



**Erie County
Family & Children First
Council
Annual Report 2008**

Improving the Quality of Family Life in Erie County



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Family & Children First *focus 2008*

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.

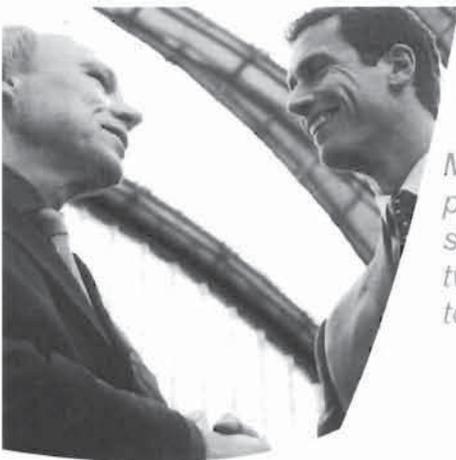
Families are our most important human resource, and their children our most vulnerable class of citizens. Children with multiple needs are at an even higher risk of failure in becoming self-reliant adults. We believe that our forum can create ideas and influence policy. We will positively influence an 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 complete 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. We dream 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.



Guiding Principles

- ◆ 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.

Sharon Hartenstein
Ohio Dept. of Youth Services

Pam Colbert
Director
United Way of Erie County

Bill Monaghan
Chair
Erie County Commissioners

Pete Schade
Commissioner
Erie Co. Health Dept.

Jude Hammond
Parent Representative
Margaretta Schools

Julie Geiger
HMG Early Intervention Rep

Jerry Plassenthal
Superintendent
Erie Co. Board MR/DD

Aaron Voltz
Director
Erie County CSB

Kirk Halliday
Director
MHR Board

Bill Pahl
Superintendent
Sandusky City Schools

Judith Englehart
Director
Erie Co. JFS

Judge Robert DeLamatre
Judge
Erie Co. Common Pleas Court

Tammy Barbato
Supervisor
Erie Co. Common Pleas Court

Lt Chris Hofacker
Sandusky City Police

Julie Keech
Parent Representative

Paul Keech
Parent Representative

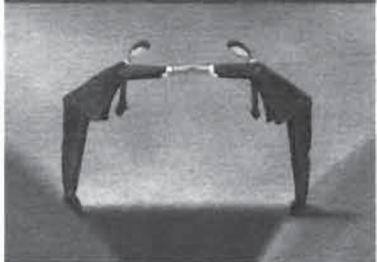
Vicki Deel-Lezon
Parent Representative

Janice Warner
Director
Erie-Huron CAC Headstart

David Snook
Superintendent
Berlin-Milan Schools

Deidre Windau
Director
Kinship House

FCFC MEMBERSHIP



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

DIRECTOR

Francine Bergmoser, LPC, LSW
Director Family & Children First
Project Director Help Me Grow
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United Way • AIRS ★
2-1-1™
Get Connected. Get Answers.

Funding Sources

1. Local Council Support \$46,900.00

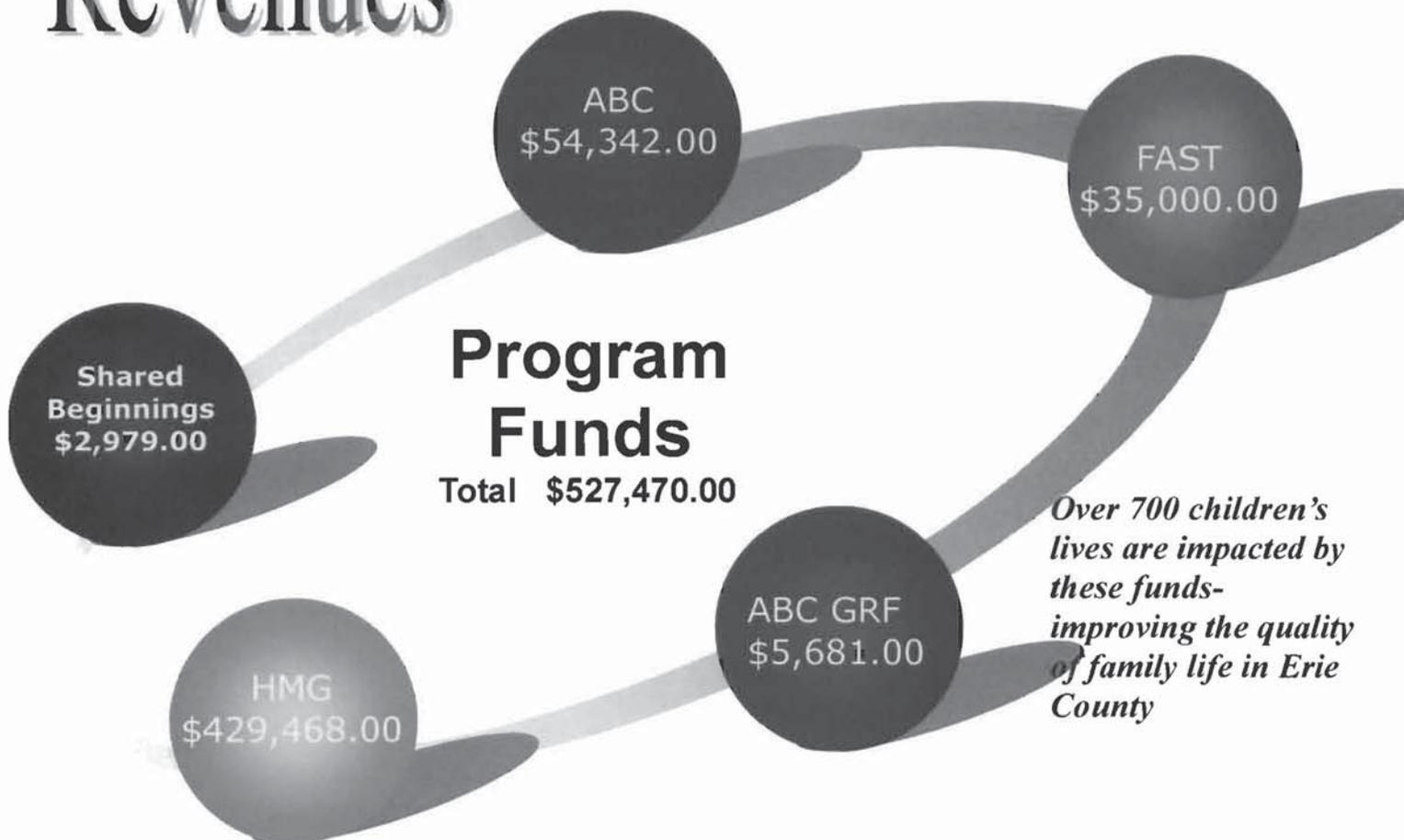
2. TANF Administration \$29,549.00

3. ODMH Support \$20,000.00

4. Children Trust Fund \$1,240.00

5. Shared Beginnings funds \$2,979.00

Revenues





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.

