

Northwest Ohio Regional Comprehensive Needs Assessment

**Northwest Ohio Regional Prevention Council
Ohio Children's Trust Fund
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EXECUTIVE SUMMARY

As Ohio's sole, dedicated state public funding source for child abuse and neglect prevention, the Ohio Children's Trust Fund (OCTF) is at the forefront of child abuse and neglect prevention activities throughout the state. To conduct its work statewide, the OCTF has established eight regions across Ohio as extensions of its statewide mission. The eight regions are the Central Region, Eastern Region, Great Lakes Region, Northeast Region, Northwest Region, Southeast Region, Southwest Region and Western Region. In order to implement regional prevention plans throughout these regions, each region must complete a comprehensive needs assessment that communicates the needs identified in the region's respective counties.

This report is the comprehensive needs assessment for the Northwest Ohio region, encompassing 16 counties, inclusive of: Defiance, Erie, Fulton, Hancock, Henry, Huron, Lucas, Ottawa, Paulding, Putnam, Sandusky, Seneca, Van Wert, Williams, Wood and Wyandot County. The Northwest Ohio Regional Prevention Council is comprised of prevention specialists from 15 of the 16 counties in the region, who provided their local expertise as to the conditions impacting families in their communities, and their work to conduct the comprehensive needs assessment was supported by researchers at the Jack Ford Urban Affairs Center at the University of Toledo.

The Northwest Ohio Regional Prevention Council's comprehensive needs assessment was conducted during August and September of 2016. The cumulative findings were based on the analysis of primary and secondary data. Data sources included government databases and reports, as well as qualitative and quantitative data collected from key expert informants, service providers, and parents from the region. Primary data assessed service needs, service availability, service utilization, barriers to service utilization, and the adequacy of funding for prevention services in the region.

In accordance with the OCTF's needs assessment priority guidance document based on the National Alliance of Children's Trust and Prevention Funds, Understanding Neglect within an Ecological System and the Role of Protective and Risk Factors, the analysis of secondary data examined each county's performance on primary indicators of child maltreatment inclusive of: (1) demographic characteristics, including poverty and lack of health insurance; (2) prevalence of child maltreatment; (3) risk factors for maltreatment, including domestic violence, poor mental health, substance use, and young and single parents; and (4) protective factors, including access to health care, childcare, prenatal care, quality and affordable housing, transportation, and Kindergarten Readiness Assessment (KRA) scores. In order to assess the overall ranking for each county based on a summation of the indicators assessed, an average for all cells was computed for each county and ranked from lowest (fewer difficulties) to highest (more difficulties). Based on a performance average for all indicators, Putnam County ranked lowest (fewer difficulties) and Lucas County ranked highest (more difficulties).

Cumulative ranking, sorted from “fewer difficulties” to “more difficulties”

<u>County</u>	<u>Domes. violence</u>	<u>Child maltrea tment</u>	<u>Teen preg.</u>	<u>Births to single mothers</u>	<u>Licensed childcare facilities</u>	<u>Binge drinking</u>	<u>Prescription medication misuse</u>	<u>Quality Housing</u>	<u>Housing expense</u>	<u>Women receiving prenatal care</u>	<u>Health care providers</u>	<u>Poverty</u>	<u>Rank*</u>
Putnam	1	2	4	1	10	3		2	1	1	13	1	1
Hancock	8	4	7	5	5	5	8	5	5	4	4	8	2
Wood	7	9	3	2	12	4	4	1	9	6	2	10	3
Ottawa	5	8	5	8	8	10	8	3	11	9	11	3	4
Fulton	10	15	2	3	4	10	4	6	14	8	9	5	5
Henry	12	14	1	4	6	5	2	11	16	2	15	4	6
Wyandot	4	6	7	6	15	9	14	10	2	3	14	2	6
Defiance	10	1	7	12	13	16	1	8	6	7	6	6	8
Huron	14	10	10	11	3	2	8	7	10	11	7	9	9
Sandusky	8	5	14	15	1	1	7	13	8	14	8	13	10
Paulding	2	3	16	10	16	8	11	4	7	15	16	7	11
Seneca	3	13	15	13	9	10	2	16	3	5	12	15	12
Williams	13	12	6	9	11	14	4	9	12	10	5	14	13
Van Wert	6	7	11	6	14	7	14	14	4	16	10	12	14
Erie	15	11	12	14	7	10	11	12	13	12	3	11	15
Lucas	16	16	12	16	2	14	11	15	15	13	1	16	16

* Computed as the average for all cells populated for that county, then ranked and sorted from lowest number (“fewer difficulties”) to highest number.

This matrix should be viewed in detail before making decisions based on the cumulative rankings. For example, consider the following:

- 1) There is a need to weight these variables. When considering variables or indicators that significantly contribute to cumulative risk, it is possible that child mistreatment should be very heavily weighted within the factors, while affordable housing may not require as much weight because it contributes less to overall risk. Presently there is no clear way of determining if, or by how much, any particular variable should be weighted compared to other variables.
- 2) There is no clear indication of why a county may rank relatively “good” on variables such as teen pregnancy rate, housing, substance abuse and poverty, yet relatively “bad” on items such as domestic violence and child maltreatment allegations when the research literature often finds a relationship between these variables. The answer may be complicated. For example, there is very little difference in domestic violence rates for most counties. The prevalence of domestic violence in Henry County is nearly identical to the prevalence rates in other counties. However, child maltreatment allegations in Henry County indicate that a “bad” relative ranking is warranted. The findings raise several questions that require further consideration. For example, given that child maltreatment is often associated with domestic violence in the home, is it possible that one of these is over or under-reported? Both over and under-reporting may result in situations where the statistical data can be misleading or confusing. Further analysis might be needed to discover the why, in detail, certain counties rank low in certain key categories and may help explain inconsistencies such as the example noted above.

- 3) With only 16 counties to examine, it is difficult to conduct any meaningful statistical analysis to identify significant predictors of any given outcome. For example, the poverty rate may be a significant predictor for the number of child maltreatment allegations in a particular county or region. To determine predictors, with any acceptable level of confidence, the sample of counties would need to be larger. Future research examining all counties within the state of Ohio might allow for additional statistical testing that would identify significant predictors.

Key Findings

Synthesis of data from across primary and secondary sources suggested four primary and secondary prevention-related needs across the Northwest Ohio region. The first was the need for improved access to healthcare, particularly child specialists. The second common need was quality, affordable preschool and childcare. The third need was for improved transportation and/or programs that helped reduce transportation-related barriers to accessing preventive services for the most isolated families in need. The final shared need was for improved access to and availability of mental health and substance abuse services and/or services that address underlying factors that contribute to the risk of poor mental health and substance abuse.

The need for more health care providers, specifically child specialists, was reflected in the findings from both primary and secondary data. In smaller counties, the need for more health care providers was universally reported in qualitative data from providers and parents, but was less consistently noted in data from larger counties. The lack of health insurance, HMOs placing restrictions on type of care or provider, and geographic location were common barriers identified in the research. Many counties lacked pediatricians, or providers that would accept a specific type of insurance, which required families to travel outside of the community to access care.

Providers and parents reported that travelling was a significant barrier to accessing care and that children would often receive suboptimal treatment within their community as a result of the inability to travel. Based on the findings, funding for programs that improve access to healthcare for children is needed. Qualitative findings from small counties suggest that providers and parents perceive mobile health care and special events, such as health fairs that provide screenings or assessments, to be valuable resources.

Additionally, the secondary data suggests a wide variation in the number of licensed childcare facilities that are available in the region, with many communities lacking quality facilities. Primary data from providers and parents identified quality childcare as a significant need. Providers noted that quality childcare and preschool were important means of prevention. Both providers and parents noted that a lack of quality childcare was a barrier to service utilization and that providing childcare helped facilitate participation in programs and services. The need for childcare was not specific to any particular county and existed regardless of county size. Funding for quality childcare and funding that would enable programs to provide childcare would likely be an asset to all counties in the region and would help support positive child development and parenting.

The need for mental health and addiction services was also universally identified. Secondary data suggests that poor mental health and addiction are prevalent. Providers consistently identified poor mental health and addiction as primary risk factors for child maltreatment and they reported that services were needed in all communities. The results of qualitative data suggests that providers perceived the need for mental health and addiction services for adolescents, in addition to services for adults. The need for in-patient facilities was also consistently reported. Likewise, parents reported the need for groups that would help

support positive parenting by providing social support and building parenting skills. Several parents that participated in the focus groups mentioned that support groups and parenting classes had been an important resource for them. Improved funding for mental health and addiction services, including psychological/emotional support for parents, is a clear need across all counties. Smaller counties and counties with many rural residents appear to be in the greatest need of such services. Funding for programs that help reduce barriers to accessing care, such as travel or cost, may help improve community mental health. Further, programs that offer privacy and/or decrease the stigma associated with accessing mental health or addiction services should be a priority.

Transportation was a need that emerged from the primary and secondary data. Transportation was a problem regardless of county size. In small counties and counties with many rural residents, the need for transportation was a significant barrier to accessing services and resources. Providers and parents reported that even in communities that offered ride programs, eligibility, wait times, and hours of operation made utilizing the resources difficult. Providers and parents perceived the need for programs and services that would reduce transportation related barriers, such as in-home visiting programs, mobile programs, and programs that provided gas vouchers or other forms of reimbursement for travel costs. Funding for programs that help remove transportation related barriers may improve participation in prevention programs and improve community access to resources and services. Transportation needs are part of a larger issue of unmet needs of parents and families.

BACKGROUND

The OCTF was created in 1984 to fund primary and secondary child abuse and neglect prevention strategies conducted at both the local and state levels. The mission of the OCTF is to prevent child abuse and child neglect through investing in strong communities, healthy families and safe children (Ohio Children's Trust Fund, 2016). From establishing guidelines for evidence-based program development to accessing innovative prevention curricula, to producing educational and public awareness materials and impacting social service policy legislation, the OCTF provides expertise and resources for legislators, the media, state agencies, and the public.

The OCTF defines primary prevention as services and programs that promote the general welfare of all children and families before abuse or neglect occurs and that are accessible to everyone in the community (OCTF, 2016). Secondary prevention programs are defined as activities and services that are provided to a specific population identified as having risk factors for child abuse and child neglect and are designed to intervene at the earliest warning signs of child abuse or child neglect, or whenever a child can be identified as being at risk for abuse or neglect.

Beginning in State Fiscal Year (SFY) 2016, local trust fund prevention efforts were shifted to a regional model and are now led by Regional Prevention Councils (OCTF, 2016). Within the regional model, each council is directed by a regional prevention coordinator in collaboration with county prevention specialists. Together, the regional prevention coordinator and county prevention specialists conduct a comprehensive needs assessment and create a prevention plan for their region. Upon receiving approval of the regional prevention plan by the OCTF Board, each regional prevention coordinator may contract with local service providers to serve families in the region and ensure that the plan is implemented correctly and that all

progress is measured and reported.

The Northwest Ohio Region consists of the following 16 counties: Defiance, Erie, Fulton, Hancock, Henry, Huron, Lucas, Ottawa, Paulding, Putnam, Sandusky, Seneca, Van Wert, Williams, Wood and Wyandot. The regional prevention coordinator responsible for conducting the comprehensive baseline needs assessment and convening the council was the Jack Ford Urban Affairs Center (PIs: Dr. Neil Reed and Dr. Debra Boardley) at the University of Toledo.

REVIEW OF THE LITERATURE

Child maltreatment is a significant and ongoing concern in the United States. In 2014, 3.2 million children in the US were the subject of at least one report of child maltreatment based on data from the National Child Abuse and Neglect Data System (NCANDS) (US Department of Health and Human Services, 2016). However, less than 7% were the subject of multiple reports during that time period. The mortality rate was 2.13 deaths per 100,000 children, with boys having a higher fatality rate (2.48 per 100,000) than girls (1.82 per 100,000).

Children under the age of one were most likely to be victims of abuse and neglect, and the majority came from three races: White, African-American/Non-Hispanic Black, and Hispanic (US Department of Health and Human Services, 2016). In 2014, the majority of perpetrators were between the ages of 18 and 44 years (83.2%), women (54.1%), and White (48.8%). Most perpetrators were the subject of only one report and allegations focused on a single child victim.

Between July 1, 2015 and June 30, 2016, there were 175,897 reports made to Child Protection Services in the State of Ohio (Ohio Department of Job and Family Services, 2016). Across the 16 counties in the Northwest Ohio Region there were 19,355 reports during the same time period, representing 11% of total reports made statewide. At the state-level, 45.5% of reports screened in, while across the 16 counties in the Northwest Region 43.1% screened in.

The county with the highest screen in percentage was Lucas, with 67.7% of reports screening in and the lowest were Defiance and Sandusky counties at 19.2%. Of the allegations that were substantiated, the majority were either physical abuse or neglect, with medical neglect, sexual abuse, and psychological/emotional abuse being less common.

Risk factors for child abuse exist at the child level, the perpetrator level, the family level, and the community level (Centers for Disease Control and Prevention, 2016a). At the child level, risk factors include being under the age of four years and having special needs that may be a burden to a caregiver. At the perpetrator level, risk factors include a lack of understanding the child's needs and development as well as a lack of effective parenting skills; a personal history of maltreatment; substance use/abuse issues; poor mental health; being young, single, poor, and having a limited education; having a large number of dependent children; having a non-biological caregiver in the home; and possessing attitudes and emotions that justify maltreatment. At the family level, risk factors include family disorganization or dissolution; domestic and/or other forms of violence; parenting stress, poor parent-child relationships, and other negative interactions; and social isolation. At the community level, violence and living in a concentrated disadvantaged neighborhood have been identified as risk factors.

Protective factors have been identified in the research literature (US Department of Health and Human Services, 2004). At the child level, protective factors include good health and a history of adequate development; above average intelligence, hobbies, and interests; good peer relationships; and personality factors that include an easy temperament, positive disposition, positive self-esteem and active coping style; good social skills; an internal locus of control; and a balance between autonomy and help-seeking. Parent/family level protective factors include high parental education; supportive family environment; expectations for pro-social behavior; parents

with a stable relationship; secure attachment wherein the child and caregiver have a warm relationship; parental monitoring of child, including a household with structure and rules; extended family support that includes help with caregiving; and good parental coping skills. At the broader social and environmental levels, protective factors include adequate housing; access to health and social services; good schools; mid-to-high socioeconomic status; consistent parental employment; and supportive adults outside the home who serve as role-models and mentors for the child.

Child maltreatment has been linked to adverse outcomes such as chronic health conditions, risky health behavior, low life potential, and early death (Centers for Disease Control and Prevention, 2016b). Programs and services that build on protective factors and/or that help mitigate risk have demonstrated efficacy (CDC, 2016c). The causes of child maltreatment are complex and require intervention strategies that are both comprehensive in nature and address all levels of social ecology. Successful interventions include programs that strengthen economic supports to families, change social norms to support parents and positive parenting, provide quality care and education early in life, enhance parenting skills to promote healthy child development, and intervene to lessen harm and prevent future risk. Further, the research literature indicates that a range of strategies that acknowledge the interaction between individual, families, and the larger social and community environment are most likely to demonstrate positive outcomes (CDC, 2016c).

In the United States, the burden of child maltreatment is significant. At the national level, goals to reduce maltreatment have been articulated in documents such as Healthy People 2020 (United States Department of Health and Human Services, 2010). Within the State of Ohio, the Ohio Children's Trust Fund is seeking to reduce child maltreatment by providing support for

community prevention services. In order to reduce child maltreatment in the State of Ohio, a necessary first step is to identify community needs for services that reduce risks, enhance protective factors, and build capacity to support healthy children and families.

PURPOSE

The Northwest Ohio Regional Prevention Council conducted a needs assessment between August and September 2016. The purpose of the needs assessment was to identify significant trends, issues, and developments in the area of child well-being, identifying current strategies and gaps in service throughout the region. The counties assessed included: Defiance, Erie, Fulton, Hancock, Henry, Huron, Lucas, Ottawa, Paulding, Putnam, Sandusky, Seneca, Van Wert, Williams, Wood, and Wyandot. In the analysis of service needs, this research also examined the availability of primary and secondary prevention services as well as barriers to service provision and utilization, including the adequacy of funding. The needs assessment aimed to accomplish the following:

- 1) Describe the prevalence of risk and protective factors across the 16 counties in the Northwest Ohio Region.
- 2) Identify the service needs of children and families coming to the attention of public children services agencies in the 16 counties in the Northwest Ohio region.
- 3) Describe the availability of primary and secondary prevention services in the 16 counties in the Northwest Ohio Region.
- 4) Identify barriers to service provision, including the adequacy of funding, in the 16 counties of the Northwest Ohio Region.
- 5) Identify barriers to the utilization of currently available services in the 16 counties in the Northwest Ohio Region.

Part one of this report examines risk and protective factors using secondary data from a variety of sources, while part two of the report examines service needs, service availability, and service utilization using primary data collected from service providers and parents in the 16 counties across Northwest Ohio.

PART I:
EXAMINING RISK AND PROTECTIVE FACTORS
USING SECONDARY DATA

Methods and procedures of secondary data collection. Secondary data were collected for all 16 counties in the Northwest Ohio region. The variables/indicators included in secondary analysis were selected based on the priority guidance document (Appendix A) developed by the Ohio Children's Trust Fund. Risk factors included in analysis were: domestic violence, lack of health insurance, mental health, poverty, substance abuse, single parents, and young parents. Protective factors included in the analysis were: access to doctors, childcare, prenatal care, public transportation, quality/adequate housing, and social and emotional competence. In addition, demographic and child maltreatment data were analyzed. Demographic data included total population estimates for each county as well as population estimates for children in each county by age and race/ethnicity. Child maltreatment data included reports (total, substantiated, unsubstantiated/pending) made to departments of job and family services for each county between 2012 and 2016.

Data for each variable/indicator, when available, were drawn from sources recommended by the OCTF (see Table 1). In most cases, data were extracted from repositories by performing a filtered query on the dataset by year and state/county. Data sources included government datasets and data made available by the OCTF. When data were not accessible through the recommended sources, the investigators analyzed other publicly available data drawn from reliable sources, including county health assessments and data provided by the Northwest Ohio Hospital Council. Typically, sources were available online for public use at no cost.

Data that were already reported as prevalence rates or percentages were exported to Microsoft Excel and remained in their original form. In some instances, the data had to be manually re-keyed by a research assistant or senior investigator because the information was

reported in a narrative format and could not be directly exported. Some variables were reported as raw number values that required a conversion to percentages or prevalence rates. This was done using an equation that divided the raw number values by the population for the county and multiplied that number by 100,000. For example, to calculate the number of licensed child care facilities per 100,000 in 2014, for a particular county:

$$\frac{\text{the number of facilities reported in the county in 2014}}{\text{the 2014 population for that county}} \times 100,000$$

All data reported came from 2014, unless otherwise noted. While efforts were made to obtain data for each indicator variable, for each year, for the past five years (2011-2016), most data sets did not include multiple data points for the specified time period.

Table 1

Child abuse and neglect: prevention and risk factors and their data sources. Northwest Ohio Region

<u>Risk Factor</u>	<u>Data Source</u>	<u>Format</u>	<u>Determination of prevalence</u>
Adults binge drinking in the past month	County health assessment reports	Manually keyed from the reports for latest available year	Provided as percentage, based on a county-wide survey
Adults misusing prescription medication in the past month	County health assessment reports	Manually keyed from the reports for latest available year	Provided as percentage, based on a county-wide survey
Births to single moms	NW Ohio Hospital Council	Excel Spreadsheet	Provided as percentage of all births
Childhood maltreatment allegations	Ohio Department of Job and Family Services SACWIS	Extracted from an Excel worksheet	Calculated based US census data and provided allegations (2012-2015)
Domestic incidence reports per 1,000 residents	Ohio Bureau of Criminal Identification and Investigation	Manually keyed from data provided in a document	Calculated
Housing: Persons who own their home and spend more than 30% of their income on housing	US Census Bureau: Factfinder	Manually keyed from data available in an online system	Provided as a percentage
Housing: Persons who rent their home and spend more than 30% of their income on housing	US Census Bureau: Factfinder	Manually keyed from data available in an online system	Provided as a percentage
KRA scores	Ohio Department Of Education	Excel spreadsheet	Provided as a score per school district
Licensed child care	Ohio Department of Job	Manually keyed from	Calculated based on county

facilities	and Family Services	online lists of providers	population
Mental health	Ohio Department of Mental Health and Addiction Services	Manually keyed from an online system	Provided as a percentage
Number of Primary Care Physicians per 100,000 residents	Health Resources and Services Administration (HRSA)	Manually keyed from an online system	Provided as rate per 100,000
Number of Pediatricians per 100,000 residents	Health Resources and Services Administration (HRSA)	Manually keyed from an online system	Provided as rate per 100,000
Number of OBGYN practitioners per 100,000 residents	Health Resources and Services Administration (HRSA)	Manually keyed from an online system	Provided as rate per 100,000
Percentage of mothers experiencing depression during or after pregnancy within the past 5 years	County health assessments	Manually keyed from data provided in a document	Provided as a percentage
Percentage of population below the federal poverty limit	US Census Bureau	Manually keyed from an online system	Provided as a percentage
Prenatal care	Ohio Department of Health Secure Data Warehouse	Extracted from an Excel worksheet	Provided as a percentage and as rate per 1,000
Quality Housing: Persons living in houses built before 1970	US Census Bureau: Factfinder	Manually keyed from data available in an online system	Provided as a percentage
Teen pregnancy rate	NW Ohio Hospital Council	Excel Spreadsheet	Provided as percentage of all pregnancies
Unintentional drug overdose deaths	Ohio Department of Health	Manually keyed from a document	Provided as rate per 100,000

Analyses. Two types of analyses were performed. First, prevalence and/or percentages were used to rank order each county by each indicator. Geographic Information Software (GIS) was then used to plot data on choropleth maps (i.e. maps are colored in such a way as to depict how a county measures on a factor) when appropriate and meaningful. This process included importing all Microsoft Excel spreadsheets as attribute (i.e. tabular) data into the Geographic Information Software (GIS) ArcMap v10.1. Using a technique known as Jenk's optimization, the threshold values for each factor were auto-generated based on the range of values in the raw data. Finally,

each map was uniformly color coded to depict counties with “less desirable” values (darker colors) and counties with “more desirable” values (lighter colors).

RESULTS

The results are organized as (1) demographic characteristics, including poverty and lack of health insurance, (2) child maltreatment, (3) risk factors, and (4) protective factors. Within risk and protective factors, data are reported by indicator variable, with tables and/or maps supporting each.

Demographics. Variables that were assessed included: population size, age, race, annual income, education, and health insurance. These findings are based on demographic data from July 1, 2015, accessed online from the US Census Bureau.

As of July 1, 2015 the total population of the State of Ohio was 11,613,423. Statewide, 22.6% of the population was under age 18 and 6% were under the age of five. Nearly 84% of Ohio residents reported their race as white. The median household annual income statewide was \$48,849, with 15.8% of Ohio residents living below the federal poverty level. Just over a quarter of residents over the age of 25 reported holding a bachelor’s degree or higher. Nearly 10% of residents under the age of 65 were without health insurance (see Table 2).

Table 2
Demographic Information (as of July 1, 2015)

<u>County</u>	<u>Population</u>	<u>Persons</u> <u>under 5</u> <u>years (%)</u>	<u>Race:</u> <u>White</u> <u>(%)</u>	<u>Bachelor's</u> <u>degree or</u> <u>higher,</u> <u>persons age</u> <u>25 years+,</u> <u>2010-14 (%)</u>	<u>Median</u> <u>household</u> <u>income (in</u> <u>2014</u> <u>dollars),</u> <u>2010-14 (%)</u>	<u>Persons</u> <u>below fed</u> <u>poverty level</u> <u>(%)</u>	<u>Persons under</u> <u>age 65</u> <u>without health</u> <u>insurance</u> <u>(%)</u>
OHIO	11,613,423	6.00%	83.0%	25.6%	\$48,849	15.8%	9.8%
Defiance	38,352	5.70%	95.5%	16.3%	\$48,853	11.7%	9.9%
Erie	77,750	5.30%	87.0%	21.1%	\$48,204	13.9%	9.2%
Fulton	42,537	6.10%	97.2%	16.7%	\$52,872	10.5%	8.5%
Hancock	75,573	6.20%	94.3%	24.9%	\$50,166	12.7%	8.5%
Henry	27,816	5.90%	97.4%	14.8%	\$52,526	10.2%	8.6%
Huron	58,469	6.30%	96.3%	13.1%	\$49,315	13.4%	10.7%
Lucas	433,689	6.30%	75.1%	24.2%	\$41,751	20.7%	9.7%
Ottawa	40,877	4.30%	97.1%	21.4%	\$53,599	10.1%	8.3%
Paulding	18,976	5.50%	96.7%	12.7%	\$45,404	12.3%	10.5%
Putnam	34,042	6.70%	98.0%	20.2%	\$61,036	7.8%	7.9%
Sandusky	59,679	5.70%	93.6%	14.1%	\$46,099	14.5%	9.7%
Seneca	55,610	5.20%	94.6%	14.7%	\$44,947	17.5%	9.2%
Van Wert	28,562	6.00%	97.0%	15.4%	\$46,436	14.2%	10.0%
Williams	37,120	5.90%	96.8%	13.7%	\$42,455	15.8%	9.0%
Wood	129,730	5.40%	93.4%	30.8%	\$52,758	13.5%	8.1%
Wyandot	22,243	5.80%	97.6%	13.0%	\$46,904	10.0%	9.4%

Source: US Census Bureau Factfinder

The Northwest region of Ohio represents 10% of the State's total population. In the Northwest region, Lucas County had the largest total population in 2015, with 433,689 residents. Paulding County had the smallest total population in the region, with 18,976 residents as of 2015. Putnam County had the largest percentage of residents under age 18 (25.6%), as well as the largest percentage of residents under the age of five (6.7%). Ottawa County has the smallest percentage of residents under the age of 18 (19.1%), as well as the smallest percentage of residents under the age of five (4.3%). The majority of all residents in all counties were white,

with a range from 75.1% (Lucas) to 98% (Putnam). Median household income ranged from \$41,751 (Lucas) to \$61,063 (Putnam). The percentage of residents living below the federal poverty level ranges from a low of 7.8% (Putnam) to a high of 20.7% (Lucas). Wood County has the largest percentage of residents over the age of 25 who hold a bachelor's degree or higher (30.8%), while Paulding County had the smallest (12.7%). Huron County had the highest percentage of residents under the age of 65 without health insurance (10.7%), while Putnam County has the lowest (7.9%) (see Table 3).

Table 3
Percentage population and rank below the federal poverty limit and percentage population and rank of uninsured under age 65 (2015)

<u>County</u>	<u>Percentage of population below the federal poverty limit</u>	<u>Rank among counties in region (1 = lowest percentage, 16 = highest percentage)</u>	<u>Percentage of population under age 65 without health insurance</u>	<u>Rank among counties in region (1 = lowest percentage, 16 = highest percentage)</u>
OHIO	15.8%		9.8%	
Defiance	11.7%	6	9.9%	13
Erie	13.9%	11	9.2%	8
Fulton	10.5%	5	8.5%	4
Hancock	12.7%	8	8.5%	4
Henry	10.2%	4	8.6%	6
Huron	13.4%	9	10.7%	16
Lucas	20.7%	16	9.7%	11
Ottawa	10.1%	3	8.3%	3
Paulding	12.3%	7	10.5%	15
Putnam	7.8%	1	7.9%	1
Sandusky	14.5%	13	9.7%	11
Seneca	17.5%	15	9.2%	8
Van Wert	14.2%	12	10.0%	14
Williams	15.8%	14	9.0%	7
Wood	13.5%	10	8.1%	2
Wyandot	10.0%	2	9.4%	10

Source: US Census Bureau Factfinder

A further breakdown of residents by age and race, using the calendar year 2014, is provided in Table 4 and Table 5. These data show that most counties within the Northwest Ohio region have 5%-6% of their population as children aged 0-4 (cumulative average 5.9%). Ottawa County has the lowest percentage of children aged 0-4 (4.4%) while Putnam County has the highest percentage in this range (6.7%). For children aged 5-14, the region average for the percentage of population in this age group is 12.9%. Ottawa County has the lowest percentage in this age range (11.4%) while Putnam County has the highest percentage in this age group (14.5%). For the region, the average percentage of population who are aged 15-19 is 6.8%. The county with the lowest percentage of residents in this age group is Wyandot (6.5%), and the county with the highest percentage of residents in this age group is Wood (9.0%).

When viewing the percentage of residents less than age 20, the region average is 25.7%. The county with the lowest percentage of residents in this age group is Ottawa (21.5%), and the county with the highest percentage in this age group is Putnam (28.0%).

Regarding race, the Northwest Ohio region as a whole is 87.5% white, and 12.5% non-white (Table 6). The county with the largest percentage of white population is Putnam (98.1%), while the county with the smallest percentage of white residents is Lucas (75.3%).

Table 4

Percentage of residents under the age of 20, by age group (2014)

<u>County</u>	<u>2015 total population (n)</u>	<u>age 0-4 (n)</u>	<u>age 0-4 (%)</u>	<u>age 5-14 (n)</u>	<u>age 5-14 (%)</u>	<u>age 15-19 (n)</u>	<u>age 15-19 (%)</u>	<u>age under 20 (n)</u>	<u>age under 20 (%)</u>
OHIO	11,594,163	690,576	6.0%	1,484,273	12.8%	772,486	6.7%	2,947,335	25.4%
Defiance	38,510	2,218	5.8%	5,174	13.4%	2,698	7.0%	10,090	26.2%
Erie	75,828	3,973	5.2%	8,930	11.8%	4,655	6.1%	17,558	23.2%
Fulton	42,850	2,527	5.9%	5,865	13.7%	2,972	6.9%	11,364	26.5%
Hancock	75,337	4,621	6.1%	9,492	12.6%	5,059	6.7%	19,172	25.4%
Henry	27,937	1,719	6.2%	3,729	13.3%	1,850	6.6%	7,298	26.1%
Huron	58,714	3,608	6.1%	8,228	14.0%	4,089	7.0%	15,925	27.1%
Lucas	435,286	27,651	6.4%	56,664	13.0%	28,486	6.5%	112,801	25.9%
Ottawa	41,154	1,816	4.4%	4,683	11.4%	2,362	5.7%	8,861	21.5%
Paulding	18,989	1,078	5.7%	2,654	14.0%	1,241	6.5%	4,973	26.2%
Putnam	34,171	2,303	6.7%	4,971	14.5%	2,309	6.8%	9,583	28.0%
Sandusky	60,179	3,552	5.9%	8,000	13.3%	3,811	6.3%	15,363	25.5%
Seneca	55,669	2,837	5.1%	7,358	13.2%	4,190	7.5%	14,385	25.8%
Van Wert	28,462	1,670	5.9%	3,795	13.3%	1,861	6.5%	7,326	25.7%
Williams	37,291	2,157	5.8%	4,894	13.1%	2,336	6.3%	9,387	25.2%
Wood	129,590	6,975	5.4%	15,005	11.6%	11,609	9.0%	33,589	25.9%
Wyandot	22,353	1,339	6.0%	2,952	13.2%	1,449	6.5%	5,740	25.7%
Totals (counties)	1,182,320	70,044	5.9%	152,394	12.9%	80,977	6.8%	303,415	25.7%

Source: Ohio County Indicators, July 2015 – Ohio Research Office, a state affiliate of the US Census Bureau

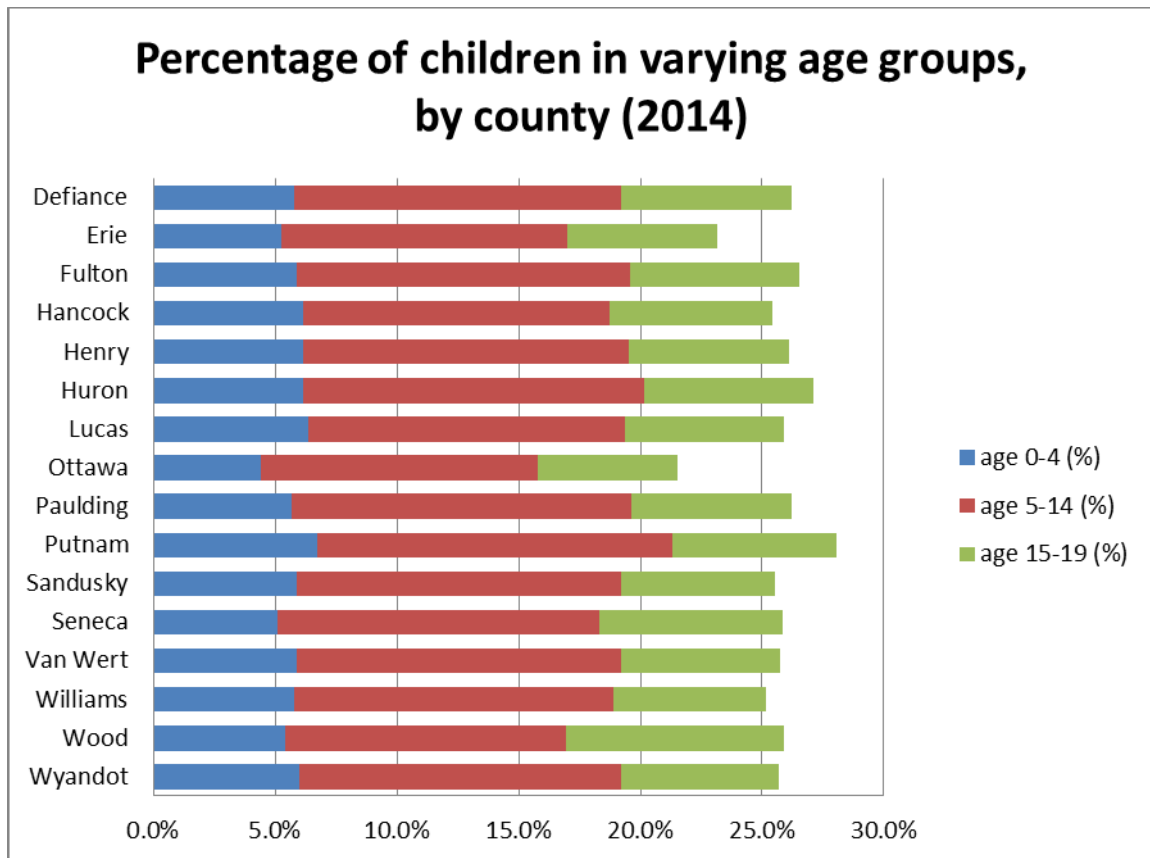


Figure 1: Percentage of children in varying age groups, by county (2014)

Table 5

Percentage of residents age 20-85+, by age group (2014)

