Welcome-Jeffery Van Deusen, Deputy Director

Good morning, welcome and thank you for joining. I trust everyone had some time to relax over the holidays and you are staying warm.

Before we get started, as a reminder, we will be moving these meetings from monthly to every other month so the next meeting will be scheduled for March 23, 2022. If there are updates that cannot wait for the next meeting, we may schedule ad hoc update calls or meetings as necessary. However, please, do not hesitate to reach out to any of our staff as needed. We want to make these meetings as meaningful as we can while being respectful of everyone’s busy schedules.

The items discussed or presented today, including the questions and answers will be included in the notes we send out after the event. I encourage you to share the notes with all appropriate staff within your agency to ensure they also receive the information.

We have also moved these meetings from Microsoft Events to Microsoft Teams Meetings. If you would please mute your microphones unless you are presenting, it would be appreciated.

As always, the items discussed or presented today, including the questions and answers will be distributed after the event. You are encouraged to share with your appropriate staff withing your agency that were unable to attend in person.

We have the Ohio Department of Health with us today to provide updates on their work around infant mortality and health disparities. We know that Infant mortality rates are often an indicator that represents the “health” of a state or a community. Ohio, along with other states in Region V, has some of the highest infant mortality rates in the country, especially for Black families and babies. Over the last decade or so, much attention has been paid to this issue and Ohio has made some progress with the overall infant mortality rate but not enough for all babies. Black babies are still more than 2.5 times more likely to die than their white peers before their first birthdays. To respond to this persistent problem, Governor DeWine convened the Eliminating Disparities in Infant Mortality Task Force and created the Office of Health Opportunity. Today we have one of the co-chairs of the Task Force and our State’s Maternal and Child Health Director to share information about the process, results, and next steps.

Before sharing our presenter bios today, I want to thank ODH and our other sister agencies for a strong partnership as we serve families. We are fortunate to have an administration that promotes and expects state agencies to work toward breaking down silos and working together to better meet the needs of the children and families in Ohio.

**Dyane Gogan Turner** is the Chief of the Bureau of Maternal, Child and Family Health at the Ohio Department of Health and serves as the Ohio Title V, Maternal and Child Health Block Grant, Director. Dyane’s experience in public health programs, spans over 25 years. She has worked with the Supplemental Nutrition Program for Women, Infants, and Children (WIC) at the local and state level for over 10 years, including as the state director; Served as a Child and Adult Care Food Program (CACFP) sponsor; and she has worked in Title V Maternal and Child Health Block Grant programming for over 14 years, including as the state director. Dyane is a member of the Ohio Early Childhood Advisory Cabinet (ECAC). She is also a registered/licensed dietitian and international board-certified lactation consultant.
Dyane has a Master of Public Health degree with an emphasis in maternal and child health. She has served on various local, state, and national committees in public health and in the community.

**Jamie Carmichael** serves as the Chief Health Opportunity Advisor at the Ohio Department of Health. Jamie leads the new Office of Health Opportunity (OHO), which is focused on the elimination of population level health disparities by aligning and focusing strategic resources on communities with the highest levels of need.

The key objectives of this office are to
1) establish equity at the center of public health;
2) improve clinical care and interventions for the most vulnerable;
3) elevate and address the social determinants of health; and
4) ensure an equitable response to COVID-19.

In her new role she is responsible for advancing Governor DeWine’s commitment to health equity and establishing Ohio as a model of justice, equity, opportunity, and resilience.

Jamie also serves on the committee created in response to the child welfare Race Equity Report, the Ohio Commission on Minority Health, and currently chairs the Governor’s Taskforce on Eliminating Racial Disparities in Infant Mortality.

Jamie previously served as Deputy Director of Public Affairs for the Ohio Department of Mental Health and Addiction Services (OhioMHAS), leading the Offices of Communications, Legislative Affairs, and Behavioral Health Policy. Her experience includes nearly a decade of service at the Ohio Department of Job and Family Services where she worked on poverty reduction and workforce development policy and programs, as well as on health equity initiatives.

Jaimie holds a master’s in political science and public administration from Ohio University, and BAs in Criminal Justice and Sociology from Kent State University.

From a personal perspective, Jaimie and my careers have continued to cross paths throughout the years, beginning with us meeting in grad school.

She has been a great partner and advocate in the various aspects of working with vulnerable populations.