**Carrie Beier
MRDD**

**Cathy Bragg Bragg
MRDD**

**Chris Perrin
Juvenile Court**

**Jamie Gfell
CSB**

**Henrietta Whelan
Bayshore Counseling**

**Janet Mesenburg
Health Dept.**

**Judy Razzano
Juvenile Drug Court**

**Karen Clemons
Sandusky City Schools**

**Linda Wohl
Sandusky City Schools**

**Paula Hoffman
Health Dept**

**Karen Russell
Firelands Mental Health**

**Michelle Schultz
CSB**

**Sharon Hartenstein
ODYS**

**Sue Peterson
Northpoint ESC**

**Tammy Barbato
Juvenile Court**

**Aaron Voltz
CSB**

**Fran Bergmoser
FCFC Director**

**Karen Streng
Northpoint ESC**

FCFC Wraparound Management Response Team:



The Wraparound Process is an intensive, individualized care management process for youths 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.

WRAPAROUND STAFF

**Cindy Franketti
Director/Supervisor**

**Kelly Mangold
Wraparound Facilitator**

**Paul Skiles
Wraparound Facilitator**

**Janet Hamilton
Team Support Specialist**

**Jenny Cousino
Team Support Specialist**

**Sheri Klenk
Team Support Specialist**





Getting the most from our data analysis

The Ohio University Center for Family Research (CFR) created an internet-based data collection platform to track multi-need youth and families that are provided assistance through Wraparound/Service Coordination.

- As of December 12, 2008, 267 cases had been entered into the Erie County ESCORE platform, all but one since January 1, 2007. Of 266 cases enrolled since January 1, 2007, 133 had been terminated with the remaining 133 still open.
- Of the 266 cases registered since 11/1/2007, 117 involved female youth (44%) and 149 involved male youth (56%); 17% were African American, 16% multi-racial, and approximately three percent from an Ethnic minority. The average age was 11.2 years (range: 0 to 24.5 years).
- The vast majority of youth who received service coordination were in the custody of their biological parents (67%) and were living in their family home (77%) when the service coordination case was opened.
- Primary referral sources for minority families did not differ significantly from those of White/Caucasian families. In contrast to Caucasian families among whom 23% were referred from the juvenile court; among minority families, 32% came from the court. Similarly 26% of minority families came from Children's services vs. 13% of Caucasian families.
- There were no significant differences in primary referral source as a function of gender.
- Children's Services and ODJFS referrals came primarily from cases where the youth was residing outside of the family home (32% from Children's Services and 8% from ODJFS) as compared to living in the family home (14% and 2%, respectively). Twenty-nine percent of all cases living in the family home were referred from the Juvenile Court in contrast to 18% of the cases living outside the home. These differences, however, were not statistically significant.
- Data concerning moves was available from 161 of the 167 youth. Of that number, 86% had no moves and 11% only one move. Of those who moved, all but one move ended in single household, non foster-care residences. The average duration for the seven stays in congregate care was 105 days. The average in Foster Care was 120 days.
- Regarding mental health issues, a total of 39.6% were receiving some sort of mental health counseling at the time of service coordination, and almost the same percentage (37.8%) of youth were known to have received some sort of mental health diagnosis.

E-SCORE:

Electronic Service
Coordination, Outcomes,
Research and Evaluation:



Prepared by

Dr. Stephen M. Gavazzi
Dr. Deborah Wasserman
The Ohio State University



Erie County's exemplary use of the Family Development Matrix (FDM) to document changes resulting from service coordination effort indicates positive and statistically significant changes in 13 out of the 14 indicators, with the largest improvements occurring in the domains of judicial system involvement, children's education and development, and youth assets/social skills





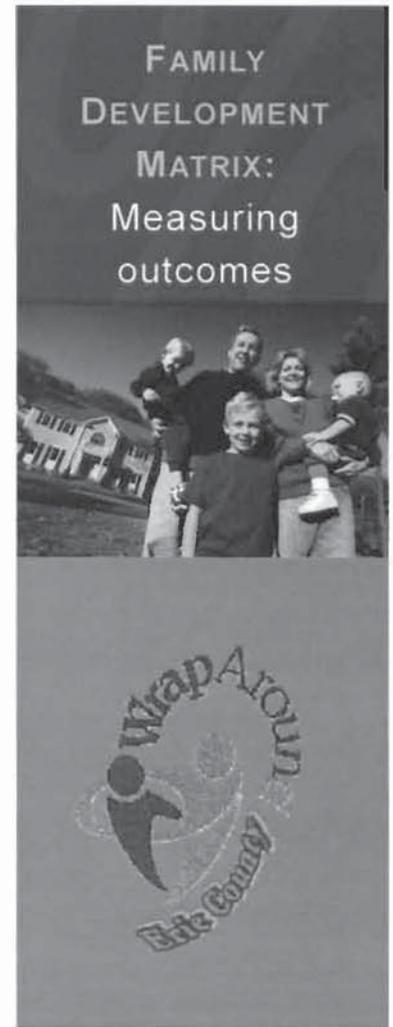
Erie County Youth in Wraparound

The High Fidelity Wraparound Process has touched the lives of over 266 children and their families since its initiation in our community.

The top three referral sources for the youth receiving Wraparound Service Coordination were the Juvenile Court, (27%), Schools (21%), followed by Children's Services (18%).

