking.

Despite the array of services offered in Crawford County, several barriers for accessing services were identified. These included waitlists for programs, a lack of agency funding or funding that is heavily restricted, transportation issues, eligibility restrictions for programs, a lack of affordable child care, and issues related to substance abuse in families. Participants noted that there is a two year waiting list for subsidized housing in Crawford County, which they identified as a major barrier. Further, enrollment in Head Start has been limited, with largely only students with special needs or individualized education plans (IEPs) receiving services. Participants were split in their opinions about whether families were benefiting from the services being provided in their county. Most stated that the services were helping the families, but with a few caveats; specifically, two participants mentioned issues with families becoming dependent on the services and having a very difficult time when they are expected to be successful without the services in place. One participant also mentioned that they have a sizeable transient population; helping them in the limited time they have before the person moves on to another city is difficult.

Participants discussed additional services they would like to see available to families. They mentioned respite services for parents, in-home parenting programs, and informal support for parents through community-based programs focused on relationship-building. Several participants mentioned the need for more services for parents that are focused on building relationships, both through formal services such as in-home parenting programs, and informal support, such as play groups or early literacy programs where parents can bond while their children are learning and playing together. Participants felt that the quality and accessibility of services in Crawford County could be improved through improved communication of what services are available in the community, stronger relationships between the juvenile court system and the agencies, having programs and services available to families in more convenient or accessible locations in their communities, providing incentives for parent participation in programs, and increased buy-in in the services and programs by both parents and the larger communities.

Date: 8/8/2016
CSW staff present:

1. Erin Klumb
2. Katie Maguire-Jack

Participant agencies:

1. Family and Children First Council
2. Parent
3. Children's Services
4. Foster Parent
5. ADAMH
6. Crawford Co Disability Services
7. JFS
8. School System
9. Help Me Grow
10. Counseling Services
11. Foster Parent (submitted responses electronically)

Delaware County Focus Group Findings

Representatives from Delaware County primarily attributed child abuse and neglect to substance abuse issues, specifically heroin. Four out of seven participants mentioned drug use as a contributing factor in addition to other causes like mental health issues, family structure (multiple children in the home), and parent's history in how they were raised. Protective factors against child abuse and neglect for Delaware County include informal support systems, more formal support groups, agency collaboration, and faith-based organizations that provide coordination services. Additionally, teachers and guidance counselors were mentioned as strong protective factors. Multiple participants mentioned that educators in the county are successfully identifying signs of abuse and reporting to children's services.

Delaware County has a number of prevention programs available to the community including early childhood intervention services and school-based programming. The sheriff's office and school resource officers have worked to educate students about reporting abuse and giving them a safe place to talk about issues. Resource officers teach a program called Rad Kids that addresses bullying prevention, predator tricks, internet safety, and personal touch and space safety. Schools also have mental health liaisons. For young children, Delaware County has Help Me Grow, Help Me Grow Home Visiting, Head Start, and Early Head Start. Juvenile court offers a teen parenting program called the Moms Program, which works with young mothers on parenting education and the basics of parenting. The Delaware County Resource Center is currently piloting a new parenting program and juvenile court also offers a mentoring program for juvenile offenders. Participants identified several programs that meet basic needs for families. The Hunger Alliance Group provides food to families, The Liberty Community Center offers food and a diaper program, Children's Services receives donations for backpacks and school supplies, and People in Need is a program through United Way that provides a variety of resources including utilities, dental, and a food pantry. Participants feel that families were benefiting as long as there is follow through with services.

Despite the array of services offered in Delaware County, barriers were identified including transportation, lack of awareness of programming without an initial connection, stigma, and restrictive eligibility criteria. Reiterated by several participants was the idea that families are inundated by the amount of services they are required to go to and hectic family schedules. For example, one participant stated that there are 4 or 5 appointments that families have to go to within one week and if they are working two jobs and have to take a child to intensive outpatient programming without childcare for other children it is overwhelming. This participant stated that low attendance in programming is the result of this having to pick and choose between attending appointments and losing a job. Three participants noted a high

expectation from providers as a barrier. Child care for other children is also a barrier to attending services in Delaware County and the parent representative stated they are unlikely to have a productive appointment with one child if you have three others with you. Waitlists for these programs are significant: 40 days to get into the early childhood center, 30 days for assessment at Maryhaven, 30-60 days for psychiatric appointments, and no psychiatrists available in county for children with autism or those who need other specialty providers. Participants noted that the biggest barriers may not be a waitlist but that many families do not meet eligibility criteria despite very low incomes.

Participants discussed additional services they would like to see available to families. They mentioned expansion of home visiting services, more community playgroups, more services for transition-age foster youth, a Child Advocacy Center, and focus groups that would allow more community discussion about available services. Accessibility of services could be improved through additional supports such as more employment options, respite (especially for children with developmental disabilities or behavior problems), and additional funding for the programs that are already in the county. Participants also mentioned training in cultural awareness would be beneficial for the community.

