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Family & Children First

focus 2010

IMPROVING THE QUALITY OF FAMILY LIFE IN ERIE COUNTY

The Family & Children First Council envisions Erie County as a place where families and children live in safe, supportive neighborhoods, care for and respect one another, value each other and succeed in all environments.

FCFC'S Focus is on improving services for families & children.

Our Mission:

The Family & Children First Council shall assure that services to families and children are delivered in a timely, effective, and coordinated manner and in the least restrictive environment. It is our intent to achieve local collaborative decision making to create partnerships within the community to ensure that families and children of Erie County will have the nutrition and health care needed to have healthy minds and bodies; families will understand and address the developmental needs of their children; and family members will be literate and possess the knowledge and skills necessary to be productive and responsible citizens.



Guiding Principles

Our Family & Children First Council is geared to improve services to multi-need children and families. With that in mind our Council supports the following:

- ◆ Systems of Care shall include a comprehensive array of services.
- ◆ Services shall be individualized to meet the unique needs of the child and family and will address the eight life domain areas.
- ◆ The array of services shall be in the least restrictive and most appropriate.
- ◆ Families and surrogate families shall be full participants in the planning and delivery of services.
- ◆ Children shall receive services that are integrated and coordinated across agencies.
- ◆ Early intervention and prevention programs shall be promoted in order to enhance the opportunities for success.
- ◆ The rights of children and families shall be protected.
- ◆ Services shall reflect the cultural and ethnic diversity of the community and its residents.



Executive Directors

Membership consists of sixteen agencies plus parent representatives all working toward a single goal—to bridge any existing gaps between their systems and to eliminate barriers to service.

For any organization, and certainly for any collaborative effort to succeed, there must be a consensus on the foundation on which that collaboration rests. The Family & Children First Council of Erie County's vision is that we are ***“Improving the Quality of Family Life in Erie County”***. We do this with a commitment to the following beliefs:

- ◆ Families are our most important human resource, and their children our most vulnerable class of citizens. Children with multiple needs are at an even higher risk of failure in becoming self-reliant adults. We believe that our forum can create ideas and influence policy.
- ◆ We will positively influence an array of systems, which already exist to support families, and with these systems form a safety net of support.
- ◆ The child serving systems will one day coalesce at all levels, so that children and families will be offered comprehensive services which will support them and form an unbreakable chain.
- ◆ Children and families will be nurtured and protected by an all-encompassing system, which will wrap around them according to their unique needs.
- ◆ That one day, in Erie County, every family will be afforded the opportunity to secure supportive and educational services to fully enhance the lives of our families and children.



Family and Children First Councils were established in 1992 by Section 121.37 of the Ohio Revised Code. Family and Children First is a partnership of government agencies, community organizations and parents committed to improving the well-being of children and families through strategic coordination of resources. This partnership is designed to draw people out of their day-to-day systems and align resources and activities around a shared vision that Ohio's families and children will thrive and succeed

Pam Colbert-Brumbaugh
(Chairperson)
Director
United Way of Erie County

Judith Englehart
Director
Erie Co. JFS

David Snook
Superintendent
Berlin-Milan Schools

Tom Tucker (Vice Chair)
Superintendent
Sandusky City Schools

Judge Robert DeLamatre
Judge
Erie Co. Common Pleas Court

Kristin Logan
Director
Kinship House

Tom Ferrell
Erie County Commissioners
Administrative Agent

Tammy Barbato
Supervisor
Erie Co. Common Pleas Court

Brandy Bennett
Parent Representative

Davin Berrier
Ohio Dept. of Youth Services

P.J. Frost
Sandusky City Police

Kirk Halliday
Director
MHR Board

Pete Schade
Commissioner
Erie Co. Health Dept.

Julie Keech
Parent Representative

Angel Young
Director
Erie County CSB

Jude Hammond
Parent Representative
Margaretta Schools

Paul Keech .
Parent Representative

Vicki Deel-Lezon
Parent Representative

Julie Geiger
HMG ECCC

Janice Warner
Director
Erie-Huron CAC Headstart

Lisa Guliano
Superintendent
Erie Co. Board of DD

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Help Me Grow Project Director
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Getting the best results for our families

The wraparound process, and the plan itself, is designed to be culturally competent, strengths based, and organized around family members' own perceptions of needs, goals, and likelihood of success of specific strategies.