Frequencies of Referral Sources

	Total		Received Service Coordination		Did Not Receive Service Coordination	
	Count	Column N %	Count	Column N %	Count	Column N %
	94	35.3%	0	.0%	94	94.9%
Juvenile Court	44	16.5%	44	26.3%	0	0%
School	36	13.5%	36	21.6%	0	0%
Children's Services	34	12.8%	30	18.0%	4	4.0%
Other	17	6.4%	17	10.2%	0	0%
HMG	11	4.1%	11	6.6%	0	.0%
Mental Health Provider	8	3.0%	7	4.2%	1	1.0%
Family member	6	2.3%	6	3.6%	0	.0%
Department of Job and Family Services	6	2.3%	6	3.6%	0	.0%
MR/DD	5	1.9%	5	3.0%	0	0%
Health Department	3	1.1%	3	1.8%	0	0%
The Ohio Department of Youth Services	2	.8%	2	1.2%	0	.0%
Total	266	100.0%	167	100.0%	99	100.0%

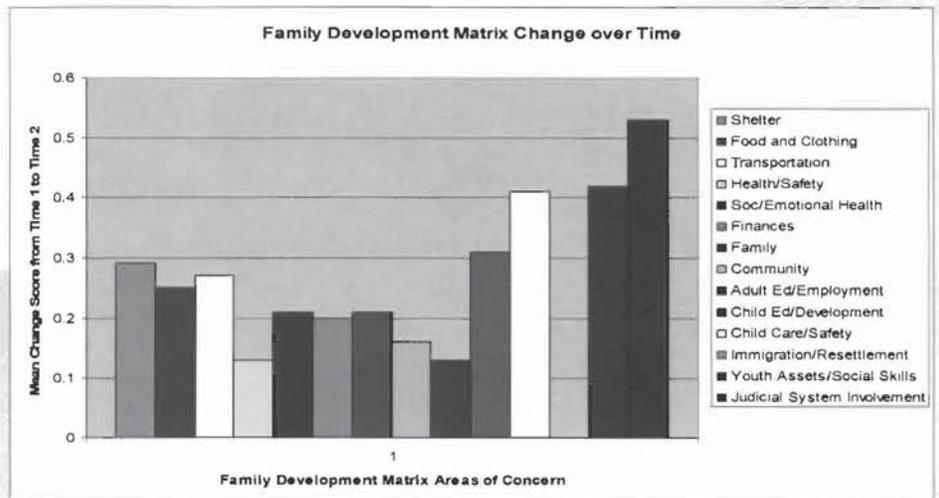


Regarding Mental Health issues, a total of 111 youth had information entered into the ESCORE platform. Of those youth a total of 39.6 % were receiving some sort of mental health counseling at the time of Wraparound Service Coordination. Almost the same percentage (37.8% of youth were known to have received some sort of mental health diagnosis.

OUTCOMES: The Family Development Matrix (FDM)

Two previous Erie County reports have noted this county's exemplary use of the Family Development Matrix (FDM) to document changes resulting from Wraparound Services effort. In the first previous report, preliminary data indicated positive changes in 13 out of the 14 indicators (all but immigration/resettlement). In the second report, the increased numbers of families assessed with the FDM instrument (n = 60) had resulted in an adequate sample that could be subjected to appropriate statistical analyses in order to test for the significance of these changes. That second report contained results that indicated continued improvement in 13 out of the 14 areas. In addition, paired t-test analysis procedures generated evidence that these changes were statistically significant in all areas except finances and community relations.

The present report displays the continued growth of the sample containing at least two administrations of the FDM instrument (n = 95), and the results of analyses indicate even more robust findings. Here, positive changes continue to be displayed in 13 out of the 14 indicators, and the paired t-test analysis procedures indicated that these changes were now statistically significant in all 13 areas, with the largest improvements occurring in the domains of judicial system involvement, children's education/development, and youth assets/social skills.



Access to Better Care (ABC) is an Ohio Family and Children First (OFCF) initiative built on the crucial role of the behavioral health system (Alcohol, Drug, Additional and Mental Health Services/ ADAS/MH boards and their provider networks) to provide leadership with county Family and Children First Councils (FCFC) and their member agencies to address the needs of families having children with intense behavioral health needs across the developmental spectrum and within the many settings where these children require or receive care. ABC supports OFCF statewide commitments for well-being of children and families by strengthening the role of parents as empowered advocates for their children. Family-centered, child-focused models of care and parent-professional and cross-system partnerships are at the heart of OFCF.

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.

Each year the Family & Children First Council receives Access to Better Care (ABC) and Family and Systems Team (FAST) Funding. The Children's Behavioral Health ABC 404 funding required local collaborative planning led by the Family and Children First Council (FCFC) to improve access for children, youth and their families to public behavioral healthcare, especially those programs and services that are evidence-based or promising in clinical practice.

ABC/Fast Funding

These funds are allocated to Mental Health board areas and must be spent on intervention and treatment as well as family supports services. Funding can also be used for clinical program development that addresses gaps in and/or enhancement of effective behavioral health treatment approaches. They may be used to increase local Medicaid share for children's treatment services. These funds cannot be used to supplant existing funds allocated to children's behavioral healthcare.

FUNDING SERVICE COORDINATION



Family support services may include:

- o Services, including in-home visits, parent support groups, and other programs designed to improve parenting skills (by reinforcing parents confidence in their strengths and helping them identify where improvement is needed and obtain assistance to improve those skills) such as child development, family budgeting, coping with stress, health, and nutrition.
- o Respite care of children to provide temporary relief for parents and other caregivers. (This may include summer camp.)
- o Structured activities involving parents and children to strengthen the parent-child relationship.
- o Information and referral services to afford families access to other community services, including child care, health care, nutrition programs, adult education and literacy programs, and counseling and mentoring services.
- o Services to assist parents in helping their youngsters academically succeed, such as home tutoring.

Erie county in SFY 2008 was allocated \$35,000.00 in FAST \$ and \$54,342.00 in ABC funding. Both these funds are allocated on an individual family basis to meet needs which are identified by the wraparound team. Funds have been historically used to provide respite care, recreational activities, Camp, Equine Therapy, consultation services, training for parents, tutoring, school fees, and other services to support families.



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.

Beau was referred to the Help Me Grow program at the age of one month after failing his newborn hearing screening. Additional testing was done and he was diagnosed with a severe/profound sensorineural hearing loss bilaterally. The Regional Infant Hearing Program was contacted and became involved right away along with Help Me Grow Service Coordination. Additional information was provided to the family through the Auditory Options Grant.