Date: 8/12/2016

CSW Staff Present:

1. Erin Klumb
2. Sarah Parmenter

Participants:

1. Delaware County Board of DD & Help Me Grow
2. JFS
3. Parent Representative
4. CASA
5. CASA/Juvenile Court
6. Law enforcement
7. Community Center Representative

Fairfield County Focus Group Findings

Representatives from Fairfield County primarily attributed child abuse and neglect to a combination of poverty and both mental health and substance abuse. Six out of nine participants mentioned these as the causes of child abuse and neglect in their county. Intergenerational parenting issues and family dynamics were also mentioned as contributing factors. In terms of poverty, mental health, and substance abuse, a lack of resources was mentioned as a major concern; specifically, a lack of safe and affordable housing, treatment resources for their "opiate epidemic," and having a very high number of low-paying, minimum wage jobs that perpetuate poverty within the communities. Protective factors against child abuse and neglect for Fairfield County include community resources, the school systems and school-based programs, and the support system created in the county through agency collaboration. Several participants described the school systems as being "amazing," and noted their CPS Champions program, where specialized training is provided to staff at a different school each year, and the great collaborative relationship that exists between the agencies and the school system.

Fairfield County has a number of prevention programs available to the community including programs for addressing poverty and meeting the basic needs of families in the community, parenting programs, early childhood intervention services, employment assistance and training, mental health and substance abuse services, and collaborative programs that are being provided through the partnerships of different agencies – most notably a professional development calendar for childcare providers and educators, and Safety Town, a program offered through a partnership between the school system and police department. In terms of mental health and substance abuse, the ADAMH Board in Fairfield County has been offering a program called First Aid, which is based on evidence-based practices and is aimed at reducing stigma about mental illness and substance abuse in the community. Participants noted that there is a community health center that is serving many families in the communities and has grown over the past few years. Several parenting programs were mentioned, including a Parent Educators program through ODJFS, programming through the Recovery Center for women who are pregnant and dealing with addiction, a Parenting Teen program for at-risk pregnant or parenting teens who are still in school, Incredible Years, Help Me Grow, Headstart and Early Headstart, and an agency providing in-home therapy.

Despite the array of services offered in Fairfield County, several barriers for accessing services were identified. These included waitlists for programs, a lack of agency funding, transportation issues, financial barriers in the form of program costs, trouble navigating the systems of services, and services that have restricted hours and do not fit in the schedules of families. Participants noted that there was a waitlist of over 75 children for Headstart and

around 20 children for Early Headstart, a waitlist of two to three months for counseling and psychiatric services. Other participants noted that some of the waitlists are not due to a large number of individuals seeking services but rather a limited number of 'slots' for services due to funding issues. Participants felt that the services being provided in the community were definitely benefiting families; namely, they mentioned the level of engagement with families and the relationships that are built, families feeling connected to and a part of the community, and no redundancy in the services being offered.

Participants discussed additional services they would like to see available to families. Specifically, they mentioned additional mental health and substance use services, mentoring programs, parenting programs, affordable childcare services, improved transportation, more training opportunities for providers in the community, and increased resources for individuals involved with the criminal justice system. Participants felt that the quality and accessibility of services in Fairfield County could be improved through offering more services and family activities within the community, recognizing that the demographics of the county have changed due to an influx of immigrants and making efforts to provide culturally competent care, and reducing stigma relative to seeking services.

7/21/16

CSW Staff Present:

Erin Klumb

Sheila Barnhart

Participants:

1. Job & Family Services
2. Lancaster-Fairfield Community Action Agency
3. Fairfield County Educational Service Center
4. Fairfield County District Library
5. Ohio PPS – an employment agency
6. United Way
7. Harcum House
8. Child protective services

Fayette County Focus Group Findings

Representatives from Fayette County primarily attributed child abuse and neglect to a combination of poverty and both mental health and substance abuse. Three out of five participants mentioned these as the causes of child abuse and neglect in their county. Intergenerational parenting issues and family dynamics were also mentioned as contributing factors. Several participants mentioned high rates of drug abuse and a lack of mental health services in their community as concerns. Protective factors against child abuse and neglect for Fayette County include parenting programs, home visiting programs, early childhood intervention services, community-based services, resources for basic needs, and agency collaboration. Help Me Grow, Early Headstart, Headstart, Family Partners, home visiting programs, pre-school programs, and Rock-a-bye were specifically mentioned as protective factors for parents and families.

Fayette County has a number of prevention programs available to the community including parenting programs such as Family and Children First, Stewards of Children, Incredible Years, 1, 2, 3 Children, Help Me Grow, Parents as Teachers, and Growing Great Kids through Early Headstart. Other prevention programs include mentorship programs, community-based services, faith-based services, and resources for basic needs and addressing poverty. In terms of poverty or basic needs services, participants specifically noted a partnership between JFS and Community Action, the Salvation Army, HEAP, housing assistance, and employment services.