<u>County</u>	<u>2014 total population (n)</u>	<u>age 20- 24 (n)</u>	<u>age 20- 24 (%)</u>	<u>age 15-44 (n)</u>	<u>age 15- 44 (%)</u>	<u>age 25-64 (n)</u>	<u>age 25- 64 (%)</u>	<u>age 65-84 (n)</u>	<u>age 65- 84 (%)</u>	<u>age 85+ (n)</u>	<u>age 85+ (%)</u>
OHIO	11,594,163	790,679	6.8%	4,440,914	38.3%	6,056,980	52.4%	1,548,240	13.4%	250,929	2.2%
Defiance	38,510	2,439	6.3%	14,164	36.8%	19,496	50.6%	5,613	14.6%	872	2.3%
Erie	75,828	4,534	6.0%	25,667	33.8%	38,834	51.2%	12,847	16.9%	2,055	2.7%
Fulton	42,850	2,460	5.7%	15,086	35.2%	21,871	51.0%	5,897	13.8%	988	2.3%
Hancock	75,337	5,072	6.7%	28,720	38.1%	39,032	51.8%	10,341	13.7%	1,720	2.3%
Henry	27,937	1,575	5.6%	9,805	35.1%	14,154	50.7%	4,133	14.8%	744	2.7%
Huron	58,714	3,470	5.9%	21,469	36.6%	30,205	51.4%	7,998	13.6%	1,116	1.9%
Lucas	435,286	31,823	7.3%	170,950	39.3%	227,175	52.2%	54,195	12.5%	9,292	2.1%
Ottawa	41,154	2,014	4.9%	12,567	30.5%	21,180	51.5%	7,968	19.4%	1,131	2.7%
Paulding	18,989	1,005	5.3%	6,560	34.5%	9,779	51.5%	2,847	15.0%	385	2.0%
Putnam	34,171	2,091	6.1%	11,992	35.1%	4,500	13.2%	4,500	13.2%	787	2.3%
Sandusky	60,179	3,471	5.8%	21,293	35.4%	31,149	51.8%	8,738	14.5%	1,458	2.4%
Seneca	55,669	4,103	7.4%	21,039	37.8%	28,102	50.5%	7,689	13.8%	1,390	2.5%
Van Wert	28,462	1,680	5.9%	9,993	35.1%	14,331	50.4%	4,286	15.1%	839	2.9%
Williams	37,291	2,173	5.8%	13,223	35.5%	19,226	51.6%	5,547	14.9%	958	2.6%
Wood	129,590	15,755	12.2%	57,753	44.6%	62,233	48.0%	15,532	12.0%	2,481	1.9%
Wyandot	22,353	1,221	5.5%	7,890	35.3%	11,386	50.9%	3,388	15.2%	618	2.8%
Totals (counties)	1,182,320	84,886	7.2%	448,171	37.9%	592,653	50.1%	161,519	13.7%	26,834	2.3%

Source: Ohio County Indicators, July 2015 – Ohio Research Office, a state affiliate of the US Census Bureau

Table 6
Percentage of white and non-white residents (2014)

<u>County</u>	<u>2014 total population (n)</u>	<u>White (n)</u>	<u>White (%)</u>	<u>Non- white (n)</u>	<u>Non- white (%)</u>
OHIO	11,594,163	9,618,404	83.0%	1,975,759	17.0%
Defiance	38,510	36,774	95.5%	1,736	4.5%
Erie	75,828	66,171	87.3%	9,657	12.7%
Fulton	42,850	41,451	96.7%	1,399	3.3%
Hancock	75,337	71,147	94.4%	4,190	5.6%
Henry	27,937	27,200	97.4%	737	2.6%
Huron	58,714	56,575	96.4%	2,139	3.6%
Lucas	435,286	327,657	75.3%	107,629	24.7%
Ottawa	41,154	39,958	97.1%	1,196	2.9%
Paulding	18,989	18,357	96.7%	632	3.3%
Putnam	34,171	33,522	98.1%	649	1.9%
Sandusky	60,179	56,475	93.8%	3,704	6.2%
Seneca	55,669	52,669	94.6%	3,000	5.4%
Van Wert	28,462	27,618	97.0%	844	3.0%
Williams	37,291	36,115	96.8%	1,176	3.2%
Wood	129,590	121,202	93.5%	8,388	6.5%
Wyandot	22,353	21,806	97.6%	547	2.4%
Totals (counties)	1,182,320	1,034,697	87.5%	147,623	12.5%

Source: Ohio County Indicators, July 2015 – Ohio Research Office, a state affiliate of the US Census Bureau

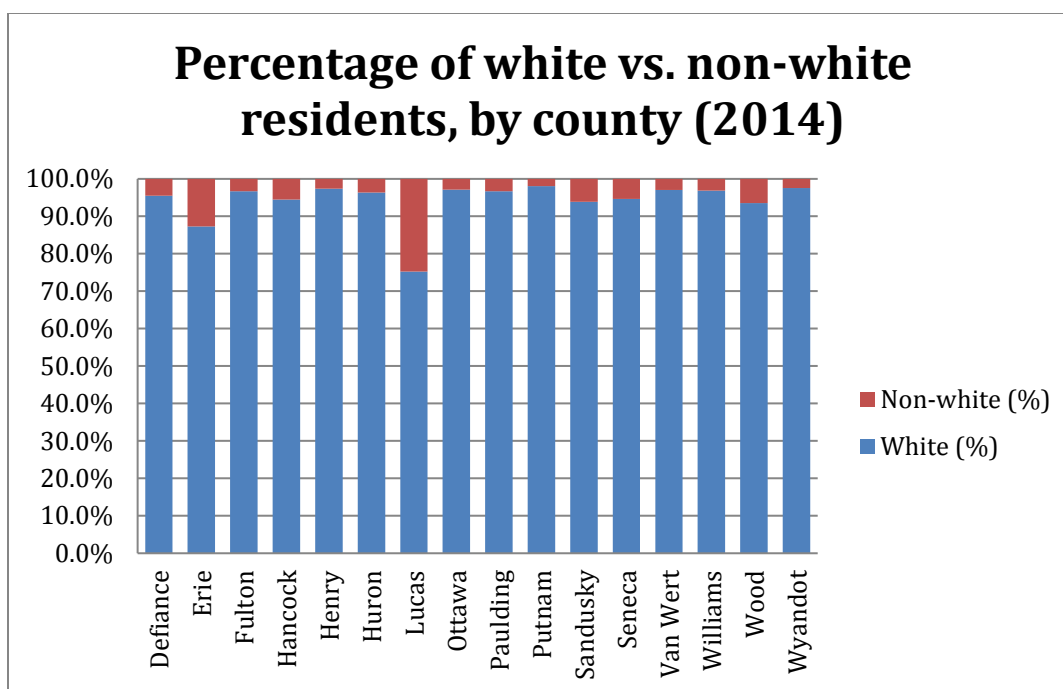


Figure 2: Percentage of white vs. non-white residents, by county (2014)

Child maltreatment. Data regarding allegations of child maltreatment for the years 2012-2016 was obtained from the Ohio Department of Job and Family Services SACWIS dataset (ODJFS, 2016). Statewide, there were 730,561 reports of child maltreatment made to departments of job and family services in each Ohio county between 2012 and 2016. Across the 16 counties in the Northwest Ohio region, there were 71,137 reports made during the same time period, representing just over 10% of reports made statewide.

Of the total reports made statewide between 2012 and 2016, 22%, were substantiated. In the Northwest Ohio region, 39% of allegations were substantiated during the same time period. Across all counties and all years, physical abuse and neglect were the most common allegations, with others types of maltreatment (e.g. medical neglect, psychological/emotional abuse, sexual abuse) being less commonly reported.

Although the number of allegations for 2016 was part of the dataset, county population estimates for 2016 are not yet available from the US Census Bureau. Therefore, when

determining the prevalence of maltreatment for each of the 16 counties in Northwest Ohio, the average number of allegations for 2012-2015 was calculated and divided by the average population for 2012-2015, then multiplied by a factor of 100,000 to provide an average number of allegations. Based on this methodology, the average allegation rate for all sixteen counties was 922.2 allegations per 100,000 residents per year. Defiance County had the lowest annual rate per 100,000 residents (155.5) while Lucas County had the highest annual rate per 100,000 residents (1,695.6) (see Table 7). Note that there may be more than one allegation per child, and some allegations are substantiated, while others are not. The detail for each county, showing substantiated and non-substantiated allegations by allegation type and year, is presented in Tables 8-23. Graphs depicting total number of reports per county per year are reported in figures 4-19.

Table 7
Average number of child maltreatment allegations 2012-2015

<u>County</u>	<u>Average allegations per 100,000 residents</u>	<u>Rank among counties in region (1 = lowest rate, 16 = highest rate)</u>
OHIO	1,088.40	
Defiance	155.5	1
Erie	1,021.3	11
Fulton	1,602.3	15
Hancock	756.7	4
Henry	1,166.7	14
Huron	977.6	10
Lucas	1,695.6	16
Ottawa	883.9	8
Paulding	579.6	3
Putnam	410.9	2
Sandusky	769.4	5
Seneca	1,141.5	13
Van Wert	787.3	7
Williams	1,071.4	12
Wood	961.6	9
Wyandot	773.9	6
County Average	922.2	

Source: Ohio Department of Job and Family Services, SACWIS Dataset

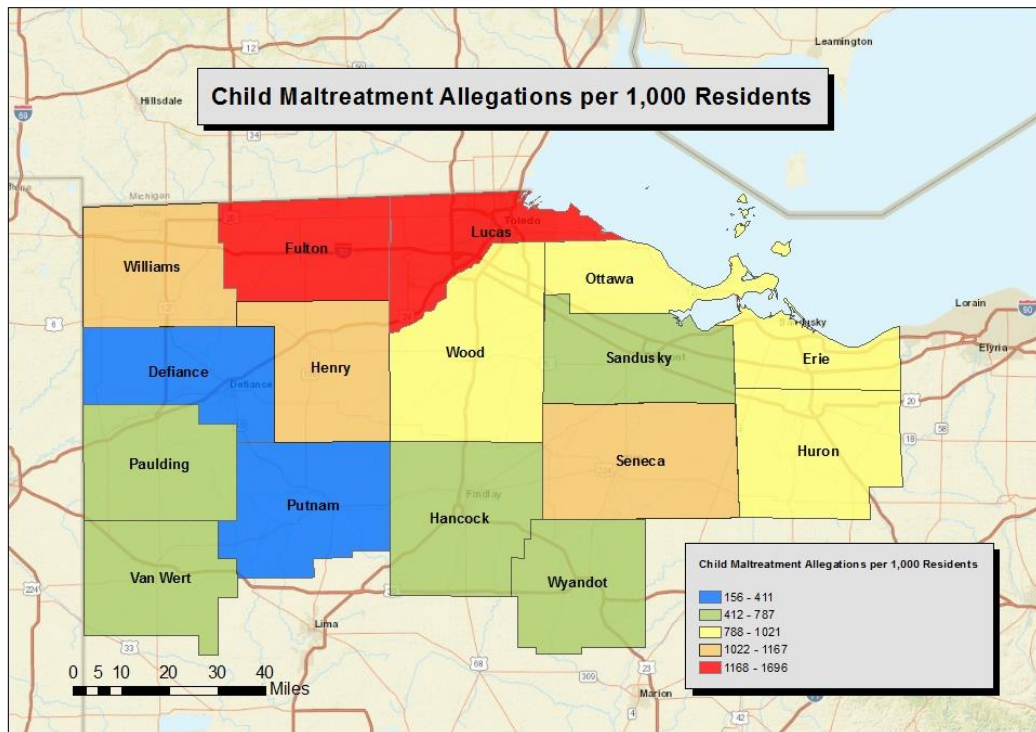


Figure 3. *Child Maltreatment Allegations per 1,000 Residents.*

Defiance County. Between 2012 and 2016, Defiance County had a total of 1,104 reports, which represented approximately 1% of the total claims made in the Northwest Ohio region during that time period (see Table 8). Of the claims made, 39.4% were substantiated. The total number of substantiated neglect claims was 202, while the total number of substantiated reports of physical abuse was 87, which combined accounted for 66% of the total substantiated reports. The year with the largest total percentage of substantiated reports was 2012 and the year with the fewest was 2015 (see Figure 4).

Table 8

Defiance County: Child maltreatment allegations 2012-2015

	<u>2012</u>		<u>2013</u>		<u>2014</u>		<u>2015</u>		<u>2016</u>	
<u>Report Period</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
Total Allegations	237	100.0%	218	100.0%	207	100.0%	206	100.0%	236	100.0%
Physical Abuse	50	100.0%	79	100.0%	71	100.0%	40	100.0%	65	100.0%
Physical Abuse Sub	24	48.0%	21	26.6%	13	18.3%	7	17.5%	22	33.8%
Physical Abuse Unsub/Pend	26	52.0%	58	73.4%	58	81.7%	33	82.5%	43	66.2%
Neglect	118	100.0%	99	100.0%	88	100.0%	116	100.0%	124	100.0%
Neglect Sub	85	72.0%	44	44.4%	20	22.7%	23	19.8%	30	24.2%
Neglect Unsub/Pend	33	28.0%	55	55.6%	68	77.3%	93	80.2%	94	75.8%
Medical Neglect	0	0.0%	4	100.0%	9	100.0%	1	100.0%	8	100.0%
Medical Neglect Sub	0	0.0%	0	0.0%	2	22.2%	0	0.0%	2	25.0%
Medical Neglect Unsub/Pend	0	0.0%	4	100.0%	7	77.8%	1	100.0%	6	75.0%
Sexual Abuse	56	100.0%	27	100.0%	28	100.0%	45	100.0%	32	100.0%
Sexual Abuse Sub	37	66.1%	19	70.4%	22	78.6%	25	55.6%	27	84.4%
Sexual Abuse Unsub/Pend	19	33.9%	8	29.6%	6	21.4%	20	44.4%	5	15.6%
Psych/Emo Maltreatment	13	100.0%	9	100.0%	11	100.0%	4	100.0%	7	100.0%
Psych/Emo Maltreatment Sub	8	61.5%	2	22.2%	1	9.1%	0	0.0%	2	28.6%
Psych/Emo Maltreatment Unsub/Pend	5	38.5%	7	77.8%	10	90.9%	4	100.0%	5	71.4%
Other	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other Sub	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other Unsub/Pend	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown/Missing	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown/Missing Sub	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown/Missing Unsub/Pend	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total Substantiated allegations	154	65.0%	86	39.4%	58	28.0%	55	26.7%	83	35.2%
Total Unsubstantiated/Pending Allegations	83	35.0%	132	60.6%	149	72.0%	151	73.3%	153	64.8%

Source: Ohio Department of Job and Family Services, SACWIS Dataset

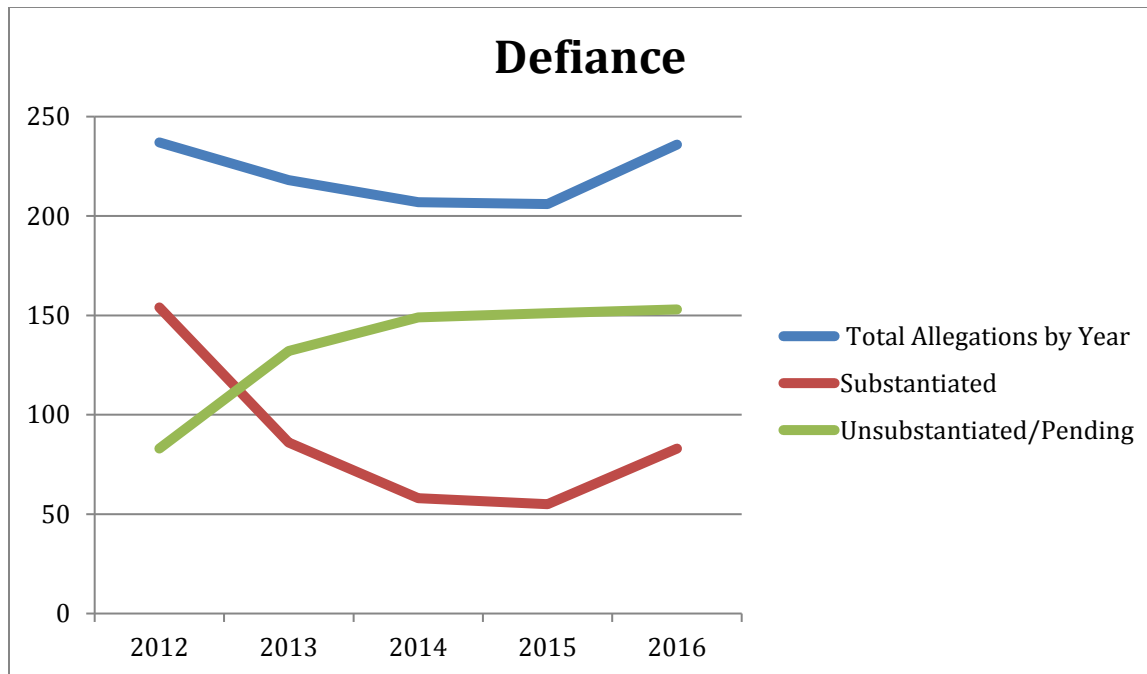


Figure 4. *Defiance County maltreatment allegations by year.*

Erie County. Between 2012 and 2016, Erie County had a total of 3,891 reports, which represented approximately 5% of the total claims made in the Northwest Ohio region during that time period (see Table 9). Of the claims made, 19% were substantiated. The total number of substantiated neglect claims was 462, while the total number of substantiated reports of physical abuse was 106, which combined accounted for 75.5% of the total substantiated reports. The year with the largest total percentage of substantiated reports was 2015 and the year with the fewest was 2012 (see Figure 5).

Table 9

Erie County: Child maltreatment allegations 2012-2015

<u>Report Period</u>	<u>2012</u>		<u>2013</u>		<u>2014</u>		<u>2015</u>		<u>2016</u>	
	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
Total Allegations	804	100.0%	815	100.0%	767	100.0%	719	100.0%	786	100.0%
Physical Abuse	151	100.0%	154	100.0%	139	100.0%	136	100.0%	137	100.0%
Physical Abuse Sub	13	8.6%	20	13.0%	17	12.2%	26	19.1%	17	12.4%
Physical Abuse Unsub/Pend	138	91.4%	134	87.0%	122	87.8%	110	80.9%	120	87.6%
Neglect	504	100.0%	516	100.0%	517	100.0%	497	100.0%	565	100.0%
Neglect Sub	55	10.9%	87	16.9%	85	16.4%	126	25.4%	109	19.3%
Neglect Unsub/Pend	449	89.1%	429	83.1%	432	83.6%	371	74.6%	456	80.7%
Medical Neglect	14	100.0%	24	100.0%	17	100.0%	13	100.0%	9	100.0%
Medical Neglect Sub	0	0.0%	9	37.5%	2	11.8%	6	46.2%	0	0.0%
Medical Neglect Unsub/Pend	14	100.0%	15	62.5%	15	88.2%	7	53.8%	9	100.0%
Sexual Abuse	111	100.0%	95	100.0%	83	100.0%	60	100.0%	64	100.0%
Sexual Abuse Sub	46	41.4%	38	40.0%	31	37.3%	28	46.7%	29	45.3%
Sexual Abuse Unsub/Pend	65	58.6%	57	60.0%	52	62.7%	32	53.3%	35	54.7%
Psych/Emo Maltreatment	24	100.0%	26	100.0%	11	100.0%	13	100.0%	11	100.0%
Psych/Emo Maltreatment Sub	1	4.2%	5	19.2%	1	9.1%	1	7.7%	0	0.0%
Psych/Emo Maltreatment Unsub/Pend	23	95.8%	21	80.8%	10	90.9%	12	92.3%	11	100.0%
Other	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other Sub	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other Unsub/Pend	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown/Missing	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown/Missing Sub	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown/Missing Unsub/Pend	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total Substantiated allegations	115	14.3%	159	19.5%	136	17.7%	187	26.0%	155	19.7%
Total Unsubstantiated/Pending Allegations	689	85.7%	656	80.5%	631	82.3%	532	74.0%	631	80.3%

Source: Ohio Department of Job and Family Services, SACWIS Dataset

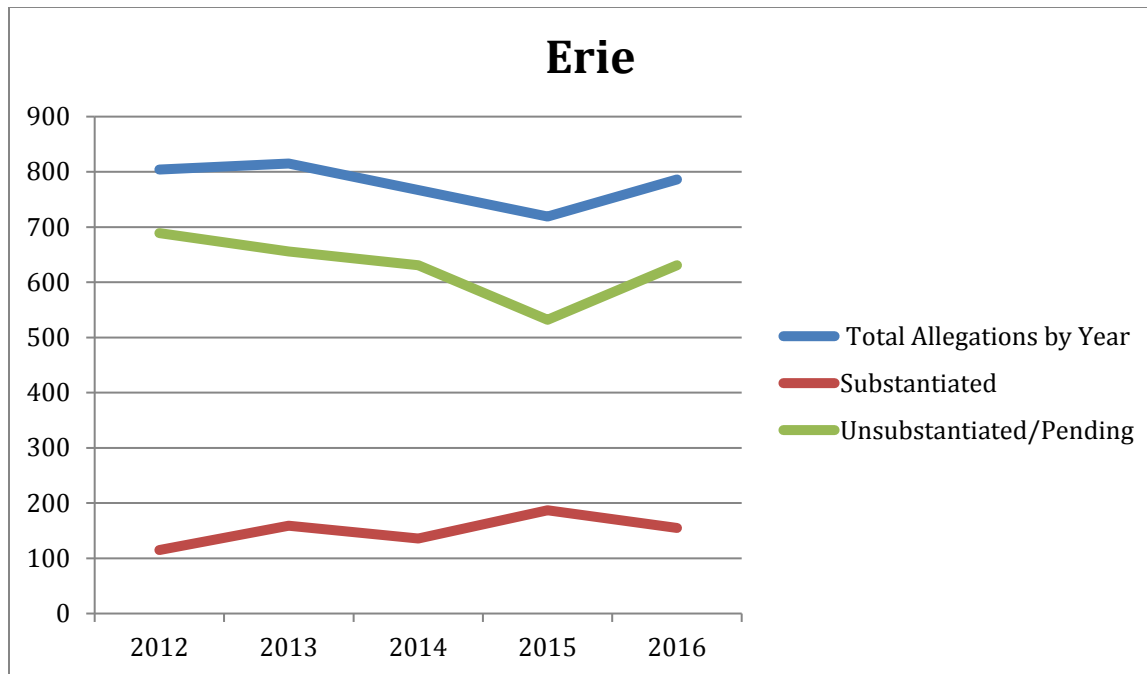


Figure 5. *Erie County maltreatment allegations by year.*

Fulton County. Between 2012 and 2016, Fulton County had a total of 3,271 reports, which represented approximately 4% of the total claims made in the Northwest Ohio region during that time period (see Table 10). Of the claims made, 31% were substantiated. The total number of substantiated neglect claims was 452, while the total number of substantiated reports of physical abuse was 107, which combined accounted for 55% of the total substantiated reports. The year with the largest total percentage of substantiated reports was 2012 and the year with the fewest was 2016 (see Figure 6).

Table 10

Fulton County: Child maltreatment allegations 2012-2015

	<u>2012</u>		<u>2013</u>		<u>2014</u>		<u>2015</u>		<u>2016</u>	
<u>Report Period</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
Total Allegations	708	100.0%	564	100.0%	746	100.0%	705	100.0%	546	100.0%
Physical Abuse	106	100.0%	81	100.0%	114	100.0%	92	100.0%	113	100.0%
Physical Abuse Sub	29	27.4%	29	35.8%	23	20.2%	19	20.7%	7	6.2%
Physical Abuse Unsub/Pend	77	72.6%	52	64.2%	91	79.8%	73	79.3%	106	93.8%
Neglect	341	100.0%	298	100.0%	359	100.0%	351	100.0%	256	100.0%
Neglect Sub	145	42.5%	68	22.8%	77	21.4%	105	29.9%	57	22.3%
Neglect Unsub/Pend	196	57.5%	230	77.2%	282	78.6%	246	70.1%	199	77.7%
Medical Neglect	8	100.0%	12	100.0%	15	100.0%	28	100.0%	19	100.0%
Medical Neglect Sub	4	50.0%	3	25.0%	5	33.3%	4	14.3%	2	10.5%
Medical Neglect Unsub/Pend	4	50.0%	9	75.0%	10	66.7%	24	85.7%	17	89.5%
Sexual Abuse	66	100.0%	45	100.0%	93	100.0%	49	100.0%	54	100.0%
Sexual Abuse Sub	37	56.1%	17	37.8%	38	40.9%	25	51.0%	22	40.7%
Sexual Abuse Unsub/Pend	29	43.9%	28	62.2%	55	59.1%	24	49.0%	32	59.3%
Psych/Emo Maltreatment	187	100.0%	128	100.0%	165	100.0%	175	100.0%	103	100.0%
Psych/Emo Maltreatment Sub	100	53.5%	66	51.6%	53	32.1%	59	33.7%	15	14.6%
Psych/Emo Maltreatment Unsub/Pend	87	46.5%	62	48.4%	112	67.9%	116	66.3%	88	85.4%
Other	0	0.0%	0	0.0%	0	0.0%	10	100.0%	1	100.0%
Other Sub	0	0.0%	0	0.0%	0	0.0%	8	80.0%	0	0.0%
Other Unsub/Pend	0	0.0%	0	0.0%	0	0.0%	2	20.0%	1	100.0%
Unknown/Missing	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown/Missing Sub	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown/Missing Unsub/Pend	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total Substantiated allegations	315	44.5%	183	32.4%	196	26.3%	220	31.2%	103	18.9%
Total Unsubstantiated/Pending Allegations	393	55.5%	381	67.6%	550	73.7%	485	68.8%	443	81.1%

Source: Ohio Department of Job and Family Services, SACWIS Dataset

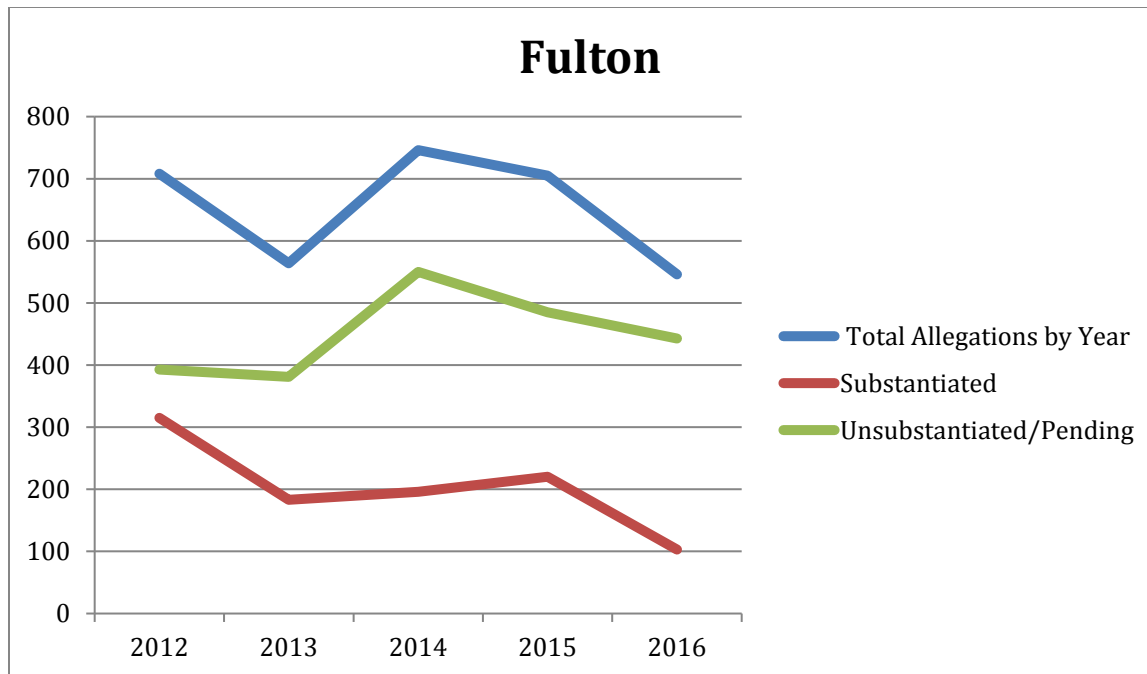


Figure 6. *Fulton County maltreatment allegations by year.*

Hancock County. Between 2012 and 2016, Hancock County had a total of 2,308 reports, which represented approximately 3% of the total claims made in the Northwest Ohio region during that time period (see Table 11). Of the claims made, 40% were substantiated. The total number of substantiated neglect claims was 569, while the total number of substantiated reports of physical abuse was 153, which combined accounted for 79% of the total substantiated reports. The year with the largest total percentage of substantiated reports was 2012 and the year with the fewest was 2014 (see Figure 7).

Table 11

Hancock County: Child maltreatment allegations 2012-2015

<u>Report Period</u>	<u>2012</u>		<u>2013</u>		<u>2014</u>		<u>2015</u>		<u>2016</u>	
	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
Total Allegations	594	100.0%	545	100.0%	600	100.0%	547	100.0%	616	100.0%
Physical Abuse	109	100.0%	108	100.0%	83	100.0%	85	100.0%	112	100.0%
Physical Abuse Sub	39	35.8%	38	35.2%	29	34.9%	20	23.5%	27	24.1%
Physical Abuse Unsub/Pend	70	64.2%	70	64.8%	54	65.1%	65	76.5%	85	75.9%
Neglect	357	100.0%	335	100.0%	393	100.0%	359	100.0%	408	100.0%
Neglect Sub	164	45.9%	117	34.9%	75	19.1%	111	30.9%	102	25.0%
Neglect Unsub/Pend	193	54.1%	218	65.1%	318	80.9%	248	69.1%	306	75.0%
Medical Neglect	8	100.0%	15	100.0%	13	100.0%	8	100.0%	8	100.0%
Medical Neglect Sub	1	12.5%	3	20.0%	1	7.7%	0	0.0%	1	12.5%
Medical Neglect Unsub/Pend	7	87.5%	12	80.0%	12	92.3%	8	100.0%	7	87.5%
Sexual Abuse	109	100.0%	60	100.0%	82	100.0%	86	100.0%	67	100.0%
Sexual Abuse Sub	41	37.6%	28	46.7%	36	43.9%	31	36.0%	23	34.3%
Sexual Abuse Unsub/Pend	68	62.4%	32	53.3%	46	56.1%	55	64.0%	44	65.7%
Psych/Emo Maltreatment	11	100.0%	27	100.0%	29	100.0%	9	100.0%	21	100.0%
Psych/Emo Maltreatment Sub	5	45.5%	7	25.9%	11	37.9%	0	0.0%	5	23.8%
Psych/Emo Maltreatment Unsub/Pend	6	54.5%	20	74.1%	18	62.1%	9	100.0%	16	76.2%
Other	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other Sub	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other Unsub/Pend	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown/Missing	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown/Missing Sub	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown/Missing Unsub/Pend	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total Substantiated allegations	250	42.1%	193	35.4%	152	25.3%	162	29.6%	158	25.6%
Total Unsubstantiated/Pending Allegations	344	57.9%	352	64.6%	448	74.7%	385	70.4%	458	74.4%

Source: Ohio Department of Job and Family Services, SACWIS Dataset

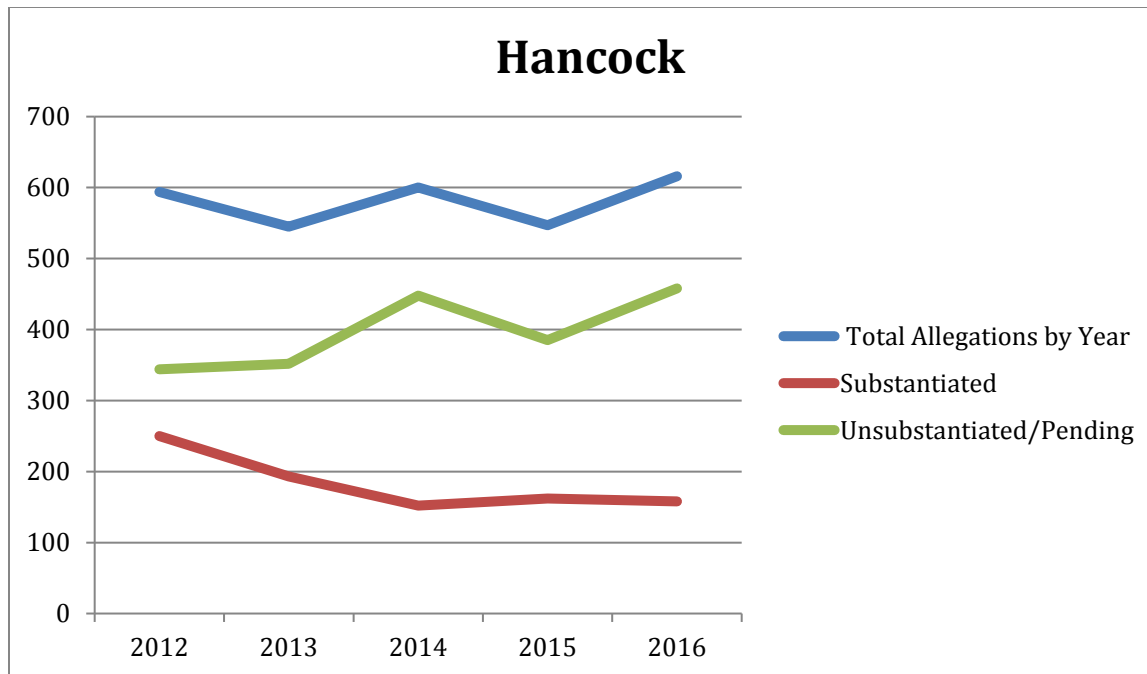


Figure 7. *Hancock County maltreatment allegations by year.*

Henry County. Between 2012 and 2016, Henry County had a total of 1,480 reports, which represented approximately 2% of the total claims made in the Northwest Ohio region during that time period (see Table 12). Of the claims made, 41% were substantiated. The total number of substantiated neglect claims was 593, while the total number of substantiated reports of physical abuse was 257, which combined accounted for 57% of the total substantiated reports. The year with the largest total percentage of substantiated reports was 2012 and the year with the fewest was 2014 (see Figure 8).