Early on, Beau's family chose the Auditory-Verbal method of therapy for him. There is no AV therapist in our area and his family committed to driving him an hour and a half away to receive those services. He started visits with the AV therapist at four months. Beau received bilateral cochlear implants four days after his first birthday and therapy became much more intensive following the activation of the implants.

At a workshop sponsored by Help Me Grow Beau and his family met another family involved with Help Me Grow who had a son just a little older than Beau. This little boy also has a hearing loss and bilateral cochlear implants. The two families have formed a friendship and continue to provide support to each other in ways that only someone "who has been there" can. →

Story of a child and family involved with Part C services

Enclosed is our unused re-application for BCMH as well as Healthy start, as at this time we will no longer need these excellent services.

When our daughter was born we were faced with many emotions as she was ill and spent a little over two weeks at Toledo Children's Hospital. This was enough on its own, however we still had two other children at home to worry about, daily bills/ mail etc. But with your help we didn't have to worry how we were going to be able to find a way to pay for the astronomical medical costs.

We cannot say thank you enough to the people that make this program possible to all families regardless of income, as without you I'm sure that we would be in severe debt, unable to pay for even every day expenses. There would have been losses unimaginable.

I hope and pray that with the results of the new elections that programs like yours stay in effect for our hard working families. People that could be devastated by the financial incurrence's a life changing experience like this

could bring.

A letter from parents who received a New Born Home Visit
Jennifer K. Hirshman
Kevin D. Hirshman

As for our sweet daughter Leah, with many prayers, excellent medical professionals and the support received she at this time is doing well. We do not need BCMH services after our expiration date and we know there will be unfortunately others who will.

For us our daughters insurance was immediately maxed out just on the costs of the hospital room alone.

We also want to acknowledge the great BCMH nursing staff at the Erie County Health Department as they were always there to help and answer any questions in a timely manner, They made accommodations for myself as for my daughter when we had to go to their facility for immunizations etc.

BCMH is a program we knew nothing about until that unfortunate day our daughter was admitted to the NICU, but now we know and we are thrilled to see our tax dollars going to such a worthy cause. Thanks again and GOD BLESS YOU

The family and Service Coordinator began to talk about ways for Beau to be around other children more and this past summer Beau attended a twice a month summer play group offered by our county's MR/DD Early Intervention program. This was the first time Beau had been separated from his mother and he struggled with the transition. There were tears and refusals to join in with the other children at first, and then a gradual decrease in crying and he began to observe what the other children were doing. It was also a struggle for Beau's mother but throughout she remained determined and committed to his attending. In the fall Beau began attending the twice a week Toddler Class for two year olds. This transition was much easier and in class he now participates in group activities, follows directions and routines and seems happy and content.

Beau will be turning three soon and is in the process of transitioning from Help Me Grow to pre-school where he will receive services through an IEP. Throughout this process his family has been strong advocates, seeing that Beau gets the accommodations he needs. One of the supports that Beau has received in the classroom at MR/DD is the teacher's use of an FM system. This has helped him focus on instructions from the teacher. It has been quite successful and as a result the family has seen that the use of an FM system will be incorporated into his IEP.

There have been a variety of agencies and services that have been involved with Beau and his family since his birth. His strong family support and willingness to utilize what these providers have to offer, has made all the difference. While we celebrate Beau's success, those of us in Help Me Grow that have come to know he and his family, will miss them all very much.

FCFC
Help Me Grow:



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.



**Ohio Help Me Grow
Erie County Profile Report for SFY08
July 1, 2007 to June 30, 2008**

Module I - Referrals

Number of Referrals

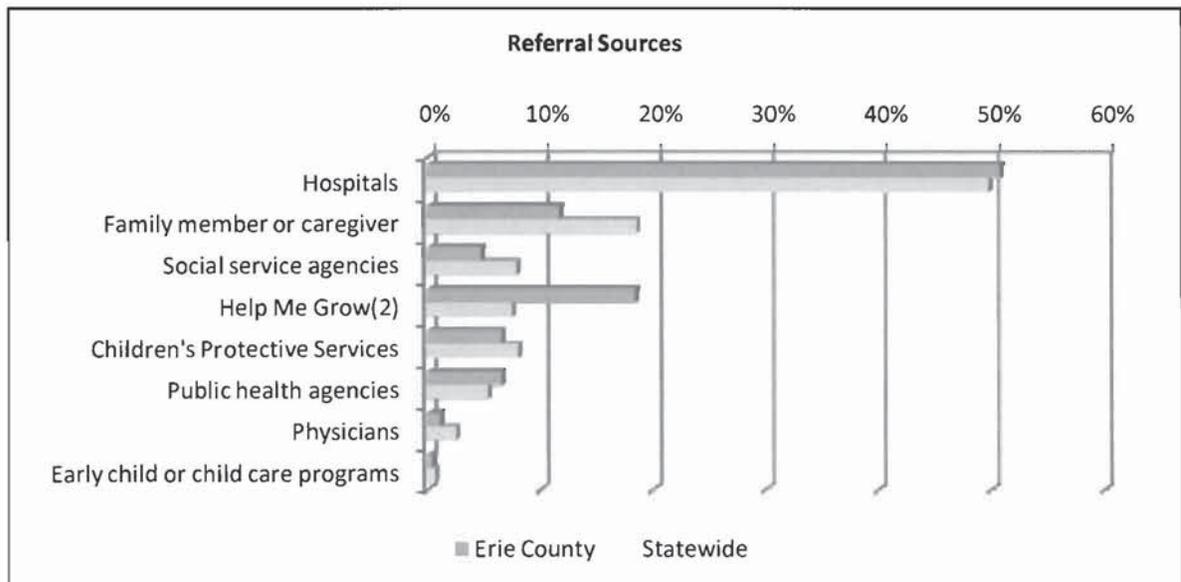
All initial referrals for new children received by Help Me Grow (including Newborn Home Visit referrals)	Erie County	Statewide
	571	78,850

All initial referrals for new children made for ongoing Help Me Grow services ⁽¹⁾	Erie County	Statewide
	192	36,025

All initial referrals for new children made for Newborn Home Visit	Erie County	Statewide
	379	42,825

