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DCFS Advisory Board

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Agency: [Cuyahoga County Division of Children and Family Services Advisory Board](#)

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Summary

- There's been a concerted effort to manage emergency housing better and reduce the number of children staying in the Jane Edna Hunter building overnight, but there are still children staying there.
- Staffing issues continue, with 37% of budgeted positions vacant. There have been efforts to support retention, including raises, better screening of candidates, and upcoming improvements to the working space of staff.
- DCFS is trying to capture better data on metrics, but with complex cases and the limitations of coding in charts combined with continued staffing issues, getting reliable data seems to be hard and time-consuming.

Follow-Up Questions

- No questions today.

Notes

Call to order, introductions

Lakecia Wild led the meeting, starting on time at 6 p.m. All attendees were invited to introduce themselves. Several organizations, including Birthing Beautiful Communities, MetroHealth, Ohio Job and Family Services, and the SEIU were represented in the audience.

Public comment

Participants were invited to make public comments. No public comments were made.

Recognition: Chris Anderson

Beverly Torres, a senior manager for the Division of Children and Family Services (DCFS), introduced Christian Anderson as an [advocate for DCFS](#) with lived experience. Anderson

invited questions and shared his experience receiving the Public Children Services Association of Ohio ([PCSAO](#)) “Leaders of Tomorrow” award.

Anderson said he was surprised to be selected. He said it’s hard to get recognition and he felt inspired by receiving the award.

Anderson said he is the first awardee for Cuyahoga County in 10 years, which he is grateful for but feels as though there should be more advocates and support for youth in foster care locally.

Wild asked for Anderson’s recommendations on how to make sure that youth voices are heard. Anderson recommended representation in leadership positions--people of color and people with lived experience. He talked about racial differences in the emancipation and termination rates and said youth run away when they are looked at as a problem rather than an actual person.

Anderson said group home operators and foster parents need more education. He said he felt as though he had to do a lot of navigation and advocacy for himself. He said youth in foster care need to be prepared for when care ends.

Wild said the group has talked about respite care and peer support at previous meetings.

Gabriella Celeste, policy director for Schubert Center for Child Studies at Case Western Reserve University (CWRU), congratulated Anderson and asked if he can identify a common misconception people have about youth in the foster care system.

Anderson talked about trauma and stress response of children who have been living in survival mode their whole lives. He said people need to address the “why” of behavior rather than the behavior itself and not to expect kids to have things figured out themselves. He said there’s a need for trauma-informed care.

Guest program update:

Jennifer Johnson from the [Child Protection Team](#) (CPT) through Canopy Child Advocacy Center gave an update on the program, which is new this calendar year. The contract for the project was finalized in December of 2022 and started in January of 2023. She said the first six months were spent hiring, ramping up, and getting things in place. The program launched July 1, transitioning from preparation to meeting kids and starting services.

Johnshon named several community partners, including the [CWRU Schubert Center](#), which provided insight on evaluation of the program. The program includes a contract with MetroHealth to deliver medical services out of Canopy's "medical suite." MetroHealth has a subcontract with University Hospitals (UH) and the Cleveland Clinic. A medical records staff person was trained to access medical records from all three health systems.

Johnson said they ran into challenges internally with getting the appropriate referrals from DCFS right away. She said Canopy had focused on only sex abuse and trafficking cases for so long that medical workers didn't know that they could refer physical abuse cases to them.

From July 1 to Dec. 6, the CPT had seen 36 families. Out of those, six were due to child fatalities. Four of six fatalities were related to shootings. In cases with fatalities, they still assess all of the family's needs and "make decisions around the safety and neglect of the other children."

Johnson said the program's strengths included expanding from six to 11 criteria to take additional cases at the request of community partners. All but one of the family advocate positions have been filled. Johnson said she wishes they could have filled them faster, saying it took eight to nine months to fill all positions. She said CPT received a lot of buy-in and commitment from the community.

Johnson said barriers include the initial slow influx of referrals. Referrals are trending upwards after DCFS made a system change to assist in identifying cases appropriate for referral. CPT is having a hard time staffing the medical positions and currently can only provide some medical services three days a week rather than five.

Johnson said that Joshua Friedman, the CPT's child abuse pediatrician at MetroHealth, will be leaving his position Jan. 31, 2024. She said it will be hard to fill that position, as there is a shortage of these specialists nationwide. They are working on back-up plans such as nurse practitioners and nurses but will need to find physician oversight. She said it will be hard to meet goals without a physician to perform exams.