Table 12

Henry County: Child maltreatment allegations 2012-2015

<u>Report Period</u>	<u>2012</u>		<u>2013</u>		<u>2014</u>		<u>2015</u>		<u>2016</u>	
	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
Total Allegations	308	100.0%	382	100.0%	371	100.0%	244	100.0%	175	100.0%
Physical Abuse	128	100.0%	160	100.0%	142	100.0%	85	100.0%	64	100.0%
Physical Abuse Sub	78	60.9%	78	48.8%	46	32.4%	22	25.9%	33	51.6%
Physical Abuse Unsub/Pend	50	39.1%	82	51.3%	96	67.6%	63	74.1%	31	48.4%
Neglect	109	100.0%	149	100.0%	154	100.0%	113	100.0%	68	100.0%
Neglect Sub	67	61.5%	69	46.3%	18	11.7%	32	28.3%	23	33.8%
Neglect Unsub/Pend	42	38.5%	80	53.7%	136	88.3%	81	71.7%	45	66.2%
Medical Neglect	2	100.0%	9	100.0%	13	100.0%	3	100.0%	2	100.0%
Medical Neglect Sub	2	100.0%	4	44.4%	3	23.1%	1	33.3%	0	0.0%
Medical Neglect Unsub/Pend	0	0.0%	5	55.6%	10	76.9%	2	66.7%	2	100.0%
Sexual Abuse	62	100.0%	48	100.0%	45	100.0%	30	100.0%	32	100.0%
Sexual Abuse Sub	27	43.5%	22	45.8%	24	53.3%	25	83.3%	25	78.1%
Sexual Abuse Unsub/Pend	35	56.5%	26	54.2%	21	46.7%	5	16.7%	7	21.9%
Psych/Emo Maltreatment	7	100.0%	16	100.0%	17	100.0%	12	100.0%	9	100.0%
Psych/Emo Maltreatment Sub	1	14.3%	5	31.3%	1	5.9%	2	16.7%	1	11.1%
Psych/Emo Maltreatment Unsub/Pend	6	85.7%	11	68.8%	16	94.1%	10	83.3%	8	88.9%
Other	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%
Other Sub	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%
Other Unsub/Pend	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown/Missing	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown/Missing Sub	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown/Missing Unsub/Pend	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total Substantiated allegations	175	56.8%	178	46.6%	92	24.8%	83	34.0%	82	46.9%
Total Unsubstantiated/Pending Allegations	133	43.2%	204	53.4%	279	75.2%	161	66.0%	93	53.1%

Source: Ohio Department of Job and Family Services, SACWIS Dataset

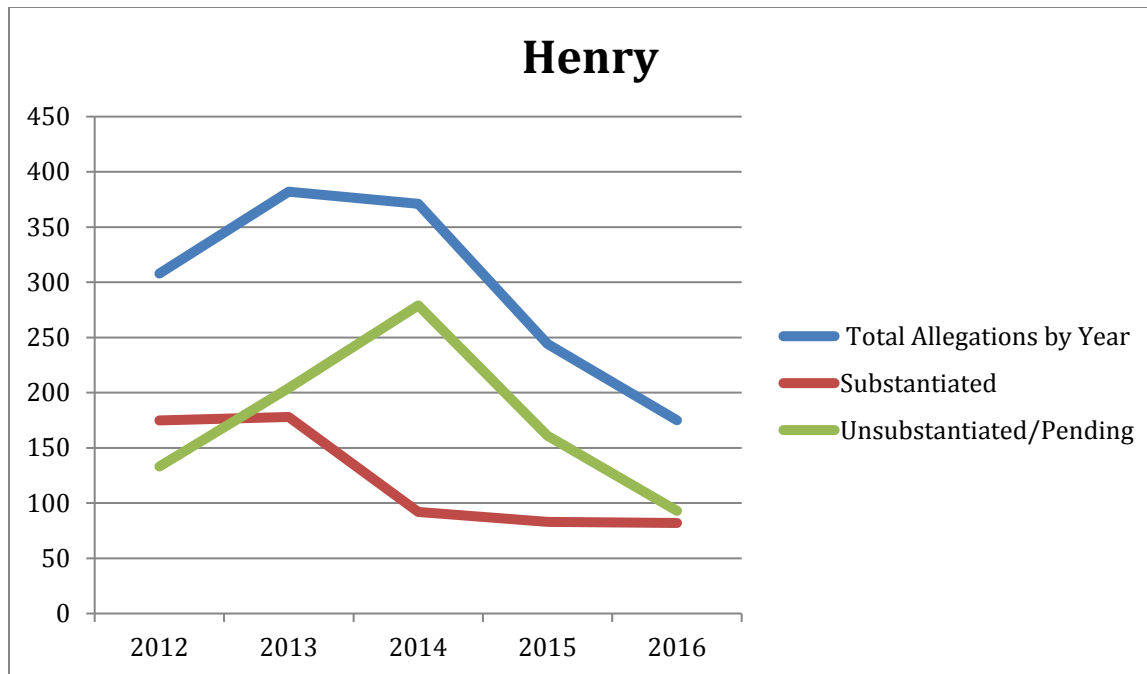


Figure 8. *Henry County maltreatment allegations by year.*

Huron County. Between 2012 and 2016, Huron County had a total of 2,731 reports, which represented approximately 3% of the total claims made in the Northwest Ohio region during that time period (see Table 13). Of the claims made, 18% were substantiated. The total number of substantiated neglect claims was 176, while the total number of substantiated reports of physical abuse was 177, which combined accounted for 73% of the total substantiated reports. The year with the largest total percentage of substantiated reports was 2016 and the year with the fewest was 2013 (see Figure 9).

Table 13

Huron County: Child maltreatment allegations 2012-2015

<u>Report Period</u>	<u>2012</u>		<u>2013</u>		<u>2014</u>		<u>2015</u>		<u>2016</u>	
	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
Total Allegations	614	100.0%	666	100.0%	577	100.0%	443	100.0%	431	100.0%
Physical Abuse	187	100.0%	188	100.0%	218	100.0%	178	100.0%	199	100.0%
Physical Abuse Sub	15	8.0%	24	12.8%	50	22.9%	37	20.8%	51	25.6%
Physical Abuse Unsub/Pend	172	92.0%	164	87.2%	168	77.1%	141	79.2%	148	74.4%
Neglect	370	100.0%	406	100.0%	250	100.0%	180	100.0%	170	100.0%
Neglect Sub	42	11.4%	28	6.9%	36	14.4%	32	17.8%	38	22.4%
Neglect Unsub/Pend	328	88.6%	378	93.1%	214	85.6%	148	82.2%	132	77.6%
Medical Neglect	10	100.0%	10	100.0%	29	100.0%	14	100.0%	16	100.0%
Medical Neglect Sub	1	10.0%	0	0.0%	0	0.0%	3	21.4%	0	0.0%
Medical Neglect Unsub/Pend	9	90.0%	10	100.0%	29	100.0%	11	78.6%	16	100.0%
Sexual Abuse	34	100.0%	48	100.0%	66	100.0%	69	100.0%	44	100.0%
Sexual Abuse Sub	20	58.8%	15	31.3%	35	53.0%	31	44.9%	23	52.3%
Sexual Abuse Unsub/Pend	14	41.2%	33	68.8%	31	47.0%	38	55.1%	21	47.7%
Psych/Emo Maltreatment	13	100.0%	14	100.0%	14	100.0%	2	100.0%	2	100.0%
Psych/Emo Maltreatment Sub	0	0.0%	2	14.3%	0	0.0%	0	0.0%	0	0.0%
Psych/Emo Maltreatment Unsub/Pend	13	100.0%	12	85.7%	14	100.0%	2	100.0%	2	100.0%
Other	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other Sub	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other Unsub/Pend	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown/Missing	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown/Missing Sub	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown/Missing Unsub/Pend	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total Substantiated allegations	78	12.7%	69	10.4%	121	21.0%	103	23.3%	112	26.0%
Total Unsubstantiated/Pending Allegations	536	87.3%	597	89.6%	456	79.0%	340	76.7%	319	74.0%

Source: Ohio Department of Job and Family Services, SACWIS Dataset

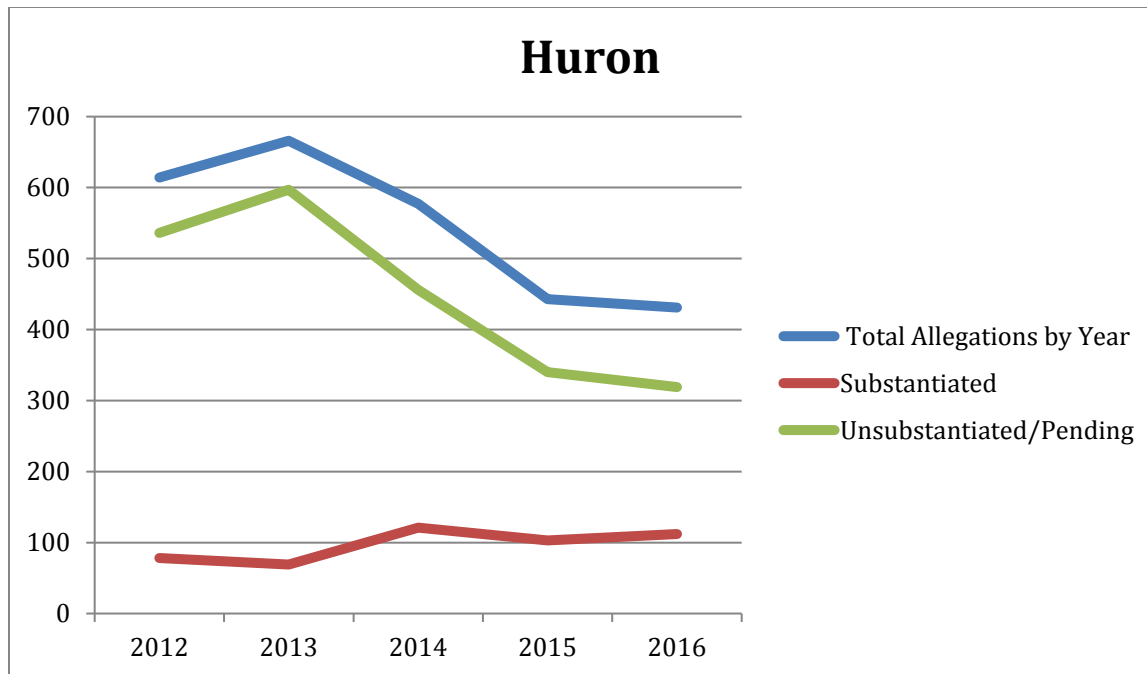


Figure 9. *Huron County maltreatment allegations by year.*

Lucas County. Between 2012 and 2016, Lucas County had a total of 36,789 reports, which represented approximately 52% of the total claims made in the Northwest Ohio region during that time period (see Table 14). Of the claims made, 13% were substantiated. The total number of substantiated neglect claims was 1,453, while the total number of substantiated reports of physical abuse was 1,963, which combined accounted for 69% of the total substantiated reports. The year with the largest total percentage of substantiated reports was 2016 and the year with the fewest was 2012 (see Figure 10).

Table 14

Lucas County: Child maltreatment allegations 2012-2015

<u>Report Period</u>	<u>2012</u>		<u>2013</u>		<u>2014</u>		<u>2015</u>		<u>2016</u>	
	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
Total Allegations	7128	100.0%	7924	100.0%	7432	100.0%	7048	100.0%	7257	100.0%
Physical Abuse	3252	100.0%	3756	100.0%	3670	100.0%	3506	100.0%	3588	100.0%
Physical Abuse Sub	218	6.7%	374	10.0%	332	9.0%	462	13.2%	567	15.8%
Physical Abuse Unsub/Pend	3034	93.3%	3382	90.0%	3338	91.0%	3044	86.8%	3021	84.2%
Neglect	2962	100.0%	3043	100.0%	2799	100.0%	2616	100.0%	2729	100.0%
Neglect Sub	184	6.2%	271	8.9%	313	11.2%	349	13.3%	336	12.3%
Neglect Unsub/Pend	2778	93.8%	2772	91.1%	2486	88.8%	2267	86.7%	2393	87.7%
Medical Neglect	97	100.0%	106	100.0%	139	100.0%	112	100.0%	154	100.0%
Medical Neglect Sub	9	9.3%	12	11.3%	22	15.8%	25	22.3%	44	28.6%
Medical Neglect Unsub/Pend	88	90.7%	94	88.7%	117	84.2%	87	77.7%	110	71.4%
Sexual Abuse	713	100.0%	787	100.0%	676	100.0%	670	100.0%	643	100.0%
Sexual Abuse Sub	275	38.6%	274	34.8%	263	38.9%	264	39.4%	226	35.1%
Sexual Abuse Unsub/Pend	438	61.4%	513	65.2%	413	61.1%	406	60.6%	417	64.9%
Psych/Emo Maltreatment	73	100.0%	185	100.0%	115	100.0%	117	100.0%	113	100.0%
Psych/Emo Maltreatment Sub	7	9.6%	12	6.5%	6	5.2%	12	10.3%	15	13.3%
Psych/Emo Maltreatment Unsub/Pend	66	90.4%	173	93.5%	109	94.8%	105	89.7%	98	86.7%
Other	31	100.0%	47	100.0%	33	100.0%	27	100.0%	30	100.0%
Other Sub	16	51.6%	23	48.9%	16	48.5%	14	51.9%	15	50.0%
Other Unsub/Pend	15	48.4%	24	51.1%	17	51.5%	13	48.1%	15	50.0%
Unknown/Missing	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown/Missing Sub	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown/Missing Unsub/Pend	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total Substantiated allegations	709	9.9%	966	12.2%	952	12.8%	1126	16.0%	1203	16.6%
Total Unsubstantiated/Pending Allegations	6419	90.1%	6958	87.8%	6480	87.2%	5922	84.0%	6054	83.4%

Source: Ohio Department of Job and Family Services, SACWIS Dataset

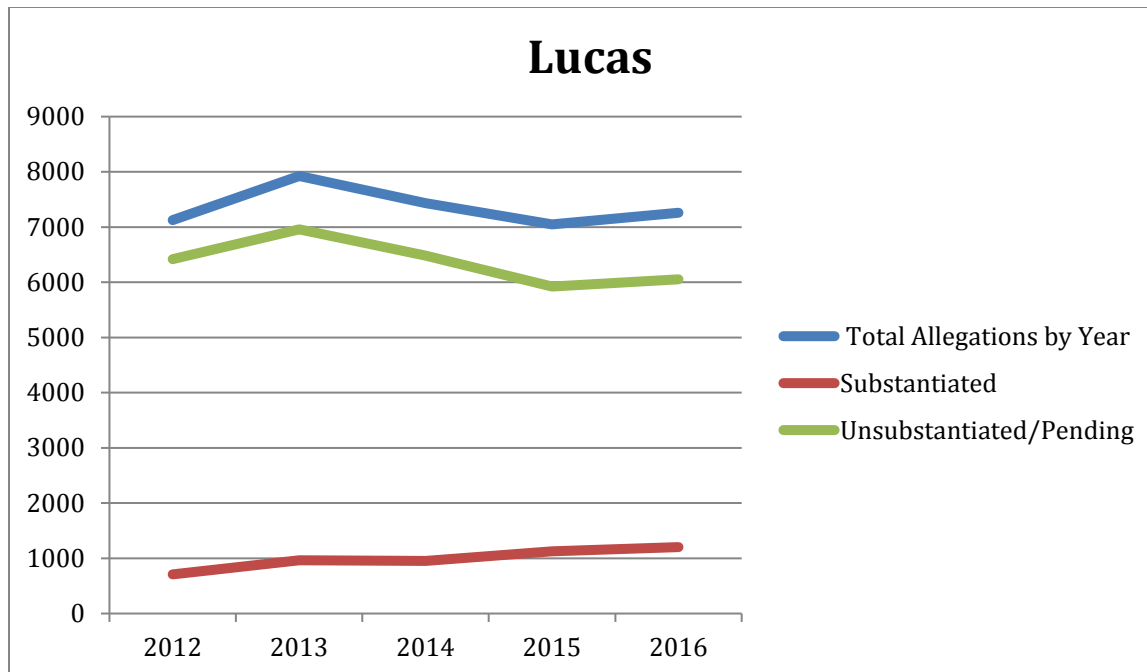


Figure 10. *Lucas County maltreatment allegations by year.*

Ottawa County. Between 2012 and 2016, Ottawa County had a total of 1,954 reports, which represented approximately 3% of the total claims made in the Northwest Ohio region during that time period (see Table 15). Of the claims made, 21% were substantiated. The total number of substantiated neglect claims was 165, while the total number of substantiated reports of physical abuse was 115, which combined accounted for 69% of the total substantiated reports. The year with the largest total percentage of substantiated reports was 2012 and the year with the fewest was 2014 (see Figure 11).

Table 15

Ottawa County: Child maltreatment allegations 2012-2015

<u>Report Period</u>	<u>2012</u>		<u>2013</u>		<u>2014</u>		<u>2015</u>		<u>2016</u>	
	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
Total Allegations	397	100.0%	279	100.0%	349	100.0%	428	100.0%	501	100.0%
Physical Abuse	128	100.0%	92	100.0%	122	100.0%	152	100.0%	193	100.0%
Physical Abuse Sub	42	32.8%	20	21.7%	12	9.8%	20	13.2%	21	10.9%
Physical Abuse Unsub/Pend	86	67.2%	72	78.3%	110	90.2%	132	86.8%	172	89.1%
Neglect	178	100.0%	131	100.0%	162	100.0%	186	100.0%	231	100.0%
Neglect Sub	60	33.7%	30	22.9%	11	6.8%	44	23.7%	20	8.7%
Neglect Unsub/Pend	118	66.3%	101	77.1%	151	93.2%	142	76.3%	211	91.3%
Medical Neglect	11	100.0%	10	100.0%	18	100.0%	17	100.0%	19	100.0%
Medical Neglect Sub	4	36.4%	1	10.0%	0	0.0%	4	23.5%	4	21.1%
Medical Neglect Unsub/Pend	7	63.6%	9	90.0%	18	100.0%	13	76.5%	15	78.9%
Sexual Abuse	64	100.0%	40	100.0%	42	100.0%	57	100.0%	39	100.0%
Sexual Abuse Sub	37	57.8%	13	32.5%	17	40.5%	16	28.1%	20	51.3%
Sexual Abuse Unsub/Pend	27	42.2%	27	67.5%	25	59.5%	41	71.9%	19	48.7%
Psych/Emo Maltreatment	16	100.0%	6	100.0%	5	100.0%	16	100.0%	19	100.0%
Psych/Emo Maltreatment Sub	5	31.3%	0	0.0%	0	0.0%	4	25.0%	0	0.0%
Psych/Emo Maltreatment Unsub/Pend	11	68.8%	6	100.0%	5	100.0%	12	75.0%	19	100.0%
Other	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other Sub	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other Unsub/Pend	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown/Missing	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown/Missing Sub	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown/Missing Unsub/Pend	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total Substantiated allegations	148	37.3%	64	22.9%	40	11.5%	88	20.6%	65	13.0%
Total Unsubstantiated/Pending Allegations	249	62.7%	215	77.1%	309	88.5%	340	79.4%	436	87.0%

Source: Ohio Department of Job and Family Services, SACWIS Dataset

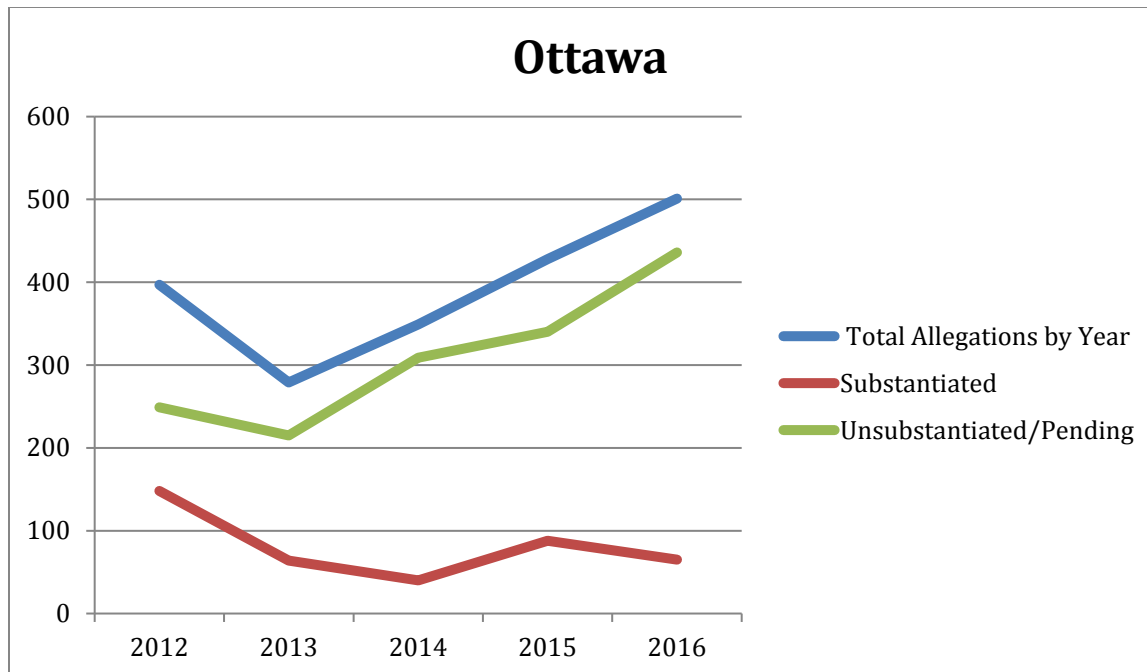


Figure 11. *Ottawa County maltreatment allegations by year.*

Paulding County. Between 2012 and 2016, Paulding County had a total of 592 reports, which represented less than 1% of the total claims made in the Northwest Ohio region during that time period (see Table 16). Of the claims made, 30% were substantiated. The total number of substantiated neglect claims was 43, while the total number of substantiated reports of physical abuse was 62, which combined accounted for 59% of the total substantiated reports. The year with the largest total percentage of substantiated reports was 2012 and the year with the fewest was 2014 (see Figure 12).

Table 16

Paulding County: Child maltreatment allegations 2012-2015

<u>Report Period</u>	<u>2012</u>		<u>2013</u>		<u>2014</u>		<u>2015</u>		<u>2016</u>	
	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
Total Allegations	52	100.0%	126	100.0%	133	100.0%	132	100.0%	149	100.0%
Physical Abuse	23	100.0%	33	100.0%	51	100.0%	44	100.0%	52	100.0%
Physical Abuse Sub	19	82.6%	5	15.2%	9	17.6%	13	29.5%	16	30.8%
Physical Abuse Unsub/Pend	4	17.4%	28	84.8%	42	82.4%	31	70.5%	36	69.2%
Neglect	17	100.0%	56	100.0%	42	100.0%	58	100.0%	66	100.0%
Neglect Sub	11	64.7%	12	21.4%	3	7.1%	4	6.9%	13	19.7%
Neglect Unsub/Pend	6	35.3%	44	78.6%	39	92.9%	54	93.1%	53	80.3%
Medical Neglect	3	100.0%	1	100.0%	1	100.0%	1	100.0%	0	0.0%
Medical Neglect Sub	1	33.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Medical Neglect Unsub/Pend	2	66.7%	1	100.0%	1	100.0%	1	100.0%	0	0.0%
Sexual Abuse	9	100.0%	29	100.0%	27	100.0%	27	100.0%	24	100.0%
Sexual Abuse Sub	7	77.8%	13	44.8%	18	66.7%	13	48.1%	15	62.5%
Sexual Abuse Unsub/Pend	2	22.2%	16	55.2%	9	33.3%	14	51.9%	9	37.5%
Psych/Emo Maltreatment	0	0.0%	7	100.0%	12	100.0%	2	100.0%	7	100.0%
Psych/Emo Maltreatment Sub	0	0.0%	2	28.6%	0	0.0%	2	100.0%	1	14.3%
Psych/Emo Maltreatment Unsub/Pend	0	0.0%	5	71.4%	12	100.0%	0	0.0%	6	85.7%
Other	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other Sub	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other Unsub/Pend	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown/Missing	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown/Missing Sub	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown/Missing Unsub/Pend	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total Substantiated allegations	38	73.1%	32	25.4%	30	22.6%	32	24.2%	45	30.2%
Total Unsubstantiated/Pending Allegations	14	26.9%	94	74.6%	103	77.4%	100	75.8%	104	69.8%

Source: Ohio Department of Job and Family Services, SACWIS Dataset

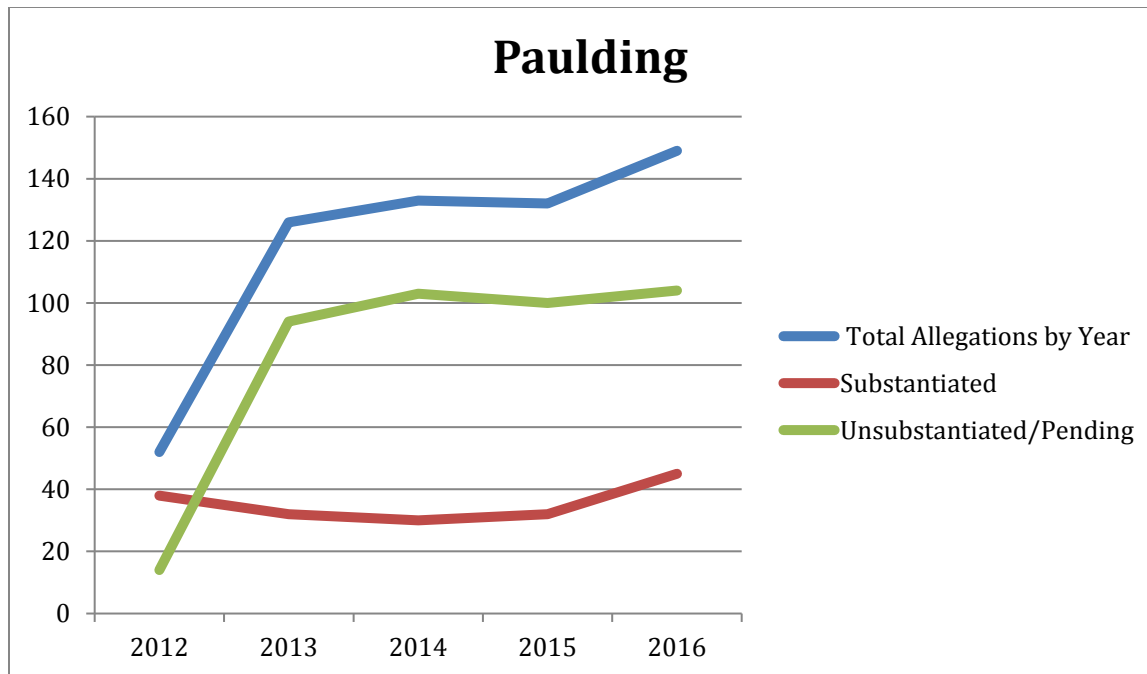


Figure 12. *Paulding County maltreatment allegations by year.*

Putnam County. Between 2012 and 2016, Putnam County had a total of 699 reports, which represented less than 1% of the total claims made in the Northwest Ohio region during that time period (see Table 17). Of the claims made, 21% were substantiated. The total number of substantiated neglect claims was 49, while the total number of substantiated reports of physical abuse was 16, which combined accounted for 36% of the total substantiated reports. The year with the largest total percentage of substantiated reports was 2012 and the year with the fewest was 2014 (see Figure 13).

Table 17

Putnam County: Child maltreatment allegations 2012-2015

<u>Report Period</u>	<u>2012</u>		<u>2013</u>		<u>2014</u>		<u>2015</u>		<u>2016</u>	
	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
Total Allegations	105	100.0%	122	100.0%	157	100.0%	177	100.0%	138	100.0%
Physical Abuse	26	100.0%	30	100.0%	41	100.0%	37	100.0%	32	100.0%
Physical Abuse Sub	5	19.2%	2	6.7%	3	7.3%	3	8.1%	3	9.4%
Physical Abuse Unsub/Pend	21	80.8%	28	93.3%	38	92.7%	34	91.9%	29	90.6%
Neglect	53	100.0%	55	100.0%	81	100.0%	106	100.0%	78	100.0%
Neglect Sub	9	17.0%	6	10.9%	5	6.2%	18	17.0%	11	14.1%
Neglect Unsub/Pend	44	83.0%	49	89.1%	76	93.8%	88	83.0%	67	85.9%
Medical Neglect	1	100.0%	0	0.0%	3	100.0%	1	100.0%	3	100.0%
Medical Neglect Sub	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Medical Neglect Unsub/Pend	1	100.0%	0	0.0%	3	100.0%	1	100.0%	3	100.0%
Sexual Abuse	25	100.0%	34	100.0%	29	100.0%	32	100.0%	24	100.0%
Sexual Abuse Sub	16	64.0%	16	47.1%	19	65.5%	21	65.6%	11	45.8%
Sexual Abuse Unsub/Pend	9	36.0%	18	52.9%	10	34.5%	11	34.4%	13	54.2%
Psych/Emo Maltreatment	0	0.0%	3	100.0%	3	100.0%	1	100.0%	1	100.0%
Psych/Emo Maltreatment Sub	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Psych/Emo Maltreatment Unsub/Pend	0	0.0%	3	100.0%	3	100.0%	1	100.0%	1	100.0%
Other	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other Sub	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other Unsub/Pend	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown/Missing	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown/Missing Sub	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown/Missing Unsub/Pend	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total Substantiated allegations	30	28.6%	24	19.7%	27	17.2%	42	23.7%	25	18.1%
Total Unsubstantiated/Pending Allegations	75	71.4%	98	80.3%	130	82.8%	135	76.3%	113	81.9%

Source: Ohio Department of Job and Family Services, SACWIS Dataset

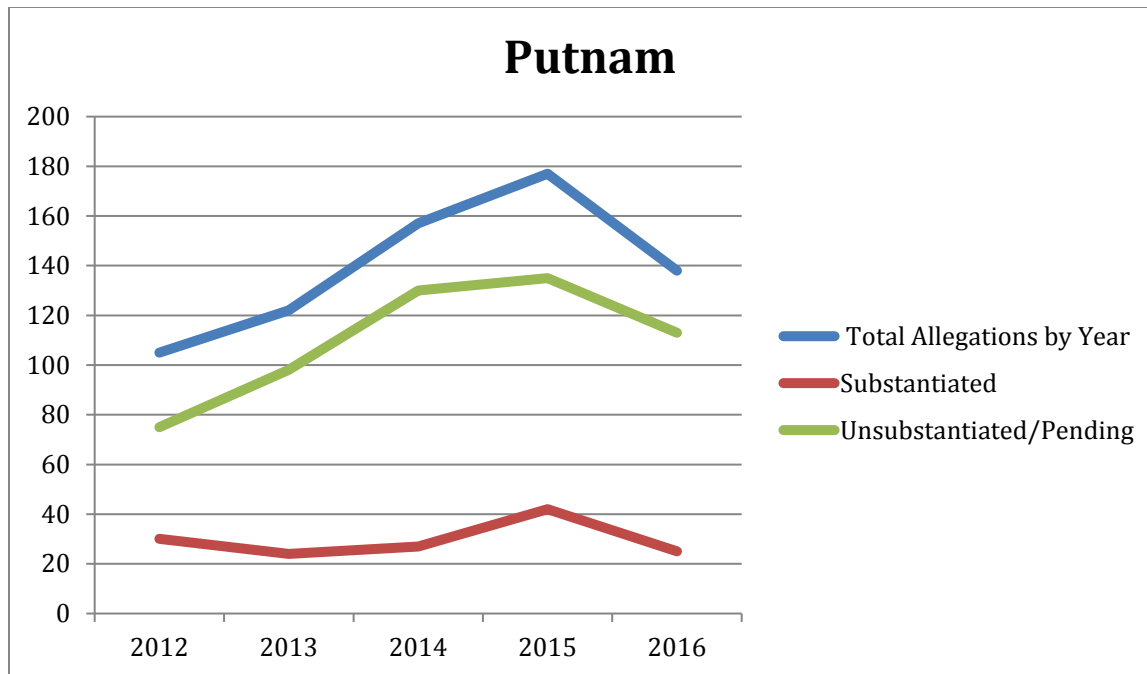


Figure 13. *Putnam County maltreatment allegations by year.*

Sandusky County. Between 2012 and 2016, Sandusky County had a total of 2,283 reports, which was approximately 3% of the total claims made in the Northwest Ohio region during that time period (see Table 18). Of the claims made, 30% were substantiated. The total number of substantiated neglect claims was 110, while the total number of substantiated reports of physical abuse was 347, which combined accounted for 66% of the total substantiated reports. The year with the largest total percentage of substantiated reports was 2012 and the year with the fewest was 2013 (see Figure 14).

Table 18
Sandusky County: Child maltreatment allegations 2012-2015

	<u>2012</u>		<u>2013</u>		<u>2014</u>		<u>2015</u>		<u>2016</u>	
<u>Report Period</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
Total Allegations	552	100.00%	425	100.00%	429	100.00%	443	100.00%	434	100.00%
Physical Abuse	284	100.00%	193	100.00%	224	100.00%	251	100.00%	268	100.00%
Physical Abuse Sub	108	38.00%	42	21.80%	75	33.50%	58	23.10%	64	23.90%
Physical Abuse Unsub/Pend	176	62.00%	151	78.20%	149	66.50%	193	76.90%	204	76.10%
Neglect	160	100.00%	163	100.00%	131	100.00%	139	100.00%	100	100.00%
Neglect Sub	16	10.00%	32	19.60%	18	13.70%	31	22.30%	13	13.00%
Neglect Unsub/Pend	144	90.00%	131	80.40%	113	86.30%	108	77.70%	87	87.00%
Medical Neglect	10	100.00%	4	100.00%	6	100.00%	2	100.00%	5	100.00%
Medical Neglect Sub	2	20.00%	1	25.00%	0	0.00%	0	0.00%	0	0.00%
Medical Neglect Unsub/Pend	8	80.00%	3	75.00%	6	100.00%	2	100.00%	5	100.00%
Sexual Abuse	92	100.00%	64	100.00%	64	100.00%	43	100.00%	61	100.00%
Sexual Abuse Sub	59	64.10%	39	60.90%	45	70.30%	35	81.40%	48	78.70%
Sexual Abuse Unsub/Pend	33	35.90%	25	39.10%	19	29.70%	8	18.60%	13	21.30%
Psych/Emo Maltreatment	5	100.00%	1	100.00%	4	100.00%	6	100.00%	0	0.00%
Psych/Emo Maltreatment Sub	5	100.00%	0	0.00%	0	0.00%	1	16.70%	0	0.00%
Psych/Emo Maltreatment Unsub/Pend	0	0.00%	1	100.00%	4	100.00%	5	83.30%	0	0.00%
Other	1	100.00%	0	0.00%	0	0.00%	2	100.00%	0	0.00%
Other Sub	1	100.00%	0	0.00%	0	0.00%	1	50.00%	0	0.00%
Other Unsub/Pend	0	0.00%	0	0.00%	0	0.00%	1	50.00%	0	0.00%
Unknown/Missing	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Unknown/Missing Sub	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Unknown/Missing Unsub/Pend	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Total Substantiated allegations	191	34.60%	114	26.80%	138	32.20%	126	28.40%	125	28.80%
Total Unsubstantiated/Pending Allegations	361	65.40%	311	73.20%	291	67.80%	317	71.60%	309	71.20%

Source: Ohio Department of Job and Family Services, SACWIS Dataset

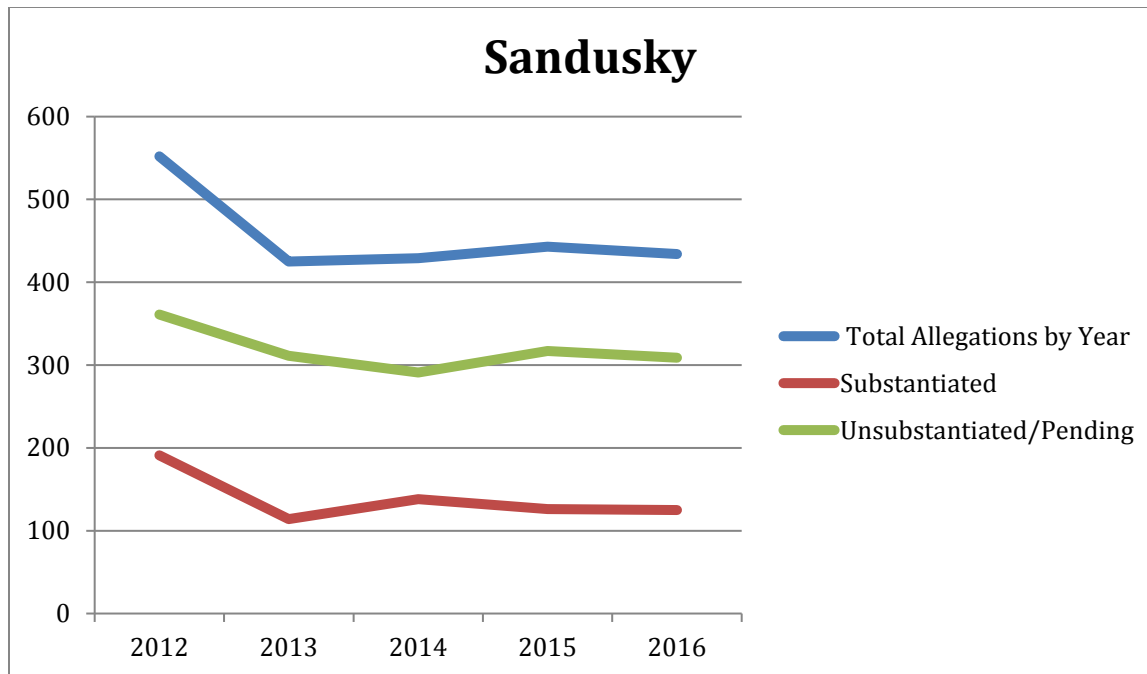


Figure 14. *Sandusky County maltreatment allegations by year.*

Seneca County. Between 2012 and 2016, Seneca County had a total of 3,114 reports, which was approximately 4% of the total claims made in the Northwest Ohio region during that time period (see Table 19). Of the claims made, 16% were substantiated. The total number of substantiated neglect claims was 203, while the total number of substantiated reports of physical abuse was 137, which combined accounted for 70% of the total substantiated reports. The year with the largest total percentage of substantiated reports was 2012 and the year with the fewest was 2013 (see Figure 15).