FCFC/JC Wraparound Initiative:



Wraparound Management Response Team Membership

Carrie Beier
Erie County Board of DD

Cathy Bragg
Erie County Board of DD

Henrietta Whelan
Bayshore Counseling

Janet Mesenburg
Health Dept.

Bill Myers
Sandusky City Schools

Diane Corso
Erie County Board of DD

Paula Hoffman
Health Dept

Karen Russell
Firelands Mental Health

Michelle Schultz
CSB

Davin Berrier
ODYS

Tammy Barbato
Juvenile Court

Fran Bergmoser
FCFC Director

Angel Young
CSB

The Wraparound Process is an intensive, individualized care management process for youth with serious or complex needs. Wraparound was initially developed in the 1980s as a means for maintaining youth with the most serious emotional and behavioral problems in their home and community. During the wraparound process, a team of individuals who are relevant to the well-being of the child or youth (e.g., family members, other natural supports, service providers, and agency representatives) collaboratively develop an individualized plan of care, implement this plan, and evaluate success over time. The wraparound plan typically includes formal services and interventions, together with community services and interpersonal support and assistance provided by friends, kin, and other people drawn from the family's social networks. The team convenes frequently to measure the plan's components against relevant indicators of success. Plan components and strategies are revised when outcomes are not being achieved.

Erie County Youth in Wraparound

The High Fidelity Wraparound Process has touched the lives of over 256 families including 423 youth since it's initiation in our community.



Wraparound Staff

Cindy Franketti
Director/Supervisor



Paul Skiles
Team Facilitator

Jenny Kemp
Team Support Specialist

Pam Goff
Team Facilitator

Janet Hamilton
Team Support Specialist



Getting the most from our Program Funding

Extensive collaboration is required from the agencies and organizations that collaborate to provide wraparound, and as a result, the organizational and system context (or policy and funding context) is extremely complex.

High Fidelity wraparound is a method for planning and developing thoughtful, responsive and sometimes, creative interventions to meet the needs of individual and families who seek help from formal service systems. This methodology is grounded in a set of assumptions about ways to organize and deliver “helpful” responses to challenging situations.

High Fidelity Wraparound

Wraparound builds on people’s strengths, meeting needs and coordinating efforts as a standard of care.

In order to increase the likelihood of these strategies happening, the Wraparound process creates a step-by-step method for making these things happen. Typically carried out by someone who takes on the role of the facilitator of the plan and team. Wraparound steps are a “best practice approach” in assuring response fits with the states assumptions.

This process is designed to address the most complex and high risk cases and involves holding both the family and professionals accountable for follow through and achieving results.

The Wraparound project in our community has avoided and reduced out of home placements and saved the placement budget, along with increasing the functioning of our most challenging families far in excess of the costs of what the traditional responses would have been.

Just as important as cost savings is the effectiveness of the services being offered will reduce the families system involvement over the long term. Our data has shown the families involved in the Wraparound process have increased overall functioning as reported through the Family Development Matrix data. Data collected form 2009 shows us that for each dollar invested in Wraparound indicates a \$5.00 savings.

Our most high risk/complex cases in 2009 resulted in a cost savings of \$821,300.00 to the county. Also in statistics followed by FCF the children who without the Wraparound process and supportive services would have cost the county an estimated \$504,362.00. The youth who had been in placement and were brought out an referred to Wraparound saved an additional cost of \$501,775.00.



Services Provided to Families with FCSS and Reclaim Funds

Services Provided	Cost	Percentage
Equine Recreational Support	\$21,600.00	24.74%
In-Home Behavioral supports	\$17,842.00	20.43%
NW Behavioral Consultation	\$13,106.00	15.01%
In-Home Parent Mentoring	\$7,441.00	8.52%
Camp	\$6,786.00	7.77%
Mentoring Services	\$5,481.00	6.28%
Group Counseling	\$4,826.00	5.53%
Respite Care	\$4,345.00	4.98%
Transportation Services	\$2,628.00	3.01%
Psych. Evaluations	\$2,575.00	2.95%
Memberships	\$336.00	0.38%
Bowling Passes	\$198.00	0.23%
Misc. Expenses	\$160.00	0.18%
	\$87,324.00	100.00%

In 2010 the Family & Children First Council received \$32,678.63 in Family Centered Services and Support Funding. This funding is used for families involved in Wraparound to provide funding for identified services that were needed to support the family. We also utilized \$22,000.00 in Ohio Children Trust Fund Grant money to contract with the Association for Private Counseling to provide intensive Home-based services to identified parents and offer Equine Recreational Support to the youth.