Despite the array of services offered in Fayette County, several barriers for accessing services were identified. These included waitlists for programs, a lack of agency funding, transportation issues, the cost of childcare, stigma, trouble navigating the systems of services, and a lack of motivation or buy-in from parents. Participants noted that there is only one daycare that is not on state assistance, which has resulted in a large waitlist; there are waitlists for adult mental health and psychiatric services, but if children are involved there is a much shorter wait. There is also a long waitlist for HUD as well as in-home care for children with disabilities. Participants did mention that Early Headstart and Help Me Grow are full, but have no waitlists. A lack of funding and resources for child protective services was also noted as a barrier, with participants mentioning overworked and overwhelmed caseworkers and a lack of quality foster care homes within their community. Participants largely felt that the services being provided in the community were benefiting families, with Help Me Grow and Early Headstart standing out as excellent resources for families in the community.

Participants discussed additional services they would like to see available to families. Specifically, they mentioned increased mental health and substance use services, expanded education programming for children, increased activities for adults in the community, programs addressing poverty and basic needs, and more informal support for children in middle and high school. Participants felt that the quality and accessibility of services in Fayette County could be improved through increased funding for prevention programs, addressing intergenerational parenting issues, and taking the time to plan intervention programs that the community and participants can buy-into.

Date: 8/9/2016
CSW staff present:

3. Erin Klumb
4. Hilary Rosebrook

Participants:

1. FC Memorial Hospital
2. FC FCF
3. FC Health Department
4. Help Me Grow
5. Fayette Co JFS

Franklin County Focus Group Findings

Representatives from Franklin County primarily attributed child abuse and neglect to poverty/financial concerns, substance abuse, mental health challenges, lack of connection or support, lack of resources, and differences in how parents were raised and their own trauma experiences. Participants also mentioned neighborhood ecology having a factor on child abuse and neglect and emphasized the importance of neighborhood intervention. Finally, participants attributed some child abuse and neglect to child factors, stating that parents interact differently with children depending on the individual. Protective factors against child abuse and neglect for Franklin County include community resources and activities, Franklin County Children's Services, extracurricular and school-based activities, neighborhood programs, caregiver education, and healthy nutritious food that is accessible.

Franklin County has a number of prevention programs available to the community including childhood mental health services, specialized drug and alcohol programs that cater to parents with young children, Incredible Years, Help Me Grow, Help Me Grow Home Visiting, Head Start, Early Head Start, and school behavioral interventions like PAX and other social and emotional learning programs. Additionally, Franklin County has resources that help with physical resources such as housing and food banks, as well as community programs like the Neighborhood Leadership Academy, which build leaders in the community. Representatives also mentioned there are a number of parenting programs in Franklin County that work intensively with parents to educate on childhood development and other preventative components. Franklin County has Spark, which is a home visiting program that works with approximately 400 families a year and the Nurse Family Partnership. The Family Children First Council does trauma reduction work and trains teachers, parents, and community members on reducing the impact of trauma. The Parent Connection has a social worker who visits neighborhoods and creates opportunities to bring parents together in the school setting.

Despite the services available, participants mentioned barriers to accessing services including services only being provided to the biological mother and child as opposed to the family system, Medicaid eligibility and the need for diagnosis with the zero to three population, lack of buy-in to the concept of prevention, judgment and stigma surrounding services for programming, a focus on billable hours among agencies, funding issues, transportation, and inundating families with services when they have multiple jobs and cannot miss work for appointments. Additionally, finding foster families for teens, transiency, and overwhelming caseloads was mentioned as a barrier. Participants also stated that waitlists are very long for services due to large caseloads and range from three to five months to up to ten months long for psychiatry.

Although there are barriers, participants stated that families benefit for the most part but it depends on the services being provided and the individual receiving the services.

Participants discussed additional services they would like to see available to families. They mentioned counseling and self-help lines that allow people to talk to each other without being enrolled in a program and making services more accessible by having a mobile unit that goes to neighborhoods for therapy services. Participants also discussed letting neighborhoods and communities decide what they need. Most importantly, they mentioned that timely access to services and building strength around schools so that communities are strengthened are most important in Franklin County.