Table 19

Seneca County: Child maltreatment allegations 2012-2015

	<u>2012</u>		<u>2013</u>		<u>2014</u>		<u>2015</u>		<u>2016</u>	
<u>Report Period</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
Total Allegations	729	100.0%	714	100.0%	680	100.0%	425	100.0%	566	100.0%
Physical Abuse	201	100.0%	211	100.0%	176	100.0%	141	100.0%	302	100.0%
Physical Abuse Sub	39	19.4%	26	12.3%	23	13.1%	17	12.1%	32	10.6%
Physical Abuse Unsub/Pend	162	80.6%	185	87.7%	153	86.9%	124	87.9%	270	89.4%
Neglect	423	100.0%	431	100.0%	429	100.0%	214	100.0%	185	100.0%
Neglect Sub	51	12.1%	46	10.7%	62	14.5%	23	10.7%	21	11.4%
Neglect Unsub/Pend	372	87.9%	385	89.3%	367	85.5%	191	89.3%	164	88.6%
Medical Neglect	15	100.0%	2	100.0%	2	100.0%	3	100.0%	12	100.0%
Medical Neglect Sub	1	6.7%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Medical Neglect Unsub/Pend	14	93.3%	2	100.0%	2	100.0%	3	100.0%	12	100.0%
Sexual Abuse	89	100.0%	65	100.0%	73	100.0%	60	100.0%	65	100.0%
Sexual Abuse Sub	49	55.1%	26	40.0%	31	42.5%	25	41.7%	34	52.3%
Sexual Abuse Unsub/Pend	40	44.9%	39	60.0%	42	57.5%	35	58.3%	31	47.7%
Psych/Emo Maltreatment	1	100.0%	5	100.0%	0	0.0%	7	100.0%	2	100.0%
Psych/Emo Maltreatment Sub	0	0.0%	0	0.0%	0	0.0%	2	28.6%	0	0.0%
Psych/Emo Maltreatment Unsub/Pend	1	100.0%	5	100.0%	0	0.0%	5	71.4%	2	100.0%
Other	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other Sub	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other Unsub/Pend	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown/Missing	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown/Missing Sub	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown/Missing Unsub/Pend	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total Substantiated allegations	140	19.2%	98	13.7%	116	17.1%	67	15.8%	87	15.4%
Total Unsubstantiated/Pending Allegations	589	80.8%	616	86.3%	564	82.9%	358	84.2%	479	84.6%

Source: Ohio Department of Job and Family Services, SACWIS Dataset

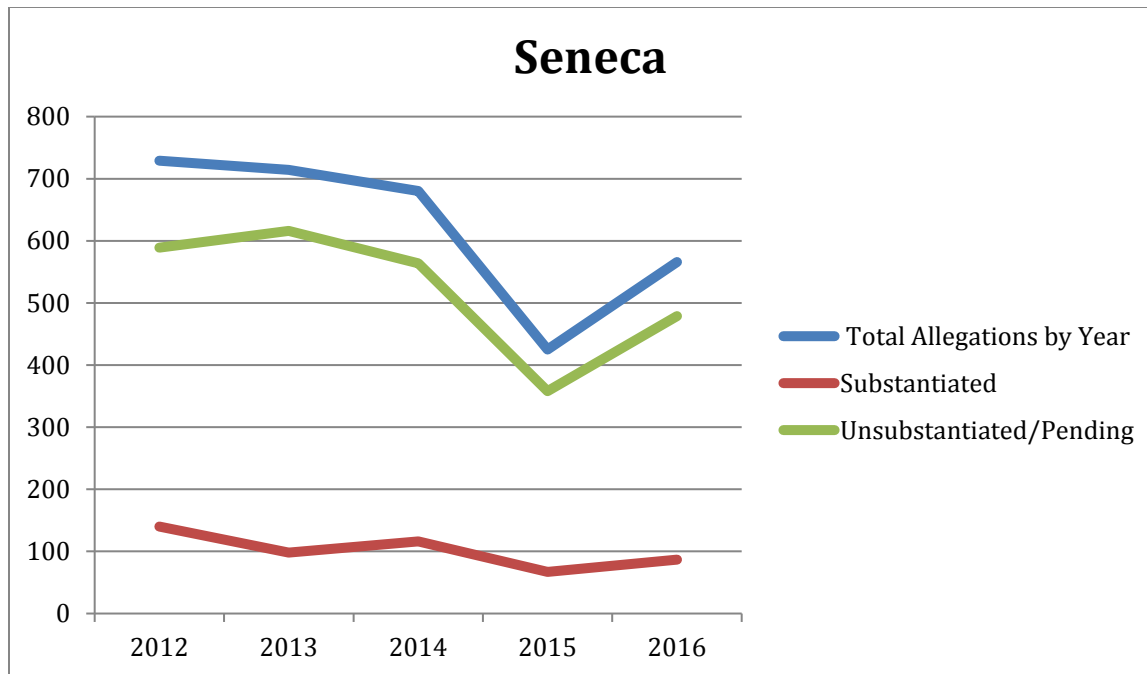


Figure 15. *Seneca County maltreatment allegations by year.*

Van Wert. Between 2012 and 2016, Van Wert County had a total of 1,110 reports, which was approximately 1% of the total claims made in the Northwest Ohio region during that time period (see Table 20). Of the claims made, 37% were substantiated. The total number of substantiated neglect claims was 240, while the total number of substantiated reports of physical abuse was 75, which combined accounted for 76% of the total substantiated reports. The year with the largest total percentage of substantiated reports was 2014 and the year with the fewest was 2016 (see Figure 16).

Table 20

Van Wert County: Child maltreatment allegations 2012-2015

	<u>2012</u>		<u>2013</u>		<u>2014</u>		<u>2015</u>		<u>2016</u>	
<u>Report Period</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
Total Allegations	230	100.0%	212	100.0%	180	100.0%	277	100.0%	211	100.0%
Physical Abuse	51	100.0%	38	100.0%	39	100.0%	53	100.0%	59	100.0%
Physical Abuse Sub	23	45.1%	19	50.0%	15	38.5%	5	9.4%	13	22.0%
Physical Abuse Unsub/Pend	28	54.9%	19	50.0%	24	61.5%	48	90.6%	46	78.0%
Neglect	133	100.0%	137	100.0%	102	100.0%	163	100.0%	106	100.0%
Neglect Sub	73	54.9%	33	24.1%	59	57.8%	49	30.1%	26	24.5%
Neglect Unsub/Pend	60	45.1%	104	75.9%	43	42.2%	114	69.9%	80	75.5%
Medical Neglect	3	100.0%	1	100.0%	2	100.0%	1	100.0%	5	100.0%
Medical Neglect Sub	0	0.0%	0	0.0%	0	0.0%	1	100.0%	2	40.0%
Medical Neglect Unsub/Pend	3	100.0%	1	100.0%	2	100.0%	0	0.0%	3	60.0%
Sexual Abuse	39	100.0%	35	100.0%	37	100.0%	57	100.0%	40	100.0%
Sexual Abuse Sub	21	53.8%	12	34.3%	18	48.6%	27	47.4%	16	40.0%
Sexual Abuse Unsub/Pend	18	46.2%	23	65.7%	19	51.4%	30	52.6%	24	60.0%
Psych/Emo Maltreatment	4	100.0%	0	0.0%	0	0.0%	3	100.0%	1	100.0%
Psych/Emo Maltreatment Sub	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Psych/Emo Maltreatment Unsub/Pend	4	100.0%	0	0.0%	0	0.0%	3	100.0%	1	100.0%
Other	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%
Other Sub	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%
Other Unsub/Pend	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown/Missing	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown/Missing Sub	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown/Missing Unsub/Pend	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total Substantiated allegations	117	50.9%	65	30.7%	92	51.1%	82	29.6%	57	27.0%
Total Unsubstantiated/Pending Allegations	113	49.1%	147	69.3%	88	48.9%	195	70.4%	154	73.0%

Source: Ohio Department of Job and Family Services, SACWIS Dataset

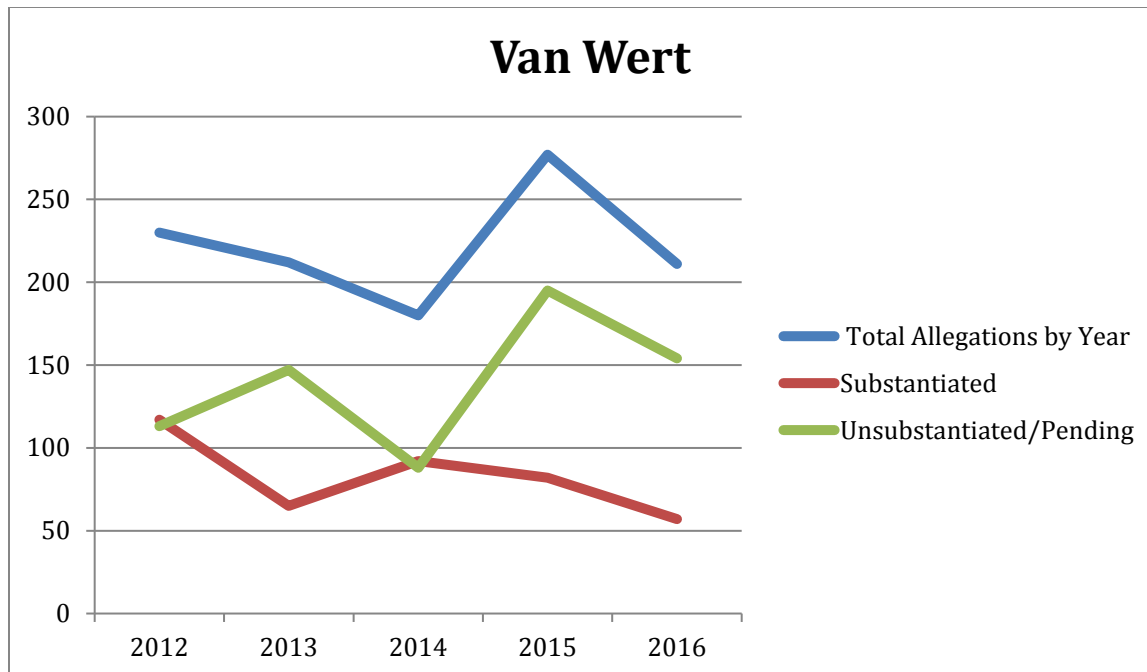


Figure 16. *Van Wert County maltreatment allegations by year.*

Williams County. Between 2012 and 2016, Williams County had a total of 2,063 reports, which was approximately 3% of the total claims made in the Northwest Ohio region during that time period (see Table 21). Of the claims made, 48% were substantiated. The total number of substantiated neglect claims was 284, while the total number of substantiated reports of physical abuse was 475, which combined accounted for 77% of the total substantiated reports. The year with the largest total percentage of substantiated reports was 2012 and the year with the fewest was 2015 (see Figure 17).

Table 21

Williams County: Child maltreatment allegations 2012-2015

<u>Report Period</u>	<u>2012</u>		<u>2013</u>		<u>2014</u>		<u>2015</u>		<u>2016</u>	
	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
Total Allegations	408	100.0%	367	100.0%	423	100.0%	402	100.0%	463	100.0%
Physical Abuse	168	100.0%	154	100.0%	206	100.0%	167	100.0%	202	100.0%
Physical Abuse Sub	119	70.8%	79	51.3%	104	50.5%	84	50.3%	89	44.1%
Physical Abuse Unsub/Pend	49	29.2%	75	48.7%	102	49.5%	83	49.7%	113	55.9%
Neglect	155	100.0%	143	100.0%	128	100.0%	162	100.0%	148	100.0%
Neglect Sub	93	60.0%	50	35.0%	32	25.0%	51	31.5%	58	39.2%
Neglect Unsub/Pend	62	40.0%	93	65.0%	96	75.0%	111	68.5%	90	60.8%
Medical Neglect	4	100.0%	5	100.0%	11	100.0%	2	100.0%	7	100.0%
Medical Neglect Sub	2	50.0%	2	40.0%	0	0.0%	1	50.0%	1	14.3%
Medical Neglect Unsub/Pend	2	50.0%	3	60.0%	11	100.0%	1	50.0%	6	85.7%
Sexual Abuse	67	100.0%	41	100.0%	55	100.0%	47	100.0%	51	100.0%
Sexual Abuse Sub	43	64.2%	22	53.7%	40	72.7%	23	48.9%	32	62.7%
Sexual Abuse Unsub/Pend	24	35.8%	19	46.3%	15	27.3%	24	51.1%	19	37.3%
Psych/Emo Maltreatment	14	100.0%	24	100.0%	23	100.0%	23	100.0%	55	100.0%
Psych/Emo Maltreatment Sub	7	50.0%	14	58.3%	7	30.4%	11	47.8%	23	41.8%
Psych/Emo Maltreatment Unsub/Pend	7	50.0%	10	41.7%	16	69.6%	12	52.2%	32	58.2%
Other	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%
Other Sub	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other Unsub/Pend	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%
Unknown/Missing	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown/Missing Sub	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown/Missing Unsub/Pend	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total Substantiated allegations	264	64.7%	167	45.5%	183	43.3%	170	42.3%	203	43.8%
Total Unsubstantiated/Pending Allegations	144	35.3%	200	54.5%	240	56.7%	232	57.7%	260	56.2%

Source: Ohio Department of Job and Family Services, SACWIS Dataset

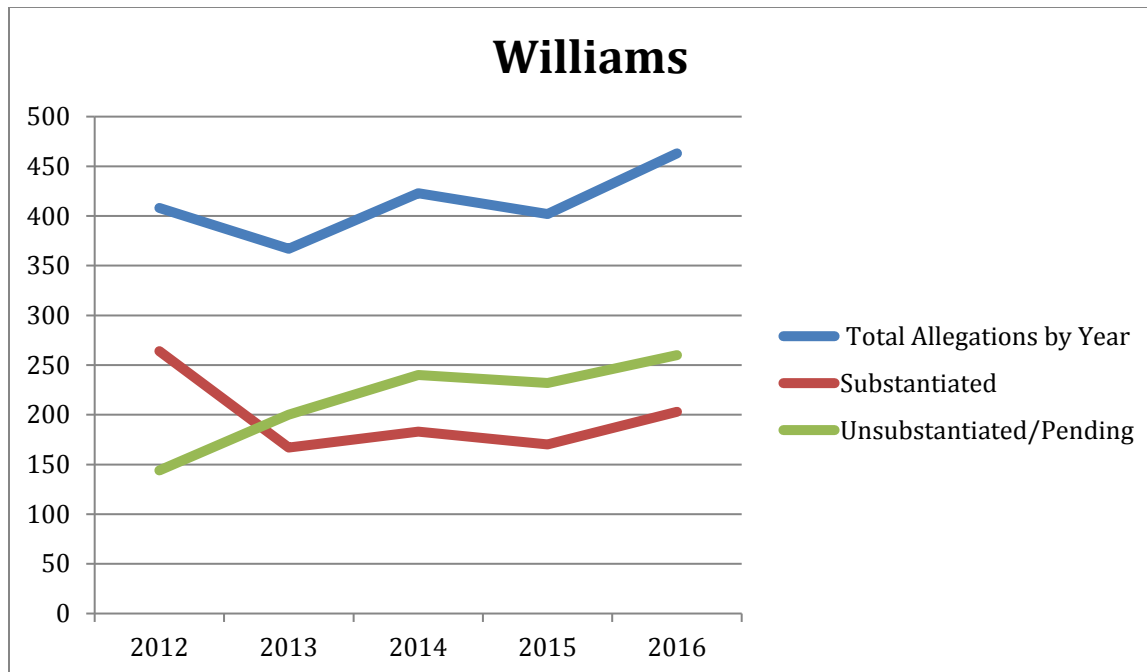


Figure 17. *Williams County maltreatment allegations by year.*

Wood County. Between 2012 and 2016, Wood County had a total of 7,223 reports, which was approximately 10% of the total claims made in the Northwest Ohio region during that time period (see Table 22). Of the claims made, 18% were substantiated. The total number of substantiated neglect claims was 632, while the total number of substantiated reports of physical abuse was 328, which combined accounted for 74% of the total substantiated reports. The year with the largest total percentage of substantiated reports was 2012 and the year with the fewest was 2015 (see Figure 18).

Table 22

Wood County: Child maltreatment allegations 2012-2015

	<u>2012</u>		<u>2013</u>		<u>2014</u>		<u>2015</u>		<u>2016</u>	
<u>Report Period</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
Total Allegations	1308	100.0%	1375	100.0%	1238	100.0%	1052	100.0%	1345	100.0%
Physical Abuse	466	100.0%	439	100.0%	417	100.0%	331	100.0%	357	100.0%
Physical Abuse Sub	114	24.5%	64	14.6%	55	13.2%	38	11.5%	56	15.7%
Physical Abuse Unsub/Pend	352	75.5%	375	85.4%	362	86.8%	293	88.5%	301	84.3%
Neglect	603	100.0%	666	100.0%	602	100.0%	530	100.0%	745	100.0%
Neglect Sub	153	25.4%	179	26.9%	117	19.4%	78	14.7%	105	14.1%
Neglect Unsub/Pend	450	74.6%	487	73.1%	485	80.6%	452	85.3%	640	85.9%
Medical Neglect	32	100.0%	31	100.0%	35	100.0%	10	100.0%	33	100.0%
Medical Neglect Sub	2	6.3%	6	19.4%	8	22.9%	0	0.0%	6	18.2%
Medical Neglect Unsub/Pend	30	93.8%	25	80.6%	27	77.1%	10	100.0%	27	81.8%
Sexual Abuse	162	100.0%	171	100.0%	139	100.0%	131	100.0%	161	100.0%
Sexual Abuse Sub	60	37.0%	47	27.5%	58	41.7%	51	38.9%	66	41.0%
Sexual Abuse Unsub/Pend	102	63.0%	124	72.5%	81	58.3%	80	61.1%	95	59.0%
Psych/Emo Maltreatment	45	100.0%	67	100.0%	45	100.0%	50	100.0%	49	100.0%
Psych/Emo Maltreatment Sub	5	11.1%	8	11.9%	4	8.9%	12	24.0%	5	10.2%
Psych/Emo Maltreatment Unsub/Pend	40	88.9%	59	88.1%	41	91.1%	38	76.0%	44	89.8%
Other	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%
Other Sub	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%
Other Unsub/Pend	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown/Missing	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown/Missing Sub	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown/Missing Unsub/Pend	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total Substantiated allegations	334	25.5%	305	22.2%	242	19.5%	179	17.0%	238	17.7%
Total Unsubstantiated/Pending Allegations	974	74.5%	1070	77.8%	996	80.5%	873	83.0%	1107	82.3%

Source: Ohio Department of Job and Family Services, SACWIS Dataset

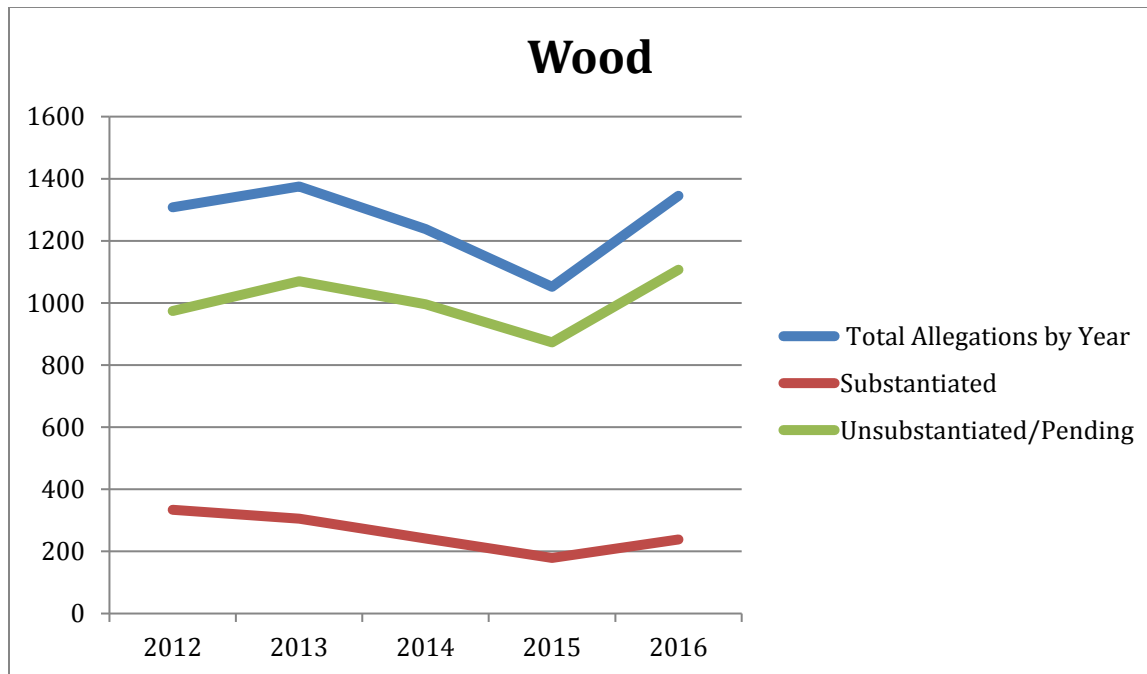


Figure 18. *Wood County maltreatment allegations by year.*

Wyandot County. Between 2012 and 2016, Wyandot County had a total of 839 reports, which was approximately 1% of the total claims made in the Northwest Ohio region during that time period (see Table 23). Of the claims made, 24% were substantiated. The total number of substantiated neglect claims was 102, while the total number of substantiated reports of physical abuse was 37, which combined accounted for 70% of the total substantiated reports. The year with the largest total percentage of substantiated reports was 2012 and the year with the fewest was 2015 (see Figure 19).

Table 23

Wyandot County: Child maltreatment allegations 2012-2015

<u>Report Period</u>	<u>2012</u>		<u>2013</u>		<u>2014</u>		<u>2015</u>		<u>2016</u>	
	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
Total Allegations	185	100.0%	165	100.0%	180	100.0%	164	100.0%	145	100.0%
Physical Abuse	49	100.0%	56	100.0%	39	100.0%	49	100.0%	41	100.0%
Physical Abuse Sub	16	32.7%	13	23.2%	6	15.4%	1	2.0%	1	2.4%
Physical Abuse Unsub/Pend	33	67.3%	43	76.8%	33	84.6%	48	98.0%	40	97.6%
Neglect	104	100.0%	70	100.0%	108	100.0%	85	100.0%	81	100.0%
Neglect Sub	46	44.2%	14	20.0%	32	29.6%	2	2.4%	7	8.6%
Neglect Unsub/Pend	58	55.8%	56	80.0%	76	70.4%	83	97.6%	74	91.4%
Medical Neglect	8	100.0%	5	100.0%	2	100.0%	9	100.0%	2	100.0%
Medical Neglect Sub	2	25.0%	2	40.0%	0	0.0%	0	0.0%	0	0.0%
Medical Neglect Unsub/Pend	6	75.0%	3	60.0%	2	100.0%	9	100.0%	2	100.0%
Sexual Abuse	17	100.0%	24	100.0%	20	100.0%	17	100.0%	21	100.0%
Sexual Abuse Sub	8	47.1%	14	58.3%	8	40.0%	5	29.4%	4	19.0%
Sexual Abuse Unsub/Pend	9	52.9%	10	41.7%	12	60.0%	12	70.6%	17	81.0%
Psych/Emo Maltreatment	7	100.0%	7	100.0%	11	100.0%	4	100.0%	0	0.0%
Psych/Emo Maltreatment Sub	3	42.9%	0	0.0%	1	9.1%	0	0.0%	0	0.0%
Psych/Emo Maltreatment Unsub/Pend	4	57.1%	7	100.0%	10	90.9%	4	100.0%	0	0.0%
Other	0	0.0%	3	100.0%	0	0.0%	0	0.0%	0	0.0%
Other Sub	0	0.0%	3	100.0%	0	0.0%	0	0.0%	0	0.0%
Other Unsub/Pend	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown/Missing	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown/Missing Sub	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown/Missing Unsub/Pend	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total Substantiated allegations	75	40.5%	46	27.9%	47	26.1%	8	4.9%	12	8.3%
Total Unsubstantiated/Pending Allegations	110	59.5%	119	72.1%	133	73.9%	156	95.1%	133	91.7%

Source: Ohio Department of Job and Family Services, SACWIS Dataset

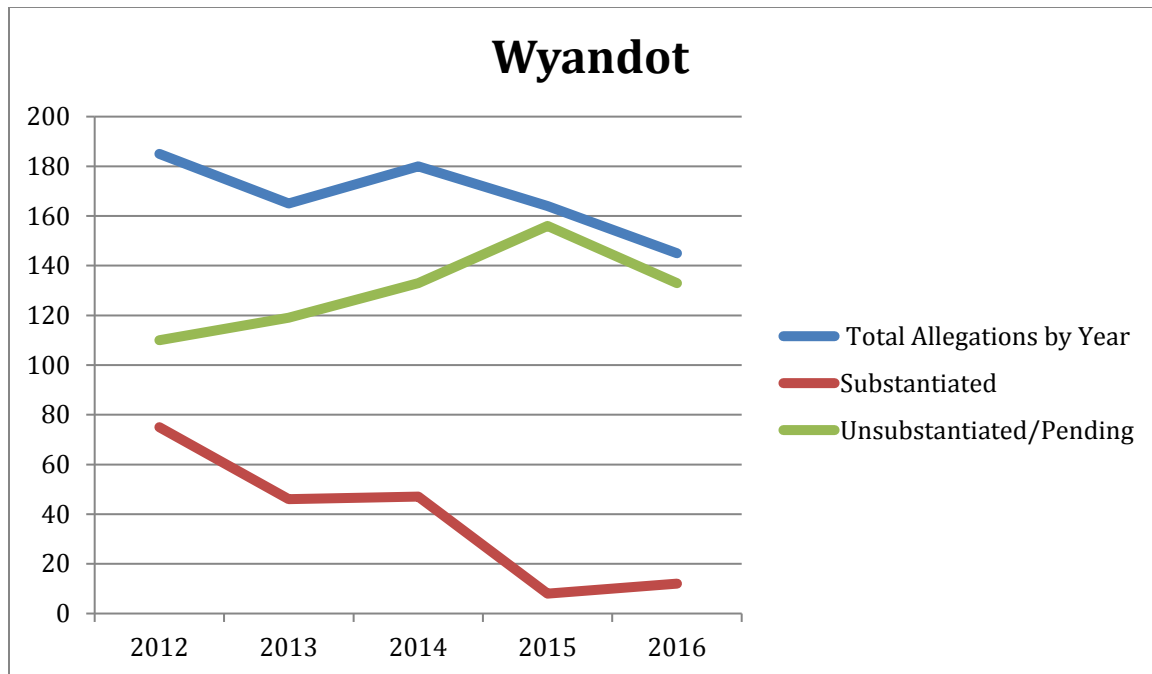


Figure 19. *Wyandot County maltreatment allegations by year.*

Risk Factors.

Domestic Violence. Domestic violence data from the Ohio Bureau of Criminal Identification and Investigation (2014) was analyzed. Domestic violence was measured by incidence reports per 1,000 residents. Statewide, the average incidence rate was 3.0 per 1,000. In the Northwest Ohio region, Putnam County had the lowest incidence rate (1.2) and Lucas County has the highest incidence rate (7.8) during the reported time period (see Table 24). Individual county rankings are reported below.

Table 24
Domestic violence incidence reports per 1,000 residents (2014)

<u>County</u>	<u>Domestic violence incidence reports per 1,000 residents</u>	<u>Rank among counties in region (1 = lowest rate, 16 = highest rate)</u>
OHIO	3.0	
Defiance	2.8	10
Erie	5.2	15
Fulton	2.8	10
Hancock	2.7	8
Henry	2.9	12
Huron	4.3	14
Lucas	7.8	16
Ottawa	2.1	5
Paulding	1.4	2
Putnam	1.2	1
Sandusky	2.7	8
Seneca	1.5	3
Van Wert	2.3	6
Williams	3.4	13
Wood	2.4	7
Wyandot	2.0	4

Source: Ohio Bureau of Criminal Identification and Investigation

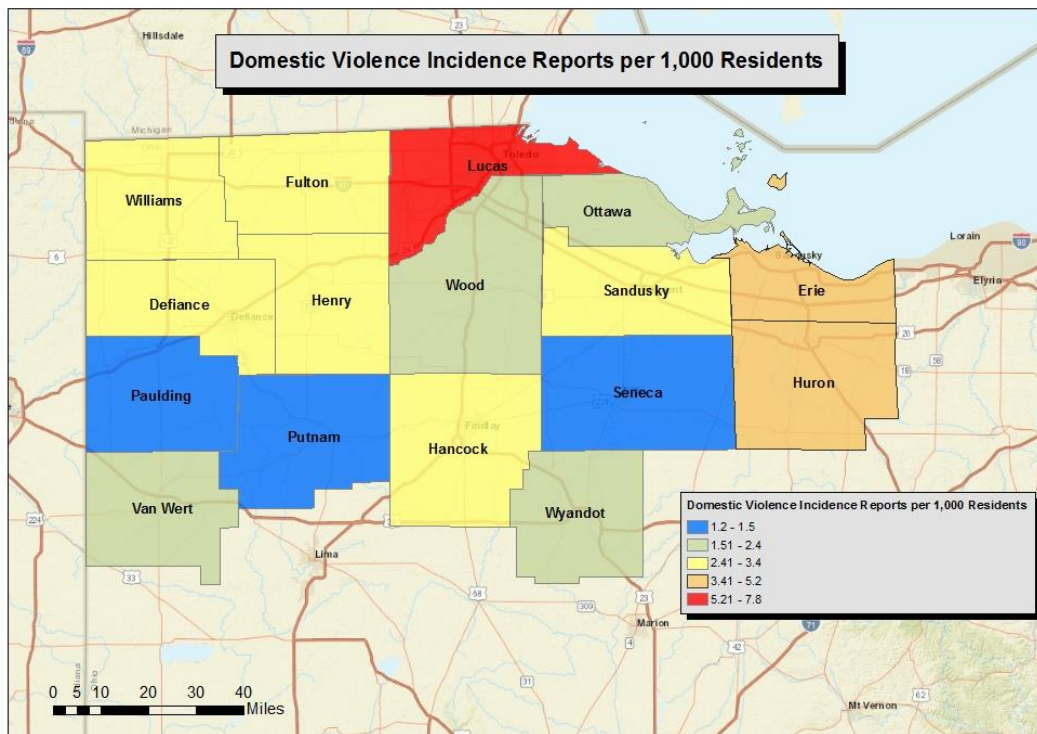


Figure 20: Domestic Violence Reports per 1,000 Residents (2014)

Mental Health. In 2016, the Ohio Public Behavioral Health System served 529,834 individuals. In the Northwest Ohio region, 59,822 individuals were served during the same time period, accounting for just over 11% of the state total (Ohio Department of Mental Health and Addiction Services (OhioMHAS), 2016). Of the individuals served in the Northwest Ohio region, 36,805 individuals received a mental health diagnosis, with 4,754, or 12.9%, being drug and/or alcohol related at last diagnosis and 6,541, or 17.7%, being dual diagnoses at last diagnosis.

Further analysis of mental health in the Northwest Ohio region was conducted and mental health was measured using three indicators, (1) maternal depression, during or after pregnancy,

within the past 5 years (see Table 25), (2) 14 or more mentally distressed days (see Table 26), and (3) unmet mental health care needs (see Table 27). Maternal depression data were drawn from county health assessments that were conducted at multiple points in time and, therefore, cannot be compared by any single year. Data for this indicator were not available for Henry, Paulding, Putnam, and Seneca counties. Among the counties who reported data, Van Wert had the highest percentage (11%) of women reporting maternal depression, while Ottawa had the lowest percentage (1%).

The other two mental health indicators, 14 or more mentally distressed days and unmet health care needs, were drawn from the Ohio Medicaid Assessment Survey (OMAS) database. It is of note that data was not reported for each county. A number of individual counties did not have adequate data for valid and reliable reporting and, therefore, were clustered with other counties according to the Alcohol, Drug, and Mental Health Board service area. Lucas County reports the highest percentage of 14 or more mentally distressed days (6%) and unmet mental health care needs (5%).

Table 25

Percentage of mothers experiencing depression during or after pregnancy within the past 5 years

<u>County (year surveyed)</u>	<u>Percentage of mothers experiencing depression during or after pregnancy within the past 5 years</u>	<u>Rank among counties in region (1 = highest rate, 16 = lowest rate)</u>
Defiance (2015)	8%	7
Erie (2015)	18%	12
Fulton (2012, 2014)	6%	5
Hancock (2015)	4%	3
Henry (2013)	N/A	
Huron (2014)	2%	2
Lucas (2014)	10%	9
Ottawa (2012)	1%	1
Paulding (2011)	N/A	
Putnam (2013)	N/A	
Sandusky (2013)	7%	6
Seneca (2013)	N/A	
Van Wert (2015)	12%	11
Williams (2013)	5%	4
Wood (2015)	11%	10
Wyandot (2015)	9%	8

Source: County health assessment reports

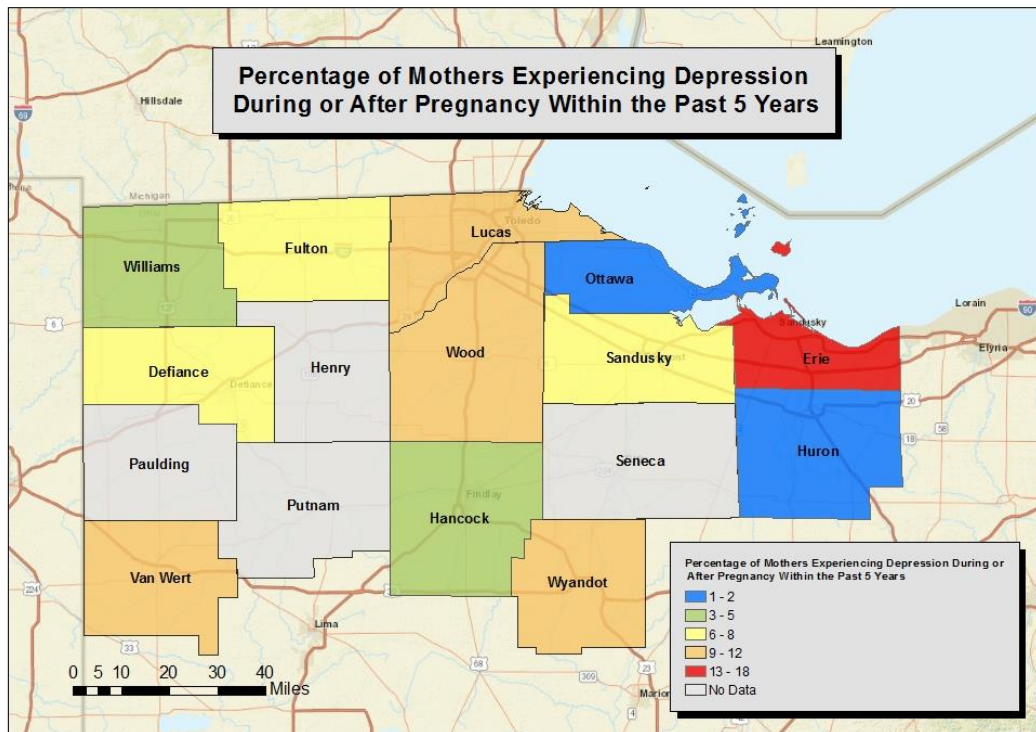


Figure 21: *Percentage of mothers experiencing depression during or after pregnancy within the past 5 years (2014)*

Table 26
Percentage of adults experiencing 14 or more mentally distressed days

<u>County/Counties</u>	<u>Percentage of adults experiencing 14 or more mentally distressed days</u>
OHIO	5%
Defiance, Fulton, Henry, Williams	2%
Erie, Ottawa	4%
Hancock, Putnam	4%
Huron, Ashland	3%
Lucas	6%
Paulding, Van Wert, Mercer	5%
Sandusky, Seneca, Wyandot	4%
Wood	4%

Source: The OMAS Adult Dashboard

Table 27
Percentage of adults experiencing unmet mental health care needs

<u>County/Counties</u>	<u>Percentage of adults experiencing unmet mental health care needs</u>
OHIO	4%
Defiance, Fulton, Henry, Williams	1%
Erie, Ottawa	3%
Hancock, Putnam	2%
Huron, Ashland	2%
Lucas	5%
Paulding, Van Wert, Mercer	2%
Sandusky, Seneca, Wyandot	2%
Wood	2%

Source: The OMAS Adult Dashboard

Substance Use. Substance abuse was assessed using three indicators: (1) the percentage of adults who participated in binge drinking over the past month, (2) the percentage of adults who misused prescription medication over the past month, and (3) unintentional drug overdose mortality rates by county between 2009 and 2014. It is important to note that the data for the first two indicators were drawn from county health assessments that were conducted between 2011 and 2015, therefore the percentages reported reflect the year that data were reported for the county and, therefore, do not reflect the same point in time.