Proving it Works

“The Wraparound process has proven to be the most effective program to address the needs and reduce the costs involved with our most complex and at risk families. The process is limited to serving only those high needs families in an honest, accountable, and genuine fashion to achieve long term savings and increase functionality. Returning to traditional services will only result in a slide back to inefficient and costly handling of the crises that are all too common in high needs families.”.....Judge Robert DeLamatre

An Aunt and Uncle with limited capacity are raising their niece who is low functioning and has Fetal Alcohol Syndrome. Due to abuse and neglect issues when in her mother’s care the child was extremely aggressive and could not function in a healthy manner. Most agencies felt she should be sent away. In fact, she was sent to a residential facility for about 30 days and returned to the community. She was sent home from school daily and became involved with the Court due to her behaviors. Wraparound linked the family to an array of medical, psychological and psychiatric services. She was diagnosed with OCD, DD, Fetal Alcohol syndrome and possible post traumatic stress disorder. The team was able to make sure all available resources in the community were offered

High Fidelity Wraparound

to the family. The child receives speech, OT,PT, self-regulation training and is now in a special classroom that meets her needs. Respite care was provided monthly to the family, and has been reduced to only a few hours a month due to improvement in behaviors. The Aunt and Uncle have acquired new skills and work hard on maintaining their niece in their home. The youth has not had any further Court involvement for over a year and no class removals. The youth is able to actively participate in pro-social activities. This case was opened in March of 2008 and currently remains open....**Wraparound spent approximately \$8,000.00 vs. an average residential placement cost of \$355.00 per day. Savings for Average 1 year placement is \$121,575.00**

A family referred to the wraparound process has 5 children with 3 who are medically fragile with physical disabilities. JFS received numerous reports on the family accusing them of medical neglect. During the Wraparound process it was discovered the parents had issues and fears about leaving the home. Wraparound connected them with BCMH and other helpful agencies in order to monitor follow through. Crisis/safety plans were implemented utilizing natural supports. The Erie County Board of DD and Help Me Grow became very involved in order to create stability. Therapies were coordinated for the family in the home making it less likely for them to miss appointments. This case opened in December 2008 closed in August 2009. The team met every week for 8 weeks and every 3 weeks there after.

Wraparound spent about \$1000.00 vs. average therapeutic placement cost of \$125.00 a day per child. Savings for Average 1 Year placement \$227,125.00

A referral was made to Wraparound for a family with both parents and four children. The Mother has a mental disorder that requires periodic hospitalization; the dad has multiple health issues that require monitoring. Their oldest daughter’s aggressive and promiscuous behaviors resulted in multiple school removals, Court involvement and the necessity for establishing security in the home. Their daughter suffers from a brain disorder and seizures. The Wrap team for this family involved multiple agencies, some who provided in home supports for both parents and children. The school advocate negotiated classroom modifications that helped keep this child in school daily. House keeping support and organization training prevented this family from losing their housing. Church support for when Mom was hospitalized assisted preventing the removal of the children. JFS was very close to taking custody because the parents were not able to provide a safe dependable environment. This family was in Wrap from February 2008 until June 2009. Health issues caused them to re-enter the program in January 2010 and closed in February 2010.

Wraparound spent about \$3000.00 vs. average foster care placement cost of \$25.00 per day. Savings for Average 1 year placement \$33,500.00

OUR SUCCESS STORIES:

By Cindy Franketti



Children referred to Wraparound because of extreme risky behavior issues both at home and school. JFS was receiving multiple reports of safety issues in the home. The Grandparents did not want to keep custody of one of their grandchildren. Wraparound linked the family with recreational activities, multiple in home services and supports along with community opportunities, while the family worked on developing natural supports. Although this family is still fragile they are intact. Case opened in May 2008 and closed in April 2010.