Date: 7/19/2016

CSW Staff:

1. Erin Klumb
2. Sarah Parmenter

Participants:

1. United Way
2. Educational Service Center of Central Ohio
3. Nationwide Children's Hospital
4. Huck House
5. FCCS
6. NYAP

Date: 8/1/2016

CSW Staff:

1. Erin Klumb
2. Sarah Parmenter

Participants:

1. Department of Youth Services
2. Columbus City Schools
3. Key Counseling and Consultation
4. Email response (unsure of agency/role)

Knox County Focus Group Findings

Representatives from Knox County attributed child abuse and neglect to many things including: expensive child care, cycles of violence and the way parents were raised, a violent culture, substance abuse issues, poverty/financial strain, family stress, teen pregnancy, parental mental health and compromised development, and lack of education around birth control and family planning. Protective factors against child abuse and neglect in Knox County include parenting resources, family stability, economic stability, agency collaboration, resources for physical needs like food and shelter, mentorship programs, after school programs, and healthy attachment to parents.

Knox County has a number of prevention programs available to the community including parent education programs like Active Parenting, Parent Project, Conscious Discipline, and other parenting programs funded by United Way that focus on supporting healthy attachment. Additionally, there is a program specifically for teen parents that provides direct training in attachment, child development, and community services. The county also has Help Me Grow, Early Intervention, Head Start, and Early Head Start. The county has a drug court, which was also identified as a preventative program. Stewards of Children is a program in Knox County that trains adults to protect children from sexual abuse and reporting when there are warning signs. Several mentorship and after school programs were mentioned such as Escape Zone, where teens can engage in positive programs off the streets, life coaches, and Salvation Army has a school program that provides homework help and care for children after school.

Despite the array of services offered in Knox County, several barriers to services were mentioned including transportation, child care, stigma, fear of change, and parent's hectic work schedules. Parent Training and Conscious Parenting have waitlists with about 20 families, metropolitan housing has 300 individuals on the waitlists, and Help Me Grow Home Visiting has approximately 11 families on a waitlist. The Freedom Center (AoD) and Behavioral Health Care partners do not have waitlists but it is a process to obtain assessment. Eligibility criteria was mentioned as more of a barrier than waitlist time. Despite this, participants believe families are benefiting from the services that are available as long as they are willing to accept the help. One participant mentioned that some families will still continue to struggle with mental health issues, history of parental and child trauma, and living in deep poverty.

Participants discussed additional services they would like to see available to families. They mentioned residential treatment centers for drug and alcohol issues, the need for affordable housing, less restrictive criteria for programs like Help Me Grow and Head Start, and addiction

specialist case managers at Children's Services to help with families in the process of reunification. Other services the county would like to see in place are more training in the county and more accessible education for families about children's development and promotion of resilience/protective factors. This participant mentioned including online trainings that can be used by professionals for children and families. Knox County participants would also like to see routine classes in mindfulness practices like meditation, yoga, and art therapy. In order to improve the quality and accessibility of programs, more funding would be important to the county.

Date: 7/20/2016

CSW Staff Present:

1. Erin Klumb
2. Sheila Barnhart

Participants:

1. Parent
2. JFS
3. New Directions
4. Knox Co Board of Developmental Disabilities
5. FCFC
6. Pathways of Central Ohio
7. MHR
8. Health Department
9. Help Me Grow
   Email 1 – unknown agency affiliation

Licking County Focus Group Findings

Representatives from Licking County primarily attributed child abuse and neglect to intergenerational cycles of poverty and experiences with maltreatment. Five of the eleven participants mentioned parents having experiences of either extreme poverty or maltreatment as children (or sometimes both). Further, issues with substance abuse, mental illness, a lack of social support, homelessness, and parents who are dealing with disabilities were mentioned as other contributing factors. Protective factors against child abuse and neglect for Licking County include the school systems, faith-based organizations and churches, and strong relationships that are formed in the community through involvement with different organizations.

Licking County has a number of prevention programs available to the community for both parents and children. Participants mentioned the schools or school-based programming most frequently, as well as early intervention services, parenting programs, in-home services, and services that address poverty or meet basic needs. Specific organizations or programs that were mentioned include Dinoschool, Expect Respect, the YMCA, the Yes Club, anger management programs through the court system, Agree, Big Brothers Big Sisters, Triple P, Help Me Grow, the Salvation Army, and the Woodlands Shelter.

Despite the array of services offered in Licking County, several barriers were identified by participants. These include waitlists, transportation, a culture of poverty, a lack of motivation and buy-in from parents, a lack of childcare, and a lack of employment opportunities. Almost every respondent mentioned transportation as a barrier for accessing and maintaining services for families. In terms of the waitlists, participants mentioned waiting six to nine weeks for counseling or psychiatric care. When seeking psychiatric services for children, the waitlist can be longer than nine weeks; further, finding local providers is difficult and referrals are sometimes made outside of the community. Five of the eleven participants felt that families in Licking County are benefiting from the services they receive. Once engaged in the services, families are providing positive feedback and share that they feel supported. One participant specifically noted that probation officers in their county are seen as a support system for families, and that the juvenile court system in Licking County is more therapeutic than in other locations in Ohio. Another participant noted that, while the services are beneficial for families, there are not enough advocates for families to truly meet the needs that exist.