Defiance County had the largest percentage of adults who reported binge drinking in the past month (44%), while Sandusky County had the smallest (4%) (see Table 28). Van Wert and Wyandot counties ranked last on past-month prescription drug misuse, with 11% of adults reporting having misused prescription drugs in the last 30 days (see Table 29). Defiance County had the smallest percentage of residents reporting past-month prescription drug misuse, with only 3% residents reporting that they had misused prescription medication in the past 30 days.

Data for drug overdose rates by county were drawn from a report published by the Ohio Department of Health (2014). Statewide, there were 2,531 deaths attributed to unintentional drug overdoses in 2014, with the majority (79.8%) being caused by opioids. The total number of deaths attributed to unintentional overdoses in Northwest Ohio was 212, representing 8% of the total deaths statewide during that year. The Ohio state average age-adjusted rate between 2009 and 2014 was 16.7 per 100,000. In the Northwest Ohio region, rates were highest in Erie County (18.9), followed by Huron County (17.8), and Lucas County (16.7). Rates for Henry, Paulding, Putnam, and Wyandot counties were not calculated because the death count was < 10. For the remaining counties, rates were as follows: Seneca (12.6), Van Wert (12.3), Fulton (12.2), Defiance (11.9), Sandusky (11.5), Hancock (10.3), Ottawa (9.1), Wood (8.2), and Williams (6.4).

Table 28

Percentage of Adults who participated in binge drinking over the past month

<u>County (year surveyed)</u>	<u>Percentage of Adults who participated in binge drinking over the past month</u>	<u>Rank among counties in region (1 = lowest percentage, 16 = highest percentage)</u>
OHIO	17%	
Defiance (2015)	44%	16
Erie (2015)	39%	10
Fulton (2012, 2014)	39%	10
Hancock (2015)	34%	5
Henry (2013)	34%	5
Huron (2014)	16%	2
Lucas (2014)	40%	14
Ottawa (2012)	39%	10
Paulding (2011)	37%	8
Putnam (2013)	23%	3
Sandusky (2013)	4%	1
Seneca (2013)	39%	10
Van Wert (2015)	35%	7
Williams (2013)	40%	14
Wood (2015)	30%	4
Wyandot (2015)	38%	9

Source: County health assessment reports

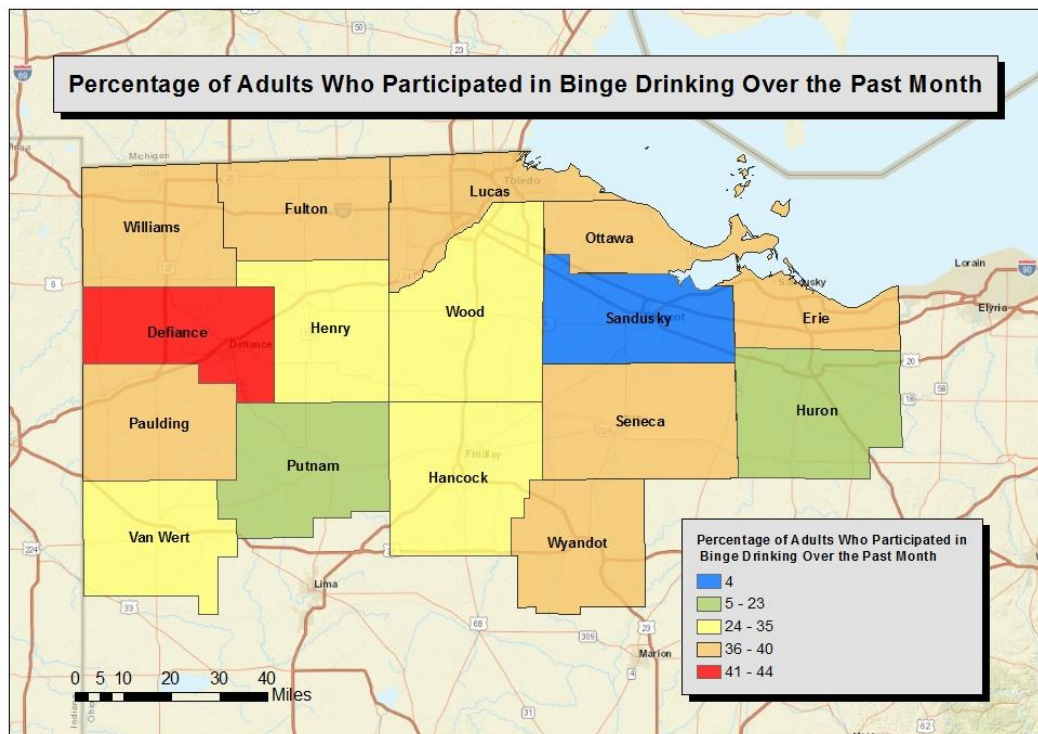


Figure 22: *Percentage of adults who participated in binge drinking over the past month*

Table 29

Percentage of Adults who misused prescription medication over the past month

<u>County (year surveyed)</u>	<u>Percentage of Adults who misused prescription medication over the past month</u>	<u>Rank among counties in region (1 = lowest percentage, 16 = highest percentage)</u>
Defiance (2015)	3%	1
Erie (2015)	10%	11
Fulton (2012, 2014)	6%	4
Hancock (2015)	9%	8
Henry (2013)	4%	2
Huron (2014)	9%	8
Lucas (2014)	10%	11
Ottawa (2012)	9%	8
Paulding (2011)	10%	11
Putnam (2013)	N/A	
Sandusky (2013)	7%	7
Seneca (2013)	4%	2
Van Wert (2015)	11%	14
Williams (2013)	6%	4
Wood (2015)	6%	4
Wyandot (2015)	11%	14

Source: County health assessment reports

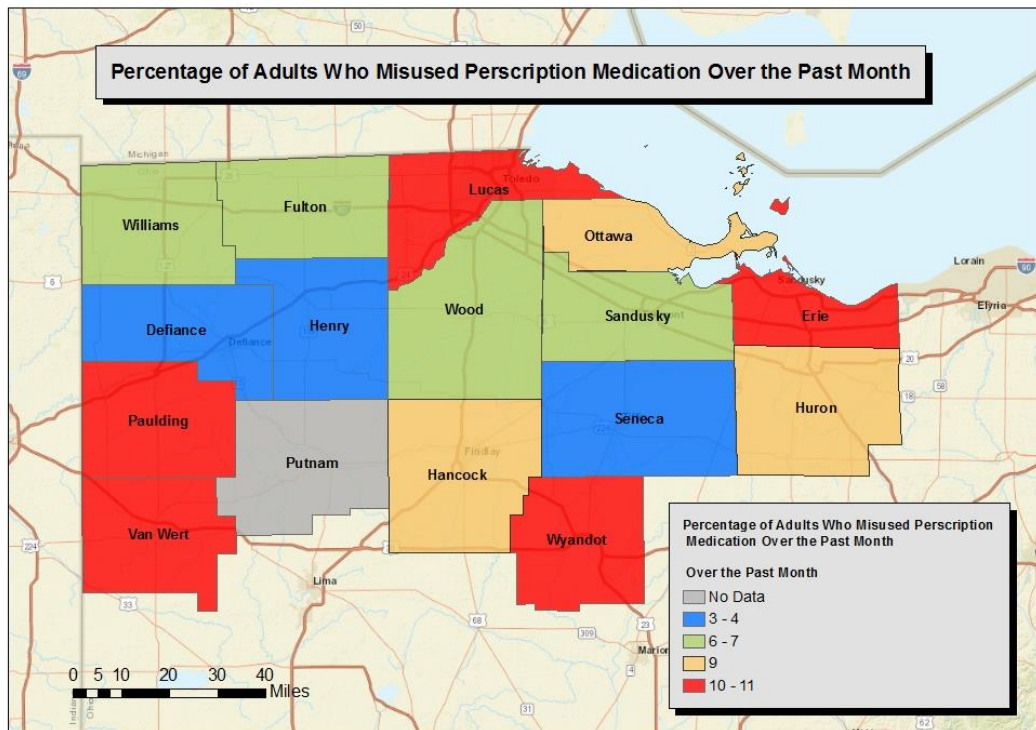


Figure 23: Percentage of adults who misused prescription medication over the past month

Young parents and single parents. The prevalence of young parents in each county was assessed by the teen pregnancy rate (see Table 30). The prevalence of single parents was assessed by births to single mothers. The Northwest Ohio Hospital Council provided data for both indicators. Henry County had the lowest rates of teen pregnancy (2.9%) and Paulding County had the highest (9.4%). Births to single mothers was highest in Lucas County (57.2%) and lowest in Putnam County (24.8%) (see Table 31).

Table 30
Teen pregnancy rate (2015)

<u>County</u>	<u>Percentage of Pregnancies</u>	<u>Rank among counties in region</u> <u>(1 = lowest rate, 16 = highest rate)</u>
Defiance	6.1%	7
Erie	7.7%	12
Fulton	4.1%	2
Hancock	6.1%	7
Henry	2.9%	1
Huron	6.3%	10
Lucas	7.7%	12
Ottawa	5.6%	5
Paulding	9.4%	16
Putnam	4.8%	4
Sandusky	8.9%	14
Seneca	9.0%	15
Van Wert	7.3%	11
Williams	5.8%	6
Wood	4.5%	3
Wyandot	6.1%	7

Source: NW Ohio Hospital Council

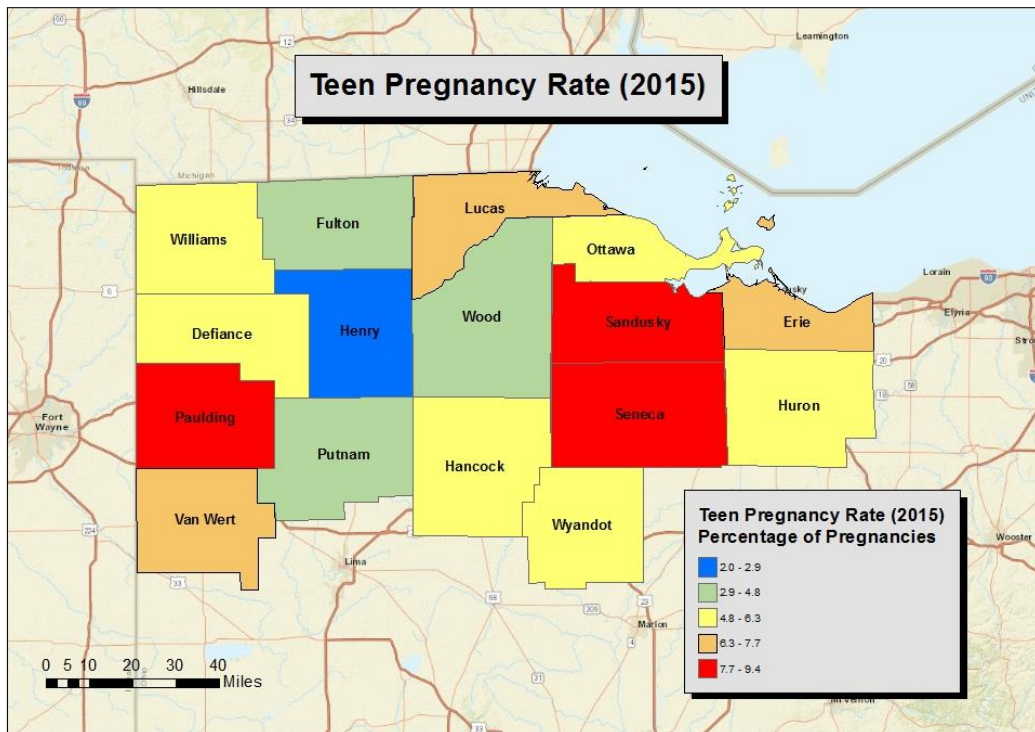


Figure 24: Teen pregnancy rate as a percentage of all pregnancies

Table 31
Births to Single Mothers (2015)

<u>County</u>	<u>Percentage of Births</u>	<u>Rank among counties in region</u> (1 = lowest rate, 16 = highest rate)
Defiance	44.1%	12
Erie	51.7%	14
Fulton	32.3%	3
Hancock	35.7%	5
Henry	35.4%	4
Huron	43.5%	11
Lucas	57.2%	16
Ottawa	39.1%	8
Paulding	42.2%	10
Putnam	24.8%	1
Sandusky	52.2%	15
Seneca	48.9%	13
Van Wert	36.7%	6
Williams	42.1%	9
Wood	31.1%	2
Wyandot	36.7%	6

Source: NW Ohio Hospital Council

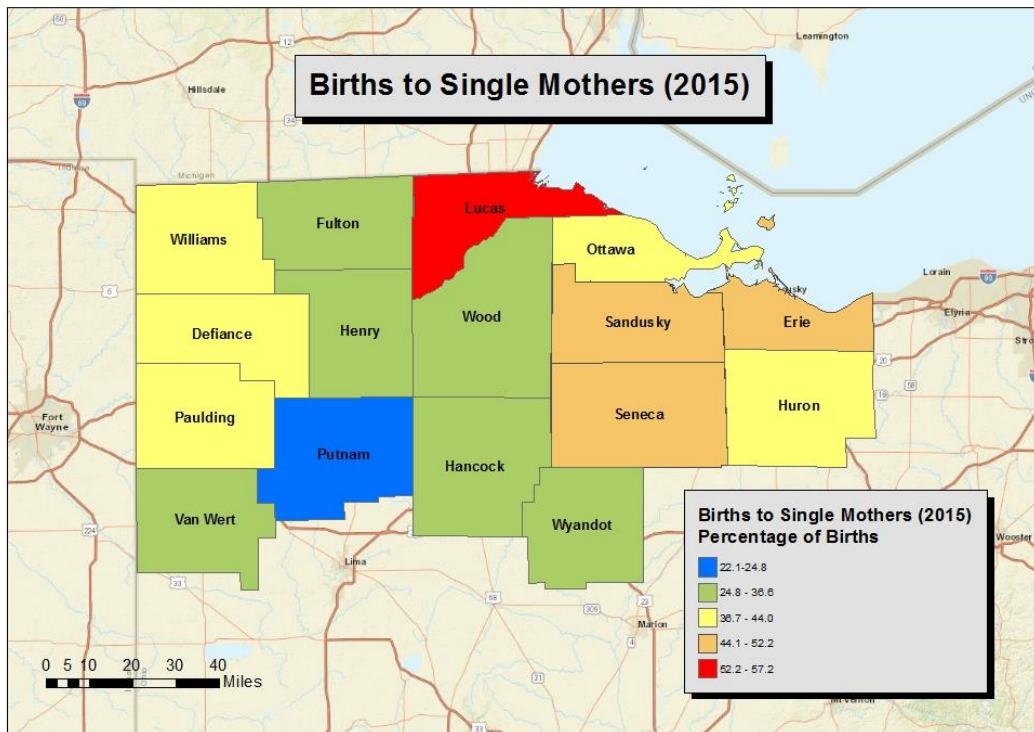


Figure 25: Births to single mothers as a percentage of all pregnancies

Protective Factors.

Access to healthcare. Healthcare access was assessed using three indicators: (1) the number of pediatricians per 100,000 residents, (2) number of primary care providers (PCPs) per 100,000 residents, and (3) number of OBGYNs per 100,000 residents (see Table 32). Lucas County had the largest number of healthcare providers per 100,000 on each variable assessed (Pediatricians = 72.7, PCPs = 89.8, OBGYNs = 29.5) and ranked best among the 16 counties. For number of pediatricians, Henry, Paulding, Putnam, Sandusky, and Wyandot counties shared the worst ranking, with 0.0 providers per 100,000 residents. Wyandot County ranked last in the

number of PCPs per 100,000, with 26.8 providers. Ottawa, Paulding, and Putnam counties ranked last for number of OBGYNs per 100,000, with 0.0 providers.

Table 32

Number of Pediatricians, Primary Care Physicians (PCPs), and Obstetricians/Gynecologists (OBGYNs) per 100,000 residents (2014)

<u>County</u>	<u>Number of Pediatricians per 100,000 residents</u>	<u>Number of PCPs per 100,000 residents</u>	<u>Number of OBGYNs per 100,000 residents</u>	<u>Cumulative rank among counties in region (1 = highest rate, 16 = lowest rate)</u>
Defiance	9.9	59.7	20.5	6
Erie	39.9	73.9	18.0	3
Fulton	17.6	44.6	4.6	9
Hancock	41.7	51.8	18.2	4
Henry	0.0	35.8	7.0	15
Huron	25.1	42.6	10.1	7
Lucas	72.7	89.8	25.9	1
Ottawa	11.3	53.5	0.0	11
Paulding	0.0	31.6	0.0	16
Putnam	0.0	46.8	0.0	13
Sandusky	0.0	54.8	13.1	8
Seneca	2.2	43.1	18.0	12
Van Wert	13.7	38.6	13.7	10
Williams	32.0	51.0	21.3	5
Wood	53.6	68.7	22.8	2
Wyandot	0.0	26.8	17.1	14

Source: Health Resources and Services Administration (HRSA)

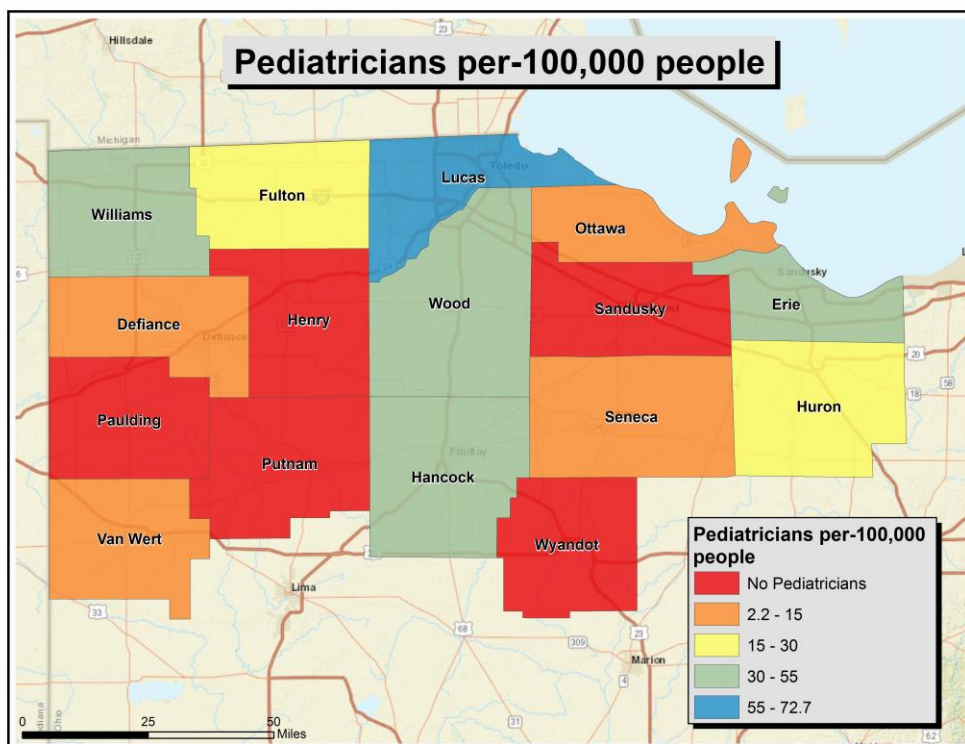


Figure 26: Number of pediatricians per 100,000

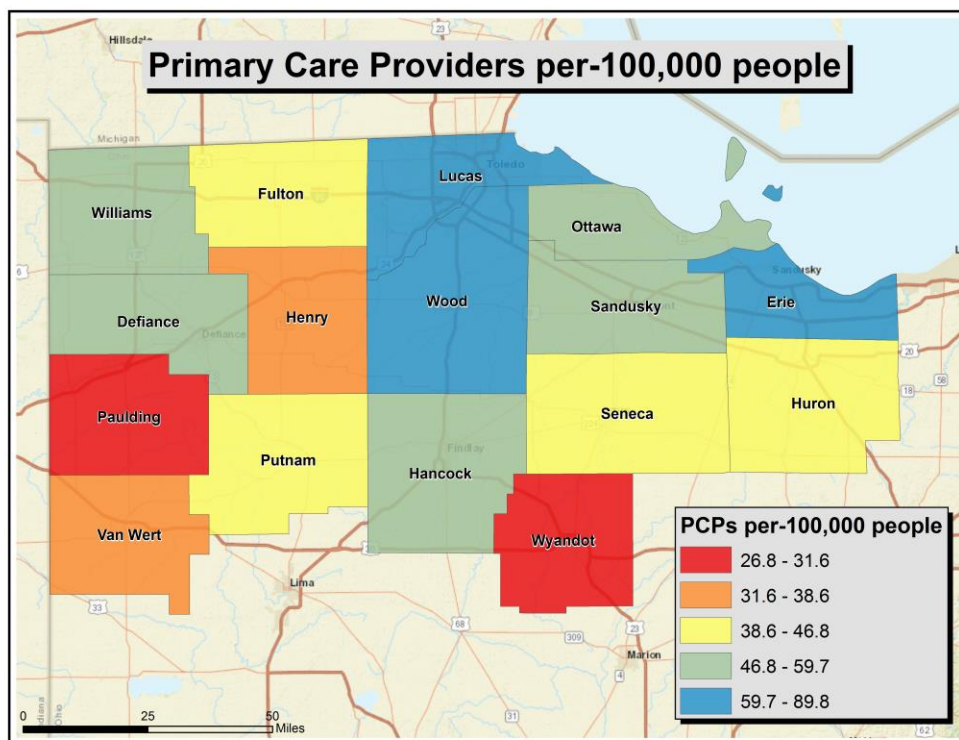


Figure 27. Number of primary care providers per 100,000

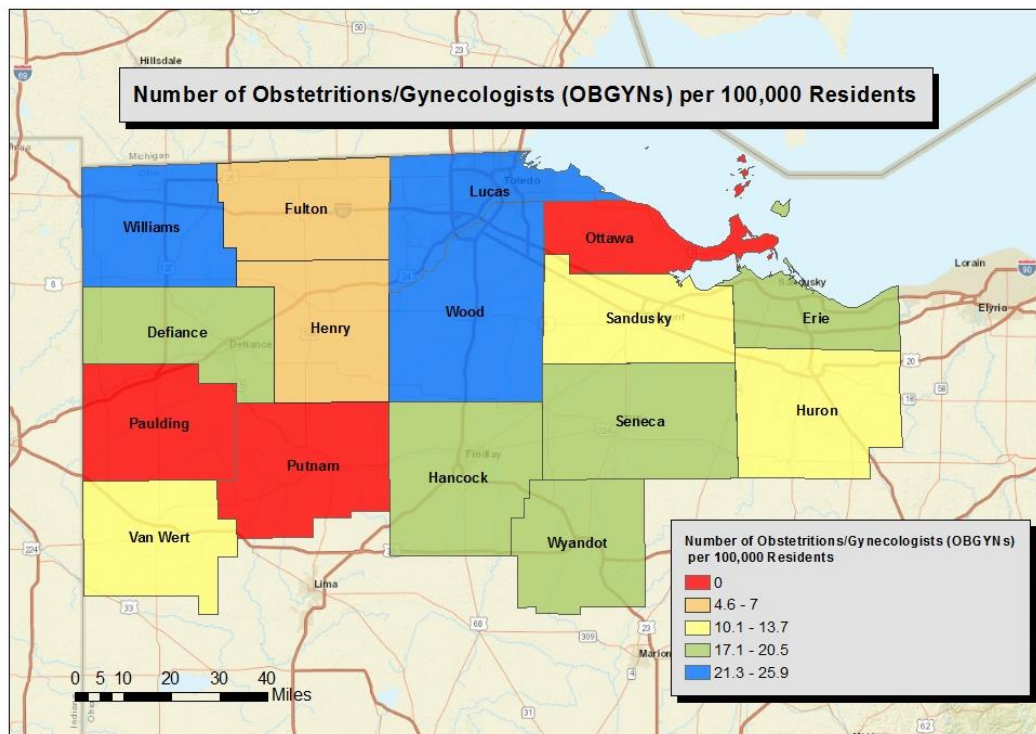


Figure 28: *Number of OBGYNs per 100,000*

Childcare. The availability of childcare was assessed by the number of licensed childcare facilities available per 100,000 residents (see Table 33). Sandusky County ranked highest on number of facilities (121.7 per 100,000) while Paulding County ranked lowest (21.1 per 100,000). Investigators noted that most counties either had very high or very low numbers of facilities when compared to the State average (70.4 per 100,000) and not much range.

Table 33
Licensed Child Care Facilities (2014)

<u>County</u>	<u>Number of Licensed Facilities per 100,000 population</u>	<u>Rank among counties in region (1 = highest per 100,000, 16 = lowest per 100,000 rate)</u>
OHIO	70.4	
Defiance	28.5	13
Erie	44.8	7
Fulton	51.7	4
Hancock	47.8	5
Henry	46.6	6
Huron	64.8	3
Lucas	81.9	2
Ottawa	43.8	8
Paulding	21.1	16
Putnam	40.9	10
Sandusky	121.7	1
Seneca	41.3	9
Van Wert	24.6	14
Williams	37.6	11
Wood	35.5	12
Wyandot	22.4	15

Source: Ohio Department of Job and Family Services

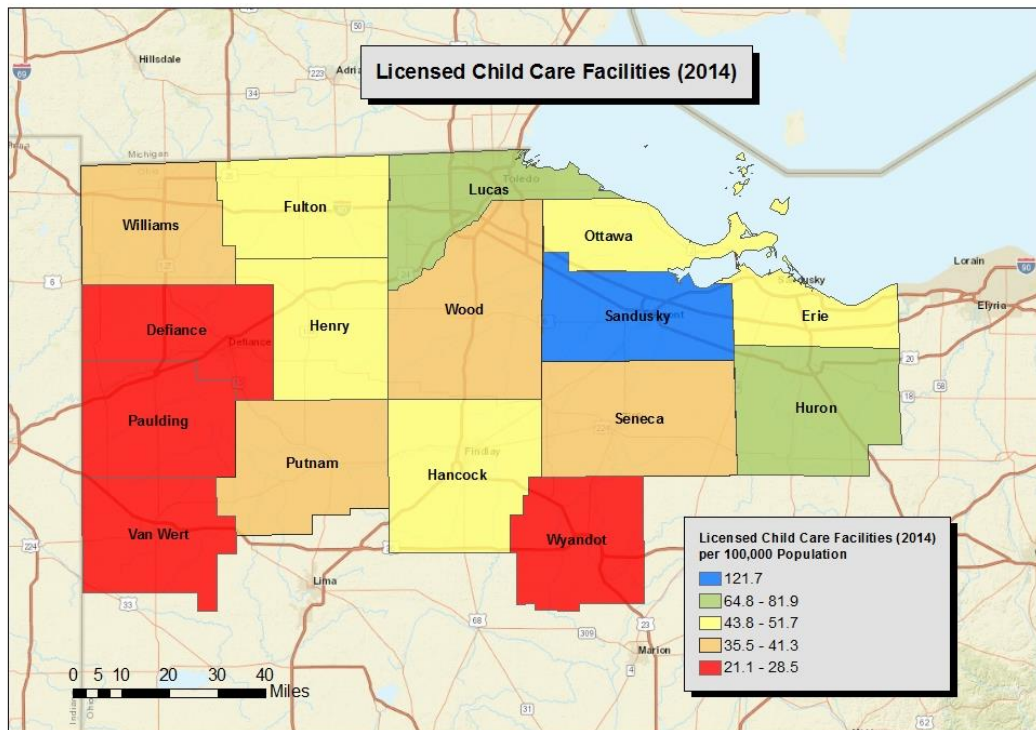


Figure 29: *Licensed child care facilities (2014)*

Prenatal care. Prenatal care was assessed as the number of women who started prenatal care within the first trimester of pregnancy. Data were drawn from the Ohio Department of Health Secure Data Warehouse (2016) and are reported for years 2011-2014.

Statewide, there were 554,790 births between 2011 and 2014. During the same time period, there were 56,109 births in the Northwest Ohio region, accounting for 10% of all births in the state. Roughly 60% women who were pregnant in Ohio between 2011 and 2014 received prenatal care within the first trimester of pregnancy, while 79% in the Northwest Ohio region were known to have received first trimester prenatal care during the same time period. Table 34 depicts percentages by county by year. Counties below the state average every year were:

Paulding, Sandusky, and Van Wert. Lucas County fell below the state average only during 2014.

Table 34

Percentage of pregnant women known to receive prenatal care in the first trimester (2011-2014)

<u>County</u>	<u>2011</u> <u>%</u>	<u>2012</u> <u>%</u>	<u>2013</u> <u>%</u>	<u>2014</u> <u>%</u>	<u>Average</u> <u>2011-</u> <u>2014</u> <u>%</u>	<u>Rank among counties in</u> <u>region (based on average</u> <u>2011-2014)</u> <u>(1 = highest per 100,000,</u> <u>16 = lowest per 100,000 rate)</u>
OHIO	73.1	72.4	71.4	70.7	71.9	
Defiance	83.2	81.0	81.1	77.3	80.7	7
Erie	76.6	77.5	75.4	78.7	77.1	12
Fulton	82.9	80.3	80.9	76.2	80.1	8
Hancock	81.9	84.6	82.3	80.9	82.4	4
Henry	81.9	84.7	85.0	87.4	84.8	2
Huron	74.4	76.8	80.4	80.3	78.0	11
Lucas	73.4	72.5	71.5	69.3	71.7	13
Ottawa	80.1	76.0	82.0	79.3	79.4	9
Paulding	57.7	63.2	66.7	67.6	63.8	15
Putnam	86.2	84.4	85.5	87.3	85.9	1
Sandusky	65.1	64.5	66.1	72.0	66.9	14
Seneca	84.4	83.2	79.7	81.3	82.2	5
Van Wert	53.8	65.4	61.2	65.2	61.4	16
Williams	79.2	78.0	79.8	76.3	78.3	10
Wood	81.1	79.7	80.8	82.5	81.0	6
Wyandot	82.3	79.8	85.7	87.5	83.8	3

Source: Source: Ohio Department of Health Secure Data Warehouse

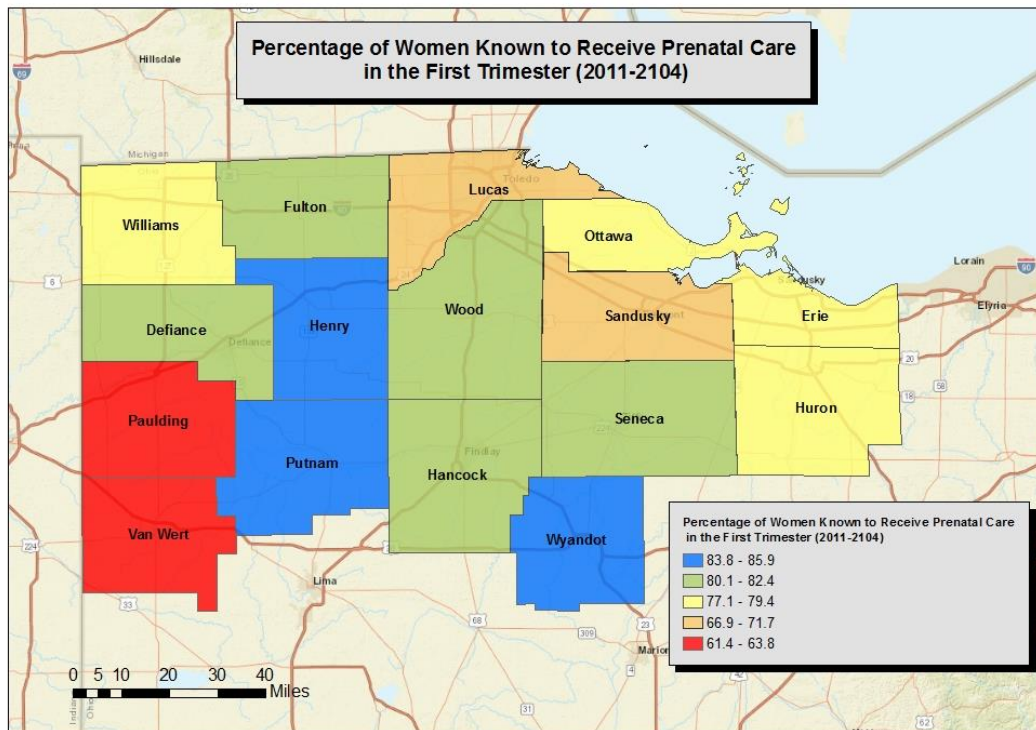


Figure 30: *Percentage of pregnant women known to receive prenatal care in the first trimester (2011-2014)*

Public Transportation. Lucas County is the only county in the Northwest Ohio region that has fixed-route public transportation services available (Ohio Department of Transportation, 2016). Erie, Hancock, Huron, Ottawa, Sandusky, Seneca, and Wood counties have existing demand response services available. Counties without transit include: Defiance, Henry, Fulton, Paulding, Putnam, Van Wert, Williams, and Wyandot. Counties may also have demand response services available through grant funding.

Quality/adequate/affordable housing. Quality housing was assessed by the percentage of the population living in housing structures built after 1970. Seneca County had the lowest percentage (35%) and Wood County had the highest (58.5%) (see Table 35). Adequate and affordable housing was assessed by the percentage of the population paying less than 30% of

their income for a mortgage (owner-occupied) and the percentage of the population paying less than 30% of their income for rent. An examination of owner-occupied properties found that Putnam County had the highest percentage of residents (81.3%) paying less than 30% of their income towards a mortgage (see Table 36). Lucas County had the lowest percentage, with 71.7% of homeowners paying less than 30% of their income towards a mortgage. An examination of rented properties demonstrated that Seneca County had the highest percentage of residents (90.7%) paying less than 30% of their income towards rent, while Henry County had the lowest percentage (80.6%) (see Table 37).