Wraparound spent about \$3000.00 vs. therapeutic placement cost of 125.00 per day. Savings for Average 1 year placement \$42,625.00



The Challenge to Families:



OUR SUCCESS STORIES:

A Parent's Perspective

Our daughters Amy and Nicki Keech were adopted at the age of 25 and 13 months old. Both girls were considered as having special needs, however these needs were not fully known at the time the adoption. Our girls are biological sisters and have a family history of schizophrenia. Their birth mother, father and maternal grandmother have a history of mental illness. Their conception may have been while the mother was an in-patient at a psychiatric center

The birth mother lost custody of our children after their oldest child was murdered. All subsequent infants were taken immediately after birth. Both girls were low birth weight, and had small heads. The birth mother had a venereal disease at the time of our daughter's birth. She had little prenatal care. To date she has had six children.

Our children were placed by Cuyahoga County Children Services in our home about 30 days after we met them. At the time of placement we were given two children without birth records, well baby check ups, shot records, or a promised "Life Book", due to problems at the agency at that time. We became instant parents, naive to realities of parenting children with such profound medical issues.

Both our kids had peculiarities that became more apparent with time. Amy was very active, tiny and had a very high squeaky voice. Nicki's affect was low and it was difficult to reach her or engage her. She often seemed removed, and in a world of her own. She was delayed in speech and language, motor skills and growth. As both children aged they had a very low tolerance for the word "NO" and had frequent temper tantrums.

Both girls were enrolled in Special Services through the Erie County Board of MRDD. We had Nicki in the infant stimulation program and Amy in speech therapy. Amy's developmental mile stones for the most part were on schedule with the exception of the ADHD, speech problems, and mood issues. Nicki was delayed in most areas of development. She had frequent colds, ear infections that took us to the doctor, as well as mounting developmental issues that were becoming prominent. As she aged her growth slowed. Both Amy and Nicki were becoming more and more active and had great difficulty slowing down. Along with the ADHD, both girls, and Nicki in particular would become angry and tantrum. These tantrums became more severe and violent as they grew older. Nicki would get mad if clothes did not feel right: any change in temperature, moisture, sound, or activity would set her off. Amy would have bouts of sheer frustration and be unable to contain herself. Nicki's sensory needs were becoming paramount in our life. This would translate in frustrations in regard to daily living skills, dressing, eating, sleeping, and sound. She often would strip her clothes off when she was angry as her world would spin out of her control. Our life as a family became centered on Nicki; s needs first Amy's needs second. and our marriage third. The basic necessities such as grocery shopping, doctor's appointments, and school became an increasing challenge. Nothing was spontaneous; every aspect of our life was planned and orchestrated around the lives of these two girls, and their medications schedule. Nicki became aggressive and at times violent.

As our kids aged we became more and more entwined with the medical field. We required medical and chemical interventions to make it through each day. Our reliance on the medical field became a necessity in keeping our family together. Nicki was diagnosed with ADHD, PDD, Growth delay, Psychosis NOS and optic nerve changes. Amy has Bipolar, and has ADHD. All of these issues have translated in thousands of dollars in medical visits, hospitalizations, and medications trials, as well as hours, upon hours of time away from work. Both girls have maxed out their "life time" private medical benefits and we rely on Medicaid for their medical needs.

By 2006 our family was in crisis mode. We were unable to manage Nicki at home and Amy's bipolar problems were increasing in severity. Nicki became impossible for her school to handle and was becoming aggressive with other children, and a burden to a school system that was not prepared to deal with a child with so many psychological and physical needs. Both girls have been hospitalized many times over the past few years. Nicki has been hospitalized 9 times in various psyche, and residential treatment facilities. She spent 1 year in Cincinnati Children's hospital residential and adolescent psyche unit, and 9 months at Bellefaire JCBS, residential treatment center. Amy has been hospitalized 2 times and spent 1 month in Berea Children's home for stabilization.