Referral Sources

Referral Source	Erie County		Statewide
	Number of Children	Percentage of All Referrals	Percentage of All Referrals
Hospitals	290	50.8%	49.7%
Family member or caregiver	67	11.7%	18.5%
Social service agencies	27	4.7%	7.8%
Help Me Grow ⁽²⁾	105	18.4%	7.5%
Children's Protective Services	37	6.5%	8.0%
Public health agencies	37	6.5%	5.3%
Physicians	6	1.1%	2.5%
Early child or child care programs	2	0.4%	0.6%



Footnotes

(1) Includes referrals to Suspected At Risk and Suspected Part C as well as referrals to other categories such as Newborn Home Visit that later received ongoing Help Me Grow services

(2) Category includes referrals from a Regional Infant Hearing Program (RIHP), Newborn Home Visiting Nurse, Ohio Department of Health's Bureau of Children with Medical Handicaps, or referrals identified by local Help Me Grow staff

**Ohio Help Me Grow
Erie County Profile Report for SFY08
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Module II - Demographic Characteristics of Ongoing Help Me Grow Children

Number of Children Served

Unduplicated count of all Help Me Grow children ⁽³⁾⁽⁴⁾⁽⁵⁾	Erie County	Statewide
	403	58,642

Age of Children Served

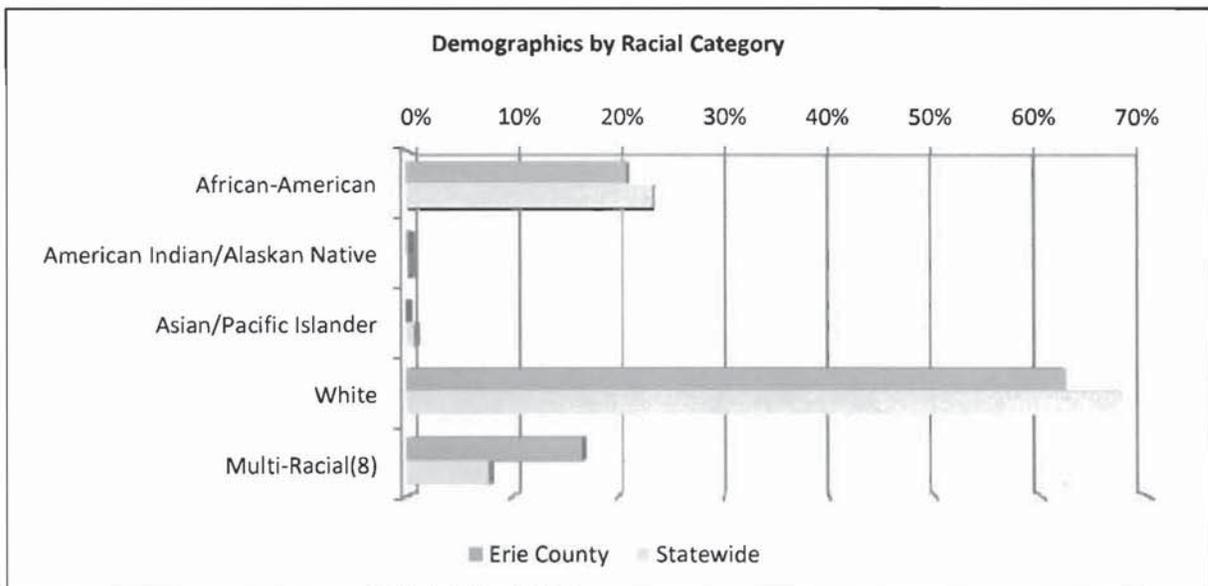
All Help Me Grow Children⁽⁶⁾

Median age at initial referral in days	Erie County	Statewide
	14	29

Demographics by Racial Category

All Help Me Grow Children⁽⁷⁾

Racial Category	Erie County		Statewide
	Number of Children	Percentage of Children	Percentage of Children
African-American	84	20.8%	23.3%
American Indian/Alaskan Native	1	0.2%	0.2%
Asian/Pacific Islander	0	0.0%	0.7%
White	251	62.3%	67.9%
Multi-Racial ⁽⁸⁾	67	16.6%	7.8%



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Module III - Eligibility of Children with Developmental Delays or Medical Diagnoses

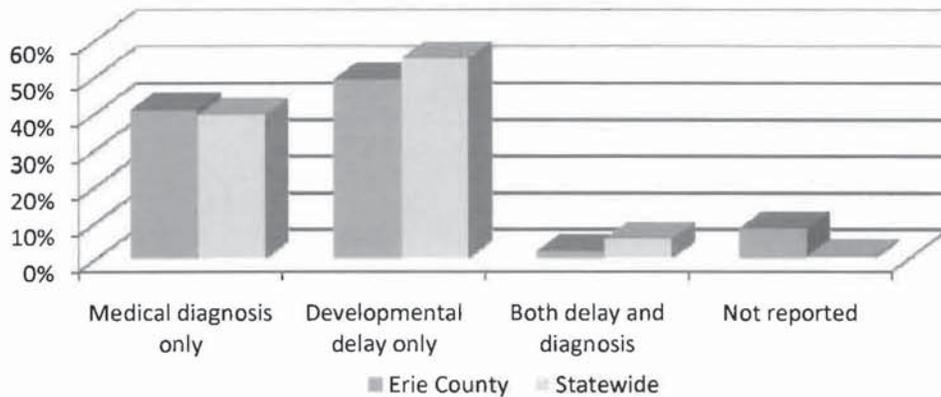
Count of All Children with Developmental Delays Or Medical Diagnoses Served⁽⁹⁾

Number of Children Served with Developmental Delay or Medical Diagnosis (Part C)	157
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Reason for Part C Eligibility

Eligibility Reason	Erie County		Statewide	
	Number of Children	Percentage of Children	Number of Children	Percentage of Children Served
Medical diagnosis only	64	40.8%	9,920	39.4%
Developmental delay only	77	49.0%	13,814	54.8%
Both delay and diagnosis	3	1.9%	1,318	5.2%
Not reported ⁽¹⁰⁾	13	8.3%	151	0.6%

Reason for Part C Eligibility



**Ohio Help Me Grow
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Module IV - Eligibility of Children At Risk for Developmental Delays