A copy of the [Infant Mortality Task Force ODJFS Stakeholder Meeting power point](https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/eliminating-racial-disparities/welcome-to) is attached for your review.

For more information: [https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/eliminating-racial-disparities/welcome-to](https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/eliminating-racial-disparities/welcome-to)

**Jeff Van Deusen:** Thank you so much we appreciate the presentation.

**Updates from OFC Staff**

**KGAP- Karen McGormley**

Thanks Jenni and Good morning everyone. Just prior to the holidays, our office sent an interest form out to PCSA Directors regarding a Kinship Licensing Incentive Program that incentivizes PCSA’s that work
Office of Families and Children
M.S. Teams Event – Touchpoint Meeting
January 25, 2022 - 11:00 A.M.
PCSA, Private Agencies and IV-E Courts

with approved kinship caregivers to become licensed. Thirty-three agencies indicated an interest in the program. Last Thursday, we held a meeting to go over the program in more detail. The PCSA will receive $5,000 dollar for each family they certified the remainder of this state fiscal year and in state fiscal year 2023. To receive the funds, the agency is required to change the placement type of the child from kinship care to foster care and pay the family a foster care per diem. The agency can use these flexible funds to offset any costs related to the certification process, to help cover the per diem costs or to incentivize the kin caregiver to become licensed.

I also wanted to share some general information today about the certification process for kin that was shared at that meeting. Approved kinship caregivers must still complete a JFS 01691 “Application for Child Placement.” Once an agency receives the application, the worker needs to enter an inquiry into SACWIS and link the inquiry to the caregivers current Provider ID. The rule requirement that all activities and documentation cannot start until after the application received does not apply to already approved kin caregivers. As a part of the certification process, agencies will just verify the activities and documents have been completed. Agencies do need to review the criminal background checks of all adults in the home to ensure no adult household member has been convicted or plead guilty to a crime against a minor. While both preplacement and ongoing training can utilize a waiver, Kin will need trained on the Reasonable and Prudent Parent Standard in order to act as the reasonable and prudent parent and to be immune under the standard. This training can occur after certification. Prior to the meeting, the agencies received a document with details regarding allowable kinship foster care licensing waivers. Agencies are still required to request waivers in SACWIS on a case-by-case basis based on individual circumstances and have these waivers approved by ODJFS. Any homestudy with an active, approved waiver cannot be used utilized for other foster children.

If you are a PCSA and want to learn more about this program, please reach out to me at: Karen.McGormley@jfs.ohio.gov. Thank you. I will now turn it over to Christine.

CST Recommendations- Karen McGormley
Thanks Christine. I wanted to provide just a quick update on the CST Recommendations. As of today, 5 of the recommendations are fully implemented, 10 are partially implemented, 18 are in process of being implemented leaving just 4 where the work has not yet started.

Recruitment/Retention- Christine Dobrovich
Funding Opportunity for Foster Recruitment & Retention
- Ohio’s Budget Legislation for SFY 2022 and SFY 2023 included allocation of funding, $5 million in each SFY, to the Ohio Department of Job and Family Services (ODJFS), Office of Families and Children (OFC), to support statewide efforts for recruitment and retention of foster caregivers.

- OFC is going to be offering these funds as a grant opportunity to public and private agencies to support agencies for the purpose of supporting efforts of recruitment and retention of foster caregivers.

- Prioritization of funds to recruit/retain treatment foster caregivers and to develop/implement/enhance new services/programs/activities to support to treatment foster caregivers.

- Procedure Letter will be issued to provide the instructions for application and eligibility.

- Eligibility- All public and private agencies will be eligible to apply for these funds
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- Application process-The application process will be managed through a dashboard established by Ohio Child Care Resource and Referral Association (OCCRRA), which is similar to the process for the QRTP compliance funding opportunity.

- Funding opportunity for SFY 2022 and 2023-Approved applicants will receive funding for 2022, and upon submitting a progress report at the end of SFY 2022, those applicants will be eligible to receive Recruitment & Retention funds in SFY 2023.