Andrew Garner (clinical professor, Department of Pediatrics at UH) asked if referrals are exclusively from DCFS--can pediatricians refer if they get calls with concerns about a child?

Lisa Peterka (supervisor, DCFS) said police can make referrals, in addition to DCFS.

Garner suggested doctors could be a good source of referrals and using them would allow more children to receive CPT services, as general practitioners are often the first ones to hear concerns.

Johnson confirmed that the Canopy medical suite can perform Sexual Assault Nurse Examiner (SANE) exams for emergency acute cases during the day.

They are planning to accept referrals from all general practitioners in the future.

Celeste said she thought there had been plans to provide emergency room doctors with a coordinated CPT contact. She asked if this had been enacted or is still planned.

Johnson said this was part of the original plan, but funding was cut by 50% and the 24-hour response team needed could not be included. Johnson said it would be the first thing they would implement if there were more funding available, as it's so important.

Celeste offered to collect questions for the next Prevention Subcommittee meeting (Friday, Jan. 19, 1 p.m.).

****a note that Johnson's connection cut out a couple times**

Action item:

The next item on the agenda was an action item to approve the minutes of the Oct. 4 meeting, which were shared among the group prior to the meeting by email. The minutes were approved by vote.

Director's report

Jacqueline Fletcher (director, DCFS) started by thanking Anderson. She said the young people are inspiring and grounding and we need to make sure that we're listening to the lived experience in the room.

She said DCFS has been hearing a lot of feedback from listening sessions called "community conversations" and is trying to match the feedback with action steps. She said that they are hearing a lot of hopelessness in families, especially related to violence in communities. Fletcher asked the community to reach out to people who should be coming to the conversations (law enforcement, educators and clergy) in addition to families with lived experience to make sure everyone has the information they need to help families.

Fletcher talked about the impact of a state workforce retention grant. In opportunities to provide feedback, staff had requested improvements to the workspace, saying they want to come into a building that's conducive to learning and meeting families where they are.

Construction has started in the first of four spaces that will be upgraded, including new workstations and carpeting, hoping to add art from the children to beautify the space. Fletcher is hoping that this will support retention.

Fletcher talked about the T-Suites, short-term crisis housing for teens in custody of DCFS. [T-Suites](#) is a partnership expansion with The Centers and the [Cleveland Christian Home](#). Fletcher said there are eight beds available there and the first guest arrived in January of 2023. Since then 40 children have been served through the program (through October 2023).

Fletcher said the average length of stay is 40 days. She said a portion of the children were involved with mental health services, 25% were involved with juvenile justice, and many were engaged in a multisystem continuum of care. Children who are waiting for stable placements are "acute kids" and need more residential treatment support.

Garner asked where children go once discharged from T-Suites. Fletcher said some go to psychiatric residential treatment facilities, of which there are none in the state of Ohio. Some have returned home or gone to a group home or congregate setting.

Many of the kids going to short-term crisis housing need treatment. Fletcher said DCFS has plans to research discharge summaries and perform data analysis to get a better idea of where youth are discharged to.

Natasha Sam-Yellowe asked what kind of community resources are being given to the young people discharged from T-Suites.

Fletcher said follow-up is important and DCFS tries to do it. Seventy-five percent of the people in the short-term programs are enrolled in [OhioRISE](#), which will help them receive wraparound services. Fletcher said the goal is to avoid the congregate setting and get kids into a home-like setting.

Celeste asked if DCFS has been keeping data on the success rate on the crisis response. Torres said that, to date, the crisis response has prevented 30% of the 50 children

they've worked with from coming to or staying in the Jane Edna Hunter building. Her team is working to capture data as they collect it.

Celeste asked about the status of the [Wellness Campus](#) RFP and budget updates.

Fletcher said they are currently in the procurement process for the Wellness Campus and are hoping to have an action item before the Board of Control to make a recommendation for an award.

Fletcher talked about hiring trouble, saying they're still in the process of digging out since COVID and challenges that have popped up since then. Working on increasing salaries and meeting other needs of staff. One investment made recently is in the [SpeakWrite](#) transcription tool to save time on typing notes and mitigate burden on staff.

Anderson said he has heard about difficulty from youth transitioning to temporary placements. From his experience, temporary placements are not a good environment compared to a permanent placement like a home or group home. He said he spent time at West Haven and found it isolating, mentioning that there were only frozen meals available and that this kind of environment can feed into existing health and wellness problems.

Anderson asked what the day-to-day looks like at temporary placements.