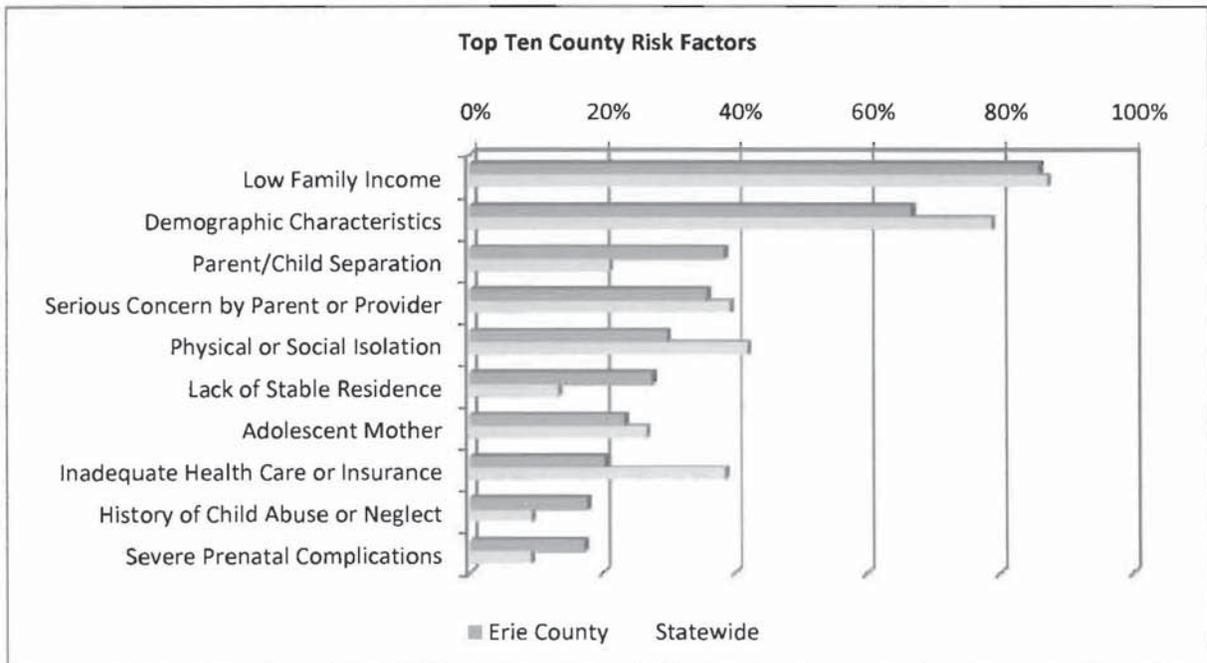
Count of Children At Risk for Developmental Delays Served⁽¹²⁾

	Erie County	Statewide
Number of Children At Risk for Developmental Delay	265	35,787

Reason for At Risk Eligibility⁽¹³⁾

Top Ten County Risk Factors

Risk Factor	Erie County		Statewide
	Number of Children	Percentage of Children	Percentage of Children
Low Family Income	228	86.0%	87.3%
Demographic Characteristics	177	66.8%	78.9%
Parent/Child Separation	102	38.5%	21.1%
Serious Concern by Parent or Provider	95	35.8%	39.3%
Physical or Social Isolation	79	29.8%	42.0%
Lack of Stable Residence	73	27.5%	13.4%
Adolescent Mother	62	23.4%	26.7%
Inadequate Health Care or Insurance	54	20.4%	38.6%
History of Child Abuse or Neglect	47	17.7%	9.3%
Severe Prenatal Complications	46	17.4%	9.2%



**Ohio Help Me Grow
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Module V - Newborn Home Visits

Number of Newborn Home Visits

Measure	Erie County	Statewide
Total number of visits completed	232	34,597
Number of children visited	232	33,343
Prenatal visits completed	1	620
Median age of children in days at time of initial visit	20	13

Additional Newborn Home Visit Information

Children from data system with additional information available ⁽¹⁴⁾⁽¹⁵⁾	Erie County	Statewide
	231	32,723

Top Five Topics of Interest at Visit

Topic of Interest	Erie County		Statewide
	Number of Children	Percentage of Children	Percentage of Children
Sudden Infant Death Syndrome (SIDS)	13	5.6%	45.6%
Shaken baby syndrome	1	0.4%	29.8%
Newborn care	23	10.0%	39.9%
Infant feeding	40	17.3%	46.5%
Well-baby care	19	8.2%	29.4%

Assessments Provided at Visit

Assessment Offered	Erie County		Statewide
	Number of Assessments Offered and Accepted	Percentage of Assessments Offered and Accepted ⁽¹⁶⁾	Percentage of Assessments Offered and Accepted ⁽¹⁶⁾
Maternal Health	231	100.0%	97.2%
Newborn Health	231	100.0%	99.3%

Type of Food Mothers Provide to Child

Type of Food Provided by Mother	Erie County		Statewide
	Number of Children	Percentage of Children	Percentage of Children
Baby fed Breastmilk only	75	32.5%	38.2%
Baby fed Formula only	111	48.1%	47.2%
Baby fed both Breastmilk & Formula	45	19.5%	14.6%

Other Information Regarding Mother and Baby

Measurement	Erie County		Statewide
	Number of Children	Percentage of Children	Percentage of Children
First-time Mother	131	56.7%	63.1%
Teenage Mother (Under 20 years of age)	28	12.1%	17.1%
Child Born Prematurely	17	7.4%	10.0%

Footnotes

(14) Data pulled from current data system (Early Track 3.0) on or after July 1, 2008.

(15) Excludes prenatal visits.

(16) Refusals of maternal or newborn assessments were excluded from percentage calculations.