Examples of services to be provided with funding:
- Develop/implement or enhance/expand a targeted recruitment strategy aimed at recruiting families able to foster harder to place youth and/or treatment level youth.
- Hire staff responsible for recruiting foster caregivers
- Develop, purchase or enhance trauma training for foster caregivers and/or for agency staff
- Develop/implement or enhance/expand a peer-to-peer mentorship program for new foster caregivers
- Incentives to existing foster caregivers who refer others who become certified foster caregivers and take placement of at least one youth for a minimum period of time.
- Other recruitment or retention activities detailed in an agency’s application for funding and approved by ODJFS

Data: Foster Homes Dashboard-Jenni Watson
A few weeks ago, Maquel presented the Snapshot Dashboards on this call. These dashboards are currently being sent to PCSA Directors and their designees and assist each agency in planning, practice, and monitoring. As a result of that presentation, our private agencies requested data that would assist them in doing the same. To that end, the OFC Reporting Team will be sending the foster homes dashboard to each private agency beginning February of this year. The listserv for this comes from our agency master list. We mail the Snapshots out on the 15th of each month. If the 15th falls on a weekend, we mail them either the Friday before or the Monday after and similar logic applies for holidays. February 15th this year falls on a Tuesday so if you do not receive your report by close of business on Tuesday, February 15th, please let me know and I can add your email to the listserv. You can send me an email to Jennifer.Watson@JFS.Ohio.Gov.

When you receive the dashboard, please review the very first tab titled, “About”. This tab explains exactly how the data has been extracted. It also explains the calculations used in the dashboard. Other tabs in the report display the data using various presentations. The data is extracted directly from the SACWIS database using the logic identified in the “About” tab. If you see any discrepancies in your data, you should first look in SACWIS to compare the record in question to the logic described in the “About” tab. If you feel like a discrepancy still exists, please reach out to me and a member of my team will work through the data with you. Again, my contact email is: Jennifer.Watson@JFS.Ohio.Gov. Thank you.

QRTP/Private Updates- Stevie Romano
- Weekly QRTP Study Compliance report
- 115 agencies have submitted documentation
  - 90 JFS, 25 OMHAS
- 103 QRTP compliant agencies
  - 78 JFS, 25 OMHAS
- 90% total bed capacity
  - 78% JFS; 100% OMHAS
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QRTP/Private Agency Updates/Training Series
- Shifting from solely focused on growing compliance to growing and sustaining compliance
- Background on QRTP training
- Training Series – partnering with OhioMHAS
- Survey to be released this month
- 2022 Training Series

Closing- Jeffery Van Deusen

I want to thank our guest speaker once again from the Department of Health.
Office of Families and Children Touchpoint

January 25, 2022
Welcome

Jeffery Van Deusen
Agenda

• Welcome & OFC Updates

• Department of Health: The Infant Mortality Report
  • Alicia Leatherman, Public Health Policy Advisor
  • Jamie Carmichael, Public Health Policy Advisor
  • Dyane Gogan Turner, Chief, Bureau of Maternal, Child, and Family Health Ohio Title V Program Director– DOH

• Kinship Licensing Incentive Program - Karen McGormley

• Recruitment/Retention - Christine Dobrovich

• Foster Home Dashboard Data – Jenni Watson

• CST Recommendations – Karen McGormley

• QRTP/Private Updates – Stevie Romano
Ohio Department of Health
Kinship Licensing Incentive Program

Karen McGormley
Kinship Licensing Incentive Program

- Flexible funding for PCSAs who license approved kinship caregivers
- Funds intended to:
  - Offer incentives to kin caregivers to become a certified foster home.
  - Offset certification costs of agency and/or,
  - Offset placement costs after child placed as a foster child into home.
- Amount $5,000 per kinship family certified
- Limit:
  - Child must be in the PCSA’s custody
  - Child must be placed in the home as a foster child
Foster Care Homestudy Requirements

• Application for Child Placement (JFS 1691) must be completed
  • An inquiry will need to be completed and linked to the caregiver’s current Provider ID

• Background checks and other documents/activities completed as a part of the kinship home assessment do NOT have to be completed again unless outdated
  • Criminal checks should be reviewed to determine if the victim of any crime was a minor

• Preplacement training may be waived

• Many other foster non-safety related home study requirements may be waived
Waivers

• A Knowledge Base Article (KBA) for entering a waiver request is available at: https://jfskb.com/sacwis/attachments/article/382/Creating%20Waiver%20Request%20202021.pub.pdf

• Relative foster homes with active waivers cannot be utilized for other foster children

• If a relative foster home with waivers wants to foster other children, the agency can work with the family to resolve the waivers
CST Recommendations