Participants in Licking County would like to see additional services for the families they serve, including treatment and recovery services for substance abuse, wellness centers, weight watchers programs for families, community centers, mentoring programs for parents and

children, opportunities for informal support and relationship building in the community, more affordable childcare options, incorporating the "good touch, bad touch" curriculum in their schools, and more domestic violence prevention services. Participants felt that the quality and accessibility of services in Licking County could be improved through ensuring that case management across the system was consistent. One participant noted that workers do not have a systemic view of child abuse and neglect and as such, the services received vary across the system.

7/11/16

CSW Staff Present:

1. Erin Klumb
2. Sarah Parmenter

Particpants:

1. Head Start

2. Juvenile Court

3. Kids' Place Licking County Memorial

4. The Village Network

5. JFS

6. JFS

7. Juvenile Court

8. Pathways of Central Ohio

9. The Woodlands

10. The Salvation Army

11. Licking Memorial Hospital

Madison County Focus Group Findings

Representatives from Madison County primarily attributed child abuse and neglect to addiction and the generational cycle of abuse. Over half of participants mentioned either addiction to drugs or parental experiences of maltreatment as children as factors contributing to child abuse and neglect in their county. One participant also mentioned the impact of social media on parenting, with many parents seeking advice online and receiving bad information. Protective factors against child abuse and neglect include strong partnerships between community agencies, social support, the availability of resources for families in the county, and a cooperative program between mental health service providers and the court systems in the county.

Madison County has a number of prevention programs available, including mental health and substance abuse services, parenting programs, early childhood education, the juvenile court system, and programs that help families meet basic needs. Specific programs referenced by participants include WIC, Help Me Grow, MCCS, Early Head Start, Drug and Alcohol Coalition, The Help House, Rocking Horse Center, PAX, United Way, and Family Council.

Despite the array of services offered in Madison County, several barriers for accessing the services were identified. These included transportation, a lack of trust between service providers and families, a lack of available housing for individuals with credit problems or involvement with the criminal justice system, stigma, a lack of commitment and follow-through from parents, and waitlists for services. In terms of the waitlists, five participants mentioned different agencies dealing with waitlists in their county; specifically, individuals have to wait around six weeks to be seen for mental health services (MCMH) as there is not enough funding, there is a waitlist for children needing residential services through CPS, and parenting programs have run out of funding and will now have waitlists for services. One participant also noted that the mental health service providers tried instituting open access dates where they would take walk-ins in order to see more people; this ended up not working well, as they had to turn more people away than they could see.

Overall, participants felt that families in Madison County are benefiting from the services they receive. Two participants specifically noted that they would categorize their services as 'average' when compared to those being offered around the state and the benefits being received by the families. Another participant remarked that all families actively engaged in the process are benefiting from the services. Finally, one participant noted while families are benefiting from the

services, they should all receive more praise – no matter the size of the change or the amount of progress being made.

In the future, Madison County participants would like to see additional services for the families they serve, including increased housing options, domestic violence services, transportation, advocacy services (e.g., legal, educational), crisis teams, more education in the community about abuse and neglect, increased activities in the community for families. Participants felt that the quality and accessibility of services in Madison County could be improved through ensuring they stay current and innovative, specifically in terms of the way the services are delivered. Three participants noted the need to incorporate more web-based services and to stay up-to-date with technology, including the use of phone apps and social media.

6/23/16

CSW Staff present:

1. Erin Klumb
2. Sarah Parmenter

Participants:

1. MCDFC- HMG

2. Board of DD

3. Juvenile Court

4. FCFC- In-home worker

5. Action for Children

6. Law Enforcement- Police Chief

7. Mental Health Services

8. EMA MHRB

9. Caseworker 9 years

10. Madison County Children's Services Caseworker

11. Madison County caseworker

12. Steph

Marion County Qualitative Survey Findings

*Note these findings are from qualitative survey feedback and not focus group feedback as no participants attended the scheduled group on 7/26/16.

The two representatives from Marion County primarily attributed child abuse and neglect to poverty, in terms of both cycles of generational poverty and the stress associated with continually dealing with it. Financial frustrations were mentioned as particularly important contributing factors. One participant cited experiences with numerous ill prepared parents who were, themselves, raised in households with few resources and by parents with underdeveloped parenting skills. Participants attributed the protective factors against child abuse and neglect in their county to the interpersonal skills of the parents, particularly their communication and coping skills; parenting skills were also cited as a protective factor.

Marion County has a number of prevention programs available in the community, including counseling services, Help Me Grow, Healthy Families, Children's Services, the court system, Marion Matters, MC Family, Child First, WIC, the health department, and the police department. It was mentioned that the domestic violence shelter in the area provides a variety of services and that court services that are linked to helping families of divorce and visitation.