We were at a loss and needed help. We no longer could handle these children by ourselves. We contacted Ohio Legal Rights and spoke to a lawyer who suggested we meet with our Wrap-around coordinator, Cindy Franketti in Erie County. Cindy was instrumental in coordinating various agencies to provide us with assistance, to help us maneuver through the very complicated social service system. Wrap-around coordination was the light at the end of the tunnel for our family. Without this help and intervention we were prepared to give up custody of our children. The Wrap-around team was able to gather assistance from Erie County Mental Health Board, MRDD, Children and Family First Council, PASSS funding, Jobs and Family Services and Sandusky City Schools, just to name a few. In short this team saved our family, and may very well have saved the lives our children.

The Wrap-around experience has been remarkable for our family. Our daughter Nicki has been home for over 1 year and is maintaining. She goes to school in Cleveland at the Monarch School for Autism. She makes the 3 hr trip daily with few problems. She has not been re-hospitalized since her discharge from Belleaire. Amy is a struggling sophomore at BGSU. She has her own apartment and is working part-time. While we can not predict the future for our children we can say without a doubt that without the Intervention from the Wrap-around team our life would be very different. We are truly humbled by the dedication these people and agencies in Erie County have shown our family. There are not enough words to adequately express our sincere gratitude for the Wrap-around process. "As we express our gratitude, we must never forget that the highest appreciation is not to utter words but to live by them." John Fitzgerald Kennedy...Thank you

Paul and Juliana Keech (2010)

Placement costs for this youth averaged \$100,000.00 per year. The School System pays an excess cost of \$100,000.00

Providing services to the 0-3 population

Help Me Grow supports many early childhood professionals from a variety of backgrounds. Early childhood professionals link families and children in a collaborative network to meet children's unique needs.



FCFC

Help Me Grow:



The baby was born six weeks premature and had to stay at the hospital for several days after birth due to jaundice. At the first visit in the beginning of September, the baby was very small and slept the entire time. The mother had some concerns about the baby and his development because of his prematurity and initial health issues. The mother informed the Help Me Grow home visitor that her goal for the baby was that his overall growth and development stay on track so that he would not fall behind. The mother, who was sixteen years old, also informed the home visitor that she would be starting her junior year of high school at the end of September and the baby would be cared for by her sister while she was in school. As such, the mother's goal for herself was to stay in school and graduate on time in 2012.

The baby is now 4 months old and has grown much larger. As the home visits have progressed, the home visitor has discussed, shown and given the mother a great deal of information about how she and others can encourage

Jenniene and Jeff of Erie County became connected with Help Me Grow after Jenniene delivered Gianna at 28 weeks weighing 2lbs, 11oz. Jenniene was admitted to University Hospital in Cleveland when her water broke at 25 weeks and remained on best rest until Gianna was born. Gianna was diagnosed with Respiratory Distress Syndrome, hypotension and shock, bilateral grade 3 intraventricular hemorrhages, right bronchiogenic cyst and retinopathy of prematurity. After 66 days in the hospital, Gianna was discharged. The Musser family was aware of the long road ahead of them, but was just happy to be home with Gianna, and their older son Jackson was happy to finally see his baby sister. Only being home a short week and half, Gianna was admitted to Rainbow Babies for poor feedings

A Story About a Part C Child

and a cough. She was diagnosed with right middle lobe pneumonia and the medical team removed a cystic structure in the right middle lobe. Gianna was discharged after being in the hospital for another 41 days. The Help Me Grow Service Coordinator connected the family to the Early Intervention program and local resources. Gianna is receiving physical, occupational and speech therapy at the local Erie County Board of Developmental Disabilities. An Early Intervention Specialist is going to the home on a monthly basis. The Musser family just recently celebrated Gianna's first birthday. Gianna continues everyday to make great progress and she is now crawling and pulling to stand. Gianna has also been named the "March of Dimes baby" for Cleveland. The Help Me Grow Service Coordinator continues to work with the family on setting goals for Gianna to achieve.

Help Me Grow is a coordinated, community-based service that promotes trans-disciplinary, family-centered programs for expectant parents, newborns, infants, toddlers and their families.

Help Me Grow provides health and developmental services so children start school healthy and ready to learn. Help Me Grow provides the building blocks for success for Ohio's families.