Karen McGormley
CST Recommendation Status

- Fully Implemented: 5
- Partially Implemented: 10
- In Process: 18
- Not Yet Started: 4
- Total: 37
Recruitment/Retention of Foster Care Providers

Christine Dobrovich
Funding Opportunity for Foster Recruitment & Retention

- Ohio’s Budget Legislation for SFY 2022 and SFY 2023 included allocation of funding, $5 million in each SFY, to the Ohio Department of Job and Family Services (ODJFS), Office of Families and Children (OFC), to support statewide efforts for recruitment and retention of foster caregivers
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- Prioritization of funds to recruit/retain treatment foster caregivers and to develop/implement/enhance new services/programs/activities to support to treatment foster caregivers
Funding Opportunity for Foster Recruitment & Retention

- **Procedure Letter** will be issued to provide the instructions for application and eligibility
- **Eligibility** - All public and private agencies will be eligible to apply for these funds
- **Application process** - The application process will be managed through a dashboard established by Ohio Child Care Resource and Referral Association (OCCRRA), which is similar to the process for the QRTP compliance funding opportunity
- **Funding opportunity for SFY 2022 and 2023** - Approved applicants will receive funding for 2022, and upon submitting a progress report at the end of SFY 2022, those applicants will be eligible to receive Recruitment & Retention funds in SFY 2023
Funding Opportunity for Foster Recruitment & Retention

• Examples of services to be provided with funding
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  • Develop/Implement or enhance/expand a peer-to-peer mentorship program for new foster caregivers
  • Incentives to existing foster caregivers who refer others who become certified foster caregivers and take placement of at least one youth for a minimum period of time
  • Other recruitment or retention activities detailed in an agency’s application for funding and approved by ODJFS
Foster Home Snapshot Dashboard

Jenni Watson
Foster Home Snapshot Dashboard

• Sent to emails on the Agency Master List
• Mailed on or around the 15th of every month
• Please review the ABOUT information on the first tab
• For questions or concerns reach out to Jenni Watson at Jennifer.Watson@jfs.ohio.gov or Maquel Scites at Maquel.Scites@jfs.ohio.gov
QRTP/Private Agency Updates

Stevie Romano
QRTP/Private Agency Updates

• Weekly QRTP Study Compliance report
• 115 agencies have submitted documentation
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Questions?
Thank You!
Jeffery Van Deusen
Purpose

• To provide Governor DeWine with actionable recommendations on how to eliminate the racial disparity in the infant mortality rate.

• Create a roadmap that guides Ohio to meet the Healthy People 2030 goals for ALL babies (Infant Mortality rate= 5.0 per 1,000 births).

• Engage Black women, families, and communities throughout the process to ensure that recommendations are grounded in reality.
Ohio’s overall Infant Mortality Rate (IMR) was 6.9 per 1,000 live births in 2019.

- From 2010 through 2019, Ohio’s IMR decreased at an average of 1.2 percent per year.
- White infant mortality ratio = 2.8. Disparity widens due to decreasing white IMR without significant change in the Black IMR.
- Preliminary- 2020 Black IMR is lower than any year since 2019.
The leading causes of infant mortality are prematurity-related conditions and congenital anomalies accounting for 48% of all infant deaths. External Injuries (including accidental suffocation and strangulation in bed) account for 12% of infant deaths.
• The leading causes of infant mortality is prematurity-related conditions and congenital anomalies
• Ohio’s infant mortality rate for external injuries experienced a small but significant increase from 2016 to 2019, with 0.5 infant deaths per 1,000 live births in 2016, 0.6 in 2017, 0.7 in 2018, and 0.8 in 2019
What Influences Positive Health Outcomes

Figure 1.1. Factors that influence health*

- Clinical care (Such as healthcare quality and access) 20%
- Health behaviors (Such as tobacco use and nutrition) 30%
- Social, economic and physical environment (Community conditions, such as housing, transportation, education, employment, income and air quality) 50%

Underlying drivers of inequity such as poverty, racism, discrimination, trauma, violence and toxic stress

* These factors are sometimes referred to as the “social determinants of health” or the “social drivers of health.”

What is Different About this Process?