Despite the array of services offered in Marion County, families do experience barriers to accessing services. These barriers include transportation, childcare, a lack of buy-in in the services being provided from parents, and a lack of motivation to participate from parents. The two participants were split in their opinions about whether families were benefiting from the services being provided in their county. One participant felt that the families were definitely benefiting from the services being provided. The other participant felt that, at least in terms of their agency, the benefit was negligible. The same individuals are seen repeatedly for the same services, leading to a belief that the services being provided may not be making a difference.

Participants discussed additional services they would like to see available to families in the future. These included additional services in schools, respite services, expanded public transportation options, more childcare, court-ordered, long-term parenting programs, and generally more collaborations between agencies so that different perspectives can be heard. Finally, the two participants felt that Marion County could improve the quality and accessibility of its services through improved collaboration and coordination among agencies, as these actions would ensure gaps in service areas are filled and there is no duplication in services being provided.

Morrow County Focus Group Findings

Representatives from Morrow County primarily attributed child abuse and neglect to a variety of factors, with no clear consensus. These factors included poverty, mental health and substance abuse, intergenerational parenting issues, transportation issues, and being isolated or having a lack of support. Intergenerational child abuse was cited by two participants as a factor, with a cycle of trauma, abuse, and neglect being perpetuated within families. Protective factors against child abuse and neglect for Morrow County include parenting programs and education, in-home visiting programs, community-based services, mentoring programs, resources for basic needs, the school systems and school-based programs, and proactive and involved community members.

Morrow County has a number of prevention programs available to the community including alcohol and drug treatment programs, mental health agencies, parenting programs, employment assistance programs, community-based services, services addressing poverty and basic needs including homelessness, food stamps, and WIC, respite services, and early childhood intervention services. Participants specifically mentioned Help Me Grow, Early Headstart, 1, 2, 3, 4 Parents!, Stewards of Children, and Active Parenting Now as early childhood intervention and parenting programs.

Despite the array of services offered in Morrow County, several barriers for accessing services were identified. These included waitlists for programs, a lack of agency funding, transportation issues, trouble navigating the systems of services, a lack of communication regarding what services are available, a lack of basic needs services, and a lack of motivation or buy-in from parents. Participants noted that there is a two-year waitlist for subsidized housing, but Help Me Grow, Headstart, the Salvation Army, and Children's Services all mentioned having no waitlists for their services. A lack of funding and resources for child protective services was also noted as a barrier. Three participants specifically noted transportation as the biggest barrier facing families in their county. All of the participants felt that the services being provided are benefiting the families in the county, but noted that the families can only be helped once they're connected to services and this is sometimes an issue (e.g., housing).

Participants discussed additional services they would like to see available to families. Specifically, they mentioned a need for additional housing programs and rent assistance, more funding for the services already in place, and mentoring programs, as there are currently no mentoring programs being offered in Morrow County. Two participants focused on the need for

increased funding for programs already in place, mentioning the rent assistance program as one that had lost funding. Participants felt that the quality and accessibility of services in Morrow County could be improved through providing training to staff within their community, increasing access to public transportation, improving communication within the community of what services and programs are available for families, providing some form of mentoring program for children, and increasing the availability of informal support for parents through play groups or other community-based events.

Date: 7/25/2016
CSW staff present:

1. Erin Klumb
2. Hilary Rosebrook

Participants:

1. Helpline
2. Ohio Heartland Community Action
3. JFS/Family & Children's Services
4. Help Me Grow, Health Department
5. FCFC
6. OHCAC, Head Start
7. Salvation Army
8. Salvation Army
9. HCSD
10. Salvation Army

Pickaway County Focus Group Findings

Representatives from Pickaway County primarily attributed child abuse and neglect to intergenerational family issues. Four of the seven participants mentioned a lack of parenting skills or a cycle of abuse and neglect within families as the main causes of child abuse and neglect within Pickaway County. Other contributing factors mentioned by participants include mental health and substance abuse issues and poverty. One participant stated that within their county, around 80% of the cases of child abuse or neglect involve some form of substance abuse. Protective factors against child abuse and neglect for Pickaway County include parenting programs, in-home visiting programs, mental health and substance abuse services, community-based services, respite services, resources for basic needs, and the school systems and school-based programs. Several participants specifically mentioned the school district and their involvement with students as a protective factor in the community.

Pickaway County has a number of prevention programs available to the community including domestic violence and anger management programs, parenting programs and in-home services, the school systems and school-based programs, mentoring programs, and services for addressing poverty and basic needs. Participants specifically mentioned several parenting and in-home programs, such as Strong Families Safe Communities, BREATH, Headstart and Early Headstart, Incredible Years, programs through the YMCA, parenting programs through Elizabeth Hope, and informal parent education through community play groups.