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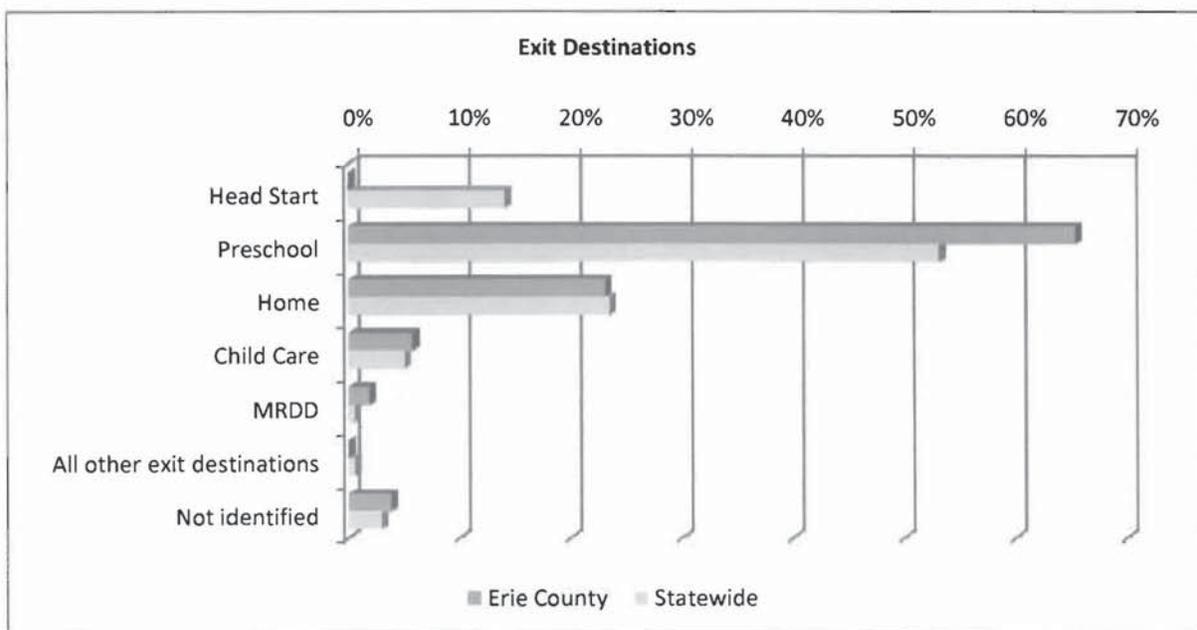
Module VI - Exits

Number of Exits

Total Number of Exits from Help Me Grow at age 3 after receiving ongoing services ⁽¹⁷⁾	Erie County	Statewide
	52	7,019

Exit Destinations

Exit Destination	Erie County		Statewide
	Number of Children	Percentage of Children	Percentage of Children
Head Start	0	0.0%	14.1%
Preschool	34	65.4%	53.2%
Home	12	23.1%	23.5%
Child Care	3	5.8%	5.1%
MRDD	1	1.9%	0.5%
All other exit destinations	0	0.0%	0.6%
Not identified	2	3.8%	3.0%

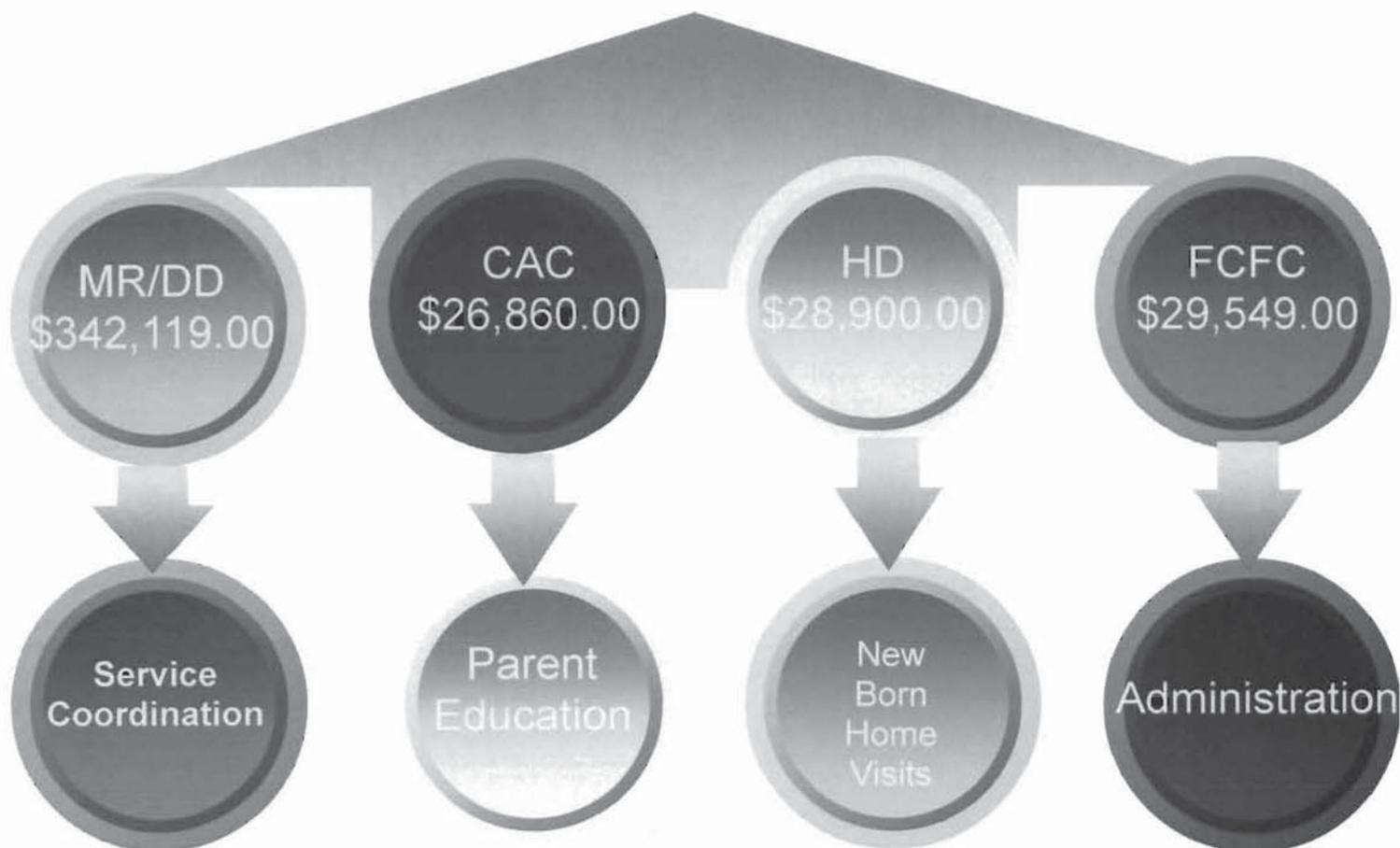
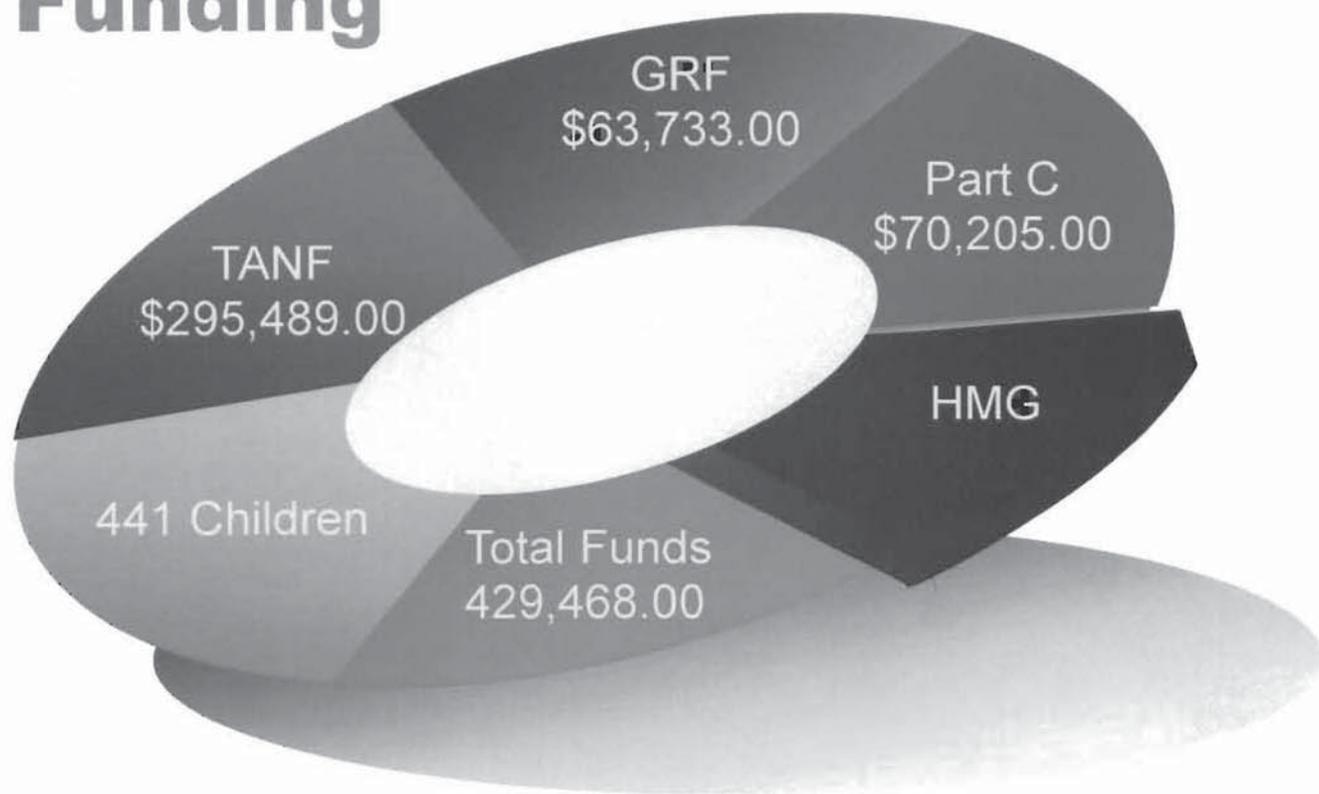