Table 35
Quality Housing: Persons living in houses built after 1970 (2014)

<u>County</u>	<u>Percentage of Persons living in houses built after 1970</u>	<u>Rank among counties in region (1 = lowest percentage, 16 = highest percentage)</u>
OHIO	45.7%	
Defiance	44.6%	8
Erie	39.7%	12
Fulton	47.8%	6
Hancock	48.4%	5
Henry	40.1%	11
Huron	47.7%	7
Lucas	35.1%	15
Ottawa	50.8%	3
Paulding	49.2%	4
Putnam	51.7%	2
Sandusky	37.2%	13
Seneca	35.0%	16
Van Wert	35.5%	14
Williams	43.0%	9
Wood	58.5%	1
Wyandot	40.8%	10

Source: US Census Bureau Factfinder

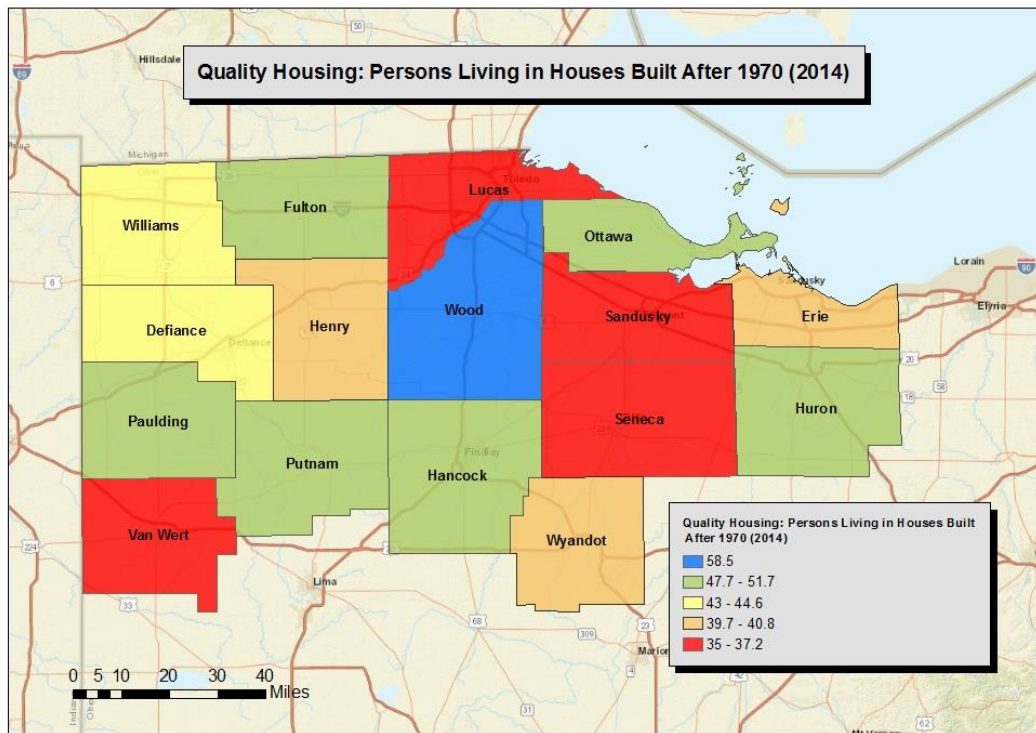


Figure 31: *Quality Housing: Percentage of residents living in houses built after 1970 (2014)*

Table 36

Housing Expense: Persons paying less than 30% of income on mortgage (owner occupied) (2014)

<u>County</u>	<u>Percentage of: Persons paying less than 30% of income on mortgage (owner occupied)</u>	<u>Rank among counties in region (1 = lowest percentage, 16 = highest percentage)</u>
Defiance	74.5%	10
Erie	72.8%	13
Fulton	72.3%	15
Hancock	77.5%	3
Henry	72.9%	12
Huron	75.3%	7
Lucas	71.7%	16
Ottawa	72.7%	14
Paulding	75.8%	5
Putnam	81.3%	1
Sandusky	75.1%	9
Seneca	76.0%	4
Van Wert	75.8%	5
Williams	74.1%	11
Wood	75.2%	8
Wyandot	79.2%	2

Source: US Census Bureau Factfinder

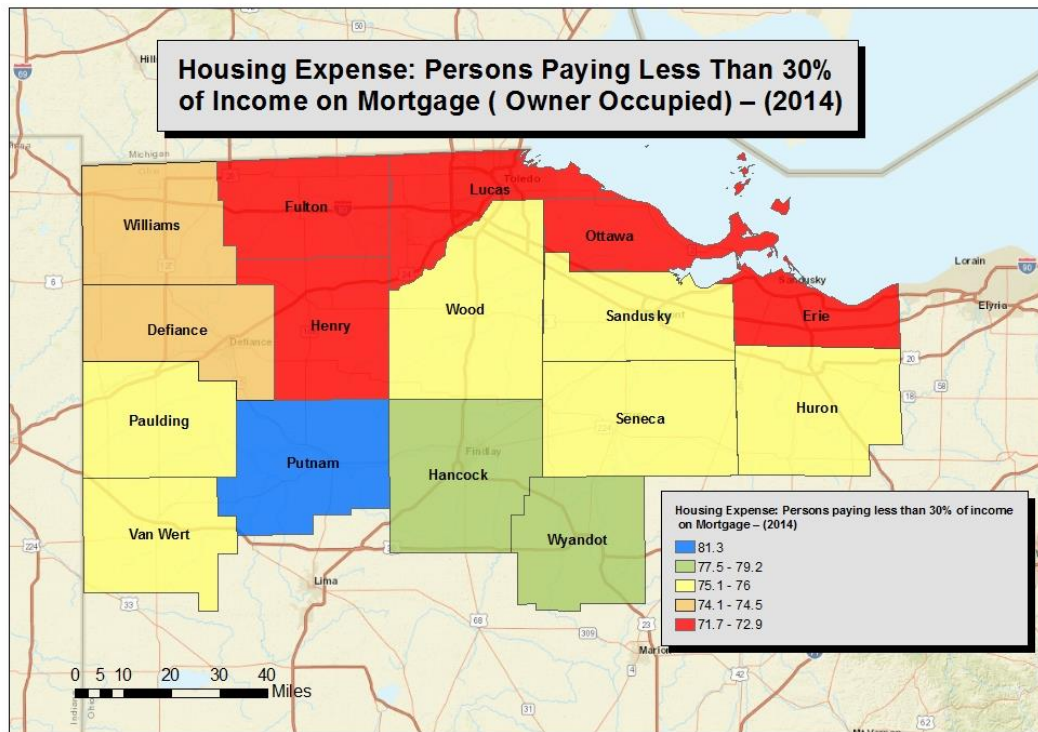


Figure 32: *Percentage of persons paying less than 30% of income on mortgage (owner occupied) – (2014)*

Table 37

Housing Expense: Persons paying less than 30% of income on rent (2014)

<u>County</u>	<u>Percentage of: Persons paying less than 30% of income on rent</u>	<u>Rank among counties in region (1 = lowest percentage, 16 = highest percentage)</u>
Defiance	88.6%	5
Erie	85.3%	13
Fulton	85.5%	12
Hancock	87.4%	6
Henry	80.6%	16
Huron	85.9%	11
Lucas	84.7%	15
Ottawa	86.4%	9
Paulding	86.6%	8
Putnam	90.3%	2
Sandusky	87.1%	7
Seneca	90.7%	1
Van Wert	89.4%	4
Williams	84.9%	14
Wood	86.3%	10
Wyandot	90.3%	2

Source: US Census Bureau Factfinder

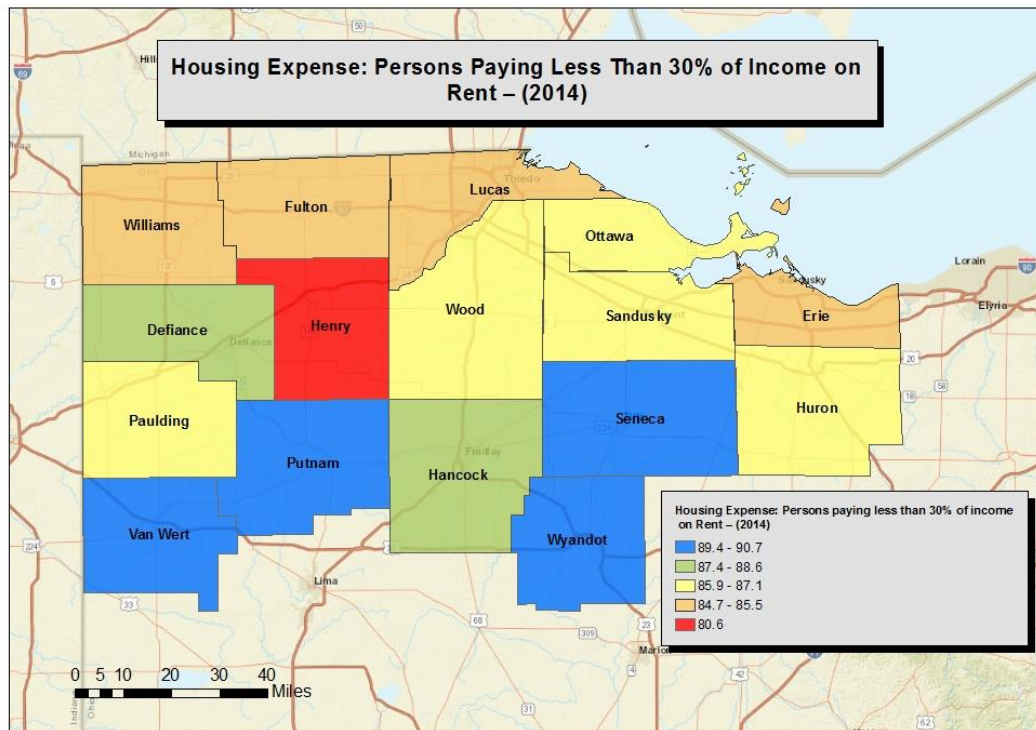


Figure 32: *Persons paying less than 30% of income on mortgage (rental) – (2014)*

KRA scores. An average Kindergarten Readiness Assessment (KRA) score was reported for each county (see Table 38). The KRA assesses six domains: language and literacy, mathematics, science, social studies, physical well-being and motor development, and social foundations. The U.S. Department of Education has identified these domains as “essential” for readiness and scores can predict students’ long-term outcomes (Department of Education and Department of Health and Human Services, 2011). Defiance County had the lowest average KRA score (262.3) and Wyandot County had the highest average KRA score (268.8).

Social and emotional competence. Also included in Table 38 are the social foundation scores, a sub-set of KRA scores. The social foundation score encompasses social and emotional

skills, such as engaging in and maintaining positive peer relationships, which has been identified as a protective factor that lowers risk of maltreatment. The statewide average Social Foundations score for 2014-2015 was 268. In the Northwest Ohio region, six counties scored below the state average. Defiance County has the lowest social foundation score (260.9), while Wyandot County has the highest score (273.6).

Table 38
KRA Scores

<u>County</u>	<u>Avg Overall KRA Score</u>	<u>Social Foundation Score</u>
Defiance	262.3	260.9
Erie	266.7	268.8
Fulton	265.5	265.1
Hancock	268.2	270.8
Henry	266.6	267
Huron	266.6	271.1
Lucas	266	266.6
Ottawa	269.8	270.6
Paulding	265.9	266
Putnam	270	270.7
Sandusky	267.5	269.6
Seneca	268.5	272.2
Van Wert	268.6	273.5
Williams	266.3	263.4
Wood	266.4	269
Wyandot	268.8	273.6

Source: Kindergarten Readiness Assessment Data And Reporting

Overall ranking by county. In order to assess the overall ranking for each county based on a summation of the indicators assessed, an average for all cells was computed for each county and ranked from lowest (fewer difficulties) to highest (more difficulties) (see Table 39). Based on a performance average for all indicators, Putnam County ranked lowest (fewer difficulties) and Lucas County ranked highest (more difficulties).

This ranking matrix should be viewed in detail before making decisions based on the rankings. For example, consider the following:

- 1) There is a need to weight these variables. For example, when considering variables or indicators that significantly contribute to cumulative risk, it is possible that child mistreatment should be very heavily weighted within the factors, while affordable housing may not require as much weight because it contributes less to overall risk. Presently there is no clear way of determining if, or by how much, any particular variable should be weighted compared to other variables.
- 2) There is no clear indication of why a county may rank relatively “good” on variables such as teen pregnancy rate, housing, substance abuse and poverty, yet relatively “bad” on items such as domestic violence and child maltreatment allegations when the research literature often finds a relationship between these variables. The answer may be complicated. For example, there is very little difference in domestic violence rates for most counties. The prevalence of domestic violence in Henry County is nearly identical to the prevalence rates in other counties. However, child maltreatment allegations in Henry County indicate that a “bad” relative ranking is warranted. The findings raise several questions that require further consideration. For example, given that child maltreatment is often associated with domestic violence in the home, is it possible that one of these is over or under-reported? Both over and under-reporting may result in situations where the statistical data can be misleading or confusing. Further analysis might be needed to discover the why, in detail, certain counties rank low in certain key categories and may help explain inconsistencies such as the example noted above.

- 3) With only 16 counties to examine, it is difficult to conduct any meaningful statistical analysis to identify significant predictors of any given outcome. For example, poverty rate may be a significant predictor for the number of child maltreatment allegations in a particular county or region. To determine predictors, with any acceptable level of confidence, the sample of counties would need to be larger. Future research examining all counties within the state of Ohio might allow for additional statistical testing that would identify significant predictors.

Table 39

Cumulative ranking, sorted from “fewer difficulties” to “more difficulties”

<u>County</u>	<u>Domes. violence</u>	<u>Child maltrea tment</u>	<u>Teen preg.</u>	<u>Births to single mothers</u>	<u>Licensed childcare facilities</u>	<u>Binge drinking</u>	<u>Prescription medication misuse</u>	<u>Quality Housing</u>	<u>Housing expense</u>	<u>Women receiving prenatal care</u>	<u>Health care providers</u>	<u>Poverty</u>	<u>Rank*</u>
Putnam	1	2	4	1	10	3		2	1	1	13	1	1
Hancock	8	4	7	5	5	5	8	5	5	4	4	8	2
Wood	7	9	3	2	12	4	4	1	9	6	2	10	3
Ottawa	5	8	5	8	8	10	8	3	11	9	11	3	4
Fulton	10	15	2	3	4	10	4	6	14	8	9	5	5
Henry	12	14	1	4	6	5	2	11	16	2	15	4	6
Wyandot	4	6	7	6	15	9	14	10	2	3	14	2	6
Defiance	10	1	7	12	13	16	1	8	6	7	6	6	8
Huron	14	10	10	11	3	2	8	7	10	11	7	9	9
Sandusky	8	5	14	15	1	1	7	13	8	14	8	13	10
Paulding	2	3	16	10	16	8	11	4	7	15	16	7	11
Seneca	3	13	15	13	9	10	2	16	3	5	12	15	12
Williams	13	12	6	9	11	14	4	9	12	10	5	14	13
Van Wert	6	7	11	6	14	7	14	14	4	16	10	12	14
Erie	15	11	12	14	7	10	11	12	13	12	3	11	15
Lucas	16	16	12	16	2	14	11	15	15	13	1	16	16

* Computed as the average for all cells populated for that county, then ranked and sorted from lowest number (“fewer difficulties”) to highest number.

PART II:
EXAMINING SERVICE NEEDS, SERVICE AVAILABILITY, AND SERVICE
UTILIZATION USING PRIMARY DATA

METHODS

Methods of primary data collection. Primary data collection utilized mixed methodology and incorporated three distinct approaches to survey research: (1) questionnaires, (2) focus groups, and (3) individual key informant interviews. Mixed-methods approaches draw on the strengths of individual research methods while minimizing the weaknesses of any single approach (Johnson & Onwuegbuzie, 2004). Further, collecting data via multiple modes has been shown to minimize cost and maximize response rates (de Leeuw, 2005). As such, mixed methods were selected because they had the greatest potential to effectively and efficiently answer the research questions under examination in the current study.

Quantitative data was collected from service providers, agency/organization administrators, and parents using questionnaires. Questionnaire measures were selected because they have several distinct advantages when compared to other strategies, including low cost and limited burden to participants' time (Hunter, 2012). Qualitative data from services providers, agency/organization administrators, and parents was also collected. Qualitative methods were chosen because they allow for the exploration of salient affective and cognitive factors that might not emerge from quantitative data (Krueger, 1994; Morgan, 1996). The mixed method approach allowed for investigation of perceptions of both providers and parents. A brief rationale for the selection of each specific methodological approach is provided in the relevant sections below.

Participants and Procedures. Participant recruitment and data collection were conducted in multiple waves and utilized several strategies. Past research has demonstrated that tiered approaches, which include multiple recruitment and data collection strategies, yield better response rates than one-time approaches and single strategies (Baum, 1995). Based on these findings, a waved/tiered approach was selected in an attempt to maximize the likelihood of

participation, thus generating data that would represent the diverse perspectives and experiences of the multiple stakeholders in the Northwest Ohio region.

Council members were selected as a starting point for recruitment and data collection because they have extensive experience and expertise in primary and secondary prevention of child maltreatment. Further, council members have diverse professional networks, allowing them to identify and recruit stakeholders that might otherwise be overlooked using other strategies. The needs assessment workgroup recognized these strengths and their importance in the context of the research. As a result, the needs assessment workgroup chose to begin the assessment process by soliciting the assistance of council members.

Prior to the commencement of recruitment and data collection, the regional council chair sent an introductory email to all members of the regional council (Appendix B). The email explained the methods and measures, described the contributions that council members were expected to make to the recruitment and data collection efforts, and alerted council members to the fact that they would be receiving additional instructions and materials in the subsequent days. The email asked council members to do the following: (1) distribute a recruitment email containing a link to the provider questionnaire to relevant individuals, agencies, and organizations within their county; (2) identify three key informants, defined as service providers or administrators with significant expertise and experience in the primary and secondary prevention of child maltreatment, in their county who might be willing to participate in a short individual key informant interview; (3) identify agencies/organizations that would be willing to administer a parent questionnaire; and (4) identify potential recruitment sites for parent focus groups. The council chair sent a second email message to regional council members a few days later that provided additional details about the recruitment and data collection processes, and

included an introduction and link to the questionnaire for providers/administrators (Appendix C). Council members were directed to respond to the requests for information (2-4 above) by August 15, 2016. Those who did respond by the deadline were, subsequently, contacted by research assistants from the University of Toledo in an effort to obtain the information. Follow-ups were conducted by email and/or phone beginning on August 16, 2016.

At the time of recruitment and data collection, four counties (Huron, Putnam, Van Wert, and Williams) did not have representatives officially appointed to the regional council. In an attempt to ensure that some primary data was obtained from those counties, the University of Toledo requested a list of contacts from the OCTF that would enable them to conduct targeted outreach. Using the list provided by the Trust Fund, the University of Toledo sent an email (Appendix D) to all contacts to alert them to the fact that the regional council was conducting a needs assessment and to encourage participation in the recruitment and data collection processes. In addition, the coordinating entity sent a follow-up email (Appendix E) that included an introduction and link to the provider questionnaire. Recipients of the email were encouraged to distribute the information widely within their county.

Questionnaire (service providers). The decision to collect data using an online questionnaire format was pragmatic in nature. The following factors were considered during the decision-making process: (1) the narrow window of time allotted for data collection; (2) the cost of an online versus mailed, paper-based approach; (3) the burden to participants' time; and (4) response rates (Hunter, 2012).

Regional council members and the University of Toledo recruited service providers and administrators from the 16 counties in the Northwest Ohio region via email to complete the online questionnaire. Participant-driven recruitment methods, where participants, themselves,

recruited others in their professional network, were also employed. Potential participants received an official recruitment email that introduced the purpose of the study, described the anonymous nature of participation, provided a link to the online questionnaire, and provided contact information for both the council chair and the chair of the needs assessment workgroup. Individuals who were willing to participate were directed to click a link that took them to the online questionnaire. The questionnaire took approximately 15 minutes to complete.

The final sample consisted of 112 service providers from 14 counties, with the largest number of respondents reporting that they worked in Sandusky County. Only two counties had zero respondents (Huron and Van Wert). Just over 20% of respondents ($n = 21$) reported working for a non-profit entity. The majority of the sample ($n = 85$) reported 11+ years of experience in their field and 21% of respondents ($n = 24$) reported that they had worked in their field for 26+ years. Seventy-four percent of participants ($n = 83$) reported that their agency provided direct services and 85.3% ($n = 93$) reported that their agency provided referral services. Fifty-five percent of respondents ($n = 60$) said that their agency served only one county, while 40% ($n = 44$) reported that their agency served more than one county. The remaining 5% of respondents chose not to answer the question.

Individual interviews (key informants). Key informant interviews were selected as a methodological approach because they are commonly used in community-based needs assessments within public health. Key informant interviews are qualitative in-depth interviews that allow for the identification of key needs and pressing issues within communities. Typically, key informants are recognized as experts who have first-hand knowledge of their communities and can provide insight on the nature of problems and recommend possible solutions (Marshall, 1996).

Council members identified individuals that they deemed to be key informants within their counties and submitted a list of names and contact information to the University of Toledo. The UT research team then identified a list of experts to contact based on a ranking of first choice, second choice, and third choice. The ranking system was utilized in an attempt to represent a range of perspectives, with investigators selecting informants based on area of expertise (e.g. job and family services, medicine, education) so that any expertise area was not over-represented in the sample. Research assistants contacted selected individuals by email and/or phone to invite them to participate in a phone interview. During the initial contact, the individual was provided with a brief overview of the purpose of the needs assessment and the interview. Individuals who agreed to participate were scheduled for an interview on a date and time that was convenient for them. Individuals who refused to participate were thanked for their time. In the case of refusal, research assistants contacted the next expert on the list until they were able to secure participation for a specific county.

On the specified date and time, a UT researcher contacted the participant by phone. The interview began with a brief overview of the nature and purpose of the research. Individuals were guaranteed anonymity and told that reports would not reveal identifying information. Individuals were also notified that interviews would be recorded for later transcription, but that all recordings would be deleted upon the completion of that process. Participants were then asked to give their verbal permission for the interview to be recorded. After permission was obtained, the researcher began the interview. On average, interviews lasted 20-30 minutes, with a range of 13 minutes to an hour and fifteen minutes. Upon completion of the interview, the participant was thanked for their time.

Twelve key informant interviews representing 13 counties were conducted. One participant represented two counties due to the nature of their position. The following counties were represented: Erie, Fulton, Hancock, Henry, Lucas, Ottawa, Paulding, Putnam, Sandusky, Seneca, Williams, Wood, and Wyandot. The remaining counties did not have representatives appointed to the council and were not responsive to recruitment attempts from the UT researchers (Huron and Van Wert) or key informants did not agree to be interviewed (Defiance). The majority of informants were women ($n = 10$) and worked in a range of settings including community-based service organizations (e.g. CASA, Family and Children First Council), county department of job and family services, education, and healthcare. Additional demographic data is not reported in an attempt to protect the anonymity of respondents.

Questionnaire (parents). Paper-based questionnaires were initially selected because they are low-cost and easy to administer. However, two organizations that agreed to assist with recruitment requested that an online version be made available. In response, both paper-based and online versions were made available to agencies and both methods of data collection were employed.

Council members identified agencies/organizations in their counties that would be willing to distribute a short questionnaire to parents and provided that information to the University of Toledo researchers. It is important to note that the initial request for council members' assistance explicitly stated that gathering data from parents who are not currently in the child welfare system was a priority articulated by the Ohio Children's Trust Fund. Therefore, council members were asked to identify sites that met the criteria. The coordinating entity then followed up with each agency/organization by email and/or phone to explain the purpose of the study, the measure

that would be used, and the strategies for recruitment and data collection. Sites that agreed to participate were provided copies of the questionnaire or a link to the online version.

Four agencies/organizations from four counties agreed to serve as recruitment and data collection sites. Paper-based questionnaires were collected from the Jordan Family Development Center (Wood County), WSOS Community Action Commission (Sandusky County and Wood County), WIC (Lucas County), and school systems in Sandusky County. Additional data were collected online and came from participants in Defiance, Erie, Hancock, Huron, and Ottawa Counties.

The final sample was 167 parents, women ($n = 147$), men ($n = 16$), transgender ($n = 1$), and three who did not report their gender. The majority of participants (76.4%) were between the ages of 18-34 years. The majority of participants (34%) had between 3-4 children under the age of 18 living in their household, with 33% percent reporting 1-2 children, 23.6% reporting 5-6 children, and 3.6% reporting seven or more children under the age of 18 living in the household. Eighty-nine percent had at least one child under 5 living in their household, with nearly 50% reporting at least 3-4 children under the age of 5 currently residing in their home. Eight and a half percent reported having at least one child under the age of 18 that was not currently living in their household. Thirty-six percent of respondents had completed high school or a GED, while 32% had some college education. Fifty-eight percent of the sample reported earning less than \$25,000 per year, while an additional 30% reported an annual income between \$25,001 and \$50,000. Approximately 76% of the sample identified their race as White, 10.5% identified as African-American or non-Hispanic Black, 8.6% identified as mixed-race, and 1.2% identified as Asian. Approximately 15% of the sample identified as Hispanic/Latino. The majority of respondents resided in Sandusky or Wood counties.

Focus groups (parents). Focus group methods were chosen because they allow for the exploration of salient affective and cognitive factors that might not emerge from quantitative data (Krueger, 1994; Morgan, 1996). Further, focus group methods are commonly used in community needs assessments because they are dynamic, interactive, and well suited to discussing sensitive topics in-depth.

Council members identified agencies/organization in their counties that would be willing to recruit parents to participate in focus groups. Council members were reminded that the Ohio Children's Trust Fund prioritized the collection of data from parents not currently in the child welfare system and were asked to identify sites based on the criteria. The coordinating entity followed up on recommendations by contacting each agency/organization by email and/or phone to explain the purpose of the study, focus group methodology, and the strategies for recruitment and data collection.

Two agencies/organizations from two counties (Sandusky and Wood) agreed to serve as recruitment and data collection sites. Each site was provided with a recruitment flyer that specified the purpose of the focus group and provided relevant information about the date and time. Each site coordinated participant enrollment.

Nine parents participated in one of two focus groups. Eight of the participants were women and one was a man. Participants' ages ranged, with three parents being between the ages of 18-24 years, two being between 25-29 years, two being between 30-34 years, one being between age 45-49, and one reporting their age as 50+. Seven participants reported having 1-2 children under the age of 18 year currently living in their household, while 1 parent reported 3-4 and another (non-custodial) reported zero. Six participants reported that they had 1-2 children under the age of 5 living in the household, while one parent reported 3-4 children under 5

currently living in the household. Of the remaining two parents, both reported zero children under the age of 5 living in their household. Educational levels ranged, with two participants reporting some high school education, two reporting having earned a high school diploma or GED, two reporting some college, one reporting having earned a 4-year college degree, and two reporting that they had completed graduate school. Three participants reported that their yearly income was less than \$25,000, three reported earning between 25,001 and \$50,000, one reported an annual income between \$50,001 and \$99,000, and one respondent chose not to answer. Four respondents were White, three were mixed race, two were Non-Hispanic Black/African American, and one was Hispanic/Latino.

A faculty member from the University of Toledo moderated each focus group session and a doctoral-level graduate research assistant served as note-taker during each session. Sessions were digitally recorded and transcribed for analysis and notes taken during each session were used as additional sources data. No identifying information was collected and recordings were destroyed upon transcription. Focus groups lasted approximately one hour each.

Focus groups were conducted at one of two locations: (1) the Jordan Family Development Center in Bowling Green, Ohio, and (2) the WSOS Clyde Center in Clyde, Ohio. Upon arrival, participants were greeted by the moderator and were directed to complete a brief demographic questionnaire. The demographic questionnaire was drawn from the parent survey (see Appendix H). Participants were provided name cards and were told that they could choose to write their own name or select a pseudonym. Each group began with the moderator reviewing the purpose of the study. The research assistant serving as a note-taker was introduced and their role was explained. Participants were then invited to ask questions about any of the information covered in the introductory statements. Participants received a \$10 gift card as an incentive for

participation. Note that a private party donated the gift cards and no monies from the Ohio Children's Trust Fund were used for incentives.

Measures. The Northwest Ohio Regional Prevention Council needs assessment workgroup developed all of the measures utilized during primary data collection. The measures were specifically designed to reflect the study aims articulated on page eight of this document. The development of measures was a collaborative and iterative process that occurred during July 2016.

First, workgroup members met to discuss the overall purpose and scope of the needs assessment, approaches to measurement, and the types of questions that should be included in each measure. During the meeting it was determined that four separate measures would be required in order to adequately address the study aims and accommodate a mixed methodological approach. The University of Toledo developed draft materials based on the outcomes of the initial workgroup meeting. Draft materials were presented to the workgroup for review and discussion. Individual feedback on draft materials was solicited by UT researchers and was synthesized prior to the second meeting. During the second meeting, feedback was systematically reviewed and suggested changes were subsequently incorporated. The process resulted in the development of final draft materials that were shared with the workgroup for review and approval. Once consensus was reached and workgroup approval had been given, the measures were shared with the entire council.

Questionnaire (service providers). A 14-item questionnaire (Appendix F) was developed to assess service providers' and administrators' perspectives and experiences. The following domains were assessed: (1) participant characteristics, (2) service needs and availability, (3) service utilization, (4) barriers to service utilization, and (5) adequacy of funding.

Individual interview guide (key informants). A semi-structured interview guide was developed to assess experts' perspectives and experiences (Appendix G). Four domains were covered: (1) service needs and availability, (2) the effectiveness of services that are currently available, (3) service utilization, and (4) adequacy of funding. The domains covered in the interview guide were intended to be consistent with the questions posed in the questionnaire, thus allowing for some comparison of findings.

Questionnaire (parents). A 29-item questionnaire (Appendix H) was developed to assess parents' perspectives and experiences. The following domains were covered: (1) participant characteristics, (2) general barriers, (3) service needs, (4) service utilization, (5) barriers to service utilization, and (6) recommendations.

Focus groups (parents). A semi-structured moderator guide was developed to assess parents' perspectives and experiences (Appendix I). Five domains were covered: (1) general needs, (2) service needs, (3) service utilization, (4) barriers to service utilization, and (5) recommendations. The domains covered in the moderator guide were intended to be consistent with the questions posed in the questionnaire, thus allowing for some comparison of findings.

Analyses. Research assistants from the University of Toledo performed descriptive analyses of quantitative data using either Qualtrics (Qualtrics, Provo, UT) or SPSS, version 22 statistical software (IBM Corp, 2013). Both the provider and parent questionnaire data set contained some missing data, meaning that not all respondents completed all items.

A faculty member from the University of Toledo conducted qualitative data analysis. The analytic technique employed was drawn from Morgan (1997) and has since been applied by the faculty member in several qualitative studies (Graham, Sanders, Milhausen, & McBride, 2004; Janssen, McBride, Yarber, Hill, & Butler, 2008; McBride, Goldsworthy, & Fortenberry, 2009;

McBride, Goldsworthy, & Fortenberry, 2010). The investigator independently analyzed each transcript during the initial stage of data analysis. Reoccurring themes and quotes within each thematic category were noted. As part of an iterative analytic process, the researcher then compared themes and noted discrepancies. Once agreement on themes had been reached, themes were organized into broader categories and further refinements to categories and labeling were made. The final analytic step consisted of applying the framework to all data by annotating codes that indexed each category.

RESULTS

Questionnaire (service providers). Descriptive statistics were used to examine frequencies. Cell sizes for each county were too small to conduct meaningful analyses to examine differences between counties.

Availability of services. Of the 112 providers who completed the demographic background information, only 94 completed the section assessing service availability. Participants were provided a list of 24 services. For each service, respondents were asked to indicate whether they believed that the service was (1) available in adequate amounts to meet community needs, (2) available but in amounts that are inadequate to meet community needs, (3) unavailable but needed, (4) unavailable but not needed, or (5) unsure. Of the 24 services listed, 13 were deemed inadequate to meet community needs by more than 50% of respondents (see Table 40). Among available services that were reported as inadequate, the largest percentage of participants identified substance abuse (69.1%), emergency financial (65.9%), parenting difficulties (64.8%), and temporary housing (64.8%). Of the remaining 11 services that were reported as adequate by 50% or more of the respondents, the largest percentage identified prenatal services (58.5%), postnatal care (52.1%), and physical health care for children (51%). Of services that were needed

but unavailable, the largest percentage of participants identified transportation (18%). The largest percentage of respondents (26%) were unsure whether services for single parents were adequately available in their county.

Table 40
Availability of Services (N = 94)

<u>Service</u>	<u>Available/ Adequate (%)</u>	<u>Available/ Inadequate (%)</u>	<u>Unavailable/ Needed (%)</u>	<u>Unavailable/ Not Needed (%)</u>	<u>Unsure (%)</u>
Child Abuse/Neglect	30.9	55.3	3.2	1.1	9.6
Child Behavioral Problems	26.6	59.6	4.3	1.1	8.5
Disabilities- Adult Physical, Emotional, Mental Disabilities	29.8	50.0	2.1	0.00	18.1
Disabilities- Child Physical, Emotional, Mental Disabilities	23.0	63.8	3.2	1.1	8.5
Domestic Violence/Dating Violence	30.9	44.7	4.3	0.00	20.2
Emergency Financial	16.0	66.0	4.3	0.00	13.8
Employment/Jobs	40.4	51.0	0.00	0.00	8.5
Family Planning	44.7	22.3	4.3	1.1	27.7
Food Insecurity/Hunger	38.3	46.8	1.0	1.1	12.8
Housing for the Homeless	12.8	63.8	8.5	2.1	12.8
Juvenile Justice	47.9	29.8	3.2	1.1	18.1
Mental Health Care for Adults	33.0	59.6	0.00	0.00	7.5
Mental Health Care for Children	34.0	57.5	1.1	1.1	6.4
Parenting Difficulties	19.2	64.9	5.3	1.1	9.6
Physical Health Care for Adults	46.8	36.2	0.00	1.1	16.0
Physical Health Care for Children	51.0	31.9	0.00	1.1	16.0
Prenatal	58.5	25.5	1.0	1.1	13.8
Postnatal	52.1	27.7	2.1	1.1	17.0
Sexual Assault/Human Trafficking	24.5	40.4	9.6	1.1	24.5
Single Parents	20.2	47.9	4.3	1.1	26.0
Substance Abuse	20.2	69.2	2.1	0.00	8.5
Teen Parents	22.3	45.7	7.5	1.1	23.4
Temporary Housing	8.5	64.9	10.5	1.1	14.9
Transportation	16.0	58.5	18.0	0.00	7.5

Service utilization. Of the 112 providers who complete the demographic items, only 89 completed the section on service utilization. In order to evaluate service utilization, respondents were given a list of 24 services and asked to indicate whether those services were (1) sufficiently used by community members, (2) under-utilized, (3) unsure, or (4) not applicable/service is not available in the county. Support services for parenting difficulties were reported as under-utilized by the largest percentage of providers (58.4%), followed by child behavioral problems (56.8%), and substance abuse (56.1%) (see Table 41). Further, only four services were reported as being under-utilized by more than 50% of the sample. The service that was reported as sufficiently used by the largest percentage of providers (56.1%) was juvenile justice, followed by physical health care for children (51.6%) and emergency financial (40.4%). A fairly high percentage of participants expressed uncertainty about service utilization, with percentages ranging from a high of 36% being uncertain about the usage of programs for single parents to a low of 13% being unsure about usage of children's mental health services.

Table 41
Service utilization (N = 89)

<u>Service</u>	<u>Sufficiently Used (%)</u>	<u>Under- Utilized (%)</u>	<u>Unsure (%)</u>	<u>N/A (%)</u>
Child Abuse/Neglect	30.3	44.9	21.4	3.4
Child Behavioral Problems	22.5	56.8	18.0	3.4
Disabilities- Adult Physical, Emotional, Mental Disabilities	37.1	30.3	29.2	3.4
Disabilities- Child Physical, Emotional, Mental Disabilities	30.3	46.1	22.5	1.1
Domestic Violence/Dating Violence	19.1	48.3	30.3	2.3
Emergency Financial	49.4	18.0	29.2	3.4
Employment/Jobs	30.3	52.8	15.7	1.1
Family Planning	19.1	42.7	34.8	3.4
Food Insecurity/Hunger	47.2	28.1	22.5	2.3
Housing for the Homeless	41.6	25.8	25.8	6.7
Juvenile Justice	56.2	14.6	27.0	2.3
Mental Health Care for Adults	45.0	37.1	15.7	2.3
Mental Health Care for Children	40.5	42.7	13.5	3.4
Parenting Difficulties	16.9	58.4	20.2	4.5
Physical Health Care for Adults	45.0	28.1	24.7	2.3
Physical Health Care for Children	51.7	25.8	19.1	3.4
Prenatal	37.1	32.6	29.2	1.1
Postnatal	30.3	34.8	33.7	1.1
Sexual Assault/Human Trafficking	20.2	34.8	32.6	12.4
Single Parents	21.4	40.5	36.0	2.3
Substance Abuse	22.5	56.2	16.9	4.5
Teen Parents	14.6	43.8	36.0	5.6
Temporary Housing	28.1	33.7	27.0	11.2
Transportation	33.7	33.7	23.6	9.0

Barriers to service utilization. The number of providers that responded to the item that assessed the most common barriers to service utilization ranged by barrier, with a high of 81 responses to a low of 70 responses. As such, both number of respondents and percentages are reported in the subsequent section and corresponding table.