Despite the array of services offered in Pickaway County, several barriers for accessing services were identified. These included waitlists for programs, transportation issues, mental health and substance abuse, hectic family schedules, a lack of motivation or buy-in from parents, intergenerational and cultural barriers, and financial barriers in the form of high cost services, specifically for families who do not have Medicaid. Participants noted that there is a two-year waitlist for subsidized housing, a three-year waitlist for Big Brothers Big Sisters, and a waitlist for the in-home visiting program. However, there is no waitlist for Help Me Grow, mental health services, Headstart and Early Headstart, and DD early intervention. Five of the seven participants mentioned transportation as a major barrier for families in Pickaway County, as the public transportation available has limited hours and no weekend transportation options. Some providers do accommodate their clients by arranging transportation, but these are only for very specific services, such as employment services through DD. The participants were split when asked whether the services being provided were benefiting the families in the county. Some noted that when families are connected to services, they are definitely benefiting. However, others mentioned that the services being provided, especially for addiction, are only available on a short term basis, and this limits the positive impact they can have.

Participants discussed additional services they would like to see available to families in Pickaway County. Specifically, they mentioned a need for more services addressing poverty and the basic needs of families in the community, additional mental health and substance use services that specifically address the needs of mothers who are dealing with addiction, respite services, mentoring programs for parents, and free or low cost legal services for families who are dealing with the foster care system. No information was shared by participants relative to improving the quality and accessibility of services in the county.

Date: 8/10/2016
CSW staff present:

1. Erin Klumb
2. Sarah Parameter

Participants:

1. DD
2. JFS
3. JFS
4. Hope Pregnancy Resources
5. Help Me Grow
6. DD
7. Head Start

Richland County Focus Group Findings

Representatives from Richland County attributed child abuse and neglect to a number of factors, including substance abuse, a lack of social support, generational cycles of maltreatment and poverty, and a lack of knowledge about child development. Three participants mentioned substance abuse as a leading cause of child abuse and neglect in their county, specifically citing ease of access to drugs, a lack of funding for services, and high rates of relapse. Protective factors against child abuse and neglect for Richland County include mentoring programs, respite services, community programming for children, collaboration among agencies, CASA, and their schools and school-based programs.

A number of prevention programs were mentioned by participants, including parenting programs, early childhood education services, the hospital and health system, the juvenile courts, in-home therapy services, mentoring programs, and the schools and school programs. Organizations or programs specifically mentioned by participants are Triple P, Help Me Grow, JFS, Big Brothers Big Sisters, Parent Cafes, Parent Aid, Early Head Start, a school life skills program, and Growing Great Kids, the Casey Foundation, and the Urban Minority Alcohol and Drug Abuse Outreach Program (UMADAP).

Despite the array of services offered in Richland County, several barriers were identified, including waitlists, transportation, a lack of motivation or buy-in from parents, poverty, a lack of cultural competency, agency funding concerns, and lack of communication about what services are available for families. Several participants mentioned that there are typically waitlists for Head Start, mentorship programs, Help Me Grow home visiting due to their eligibility criteria, and a waitlist for parent aid due to funding concerns. Participants largely felt that families benefit from the services they are receiving in Richland County. Several noted that they have developed strong relationships with families in the community, which has enabled a greater level of trust. Finally, one participant noted that the service array offered in Richland County is among the top five in Ohio and that this is definitely positive impacting the residents of their county.

In the future, Richland County respondents would like to see several additional programs or services available in their community. These include additional funding for parent aid, capital improvements in Friendly House, an organization frequently used for youth and teen activities, and more collaboration between agencies in the community. Participants felt that the quality and accessibility of services in Richland County could be improved through an increased focus on the social determinants of health. Participants noted this as an area where there are missed opportunities in their community, adding that their community is ripe with opportunities for

intervention in this area. Finally, participants noted the need to use technology to educate parents and to advance the delivery of the curriculum and materials in their programs.

7/18/16

CSW Staff present:

1. Erin Klumb
2. Sarah Parmenter

Participants:

1. Law Enforcement
2. Mental Health Board
3. Health Commissioner
4. Catalyst Life Services- Children's MH
5. CASA
6. OSU Mansfield Early Head Start
7. Head Start
8. Prevention
9. Community Outreach JFS
10. Ohio Health- Nurse BX
11. Research Center Akron Children's
12. Youth and Family Counsel

Union County Focus Group Findings

Representatives from Union County primarily attributed child abuse and neglect to several factors, including intergenerational poverty and abuse, substance abuse, a lack of stable housing, and domestic violence. In terms of substance abuse, participants specifically mentioned issues with prescription medications, heroin, and alcohol. Protective factors against child abuse and neglect for Union County include social support, the availability of parenting programs in the community, the availability of employment opportunities, faith-based organizations, and the schools and school-based programs.