• Focused solely on the disparity for Black infants and families
• Included Black families throughout the process; including the creation of a feedback loop on the draft recommendations.
• Priorities of the administration are aligned with resources and a stronger infrastructure.
• Commitment to accountability structure and transparency through the creation of a State Implementation Team.
Task Force Meetings

• Kick-off meeting was held in March 2021 with 30 members representing multiple organizations across the state.
• 6 monthly meetings and a supplemental Informational Session occurred.
• Variety of tools were used to engage the Task Force, State Team, and Partners (e.g., small group work, surveys, chat, polls).
• Numerous resources were shared with the Task Force (e.g., past reports, summaries of family listening session themes and quotes, etc.).
• Nearly 300 families participated in initial family listen session and a follow-up session to review draft recommendations.
• Over 200 community members completed surveys on key concepts and ideas for recommendations.
Primary Sources of Data

Meeting #1: Data Profiles
Meeting #2: Family Listening Sessions
Meeting #3: Past Recs
Meeting #4: State Agency Activities and Reports
Meeting #5: Partner Survey
Meeting #6: IMTF Member Survey & Family Feedback Sessions
Framework for the Recommendations

Social Determinants of Health

- Education Access and Quality
- Economic Stability
- Health Care Access and Quality
- Neighborhood and Built Environment
- Social and Community Context
Health Care Access and Quality

- Develop a 21st century accountability tool designed by Black patients that measures their experiences accessing and receiving health care and insurance coverage and generates actionable information about providers’ quality of care.

- Increase access, affordability and choice to patient-centered, culturally competent, unbiased health care for Black women, fathers and families to optimize their health outcomes.
Education Access and Quality

• Increase access and remove barriers to equitable, culturally and linguistically appropriate comprehensive health education within all school district boundaries to include schools that have the largest proportion of Black student enrollment and rates of teen pregnancy.

• Elevate Black leadership and voice by developing school policies that distribute resources equitably and increase access to programs, services and supports.

• Ensure access to high quality affordable early childhood resources by removing barriers, including transportation, and disseminate information about the availability of high-quality education and care options, especially those that are full-day and full-year.

• Invest in workforce development of early care and education and K-12 teachers to increase the number of Black and culturally competent educators.
Economic Stability

• Work with businesses in Black communities, community members, the private and the social sector to strengthen safety net policies, increase skill development and job training and hiring and retention practices that access to employment so that community members can have access to sustainable high wage employment and greater opportunities.

• Close the Black-white wealth gap by working with Black businesses, community members, and community-based organizations to identify systemic policies and practices limiting generational wealth building and identify equitable adjustments or new resources that support generational wealth building for Black families, growth of Black-owned businesses and equitable access to capital.

• Support the economic independence and stability of Black women, fathers, and families receiving state benefits by creating a benefit bridge rather than a cliff as families increase their earning potential.
Neighborhood and Built Environment

• Create and enforce housing programs, policies, and practices that increase access to safe, healthy, affordable high-quality housing while improving existing housing conditions in the 11 counties with high rates of Black infant deaths.

• Increase access to sufficient, quality, nutritious foods by incentivizing grocery stores and supermarkets and by partnering with the community to create alternative healthy food distribution programs, community gardens, farmers markets and other policies and interventions in response to the transportation, shopping and buying patterns of Black women, families, and communities.

• Partner with local governments to create a feedback loop with Black communities to plan and invest in economic and infrastructure development that is responsive to the living, housing, social networks, and transportation needs of Black communities including access to affordable broadband.
Social and Community Context

• Increase programming and economic support for expectant and parenting Black fathers and remove economic and policy barriers to ensure Black fathers are able to fully participate in the health and well-being of their families.

• Improve the equitable practices of state agencies to include local communities and families in the design, implementation and evaluation of state and federally funded programming.

• Increase availability and access to culturally competent mental health prevention, screening, and intervention services for Black families.
Implementation Phase

- Create a communication plan, including a website, to share progress from State agencies and for partners to share actions/investments that align with the recommendations.
- Facilitate partners (such as Task Force members) to share feedback and suggestions throughout the implementation.
- Design a process for co-designing interventions with families and gathering family feedback.
January 2022

• State Team Retreat to develop action items, accountability / lead agency or group, develop priorities
• Develop communications plan
• Project Manager begins

Spring 2022

• Convene stakeholders, provider opportunity for feedback on action items, progress, priorities, etc.
• Develop family feedback process with key partners

Summer 2022

• State Team meets to work collaboratively on budget/policy opportunities and alignment
• Provides updates to website on progress and workgroup progress

Fall 2022

• REPEAT spring activities