The most commonly identified barrier to prevention service utilization was substance abuse, with 90.12% of respondents (N = 81) reporting that it was a barrier in their county. Of the

remaining barriers assessed, all but lack of follow-up by a service provider (n = 70, 32.88%), lack of referral (n = 70, 38.57%), and community norms (n = 77, 49.35%) were identified as common by at least 50% of providers who responded to the item (see Table 42).

Table 42
Barriers to service utilization

<u>Barrier</u>	<u>Common</u> <u>(%)</u>	<u>Unsure</u> <u>(%)</u>	<u>Total number of</u> <u>respondents</u> <u>(N)</u>
Apathy	55.7	44.3	79
Childcare	84.0	16.1	81
Community norms	49.4	50.7	77
Cost	80.3	19.7	76
Difficulties navigating the system	77.6	21.0	81
Embarrassment/shame	79.0	21.0	81
Failure to meet criteria for services	59.2	40.8	76
Geography/ location of service	64.9	35.1	77
Lack of coordinated services	53.3	46.7	75
Lack of follow-up by service provider	32.9	61.4	70
Lack of referral	38.6	61.4	70
Poor mental health	85.2	14.8	81
Poor physical health	65.3	34.7	72
Social stigma	75.3	24.7	77
Substance abuse	90.1	9.9	81
Time	66.2	33.8	74
Unaware service exist	82.5	17.5	80
Waitlists/wait times	61.3	38.7	75

Adequacy of funding and funding sources. Eighty-three participants responded to the items assessing funding. Nearly 70% of respondents (n = 58) indicated that the current funding for their agency/organization was inadequate, with 24% (n = 20) stating that current funding was adequate and 6% (n = 5) responding that they were not sure. Almost 74% of respondents (n = 62) believed that primary and secondary prevention services in their counties did not receive adequate funding, with just over 8% (n = 7) believing funding was adequate and the remainder

stating that they were not sure. The majority of respondents reported that their agency/organization was currently receiving funds from governmental sources (79.5%) and other sources (71.1%), and an additional 12.1% reported that their agency currently receives funds from the Ohio Children's Trust Fund. The assessment of past funding sources revealed that approximately 82% of agencies/organizations were previously funded by governmental sources, roughly 72% received funding from other sources, and 30.1% had received funding from the Ohio Children's Trust Fund at some point in the past.

Comments and recommendations. Eight participants provided responses to the open-end item eliciting comments and/or recommendations. Responses are included below.

Table 43
Provider recommendations

Ohio Children Trust Fund provides 2,000 during the month of April and an additional (sic) \$1,000 for specific activities or collaboration (sic).

Substance Abuse - NEED services for kids under the age of 18 to catch the problem early - Erie County has a severe lack in this kind of service and we are catching substance abuse problems too late!

It is very difficult to show enough evidence or chronic neglect of children.

Funding is adequate for my agency due to having a Protective Services Levy. Without the levy, funding from the state is completely inadequate.

Funding has been taken away from agencies which have done the work for years, and given to local colleges in most states!

We need additional home visiting services.

Not only do independent (non government funded) programs lack financial support, but there needs to be more opportunity to raise awareness and education for HOW TO WORK/ EDUCATE/ EMPLOY special needs individuals of all ages. The best way to describe this future problem, is the baby boomers. We are all familiar with the 'baby boomers' being of those of a certain age. However, the new threat for 'baby boomers' is those with special needs. We NEED to start supporting more programs that are not only providing SERVICES to special needs individuals, but EDUCATING the community on them as well. The special needs community is growing and growing every year, there needs to be a plan in place for our future of special needs.

I am sorry to see this be done on a regional level. All of healthcare is local. We have enjoyed many years of using these funds to directly impact needs at the local level.

Key Informant Interviews. Data is organized by salient theme and sample quotes supporting each theme are provided. In order to protect the identity of the respondent and their location, quotes are attributed to a provider in a large (population size >70,000), mid (population size between 40,000 and 69,999), or small size (population < 40,000) county and are not attributed to a specific type of provider or location. Themes are organized by domain, which directly reflects the interview guide.

Service needs and availability. Across interviews, three salient themes emerged regarding service needs and availability: (1) the need for early intervention programs, specifically parenting classes and preschool/childcare; (2) the need for mental health and substance abuse treatment programs, particularly in-patient treatment for teens and adults as well as specialized services for children; and (3) the need for in-home visiting programs.

Early Intervention. Several participants reported that additional early intervention programs were needed in their communities. These participants perceived early intervention programs as being an effective means of preventing child maltreatment and improving outcomes for children and families. Specific programs/resources that were consistently discussed included parenting classes and childcare/preschool.

Parenting classes.

Participant: “A lot of it goes to parenting...for the parents, like, how to parent. I think a lot of parents don’t understand how to parent or what to do. Teaching the ways of parenting and age appropriate...we see a lot of frustrated parents.”

(Provider, small county)

Participant: “The kids that I tend to work with are not always younger...but I think programs about parenting and what is appropriate. We do have some programs, but not very extensive. We are a small, rural county.”

(Provider, small county)

Participant: “Parenting classes, I think.”

(Provider, mid-sized county)

Participant: “Educating parents in child development.”
(Provider, mid-sized county)

Participant: “...and work on family bonding and parent-child bonding together... You’re decreasing the risk of child abuse and neglect, generally.”
(Provider, large county)

Participant: “Programs that get resources to parents to be good parents. To be the parents they want to be and they can learn how... It is based in respect, based in non-judgment...”
(Provider, large county)

Childcare/Preschool.

Participant: “We don’t have any publicly funded preschool here, so literally, you would have children that you have identified with delays, or you’ve been providing parenting education so that they hopefully don’t develop delays, and they get to age three, and... it is not adequately funded... and if I don’t apply at the right time in the year, my child may have to wait a year before they get those services, so the gains they made between two and three, they may have been lost by the time they get to preschool.”
(Provider, small county)

Participant: “I think childcare is an issue. There’s not a lot of childcare available for families that don’t have the ability to pay.”
(Provider, mid-sized county)

Participant: “I think that is huge, the preschool. Because I think the more, obviously, there’s data to show the sooner you get kids in preschool, the sooner they start learning. They’re getting those health meals provided there...”
(Provider, mid-sized county)

Participant: “Quality, affordable day care for zero to three, zero to four... I think we need universal day care... Early intervention programs are available in the county, but their scope of eligible children has shrunk over the last several years.”
(Provider, large county)

Mental health/substance abuse. All participants identified the need for additional mental health and addiction services in their county. Consistently, the need for in-patient treatment facilities for adolescents and adults was identified. In addition, the need for mental health providers specializing in the treatment of children was identified.

Participant: “...Stabilization services for kids, for adolescents... One of the things it does is if a parent is at their wit’s end, and you have this kid, you have a teenager, or middle

school aged youth, where the parent just can't take it anymore, and the child is not responding, you're creating a situation where the next step is abuse, if it hasn't already occurred. We've had youth in the ER because there is no bed available...there are not enough adolescent or adult beds for mental health or substance abuse treatment."

(Provider, small county)

Participant: "When we're talking about psychiatric services, with those particular services, if you have children who need medication, you need somebody trained in that."

(Provider, small county)

Participant: "Like I said, we only have one counseling center...and I don't think they have a specific child counselor, I don't think anyone is specialized in that."

(Provider, small county).

Participant: "I think we need more beds for inpatient drug and alcohol treatment."

(Provider, mid-sized county)

Participant: "Mental health services...as far as drug abuse and stuff, I think that is a resource that every community in Ohio needs to put more money towards. It's a big problem. Especially heroin."

(Provider, mid-size county)

Participant: "Obviously there is a lack of child psychiatrists in the state so anytime you need a child psychiatrist to be able to see a child there's a wait with that."

(Provider, large county)

Participant: "Mental health issues, drug issues, huge issues in our community. Heroin is horrible right now...there is no detox or anything in our community right now. Some people really do need residential. Then, I have the people with alcohol issues and, 'Oh, yeah, I am in the treatment program with heroin and it's not as bad as heroin.' Well it's still an addiction and it's still affecting how you raise your kids."

(Provider, large county)

In-home visiting programs. Several providers identified the need for in-home visiting programs and support services. The need was particularly salient among providers from smaller counties where public transportation services were deemed inadequate.

Participant: "Someone that goes into the home and really works with families on how to parent and make better choices."

(Provider, small county)

Participant: "We really lack parenting classes at this point in time. In parenting that would be in the home, in a natural environment...we work with some families that are

lower functioning. Just to get them to transfer their skills that they learned in class I think that would be helpful.”

(Provider, small county)

Participant: “Home visiting, for example, we could expand that.”

(Provider, mid-size county)

Participant: “...having them come to us most of the time. We need to go to them. I don’t know whether that be any kind of visit or home visit, but even in the workplace I think there are opportunities to be taken advantage of...”

(Provider, mid-size county)

Participant: “There’s a nurses home visiting study that was done in Iowa that was a listening based model. It was actually done by RN’s who went into the home and basically listened to mothers post-delivery...I would love to see that duplicated...”

(Provider, large county)

Service utilization. Providers identified several common barriers to service utilization.

Barriers included: (1) a lack of awareness among community members, (2) stigma, (3) a lack of transportation, particularly for those who may need to travel within or outside of the county to receive services. Additional barriers that were identified included lack of childcare, cost, eligibility, and time.

Awareness. Several providers identified a lack of awareness among community members as a barrier to service utilization in their county.

Participant: “The community is not as in-tuned...for example, the Humane Society, where they can march out their dogs and everyone can see them, I can’t show a parade of abused children.”

(Provider, small county)

Participant: “Just getting the word out.”

(Provider, small county)

Participant: “...connecting with different resources in the community for our parents...I know that information is available. I’m not sure that really we’re using the best strategy.”

(Provider, mid-size county)

Participant: “I try to get the word out...Just sharing with the community what resources are available. I don’t think it is publicized enough.”

(Provider, mid-size county)

Participant: "...better community awareness."

(Provider, large county)

Stigma. Stigma was a salient theme that emerged during the assessment of barriers. In general, providers believed that parents often failed to utilize existing services out of fear of judgment or shame. In smaller counties, stigma seemed to be a greater concern than in larger communities, and was often associated with the lack of privacy/anonymity.

Participant: "I think time and stigma."

(Provider, small county)

Participant: "Also because some of the information being shared is so sensitive. They don't want everyone to know. Family members or friends to know."

(Provider, small county)

Participant: "...but I think stigma. They say, 'Well I'm going to a parenting class.' It makes them feel like they don't know what they are doing. They're kind of viewed like, 'Well, I must be a bad parent if I have to go to a parenting class.'"

(Provider, small county)

Participant: "Stigma, too, I think is part of it."

(Provider, mid-size county)

Participant: "Parents are terrified of going into the school. Parents are terrified of going into a doctor's office. They're terrified of being criticized and blamed."

(Provider, large county)

Transportation. Lack of transportation was a consistent theme across interviews. While most interviews noted that transportation was a barrier, those in smaller communities place more emphasis on its importance.

Participant: "Transportation is always huge."

(Provider, small county)

Participant: "Transportation for non-Medicaid clients. For the non-Medicaid clients there's no public transportation in any of the counties."

(Provider, small county)

Participant: "Again, transportation for all those programs."

(Provider, mid-size county)

Participant: “A lot of it has to do with transportation.”
(Provider, mid-size county)

Participant: “...if a family lives in an area where there’s not public transportation that makes it very difficult to get places.”
(Provider, large county)

Effectiveness. Participants identified early education/preschool as one of the most effective means of prevention. In-home support services were also viewed as effective. In addition, mental health services and support for positive parenting were identified as effective means of prevention.

Early education/preschool. Regardless of county size, several participants identified early education/preschool as one of the most effective mechanisms for preventing child maltreatment.

Participant: “Head Start and having the kids have some access to some type of educational program. It at least gets the children into the public eye, just getting them out there.”
(Provider, small county)

Participant: “I think that Help Me Grow is effective.”
(Provider, small county)

Participant: “The Head Start program, I think that is huge.”
(Provider, mid-size county)

Participant: “We have many unlicensed or low performing, low quality daycare situations for children that do not have the necessary resources, social emotional, for children, for their parents, as well as academic resources. I think that’s a huge one.”
(Provider, large county)

In-home support services. Participants identified in-home support services as an effective means of prevention. Most interviewees noted that in-home services helped overcome barriers, including stigma and lack of transportation.

Participant: “Home visiting.”
(Provider, small county)

Participant: “Yeah, I think an in-home parent educator would make a huge difference.”
(Provider, mid-size county)

Mental health services.

Participant: “I think that the individual counseling can be very effective.”
(Provider, small county)

Participant: “Having counselor in the schools.”
(Provider, mid-size county)

Support for positive parenting.

Participant: “The ones that are most effective deal with the whole family unit...I think parenting classes.”
(Provider, small county)

Participant: “In my experience, focusing on family strengths, noticing strengths and building on those makes a difference for the parents as well as children.”
(Provider, large county)

Funding. The majority of participants reported that there was not adequate funding for prevention services in their county. Most reported that agencies/organizations were funded through governmental dollars, and/or grant monies and tax levies. Some participants reported that the restrictions on the use of available funds limited service provision. However, across interviewees there was significant uncertainty about funding sources.

Inadequacy of funding. Commonly, participants reported that funding for prevention services was inadequate, particularly funding for mental health services. Many viewed this as a significant barrier to adequately meeting community needs.

Participant: “You have all these places fighting for a piece of the pie. There is never enough.”
(Provider, small county)

Participant: “Unfortunately, there hasn’t been a lot of money.”
(Provider, small county)

Participant: “I would say it’s inadequately funded.”
(Provider, small county)

Participant: “As far as mental health is concerned, no. Other services, think there is adequate...Mental health is always lacking funding.”

(Provider, mid-size county)

Participant: “Most counseling agencies....the same with drug and alcohol. There’s not funding.”

(Provider, large county)

Restrictions. Restrictions on the use of funds emerged as a salient theme. Many participants noted that flexible funds, or funds without major restrictions on their use, were needed.

Participant: “Flexible funding is so important, specifically when you are looking at the needs of each community.”

(Provider, small county)

Participant: “...just the timing, too, for some of the dollars that are available and are not being utilized to the best that they could because of the timing of some grants...the restrictions.”

(Provider, small county)

Participant: “Most agencies don’t have flexible funding.”

(Provider, mid-size county)

Questionnaire (parents). Frequency data or mean scores for responses to each item assessed are reported below. Statistical analyses to examine differences by county were impossible to conduct due to low cell sizes (i.e. the majority of respondents residing in only two counties).

General barriers. The assessment of general barriers asked participants to rate on a scale of 1-3, with 1 being “not hard at all” to 3 being “very hard”, how difficult it was for them to keep their family healthy and safe. Fifteen different life domains were measured. While a “not applicable” option was provided, the variable was recoded as “not hard at all” during analysis in order to calculate mean scores. Based on scores, most participants indicated that it was not hard at all to keep their families healthy and safe. Parents’ mean scores were highest for meeting basic

needs (mean = 1.45, SD = 0.59) and parenting difficulties (mean = 1.42, SD = 0.56). Mean scores were lowest for domestic abuse by a child (mean = .99, SD = 0.17) and child substance use/abuse (mean = .99, SD = 0.17).

Service needs. Respondents were asked to identify prevention services that they believed would be most helpful to them. Of the 27 services listed, participants most frequently reported needing childcare (23.4%), community activities (31.7%), and school-based programs (16.8%). In addition, participants reported needing assistance with food insecurity (13.8%), financial aid (14.4%), employment/job assistance (11%), and single parenting (12%). The remaining services were reported as being needed by fewer than 10% of the sample, with a range from 1.8% of respondents needing services for substance use/abuse to 9.6% needing transportation (see Table 44). It should be noted that since the majority of the parent surveys were from Lucas County and Wood County, service needs may not incorporate the larger service needs of all counties in the region.

Table 44
Service needs (N = 167)

<u>Service</u>	<u>Yes (%)</u>	<u>No (%)</u>
Child Abuse/Neglect	3.6	96.4
Child Behavioral Problems	6	93.4
Child Developmental Disabilities	3.6	96.4
Childcare	23.4	76.6
Community Activities Programs	31.7	67.3
Disabilities (Adult)	4.2	95.8
Disabilities (Child)	4.2	95.8
Domestic Violence	2.4	97.6
Emergency Financial Aid	14.4	85.6
Employment/Jobs	10.8	89.2
Family Planning	6.0	94.0
Food/Hunger	13.8	86.2
Housing for Homeless	4.3	95.7
Mental Health Care (Adult)	6.0	94.0
Mental Health Care (Child)	7.2	92.8
Parenting Difficulties	9.0	91.0
Physical Health Care (Adult)	6.6	93.4
Physical Health Care (Child)	6.0	94.0
Prenatal	3.6	96.4
Postnatal	4.2	95.8
School-based Programs	16.8	83.2
Sexual Assault/Human Trafficking	2.4	97.6
Single Parenting	12.0	88.0
Substance Abuse	1.8	98.2
Teen Parenting	4.2	95.8
Temporary Housing	4.2	95.8
Transportation	9.6	90.4

Service utilization. Forty percent of respondents indicated that they had never used any of the services assessed. Of the remaining 60%, approximately half reported having used an average of 1-2 services while the remainder reported having used an average of 3 or more services. The three services that were used by the largest percentage of respondents were childcare (34.2%), emergency/supplemental food programs (32.1%), and community activities

programs (31.5%). The three services used by the lowest percentage of respondents were sexual assault/human trafficking (2.4%), child abuse/neglect (5.4%), and temporary housing (5.4%) services.

Table 45
Service utilization (n = 167)

<u>Service</u>	<u>Current</u> (%)	<u>Past</u> (%)	<u>Never</u> (%)
Child Abuse/Neglect	0.6	4.8	94.6
Child Behavioral Problems	4.2	9.7	86.1
Child Developmental Disabilities	6.1	6.1	87.8
Childcare	15.8	19.4	64.8
Community Activities Programs	12.1	19.4	68.5
Disabilities (Adult)	6.1	9.1	84.8
Disabilities (Child)	3.6	1.8	94.6
Domestic Violence	0.6	4.8	94.6
Emergency Financial Aid	1.8	12.8	85.4
Employment/Jobs	7.6	19.6	72.8
Family Planning	4.3	14.0	82.7
Food/Hunger	4.2	27.9	67.9
Housing for Homeless	0.6	7.9	91.5
Mental Health Care (Adult)	4.8	9.1	86.1
Mental Health Care (Child)	2.4	8.5	89.1
Parenting Difficulties	1.8	9.1	89.1
Physical Health Care (Adult)	8.5	4.8	86.7
Physical Health Care (Child)	9.1	5.5	85.4
Prenatal	4.2	20.6	75.2
Postnatal	1.2	20.4	78.4
School-based Programs	9.6	13.8	76.6
Sexual Assault/Human Trafficking	0.6	1.8	97.6
Single Parenting	4.2	7.2	88.6
Substance Abuse	0.6	2.4	97.0
Teen Parenting	0.6	5.5	93.9
Temporary Housing	1.2	4.2	94.6
Transportation	4.2	8.5	87.3

Of the participants who reported using services, the majority indicated that they were “somewhat” or “very” helpful.

Barriers to service utilization. Perceived barriers to service utilization were assessed by a single item that asked participants to mark relevant barriers from a checklist of 12 options. The majority of participants reported no perceived barriers. Failure to meet eligibility requirements was the most commonly reported barrier, with 22.8% of respondents indicating that eligibility requirements prevented them from receiving services. Twenty-one percent of respondents identified cost as a barrier. Additional barriers included not knowing where to go (16.8%); time and convenience (16.2%); difficulty navigating the system and embarrassment, shame, or stigma (15%); lack of childcare (13.2%); waitlists, wait times, and insurance (10.8%); transportation (10.2%), and needing a referral (6.6%). On average, participants reported 2 barriers to service utilization.

Recommendations. Three parents responded to the open-ended item eliciting recommendations. Responses are summarized in the table below.

Table 46
Parent recommendations

After school and summer programming for older kids, middle school to high school.

We used services for house repairs and help getting lead paint out of our house. An amazing service but the waitlist was very long, took years. I think it is extremely hard to find different services.

Working on getting my GED so when she is in kindergarten I can get a job to support my children. Any other assistance that helps with bills while my daughter’s father is job store paperwork and test to receive grant money to go to college to receive his CDL! He has not been receiving much income to pay his bills because of his job closing and having to start elsewhere.

Focus groups (parents). Data is organized by salient theme and sample quotes supporting each theme are provided. Themes are organized according to the domains presented in the moderator guide, however, because participants spoke of general needs and service needs

as one conceptual category, the two domains were collapsed during data analysis and will be reported as a single “needs category”. In order to protect the anonymity of participants, county will not be reported.

Needs. The most commonly reported needs across both groups were support for parenting (e.g. support groups, in-home services) and services that met basic needs such as health. Parents from the group conducted in a small community also noted the need for programs that support positive youth development (e.g. summer programs, a range of after school activities).

Support for parenting. Parents discussed the need for services that supported parenting. Support groups, or parenting groups, were identified as needed and desirable resources.

Participant: “I needed help. I went to (agency) and they had two ladies come into my home and modeled how to discipline. And they came three times a week. At the end of the week, I meet with other mothers like myself.”

Participant: “I think it is important for a child to have a stable home where people aren’t fighting all the time. We did a lot with the parenting classes.”

Participant: “Support groups would help. I have two kids under the age of 5 and it is overwhelming.”

Participant: “They do stuff at the library for kids, but not adults.”

Services for basic needs. Parents identified the need for more services that assisted them in meeting basic needs such as healthcare, specifically specialist for children, and food assistance programs were needed.

Participant: “My son needed a psychiatrist. He was seeing a general pediatrician.”

Participant: “Finding a family doctor.”

Participant: “Food referral. There’s a lot of families that can’t get through the month. Especially if you have more than one child.”

Participant: “There’s no place here for kids to get treatment.”

Participant: “There’s only one grocery store. It’s expensive.”

Programs for positive youth development. Parents in the small community reported that programs focusing on positive youth development, specifically for adolescents, were needed.

Participant: “About the only thing they come together for here is the sports. There’s a lot of kids that don’t do sports and they get left in the wayside.”

Participant: “There is no rec here. You have to travel and it gets expensive.”

Participant: “They need somewhere to go to play.”

Participant: “We’re seeing the negative effects around here of them having nothing to do... That’s part of the reason drugs are so bad.”

Participant: “If they had a rec center or something, they wouldn’t be getting into so much trouble.”

Utilization. Participants reported using a variety of services. There were no common themes that emerged within or between groups. Services that were utilized included emergency counseling, financial aid, food programs, in-home support services, legal aid, parenting classes, preschool, school-based services (e.g. IEP), and community programs such as programs offered at the county library.

Barriers to utilization. Three barriers to service utilization emerged from the data. The first two, transportation and meeting qualification requirements and/or having insurance that was accepted by the provider were discussed in both groups. Lack of childcare was noted as a barrier in the group drawn from a larger community. Stigma was salient in the group conducted in a small community. In addition, some participants noted that cost, convenience, and wait times/wait lists were barriers.

Transportation. Across groups, lack of transportation was a noted barrier to utilizing services. Across groups, having to travel to utilize services was viewed as a disincentive to using programs and services.

Participant: "Transportation is a big one."

Participant: "Where I live, you have to drive."

Participant: "At least give them gas cards."

Participant: "My car isn't reliable."

Participant: "In this small town, there's no public transportation. So if you're not driving..."

Meeting qualifications. Participants across groups described meeting income eligibility and/or insurance not being accepted by providers as a primary barrier to receiving services.

Participant: "I had to make sure my address was in (county) so I could get my daughter in school...and all the paperwork."

Participant: "I know we just switched insurance companies..."

Participant: "You may realize that you don't qualify."

Lack of childcare. One group identified a lack of quality childcare as a barrier to utilizing available services. In particular, safety and trust were concerns.

Participant: "And you have to make sure that you have day care lined up."

Participant: "I mean, if you have your child."

Participant: "Reliable childcare. I hear a lot about, you know, sex offenders. I like to feel secure."

Participant: "You hear about it on the news...sex offenders working in the schools."

Stigma. Stigma was a concern that was salient among parents from the small community. Parents reported that fears of a lack of privacy and confidentiality discouraged service use.

Participant: "It so small. It's hard to hide."

Participant: "There is no privacy around here. No anonymity. Wherever you go, someone knows you, or knows someone who knows you..."

Participant: "They don't have any...they are group meetings."

Recommendations. Participants recommended that efforts to raise of awareness of existing resources and services would help parents better utilize services. In addition, one group identified the need for better coordination among service providers.

Awareness.

Participant: “A list of resources.”

Participant: “They do have some things but you have to really dig.”

Participant: “Yeah, there are things you have to really look for.”

Participant: “I think they have a lot of services here, but it is a matter of finding them.”

Participant: “There’s things here, but not a lot of people know about them.”

Coordination.

Participant: “To get everyone to coordinate and work together. I had to go to so many different places.”

Participant 1: “They need someone to help parents with the process. Sometimes I feel like I am doing everything.”

Participant 2: “I agree.”

DISCUSSION

Cumulative findings from the analysis of secondary data suggest that Putnam County had the lowest ranking, indicating the county had fewer difficulties with relevant issues, while Lucas County ranked last, indicating more difficulties, across indicators. However, there was variation in county ranking on each individual indicator. Based on the results, each county had unique strengths and areas of need. Across counties, both primary and secondary data suggest the need for quality childcare; health care providers, specifically child specialists; mental health and addiction services; and transportation.

Secondary data suggests a wide variation in the number of licensed childcare facilities that are available in the region, with many communities lacking quality facilities. Primary data from providers and parents identified quality childcare as a significant need. Providers noted that quality childcare and preschool were important means of prevention. Both providers and parents noted that a lack of quality childcare was a barrier to service utilization and that providing childcare helped facilitate participation in programs and services. The need for childcare was not specific to any particular county and existed regardless of county size. Funding for quality childcare and funding that would enable programs to provide childcare would likely be an asset to all counties in the region and would help support positive child development and parenting.

The need for more health care providers, specifically child specialists, was reflected in the findings from both primary and secondary data. In smaller counties, the need for more health care providers was universally reported in qualitative data from providers and parents, but was less consistently noted in data from larger counties. The lack of health insurance, HMOs placing restrictions on type of care or provider, and geographic location were common barriers identified in the research. Many counties lacked pediatricians, or providers that would accept a specific type of insurance, which required families to travel outside of the community to access care. Providers and parents reported that travelling was a significant barrier to accessing care and that children would often receive suboptimal treatment within their community as a result of the inability to travel. Based on the findings, funding for programs that improve access to healthcare for children is needed. Qualitative findings from small counties suggest that providers and parents perceive mobile health care and special events, such as health fairs that provide screenings or assessments, to be valuable resources.

The need for mental health and addiction services was universally identified. Secondary data suggests that poor mental health and addiction are prevalent. Providers consistently identified poor mental health and addiction as primary risk factors for child maltreatment and they reported that services were needed in all communities. The results of qualitative data suggests that providers perceived the need for mental health and addiction services for adolescents, in addition to services for adults. The need for in-patient facilities was also consistently reported. Likewise, parents reported the need for groups that would help support positive parenting by providing social support and building parenting skills. Several parents that participated in the focus groups mentioned that support groups and parenting classes had been an important resource for them. Improved funding for mental health and addiction services, including psychological/emotional support for parents, is a clear need across all counties. Smaller counties and counties with many rural residents appear to be in the greatest need of such services. Funding for programs that help reduce barriers to accessing care, such as travel or cost, may help improve community mental health. Further, programs that offer privacy and/or decrease the stigma associated with accessing mental health or addiction services should be a priority.

Transportation was a need that emerged from the primary and secondary data. Transportation was a problem regardless of county size. In small counties and counties with many rural residents, the need for transportation was a significant barrier to accessing services and resources. Providers and parents reported that even in communities that offered ride programs, eligibility, wait times, and hours of operation made utilizing the resources difficult. Providers and parents perceived the need for programs and services that would reduce transportation related barriers, such as in-home visiting programs, mobile programs, and

programs that provided gas vouchers or other forms of reimbursement for travel costs. Funding for programs that help remove transportation related barriers may improve participation in prevention programs and improve community access to resources and services. Transportation needs are part of a larger issue of unmet needs of parents and families.

The majority of providers reported that funding for primary and secondary prevention services is currently inadequate. Several providers who were interviewed reported that flexible funding and funding with fewer restrictions would allow them to maximize the dollars spent. Further, providers described that the most effective programs begin with early intervention and includes quality childcare/preschool, mental health services, and parenting education and support. Parents also identified childcare/preschool and parenting education and support as valuable and effective resources. In addition to flexible funding, funding for the services noted above may help decrease child maltreatment and support healthy children and families.

Limitations

The most significant limitation associated with the research was time. Time was a barrier to recruitment efforts and is noticeable in the sample sizes across all sources of primary data. For example, best-practice research methods for focus groups suggest that a minimum of four to six groups is, typically, necessary to make confident interpretations of the data (Morgan, 1996). Due to time, the researchers were only able to conduct two focus groups. The research team made significant efforts to compensate for the lack of time by employing several strategies aimed at creating buy-in and encouraging active participation in recruitment and data collection. Strategies included multiple email messages sent to council members, personal phone calls to council members and community collaborators, and outreach to agencies/organizations identified by council members. A related limitation are the small samples across primary data. Small

sample sizes made it impossible to conduct meaningful comparative statistical analyses across counties. As a result, the interpretation of data is limited to what could be made based on descriptive data.

Conclusion

Child maltreatment is a significant concern and programs and services that support primary and secondary prevention efforts are needed in the Northwest Ohio region. Funding for programs that support positive parenting, quality childcare/preschool, access to health care, resources for mental health and addiction issues, and help overcome transportation related barriers have the potential to effectively address several of the needs identified by the research. Flexible funding and funding with limited restrictions may allow service providers to better meet the unique needs of their specific community. Decreasing child maltreatment will require addressing the underlying risk factors. Funding opportunities for agencies/organizations to effectively address risk factors, and/or build on protective factors, will be the first step toward improved child and family health and well-being.

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Qualtrics, Provo, UT. The output for this paper was generated using Qualtrics software, Version [July, August, September, October of 2016] of Qualtrics. Copyright © 2015 Qualtrics. Qualtrics and all other Qualtrics product or service names are registered trademarks or trademarks of Qualtrics, Provo, UT, USA. <http://www.qualtrics.com>

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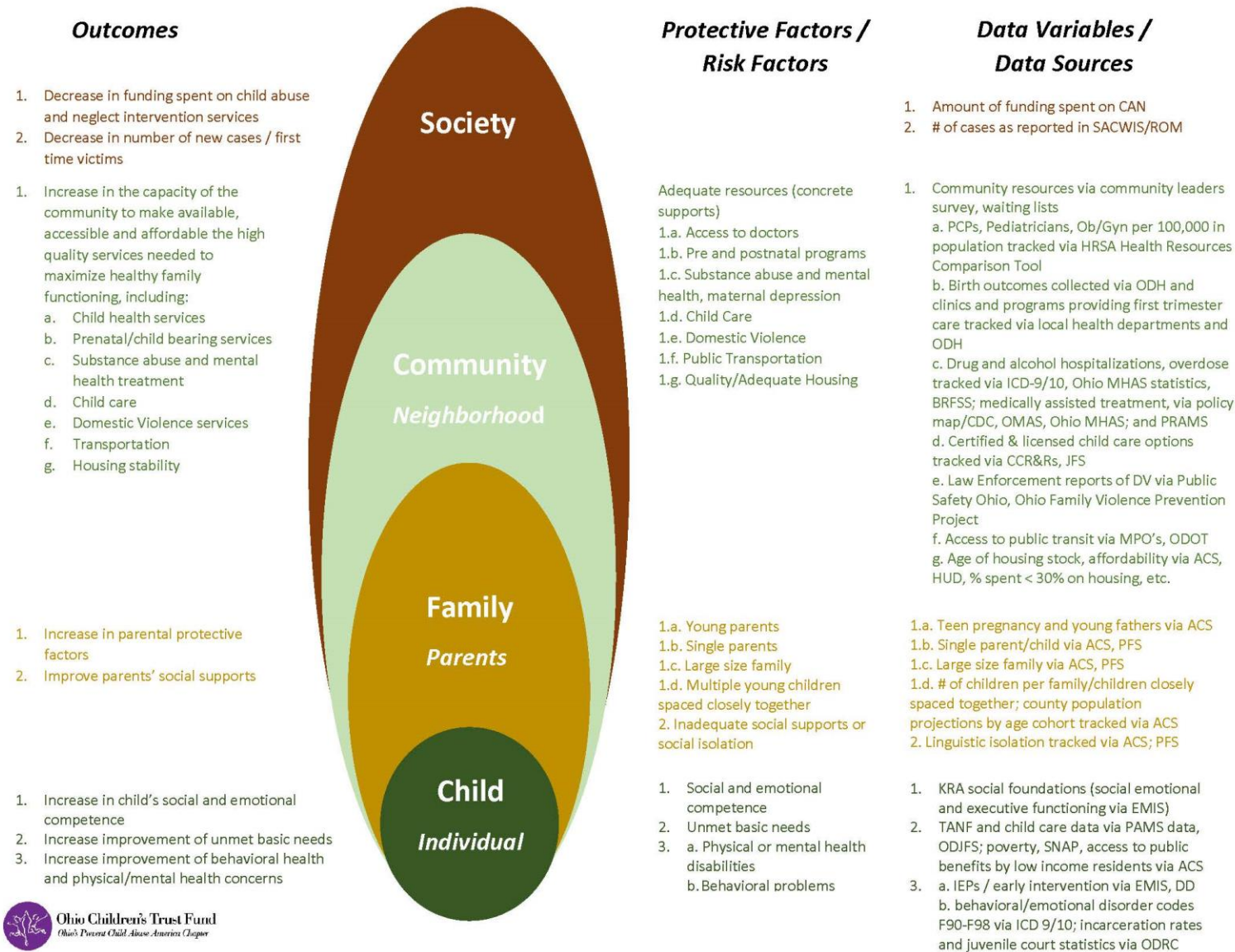
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APPENDICES

Appendix A. OCTF Priority Guidance Document



Appendix B. Initial recruitment email to Council.

From: Lisa McDuffie <lmcduffie@ywcanwo.org<mailto:lmcduffie@ywcanwo.org>>

Date: August 5, 2016 at 6:20:56 PM EDT

Subject: OCTF Northwest Region- Needs Assessment

Hello All,

I would like to applaud the needs assessment workgroup and their efforts- they have finalized the measures our region will use to collect data from providers and parents as part of the larger needs assessment. We are now ready to start recruiting participants. This is a critical time. We are approaching mid-August and all data needs to be collected by early September so it can be analyzed and written up. The final report is due to OCTF on September 30. The full Council will need to vote to approve the report. That vote will take place at the September meeting.