Participants mentioned numerous prevention programs available within Union County, including parenting programs, in-home services, wrap-around services, mental health and substance abuse services, early childhood intervention programs, services addressing poverty and meeting basic needs, schools and school-based programs, law enforcement, mentoring programs, and a free legal clinic. Organizations singled out for being a great resource in the community included Help Me Grow, the Salvation Army, Community Action, Hope Center, the Sheriff's Office, Youth to Youth (mentoring), Job & Family Services, the drug court, and The Ohio State University (parenting programming in the community).

Despite the array of services offered in Union County, several barriers to accessing services were identified. These included waitlists for services, transportation issues, a lack of qualified providers for in-home services, a lack of subsidized housing, no shelters for the homeless or those dealing with domestic violence, substance abuse, and being unable to access services unless court-ordered. Three of the eight participants felt that families in Union County definitely benefit from the services being provided. They noted that sometimes it is hard to get families engaged, but once that occurs, they definitely benefit from the services being received. Additionally, one participant noted that some people have commented about only being able to access services if they are involved with the criminal justice system; in these instances, the people want help and feel they will benefit from the services if they receive them, but have trouble getting connected to them.

Participants also discussed additional services they would like to see available to families in Union County. These services included improved transportation, childcare options that are more affordable and will work with children who have behavior problems, services that offer more variety in terms of length and are flexible in terms of location (e.g., offered in-home or in community settings), and more community activities geared towards children. Finally, participants felt that the quality and accessibility of services in Union County could be improved.

Turnover is high among agencies in the county, and as such, consistency in the delivery of services is not where it should be; participants noted that this could be addressed through directing efforts towards making services accessible and through mutual respect across agencies and the parents.

7/7/16

CSW Staff present:

1. Erin Klumb
2. Sarah Parmenter

Participants:

1. GAL and attorney
2. CASA
3. Maryhaven
4. Detective with Sheriff's Office in Union County
5. Administrator CPS
6. Juvenile Court
7. Supervisor CPS
8. FCFC

Table 3 Sources

POPULATION/POVERTY (PERCENTAGES)	
% housing units that are vacant	2010-2014 American Community Survey 5-Year, DP04: SELECTED HOUSING CHARACTERISTICS Estimates
% unemployment	Ohio Department of Job and Family Services. June 2016 Ranking of Ohio County Unemployment Rates. Columbus, OH: 2016.
% of households with presence of unmarried partner of householder	US Census Bureau. 2010-2014 American Community Survey 5-Year, S0901: CHILDREN CHARACTERISTICS
Median family income	US Census Bureau. 2010-2014 American Community Survey 5-Year, S0901: CHILDREN CHARACTERISTICS
% children living in households with SSI, cash public assistance income, or Food Stamp/SNAP benefits (in the past 12 months)	US Census Bureau. 2010-2014 American Community Survey 5-Year, S0901: CHILDREN CHARACTERISTICS
% of households with household income below the federal poverty level	US Census Bureau. 2010-2014 American Community Survey 5-Year, S0901: CHILDREN CHARACTERISTICS
DOMESTIC VIOLENCE	
# victims (per 100,000 population) involved in domestic violence incidents recorded by police	Data from the Ohio Incident-Based Reporting System, as reported by the Ohio Family Violence Prevention Project. Knox and Licking county data are not available because missing data from law enforcement agencies.
# petitions for domestic violence civil protection orders are filed (per 10,000 population)	Data from the Supreme Court of Ohio, as reported by the Ohio Family Violence Prevention Project.
HEALTH & HEALTH CARE OUTCOMES	
infant mortality rate (2005-2014; per 1,000 births)	Ohio Department of Health. 2014 Ohio Infant Mortality Data: General Findings. Columbus, OH; 2016.
percent of live births that are low birth weight	2010-2014 birth data. Ohio Department of Health Secure Data Warehouse.
all-cause mortality (per 100,000)	2010-2014 birth data. Ohio Department of Health Secure Data Warehouse.
overdose deaths (per 100,000 population)	Ohio Department of Health. 2015 Ohio Drug Overdose Data: General Findings. Columbus, OH: Ohio Department of Health; 2016.
rate of births to mothers <20 years (per 1,000)	2010-2014 birth data. Ohio Department of Health Secure Data Warehouse.
percent of mothers not receiving prenatal care in the first trimester	2010-2014 birth data. Ohio Department of Health Secure Data Warehouse.
percent of pregnant women smoking during the third trimester	2010-2014 birth data. Ohio Department of Health Secure Data Warehouse.
primary care physicians (per 100,000 population)	Health Resources and Services Administration (HRSA). HRSA Health Resources Comparison Tool. Washington, DC: HRSA; 2016.
OTHER OUTCOMES	
Kindergarten Readiness Assessment social foundation score (weighted average by county)	Ohio Department of Education. *Kindergarten Readiness Assessment by IRN for school year 2014-15*. Columbus, OH: Ohio Department of Education.