Autism Diagnostic Education Pilot Project:

Erie County sent a team of 4 Professionals for 4 days of training to be able to collaborate with a local pediatric health professional to provide local, timely, comprehensive, standardized diagnostic services for young children with delays in social and communication development including autism. This local process will ensure effective communication among early intervention, healthcare professionals and families. The Erie County team finished their training and practice sessions in the Fall of 2010 and developed a protocol, procedures and process to implement the ADOS process. To date the team has scheduled and completed 8 ADOS evaluations. To date 5 families had chosen to use Dr. Meehan-de la Crus, MD(local medical partner) and 3 families have gone to another medical provider.

Story of a child and family involved with Help Me Grow Home Visiting Program

the baby's development. At the most recent home visit, the home visitor completed an ASQ screening on the baby and he did very well in all of the areas. This completed screening showed the mother that everything she does with the baby on a daily basis is helping him to develop as he should and served as a step towards meeting the mother's goal for the baby. The mother is also still actively working toward her own goal by regularly attending school and completing her assignments. At each home visit, the home visitor asks the mother about school and offers encouragement. The home visitor will continue to work with this family by giving them the information and support that they need to further identify and achieve their goals.

**Erie County Help Me Grow
2008, 2009, & 2010 Referral Comparison Chart**

MONTH 2008	PART C	AT RISK	END OF MONTH TOTAL
JANUARY	10	26	36
FEBRUARY	16	20	36
MARCH	5	27	32
APRIL	6	35	41
MAY	13	35	48
JUNE	3	38	41
JULY	10	20	30
AUGUST	10	28	38
SEPTEMBER	17	25	42
OCTOBER	11	30	41
NOVEMBER	4	23	27
DECEMBER	13	28	41
TOTAL	118	335	453

MONTH 2009	PART C	AT RISK	END OF MONTH TOTAL
JANUARY	10	40	50
FEBRUARY	6	28	34
MARCH	15	36	51
APRIL	5	24	29
MAY	10	20	30
JUNE	7	13	20
JULY	8	16	24
AUGUST	10	1	11
SEPTEMBER	11	7	18
OCTOBER	12	1	13
NOVEMBER	5	7	12
DECEMBER	8	11	19
TOTAL	107	204	311

MONTH 2010	PART C	AT RISK	HOME VISITATION	END OF MONTH TOTAL
JANUARY	10	6	X	16
FEBRUARY	10	7	X	17
MARCH	16	12	X	28
APRIL	16	10	X	26
MAY	15	10	X	25
JUNE	14	7	X	21
JULY	15	1	0	16
AUGUST	18	0	5	23
SEPTEMBER	13	2	1	16
OCTOBER	11	2	2	15
NOVEMBER	8	1	5	14
DECEMBER	15	1	6	22
TOTAL	156	59	18	239

In July of 2010, the state initiated new eligibility requirements for Help Me Grow "Home Visiting". Counties can continue to serve already enrolled "At Risk" families until they aged out of the system at age 3. New referrals to HMG have to meet the new eligibility requirements of : A parent is expecting first child and has an income below 200% of the Federal Poverty Level; A family's first born/adopted infant is enrolled before six months of age with the family's income is 200% FPL; An infant or toddler who has a substantiated case of abuse or neglect with the JFS agency; and an infant who has one parent in active military duty. Since the initiation of the new rules our county has seen an increase in the number of children who qualify as a Part C child and a significant drop in the number of children/families who qualify for Home Visiting Services.

At Risk referral returning back to the program after they have been exited – not a Home Visiting referral

In order to engage new parents in the HMG program, this year for one of our new outreach projects the Family and Children First Council Director proposed using Stein Foundation funds to initiate a "Wrap Infants in a Safe Sleep Message", as a part of a Safe Sleep Program through the Help Me Grow program. The project's intent is to purchase educational onesies, a one piece infant tee-shirt type garment, printed with a Safe Sleep message to be distributed to the parents of infants. The FCFC received this grant from the Stein Foundation for \$2,300.00 for the proposed program. The onesies would have a different safe sleep message on each side:

The Front would display the message: ***The ABCs of Safe Sleep. I sleep best Alone, on my Back, and in a Crib.***

The Back would have the message: ***If I'm sleeping, turn me over. (With the HMG logo).***