Fletcher said pain-based behaviors are expected without a secure placement that's meeting their needs. Therapists have been added to the temporary setting. [A Place 4 Me](#) youth navigators help by coming and having conversations with youth who feel like they have no options. She said it's better than staying in the child welfare building, but there are still many barriers to success there.

Sam-Yellowe asked if there have been any AWOL situations with crisis housing. Fletcher said there have been runaways from both Jane Edna Hunter and T-Suites. She said sometimes the children return willingly for help, as they want a better solution but they don't know how to make that happen. Fletcher said the kids are frustrated by having to follow rules, such as having their phones taken away.

Anderson said there is room for improvement in engagement with older youth and continuous failure from the system leads to disengagement and loss of trust. He said Akron has life-skill classes available online and he would have liked access to such a

program. He said it's important for youth aging out to have financial skills, credit and knowledge of how to pay bills.

Wild noted the average stay is 40 days at the T-Suites, which is a long time for a young person. She asked if there are any additional efforts made when they've reached a threshold of time in residence at a short-term placement.

Fletcher said leadership has started having daily huddles anytime there is a kid without a placement. There is an urgency level on these, even though it causes some fatigue. She thinks these meetings, in which they discuss individual cases, are moving the needle.

Wild mentioned there had previously been talk about shifting staff to other jobs within the agency to protect against burnout, suggesting they discuss this more at future meetings.

Intervention Subcommittee update

David Crampton (associate professor of Social Work at Case Western Reserve University) led this update. He said the Q3 2023 Data Dashboard draft was sent out before the meeting. It was not screenshared, so the specifics of the discussion were not available, but the dashboard was approved for publishing to the website. The discussion covered:

- **Timeliness of assessments:** Fletcher said DCFS has built in some staff support through training and performance, evaluation, and innovation teams trying to identify some of the barriers to timely assessments. Some are around the documentation—visits are happening, but they're "not getting credit for some of that in the system" due to documentation issues. Hoping that SpeakWrite helps, but that it took some training to improve compliance as caseworkers still have to confirm and upload the final document. Trending in the correct direction in this metric.
- **Staffing:** DCFS is budgeted for 401 caseworkers and has 152 vacancies. There has been some improvement with recent raises and hiring open houses. Fletcher said there is a rolling recruitment plan. Twenty new workers will be joining in January 2024. The hiring team is working really hard to meet with every candidate and be transparent about the work. She said they have been using virtual reality goggles to help candidates experience the reality of scenarios they may experience on the job, which helps deter people from joining if they realize they can't handle it. Crampton said a sizable number of caseworkers leave within six months.
- **Fatherhood engagement:** Crampton said disproportionality data is not available in regards to father engagement. Jennifer Croessman (special projects coordinator,

Health and Human Services) talked about a fatherhood engagement specialist from Passages who goes to team decision making meetings to talk to fathers and advocate for them. The data from the year-end report will be available by the next meeting in February. Only one specialist is available, which is a limitation; 43% of team decision-making meetings are attended by fathers, and this has been stable. Want to make sure they are invited and attend if possible, or send a representative if they cannot. The goal is that more than half of the meetings would be attended by fathers.

- Kids in the building: Average number of nights kids stay in the Jane Edna Hunter Building decreased from three to two. Fletcher said they are aware of kids who leave a placement so they can come back to the Jane Edna Hunter Building and do whatever they want to do. She said she is trying to push against the notion that the building is an option and work on individual engagement with teens. For example, there was a 17-year-old who was interested in real estate, so they found someone who can talk to the child about career options in the field to give a hopeful outlook. Nightly census is currently lower than last report, but there's some variability.

Prevention Subcommittee – statement of recommendations (applying a public health approach to child “well-fare”)

Celeste said the subcommittee is writing a position statement (a draft of which was shared to the advisory board before the meeting but was not distributed to attendees). Celeste asked for feedback for revision, with the intention of bringing another version for approval at the next meeting. Requested more DCFS-specific details about best-practice models.

Garner described the public health framework for wellness. The public health approach is a pyramid where the base is the universal primary prevention like lead remediation that can help everyone. As you go up the pyramid, interventions become more specific to the recipient: Be Well (concrete supports), Stay Well (wrap-around services), Get Well (treatment options). He said that all levels in the pyramid are necessary and none are sufficient on their own. Safe, stable, and nurturing relationships are important. Data from Pittsburgh shows that having a menu of supports available allows families to have agency over their decisions.

Governance Subcommittee – finalize 2024 meeting schedule and goals:

Wild will propose a date for February 2024. Annual status report is in the works, will follow-up.

Meeting adjourned.

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