Footnotes

(17) Reported reason for exit was child reached age 3 or exit reported for another reason on or after the child's third birthday.

Help Me Grow

Funding

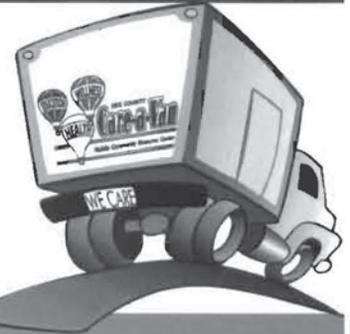




Getting services within the community

The Care-A-Van since it's been in operation since 1999 has provided service to over 60,000 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.

CARE-A-VAN
Wellness in motion:



In 2008, the Erie Co. Care-A-Van traveled a total of 3,351 miles throughout the county. Those 3,351 miles included 147 stops, serving 3,801 Erie County Residents, this included:

- ◆ 1456 Children,
- ◆ 613 Senior Citizens,
- ◆ 1583 Adults,
- ◆ 149 Teenagers.

A total of 1,148 service hours were provided to the community with the assistance of several participating agencies.

The Care-A-Van has 36,760 miles on the odometer and is 10 years old.

In 2008, the Care –A Van scheduled regularly visited sites for immunizations and blood screens. The Van makes 7 stops for immunizations and 6 stops for blood screens.



Our hope is that the convenience of parents being able to access immunizations will increase the number of immunized children and lessen the abuse and neglect statistics in our county. The Erie County Health Department provided 772 immunizations and 60 lead

blood glucose screens. Firelands Regional Medical Center provided 408 blood pressure screens, 280

blood glucose screens and 173 full-lipid cholesterol screens. Several of the Care-A-Van clients were recommended by the nurse to follow up with their doctor. The shared Beginnings

Grant, a literacy grant sponsored by FCFC and managed by the PAT Program, distributed 459 books to children throughout the year. The Van provided 124 "Keep Baby Safe" Kits to families with small children.

Since 2003, the Care-A-Van's Project Coordinator enhance the service provided on the Van by becoming a trained child passenger seat technician, according to NHTSA's standards. Every two years the coordinator is re-certified. An average of six seats per week are checked from the Care-A-Van and correctly re-installed for the parent, thus making safer rides for Erie County children. Statistics prove that 4 out of 5 seats are incorrectly installed. This statistic hold true in Erie County. The Care-A-Van Coordinator in 2008 checked and properly installed 279 care seats. The Van supplied 15 seats which were purchased by parents and installed by the technician. Five booster seats were also given to children

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.

2009 is the 10 year anniversary of the Care-A-Van project

The Care-A-Van receives \$23,564.00 from the Ohio Children's Trust fund and \$15,000.00 from the Stein Foundation. Avada Hearing, our only private community contributor donates \$50.00 each month to the van.. A Wightman/Weiber Grant written by the project coordinator provided funding of \$3,000.00 toward the purchase of child passenger seats. These car seats are provided to income eligible participants at 50% of the purchase price.



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