The Help Me Grow Program will distribute these garments along with educational information to the first time parents that we work with. We also will work collaboratively with the other entities/organizations in the community who work with Parents of infants to distribute the onesies along with the educational material. This program will serve as a Child find activity for our Help Me Grow program as it should give people additional information about the program and its benefits

**FCFC
Help Me Grow
Referrals:**

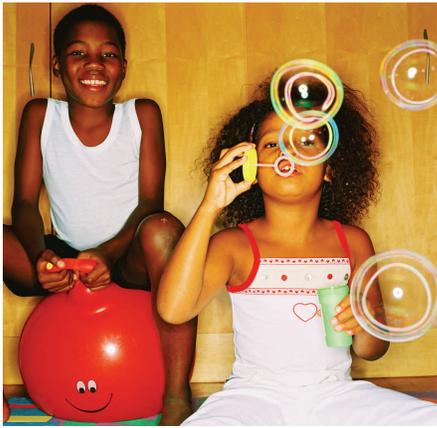


Help Me Grow in Erie County is located provided by contract to the Erie County Board of DD.
Contact Information:
Central Intake:
419-621-3962

Supervisor:
Carrie Beier

Service Coordinators:
Jenna Cullen
Jennifer Espinoza
Tara Frost
Julie Geiger
Megan Ruff





Getting Services

The Care-A-Van has been in operation since 1999 and has provided service to over 4,000 community residents per year. The Care-A-Van has been identified by Erie County citizens as a valuable resource for services to their families and children.

68,153 participants have received services since 1999

CARE-A-VAN
Wellness in motion:



The Erie County Care-A-Van has traveled a total of 40,600 miles throughout the county since being put into service in 1999. This year the miles included 128 stops, serving 4,644 residents.

Erie County Residents, which included

- 978 Children,
- 1258 Senior Citizens,
- 1169 Adults,
- 113 Teenagers,
- 1,126 of those being repeat clients.

A total of 1,164 service hours were provided to the community with the assistance of several participating agencies.

Since 2002, the Care-A-Van's project coordinator enhanced the service provided on the van by becoming a trained child passenger seat technician, according to NHTSA Standards, Recertifying every 2 years. An average of 6 seats per week are checked from the Care-A-Van and correctly installed, thus providing Erie County with safer rides for our children. Statistics prove 4 out of 5 seats are incorrectly installed. This statistic holds true for Erie County.



In 2010, a total of 449 child passenger seats were checked and correctly installed. A total of 574 Booster Seat Awareness presentations were given in lieu of the new Booster Seat Law. The van provided 15 booster seats purchased through a grant. In addition, 325 Child Passenger Seat demos were provided. Approximately 30 new Passenger seats were installed by the project coordinator. The van distributed 47 Cancer Services packs, 72 Shared Beginnings Books, 62 "Keep Baby Safe" kits and 55 bike helmets.

The goal of the Care-A-Van project is to reach out to all families in Erie County by providing flexible, family-centered community-based, preventative and comprehensive services that support and are responsive to identified family and community needs. Our Van project is increasing the availability of services to families in the communities in which they live. Services are individualized to meet specific needs in a community.



Agencies continuing to provide wellness services to promote overall better health include Firelands Regional Medical Center, Erie County Care Facility, Mill Manor Care Center, and Joan McCombs and the Commons of Providence. These agencies provided 808 blood pressure screens, 323 blood glucose screens, and 25 full-lipid cholesterol screens. The Care-A-Van partnered with McGruder Hospital in Port Clinton to provide 62 Skin Screens free to seniors at their Relay For Life. EHOVE Vocational School of Nursing contributed to Bike Safety, Hygiene, Nutrition & budgeting by demonstration of the school projects to 1,070 participants of all ages. At the Erie County Fair the Care-A-Van provided a cozy place for diaper changes and breast feeding. Also new this year was the availability of the Ohio Benefit Bank

In 2010 the Care-A-Van celebrated its 12th year in service to the community

The Care-A-Van is funded totally by local foundations, donations and fund raisers. The Care-A-Van received \$ 20,000.00 from the Stein Foundation. The Festival of Lights at Sawmill Creek Christmas fundraiser is also a yearly resource for funding.

Aggie Schaffer, Coordinator

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