We need full and active contributions from the entire Council in order to complete these tasks. Each county will need to contribute in order to reflect the needs of your specific area. If we are unable to gather the data, a portion of the needs assessment cannot be completed on time. As you know, the Council can ask for an extension but the OCTF has been very clear that doing so will likely lead to a gap in funding for services. Our needs assessment workgroup is committed to meeting the timeframe provided to avoid any separation of funds/services in our region. I urge you to join us in this effort!

Here's our tasks:

1. You will be sent an email with a link to an online survey for providers. The email includes an introduction that explains the purpose of the survey. We ask that you forward the email to agencies/organizations/individuals in your county that provide resources or services that help prevent child maltreatment. We need this to be distributed widely. If for some reason you are uncomfortable approaching a specific agency/organization/individual, please share their contact information with us and we will approach them.

2. We need each of you to identify 3 people that you feel have significant experience and expertise in preventing child maltreatment in your county and share their contact information with us. These people should be service providers or administrators. We will be contacting people to ask them to participate in a key informant interview to gather additional data about providers'/administrators' perspectives. We have been told by the OCTF that we CANNOT interview Council members. This was made clear to us on a recent phone call with the Regional Coordinators.

3. We need each of you to identify agencies/organizations where parents can be recruited to complete a short survey assessing their service needs. Agencies will need to be willing to administer the surveys. Logistically, it will be impossible to have researchers on site in all 16 counties to do this task. The OCTF has made it very clear that some of the parents need to be people who are NOT in the system. They want a range of perspectives and are most interested in people who are at lower risk. If your own agency/organization is willing to serve as a point of

data collection, that would be ideal. We also need you to share contact information for other agencies/organizations that might be willing to help.

4. We need each of you to identify 3 potential recruitment sites for focus groups with parents and share that information with us. It would be ideal to identify pre-existing groups (classes, support groups, etc.) that we can visit for a session to collect data. If we need to create groups, we will ask you or the agency to help recruit and enroll participants. Again, the OCTF wants data from parents not in the system.

We will be sending you the email with the link to the survey in the coming days. For all other needs, please share information no later than MONDAY, AUGUST 15. The sooner we receive the information, the better. We will follow up by phone and email if we don't hear from you by the 15th.

All information should be sent to Emily Vanwasshenova at
Emily.Vanwasshenova@rockets.utoledo.edu<mailto:Emily.Vanwasshenova@rockets.utoledo.edu>

We recognize that these are big asks. We are absolutely relying on your expertise and contacts to make this happen in the timeline that has been set by the OCTF. We can't emphasize enough that the needs assessment report will not be complete on time if we don't get the data collected quickly.

If you have questions or concerns, please reach out. Thank you in advance for your assistance!

Lisa McDuffie
NWO Regional Chairperson
Lisa McDuffie, MSSA, LISW-S
President and CEO
YWCA of Northwest Ohio
1018 Jefferson Ave.
Toledo, Ohio 43604
P: 419-241-3235 • F: 419-255-5752
(New Email Address Effective
Immediately) lmcduffie@ywcanwo.org<mailto:lmcduffie@ywcanwo.org>
<http://www.ywcanwo.org><<http://www.ywcanwo.org/>>

Appendix C. Second email to Council.

Wednesday, August 10, 2016 7:46 PM

This message was sent with High importance.

Hello everyone, as promised in my August 5th email, our survey is ready for distribution. It is extremely important to capture the services and needs of each county in our region. Please see instructions below.

Instructions to Council members: This email has a link to an online survey for providers. The email includes an introduction that explains the purpose of the survey. We ask that you forward the email to agencies/organizations/individuals in your county that provide resources or services that help prevent child maltreatment. We need this to be distributed widely. If for some reason you are uncomfortable approaching a specific agency/organization/individual, please share their contact information with us and we will approach them.

Introduction and Purpose of the Survey: This survey asks you questions about services related to child abuse and neglect in your county. The information that you provide is valuable and will be used to develop a regional prevention plan that will address strategies for improving primary and secondary prevention of child abuse and neglect in Northwest Ohio. The Ohio Children's Trust Fund Regional Prevention Council will also use the results to make funding recommendations.

The information you provide is anonymous and will be kept confidential and reported in aggregate form, which means that individual data will not be identifiable in any reports. All information will be reported as averages.

If you have any questions about the questionnaire, or its purpose, please feel free to contact Lisa McDuffie, NW Ohio Regional Prevention Council Chair at 419-241-3235 x141 or Theresa Towner, Chair of the Needs Assessment Work Group, NW Ohio Regional Prevention Council at 419-353-7407 x234.

Link for Provider

Survey: https://utoledochhs.co1.qualtrics.com/SE/?SID=SV_8BUUG5I312taCwt

Thank in advance for your prompt assistance and cooperation.

Lisa

Appendix D. Recruitment email to counties without representation.

Boardley, Debra J.

Tuesday, August 09, 2016 3:57 PM

Hello,

As you may know, this year Ohio Children's Trust Fund implemented a regional council approach rather than the working individually with counties. The University of Toledo is working as the regional coordinator. Your county is in the 16 county area of Northwest Ohio. Unfortunately, no one from your county has yet been appointed to the Regional Council. You, however, have been identified as a person in your county who could help us gather information for the NWOHio needs assessment that will be used to set priorities and guide the OCTF grant awards. We need to collect data from providers and parents as part of the larger needs assessment. We are now ready to start recruiting participants. This is a critical time. We are approaching mid-August and all data needs to be collected by early September so it can be analyzed and written up.

What we need from you is the following:

1. You will be sent an email with a link to an online survey for providers. The email will include an introduction that explains the purpose of the survey. We ask that you forward the email to agencies/organizations/individuals in your county that provide resources or services that help prevent child maltreatment. We need this to be distributed widely. If for some reason you are uncomfortable approaching a specific agency/organization/individual, please share their contact information with us and we will approach them.
2. We need you to identify 3 people that you feel have significant experience and expertise in preventing child maltreatment in your county and share their contact information with us. These people should be service providers or administrators. We will be contacting people to ask them to participate in a key informant interview to gather additional data about providers'/administrators' perspectives.
3. We need you to identify agencies/organizations where parents can be recruited to complete a short survey assessing their service needs. Agencies will need to be willing to administer the surveys. Logistically, it will be impossible to have researchers on site in all 16 counties to do this task. The OCTF has made it very clear that some of the parents need to be people who are NOT in the system. They want a range of perspectives and are most interested in people who are at lower risk. If your own agency/organization is willing to serve as a point of data collection, that would be ideal. We also need you to share contact information for other agencies/organizations that might be willing to help. For example, your health department may have a back to school vaccination clinic and perhaps parents could be given the short survey when they are there.
4. We need each of you to identify 3 potential recruitment sites for focus groups with parents and share that information with us. It would be ideal to identify pre-existing groups (classes, support groups, etc.) that we can visit for a session to collect data.

We will be sending you the email with the link to the survey in the coming days. For all other needs, please try to get us the information by Monday Aug 15. I know this is short notice, but the sooner we receive the information, the better. We will follow up by phone and email if we don't hear from you by the 15th.

All information should be sent to Emily Vanwasshenova
at Emily.Vanwasshenova@rockets.utoledo.edu

We recognize that these are big asks. We are absolutely relying on your expertise and contacts to make this happen in the timeline that has been set by the OCTF. We can't emphasize enough that the needs assessment report will not be complete on time if we don't get the data collected quickly.

If you have questions or concerns, please do not hesitate to reply to this email. I appreciate your help in this matter

Thank you,

Debra

Debra Boardley, PhD, RDN/LD, FAND
Professor, Health Education and Public Health
Mailstop 119, Office HH #1026
College of Health Sciences
University of Toledo
Toledo OH 43606
Phone 419.530.2433
FAX 419.530.4759
debra.boardley@utoledo.edu

Appendix E. Follow-up recruitment email to counties without representation.

Boardley, Debra J.

Wednesday, August 10, 2016 10:30 AM

Good Morning!

As I detailed in my email yesterday, we need to obtain data from providers who are working in agencies that offer services to prevent child abuse and child neglect. As we do not have OCTF council members in your counties, I am requesting that you assist us by sending this email to providers in your county. We need this to be distributed widely. If for some reason you are uncomfortable approaching a specific agency/organization/individual, please share their contact information with us and we will approach them.

Feel free to add your own introduction, but here is the introduction and the link:

Introduction and Purpose of the Survey: This survey asks you questions about services related to child abuse and neglect in your county. The information that you provide is valuable and will be used to develop a regional prevention plan that will address strategies for improving primary and secondary prevention of child abuse and neglect in Northwest Ohio. The Ohio Children's Trust Fund Regional Prevention Council will also use the results to make funding recommendations.

The information that you share will be kept confidential and will not directly effect funding that you, or your agency, receive from the Ohio Children's Trust Fund or other sources. We will not share any information that you provide with your employer. The information that you provide is anonymous and will be reported in aggregate form, which means that individual data will not be identifiable in any reports. All information will be reported as averages.

If you have any questions about the questionnaire, or its purpose, please feel free to contact Lisa McDuffie, NW Ohio Regional Prevention Council Chair at 419-241-3235 x141 or Theresa Towner, Chair of the Needs Assessment Work Group, NW Ohio Regional Prevention Council at 419-353-7407 x234.

Link for Provider

Survey: https://utoledochhs.co1.qualtrics.com/SE/?SID=SV_8BUUG5I312taCwt

Thank you very much for your help!
Debra

Debra Boardley, PhD, RDN/LD, FAND
Professor, Health Education and Public Health
Mailstop 119, Office HH #1026
College of Health Sciences
University of Toledo

Toledo OH 43606
Phone 419.530.2433
FAX 419.530.4759
debra.boardley@utoledo.edu

Appendix F. Provider questionnaire.

Ohio Children's Trust Fund Northwest Regional Prevention Council

Needs Assessment Questionnaire for Service Providers

Hello. Thank you for taking the time to complete this questionnaire. The information that you provide is valuable and will be used to develop a regional prevention plan that will address strategies for improving primary and secondary prevention of child abuse and neglect in Northwest Ohio. The Ohio Children's Trust Fund Regional Prevention Council will also use the results to make funding recommendations.

The information that you share is anonymous and will be kept confidential. Your responses will not directly effect funding that you, or your agency, receive from the Ohio Children's Trust Fund or other sources. We will not share any information that you provide with your employer.

If you have any questions about the questionnaire, or its purpose, please feel free to contact Lisa McDuffie, NW Ohio Regional Prevention Council Chair at 419-241-3235 x141 or Theresa Towner, Chair of the Needs Assessment Work Group, NW Ohio Regional Prevention Council at 419-353-7407 x234.

Background Information

We are seeking the perspectives of professionals from many agencies and organizations throughout the NW Ohio region. We ask that you provide a little information about you and your professional background.

- 1) Which county do you work in?
 - a. Defiance
 - b. Erie
 - c. Fulton
 - d. Hancock
 - e. Henry
 - f. Huron
 - g. Lucas
 - h. Ottawa
 - i. Paulding
 - j. Putnam
 - k. Sandusky
 - l. Seneca
 - m. Williams
 - n. Wood
 - o. Wyandot
 - p. Van Wert
 - q. I choose not to answer

- 2) What field do you work in?
- FCFC Director or Staff
 - Family Representative
 - Alcohol, Drug, Addiction and Mental Health Services Board
 - Board of County Commissioners
 - Board of Developmental Disabilities
 - Board of Health
 - Business
 - Common Pleas Court
 - Community Action Agency
 - County Department of Job and Family Services
 - County Economic Development
 - County or City Schools
 - Extension
 - Higher Education
 - Hospital
 - Juvenile Court
 - Municipal Corporation (Government)
 - Nonprofit Entity
 - Regional Department of Youth Services
 - Other (Please specify)

SKIP QUESTION: You chose your field as other. Please specify the field you work in.

- 3) How many years have you worked in the field?
- a. Less than 1 year
 - b. 1-5 years
 - c. 6-10 years
 - d. 11-15 years
 - e. 16-20 years
 - f. 21-25 years
 - g. 26+ years
 - h. I choose not to answer
- 4) Does your agency provide direct services?
- a. Yes
 - b. No
 - c. I choose not to answer

If yes to #4:

4a) Please describe the type of direct services that you provide: _____

- 5) Does your agency provide referral services?
- a. Yes
 - b. No
 - c. I choose not to answer
- 6) Does your agency serve more than one county?
- a. Yes
 - b. No
 - c. I choose not to answer

Service Needs and Availability

The NW Ohio Regional Prevention Council is most interested in knowing more about services in your county that help support the primary and secondary prevention of child abuse and neglect.

Definitions

Below we provide definitions to help you respond to our questions.

Your county. The county where you work.

Primary Prevention. Direct or indirect services that help prevent abuse/neglect from occurring in families at risk.

Secondary Prevention. Direct or indirect services that help individuals or families that have entered in to the system due to actual or suspected abuse/neglect avoid staying in, or returning to, the system after an initial incident.

Available in adequate amounts to meet community needs. Enough services are available and that anyone needing to access them can do so.

Available but amounts are inadequate to meet community needs. Services are available but are not meeting community needs. Services may be inadequate for a variety of reasons. Some examples are: restrictions for use apply (e.g. income criteria, can only be used once in a specific time period, do not provide long-term support), agency funding is insufficient, or there are not enough service providers available in the county to meet demands.

Unavailable but needed services. Services are NOT available but where there is sufficient, on-going or new, need within the county to justify services being offered at this time.

Unavailable but not needed services. Services are NOT available but where the level of on-going or new need within the county is not sufficient to justify services being offered at this time.

First, we are going to ask you about primary and secondary prevention services that are **currently available** in your county.

For each of the services listed below, please check the box that best represents your professional experiences and perspectives on **service availability and need**.

Primary and/or Secondary Prevention Services	Available in Adequate Amounts to Meet Community Needs	Available but Amounts are Inadequate to Meet Community Needs	Unavailable but Needed	Unavailable but Not Needed	Unsure
Child Abuse/Neglect					
Child Behavioral Problems					
Childcare					
Disabilities – Adult Physical, Emotional, Mental Disabilities					
Disabilities – Child Physical, Emotional, Mental Disabilities					
Domestic Violence/Dating Violence					
Emergency Financial					
Employment/Jobs					
Family Planning					
Food Insecurity/Hunger					
Housing for the Homeless					
Juvenile Justice					
Mental Health Care for Adults					
Mental Health Care for Children					
Parenting					

Difficulties					
Physical Health Care for Adults					
Physical Health Care for Children					
Prenatal					
Postnatal					
Sexual Assault/Human Trafficking					
Single Parents					
Substance Abuse					
Teen parents					
Temporary Housing					
Transportation					

Service Utilization

Next, we are going to ask you about the use of primary and secondary child abuse/neglect prevention services in your county. We are most interested in knowing which of the currently available services community members are receiving.

Definitions

Below we provide definitions to help you respond to our questions.

For each service, we will ask you to tell us whether it is:

Sufficiently Used. Community members are accessing and receiving services at rates that reflect their needs.

Under-utilized. Services are available and needed, but usage rates are lower than what is projected based on need.

For each of the services listed below, please check the box that best represents your professional experiences and perspectives on **service utilization**.

Primary and/or Secondary Prevention Services	Sufficiently Used by community members	Under- utilized by community members	Unsure	N/A – Service is NOT available in my county
---	---	---	--------	--

Child Abuse/Neglect				
Child Behavioral Problems				
Childcare				
Disabilities – Adult Physical, Emotional, Mental Disabilities				
Disabilities – Child Physical, Emotional, Mental Disabilities				
Domestic Violence/Dating Violence				
Emergency Financial				
Employment/Jobs				
Family Planning				
Food Insecurity/Hunger				
Housing for the Homeless				
Juvenile Justice				
Mental Health Care for Adults				
Mental Health Care for Children				
Parenting Difficulties				
Physical Health Care for Adults				
Physical Health Care for Children				
Prenatal				
Postnatal				
Sexual Assault/Human Trafficking				
Single Parents				
Substance Abuse				
Teen parents				
Temporary Housing				
Transportation				

Barriers to Service Usage

Now, we are going to ask you a little more about primary and secondary child abuse/neglect prevention services that are needed but under-utilized by members of your community. Specifically, we will be asking you to identify barriers to the usage of ADEQUATELY AVAILABLE services in your county.

Definitions

Below we provide definitions to help you respond to our questions.

Adequately Available. Enough services are available and anyone needing to access them can do so.

Barriers. ANYTHING that prevents community members from receiving the services that they need.

The term “barriers” can refer to many things, including:

- Environmental barriers (e.g. geography, transportation)
- Social barriers (e.g. stigma, community norms)
- Psychological barriers (e.g. poor mental health, low motivation)
- Physical barriers (e.g. ADA accessibility, physical illness)
- Financial barriers (e.g. cost, being under-insured)

We recognize that multiple barriers to service usage often exist. Some barriers might be unique to a specific agency or organization (e.g. geographic location), but other barriers are common throughout the community (e.g. social norms, stigma).

In some cases, barriers to usage reflect a lack of availability or other systems-level issues that community members cannot control (e.g. agency funding). Therefore, a barrier for community members might be that services are not offered.

We are only interested in knowing about **barriers to the usage of adequately available services**.

Based on your experience, which of the following barriers MOST COMMONLY prevent community members from **using adequately available** primary and secondary child abuse/neglect prevention services that they need?

Barrier	Common	Unsure
Apathy		

Childcare		
Community Norms		
Cost		
Difficulties Navigating the System		
Embarrassment/Shame		
Failure to Meet Criteria for Services		
Geography/Location of Services		
Lack of Coordinated Services		
Lack of Follow-up by Service Provider		
Lack of Referral		
Poor Mental Health		
Poor Physical Health		
Social Stigma		
Substance Abuse		
Time		
Transportation		
Unaware that Services Exist		
Uninsured/Under-insured		
Waitlists/Wait Times		

Funding

Our last question deals with funding for services aimed at the primary and secondary prevention of child abuse/neglect in your county. We are most interested in knowing more about current funding sources and funding needs that relate to the provision of prevention services.

Definitions

Below we provide definitions to help you respond to our questions.

Adequate funding. A service agency or organization receiving enough funds to meet the needs of all community members seeking those services. Adequate funding might include direct funding for services or programs, funding for staff salaries that support the provision of direct

services or programs, support for agency or organizational operations that are required in order to provide services

Current funding sources. Any source of monies that support services through the 2016 fiscal year. In some cases, the fiscal year may end January 1, 2017. In other cases, the fiscal year may refer to funds that end on July 1, 2017.

Past funding sources. Any source of monies that supported services prior to the 2016 fiscal year.

Funding from Governmental sources. Any monies received from the U.S. Federal Government, the Ohio State Government, or Local Governmental bodies. Governmental funding may include earmarks, grants,

Funding from Other sources. Any monies received through grants from private foundations, private donations,

Funding from the Ohio Children's Trust Fund (OCTF). Any monies received from OCTF.

Please mark the response that best represents your experiences.

1. In your opinion, is the current funding for your agency/organization adequate?

- a. Yes
- b. No
- c. Not sure

2. In your opinion, is the current funding for primary and secondary child maltreatment prevention services in your county adequate?

- a. Yes
- b. No
- c. Not sure

3. Which of the following sources **currently** provide funds for your agency/organization? Select all that apply.

- a. Governmental
- b. Other
- c. Ohio Children's Trust Fund

4. Which of the following sources have provided funds for your agency/organization in the **past**? Select all that apply.

- a. Governmental
- b. Other
- c. Ohio Children's Trust Fund

Comments: If you have anything else you want to share with us, please use this box to provide information.

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Appendix G. Key informant interview guide.

Northwest Ohio Regional Prevention Council Ohio Children's Trust Fund Key Informant Interviews (Administrators, Service Providers)

Introduction. Thank you for taking the time to speak with me today. The purpose of this interview is to gather information about community needs and services related to the primary and secondary prevention of child abuse and neglect in your county.

As an expert, the information that you provide us is valuable and will be used to develop a regional prevention plan that will address strategies for improving primary and secondary prevention of child abuse and neglect in Northwest Ohio. The Ohio Children's Trust Fund Regional Prevention Council will also use the results to make funding recommendations. Do you have any questions?

Before we get started, I want you to know that I am NOT employed by the OCTF. I have been contracted to assist the NW Ohio Regional Prevention Council with data collection as part of larger needs assessment. Any information that you share with me will be kept confidential and no identifying information about you will be shared with the OCTF, your employer, or any other entity. All information that you share with me today is anonymous and will be presented in reports without identifying information attached to your statements. Do you have any questions?

I will be asking you about a variety of things related to community needs and services. I am most interested in hearing your honest perspectives based on your experience in the field. You can also share information about things you have heard from colleagues and other professionals that you have worked with on the issues of child abuse and neglect. Do you have any questions?

If at any time you have questions about what I am asking, please feel free to stop me for clarification. If you prefer not to respond to a question, that is fine. I completely respect your decision to choose not to answer a specific question. If at any time you wish to stop participating in the interview, please let me know. Again, I respect your decision. Do you have any questions?

I will be recording the interview so that I can make accurate notes after we talk. Once notes have been made, I will delete the recording. Is it ok for me to record you?

Service Needs and Availability.

Ok, so my first question relates to community needs and the availability of services in your county. I want you to think, specifically, about needs and services related to the primary and secondary prevention of child abuse and neglect.

By primary prevention, I mean direct or indirect services that help prevent abuse/neglect from occurring in families at risk.

Secondary prevention refers to direct or indirect services that help individuals or families that have entered in to the system due to actual or suspected abuse/neglect avoid staying in, or returning to, the system after an initial incident.

Do you have questions about that?

Q1: Based on your experience, what types of resources are most needed to prevent child maltreatment in your county? I am not just talking about services. Resources can be anything that contributes to keeping children and families healthy.

Q2: Now I am going to ask specifically about services. Which primary and/or secondary prevention services are currently available in your county?

Q3: Are all of these services adequate to meet the needs of the community? By adequate, I mean that enough services are available and that anyone needing to access them can do so.

If not adequate (probe): Tell me a little bit more about the services that are not adequate and why you think they are not adequate.

If not adequate (probe): What are the barriers to providing adequate services?

Q4: What services are needed but currently unavailable? By unavailable, I mean that services either do not exist, or that the demand is too high to be adequately met by what is currently available.

Probe: What are the barriers to providing these services?

Effectiveness.

Ok, you have given me a lot of important information about available services and service needs in your community. Now, I want to ask you about the effectiveness of currently available services.

Q5: Based on your experience, what currently available services are most effective at preventing child abuse/neglect? I am most interested in knowing about services that have been evaluated in some way and have demonstrated positive outcomes. It is also ok to talk about services that you feel are effective based on your experience working with families and children.

Probes: Describe things that you think get in the way of services being effective.

Service Utilization.

Ok, now I am going to ask you about service utilization.

Q6: Based on your experience, what prevention services are most used by community members?

Q7: What prevention services are under-utilized by the community?

Probe: What things do you think serve as barriers to utilization? Barriers can be anything that you think gets in the way of people using services that are available.

Funding.

Ok, my last questions are about funding.

Q8: In your experience, how are most services in your county funded? Who are they receiving monies from?

Q9: Describe the services that you feel are adequately funded. By adequate, I mean that a service agency or organization receives enough funds to meet the needs of all community members seeking those services.

Probe: Are there services that you feel are not adequately funded? Please tell me a little bit more about those.

Great. I am done with my questions for you. Do you have any questions for me? Is there anything that you want to tell me that I didn't ask about the primary and secondary prevention of child abuse and neglect in your county?

Thank you, again. I really appreciate the information and your time. Have a great day.

Appendix H. Parent questionnaire.

Ohio Children's Trust Fund Northwest Regional Prevention Council

Needs Assessment Questionnaire for Parents

Introduction. Thank you for taking the time to complete this survey. The information that you share is valuable and will be used to improve resources and services for children and families in your community.

The purpose of the survey is to get more information about things that keep parents, children, and families healthy and safe. Your answers will be kept private and there will be no way to match your answers to your name or other identifying information. Your eligibility for any resources or services that you receive now, or in the future, will not be affected by your answers to this survey.

If you have any questions about the survey, please contact Lisa McDuffie at 419-241-3235 x141 or Theresa Towner at 419-353-7407 x234.

Demographics.

Please answer the questions below about your background.

1. What is your age?

☐ 18-24 ☐ 25-29 ☐ 30-34 ☐ 35-39 ☐ 40-44 ☐ 45-49 ☐ 50+ ☐ Prefer not to answer

2. What gender best describes you?

☐ Man ☐ Woman ☐ Transgender ☐ Prefer not to answer

3. How many children under the age of 18 currently live in your household?

☐ 0 ☐ 1-2 ☐ 3-4 ☐ 5-6 ☐ 7+

4. How many children under the age of 5 currently live in your household?

☐ 0 ☐ 1-2 ☐ 3-4 ☐ 5-6 ☐ 7+

5. Do you have any children under the age of 18 that are NOT currently living with you?

☐ Yes ☐ No

6. What is the highest level of education that you have finished?

☐ 8th grade or less

☐ Some high school

☐ High school or GED

☐ Some college

☐ Associates degree

☐ 4 year college degree

☐ Graduate school

☐ Other, please describe: _____

☐ Prefer not to answer

7. What is your yearly income?

- ☐ Less than \$25,000
☐ \$25,001-\$50,000
☐ \$50,001-\$99,999
☐ \$100,000 or above
☐ Prefer not to answer

8. What race best describes you?

- ☐ American Indian/Native Alaskan ☐ Asian
☐ Native Hawaiian/Pacific Islander ☐ White
☐ Non-Hispanic Black/African American ☐ Mixed raced
☐ Prefer not to answer

9. Are you Hispanic/Latino?

- ☐ Yes ☐ No ☐ Prefer not to answer

10. What is your zip code? _____

General Barriers. Many parents face a lot of challenges in life that make it hard for them to keep their families healthy and safe. We want to know what things make it hard for you, as a parent, to keep your family healthy and safe.

On a scale of “not hard at all” and “very hard”, which of the following things make it hard to keep your family/child/children healthy and safe? If a question doesn’t apply to you, please mark N/A.

1. Meeting basic needs (food, healthcare/insurance, housing, unemployment).

- ☐ not hard at all ☐ somewhat hard ☐ very hard ☐ N/A

2. Parenting difficulties (child’s behavior, child’s disabilities, child’s temperament).

- ☐ not hard at all ☐ somewhat hard ☐ very hard ☐ N/A

3. Your own physical health (chronic diseases, disability).

- ☐ not hard at all ☐ somewhat hard ☐ very hard ☐ N/A

4. Your own mental health (stress, anxiety, depression).

- ☐ not hard at all ☐ somewhat hard ☐ very hard ☐ N/A

5. Your child/children’s physical health (chronic diseases, disability).

- ☐ not hard at all ☐ somewhat hard ☐ very hard ☐ N/A

6. Your child/children’s mental health (stress, anxiety, depression).

- ☐ not hard at all ☐ somewhat hard ☐ very hard ☐ N/A

7. Substance use/abuse by an adult in the household.

☐ not hard at all ☐ somewhat hard ☐ very hard ☐ N/A

8. Substance use/abuse by a child/children in the household.

☐ not hard at all ☐ somewhat hard ☐ very hard ☐ N/A

9. Domestic violence by an adult in the household.

☐ not hard at all ☐ somewhat hard ☐ very hard ☐ N/A

10. Domestic violence by a child/children in the household.

☐ not hard at all ☐ somewhat hard ☐ very hard ☐ N/A

11. Lack of childcare.

☐ not hard at all ☐ somewhat hard ☐ very hard ☐ N/A

12. Lack of social support for you, as a parent (isolation, stigma, embarrassment, or shame asking for help).

☐ not hard at all ☐ somewhat hard ☐ very hard ☐ N/A

13. Lack of social support for your child/children (isolation, stigma, embarrassment, or share asking for help).

☐ not hard at all ☐ somewhat hard ☐ very hard ☐ N/A

14. Lack of community resources (programs/services that support healthy and safe children and families).

☐ not hard at all ☐ somewhat hard ☐ very hard ☐ N/A

15. Unsafe community environment (crime, unsafe neighborhoods, poor schools).

☐ not hard at all ☐ somewhat hard ☐ very hard ☐ N/A

Needs. Many parents need support from community resources to keep their children and families healthy and safe. We would like to know more about the kinds of support services, or resources, that you feel would help you most to keep your child/children/family healthy and safe. Next to each service listed, we give you a few examples of what we mean to help you answer.

1. Which of the following types of resources or services would help you most? Please check all that apply.

Resources/Services

- | | |
|--|--------------------------|
| Child Abuse/Neglect (parenting classes, support groups, counseling, caseworkers) | <input type="checkbox"/> |
| Child Behavioral Problems (special education, counseling) | <input type="checkbox"/> |
| Child Developmental Disabilities (special education, specialized medical care, in-home support) | <input type="checkbox"/> |
| Childcare (daycare, HeadStart) | <input type="checkbox"/> |
| Community Activity Programs for Children (Youth Sports, After School Programs, Summer Camps, Library Reading Programs) | <input type="checkbox"/> |
| Disabilities – Adult Physical, Emotional, Mental Disabilities (medical care, mental health care, in-home care/support) | <input type="checkbox"/> |
| Disabilities – Child Physical, Emotional, Mental Disabilities (medical care, mental health care, in home care/support) | <input type="checkbox"/> |
| Domestic Violence/Dating Violence (shelters, counseling, legal assistance) | <input type="checkbox"/> |
| Emergency Financial Aid (vouchers, utilities assistance) | <input type="checkbox"/> |
| Employment/Jobs (GED classes, job placement services) | <input type="checkbox"/> |
| Family Planning (Planned Parenthood, local clinics) | <input type="checkbox"/> |
| Food Insecurity/Hunger (WIC, food pantries, churches) | <input type="checkbox"/> |
| Housing for the Homeless (shelters, vouchers) | <input type="checkbox"/> |
| Mental Health Care for Adults (counseling, psychological services) | <input type="checkbox"/> |
| Mental Health Care for Children (counseling, psychological services) | <input type="checkbox"/> |
| Parenting Difficulties (parenting classes, counseling, support groups, respite care) | <input type="checkbox"/> |
| Physical Health Care for Adults (doctors, specialists) | <input type="checkbox"/> |
| Physical Health Care for Children (doctors, specialists) | <input type="checkbox"/> |
| Prenatal (medical care, testing, birthing/lactation classes) | <input type="checkbox"/> |
| Postnatal (medical care, lactation classes) | <input type="checkbox"/> |
| School-Based Programs (tutoring, after school activities, meal programs) | <input type="checkbox"/> |
| Sexual Assault/Human Trafficking (crisis services, counseling, medical care, legal services) | <input type="checkbox"/> |
| Single Parenting (childcare, parenting classes, support groups) | <input type="checkbox"/> |
| Substance Abuse (counseling, psychological services, medical treatment) | <input type="checkbox"/> |
| Teen Parenting (child care, parenting classes, support groups) | <input type="checkbox"/> |
| Temporary Housing (shelters, vouchers) | <input type="checkbox"/> |
| Transportation (public busses, ride-shares) | <input type="checkbox"/> |

Service Utilization. Many communities have resources to help support parents so that they can keep their families healthy and safe. We want to know more about any community resources or services that you are using now, or have used in the past, to help you.

1. Which of the following community resources or services have you used for yourself or your child/children/family? Please check all that apply. If you have never used any of the resources listed below, please leave that section blank and skip to the next question.

Resources/Services	I am currently using this resource	I am NOT using this resource now, but I have in the past	I have NEVER used that service
Child Abuse/Neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Behavioral Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Developmental Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Activities Programs for Children (Youth Sports, After School Programs, Summer Camps, Library Reading Programs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disabilities – Adult Physical, Emotional, Mental Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disabilities – Child Physical, Emotional, Mental Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence/Dating Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Financial Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment/Jobs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Insecurity/Hunger (food pantries, churches)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing for the Homeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Care for Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Care for Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting Difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Health Care for Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Health Care for Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prenatal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Postnatal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School-Based Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Assault/Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Single Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Resources/Services	I am currently using this resource	I am NOT using this resource now, but I have in the past	I have NEVER used that service
Teen parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporary Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. In general, how helpful have the resources that you have used been in supporting you to keep your child/children/family healthy and safe?

- ☐ Not helpful at all ☐ Somewhat helpful ☐ Very helpful
☐ I have not used any of the services listed above

Barriers to Service Utilization. Many parents face challenges to using community resources. We want to know more about challenges that you have faced.

1. What is the hardest part about getting the resources that you need to support you to keep your child/children/family healthy and safe? Check all that apply. If you haven't tried to get resources or services, you can leave this section blank and skip to the next question.

- Convenience (location, hours) ☐
- Cost (co-pay, fees) ☐
- Difficulty navigating the system (paperwork, having to meet with lots of different people or agencies) ☐
- Embarrassment, shame, stigma (feeling judged by other people) ☐
- Insurance (uninsured, insurance doesn't cover service) ☐
- Lack of childcare ☐
- Needing a referral to receive services ☐
- Not knowing where to go ☐
- Not meeting the eligibility criteria for services (income, age) ☐
- Time (work, other obligations) ☐
- Transportation ☐
- Wait times/waitlists for services ☐

Recommendations. Is there anything else that you need to keep your child/children/family healthy and safe that we haven't asked you about? If yes, please write in your suggestions in the space below.

Appendix I. Focus group moderator guide.

Northwest Ohio Regional Prevention Council
Ohio Children's Trust Fund
Focus Groups (Parents)

Introduction. Hi, my name is _____. I want to thank you all for taking the time to be here today. The purpose of the focus group is to get more information about things that keep parents, children, and families healthy. As parents, you are all experts in what is needed in your community. The information that you share is really valuable and will help agencies and organizations in your community make informed decisions about the kinds of programs and services that they offer.

Today, I am going to be asking you about your experiences as a parent and community member. You can also share information about the experiences of friends or family members. Any information that you want to share is fine. There are no right or wrong answers. It is also ok if your experiences are different from other people in the group. In fact, I want to hear a variety of perspectives, so if you don't agree with something that someone says, just say, "my experience is different". Does anyone have questions?

It is important that you are honest. Remember, there are no right or wrong answers. Everything you tell me will stay private and your answers won't impact any services that you receive now or in the future. I will be using the information that you give me to make a report, but I won't include your name or any other identifying information. Again, what you tell me will stay private and your information is anonymous. Does anyone have questions?

I am going to be recording our session so I can make notes later. Once I have made my notes, I will delete the recording. Is everyone ok with me recording?

Ok, now I just want to go over a few ground rules. First, we all need to treat each other with respect. Again, it is ok to disagree with someone, but please be respectful of other opinions. Please don't talk over anyone. If you have something to say, let the other person finish first. Also, please try not to have side conversations because that can make things hard to hear on the recording and I won't be able to make accurate notes. I don't expect that I will have to ask anyone to leave, but if someone becomes disruptive then I will stop the session and remove that person. Any questions?

Ok, the last thing is that your participation is completely voluntary. You can choose not to answer any question and you can leave at any time. You will receive a \$10 gift card to Amazon.com for your participation when we finish. Any questions?

General Needs.

Q1: So, the first thing I am going to ask you is what kinds of things you, as parents, need to keep you and your family healthy? And by healthy, I mean good physical and mental health and safe. You can talk about anything you think is most important.

Service Needs.

Q2: Ok, now I want to know, specifically, about services. By services, I mean things like programs, classes, information or education, assistance, referrals, those sorts of things. What kinds of services do you need to support you and to keep you and your family healthy?

Q3: Which of these services are currently available in your community?

Probe: What services do you need that aren't available? Tell me a little bit about those.

Service Utilization.

Q4: So, you told me a lot about service needs. Now I want to know a little more about the services that you are currently using or have used in the past. What services are you using now or have you used before?

Q5: Of these services, which were most helpful or met your needs?

Probe: Tell me more about how they were helpful or met your needs.

Probe: Were any of the services unhelpful or didn't meet your needs? Tell me more about that.

Barriers to Utilization.

Q6: Now I want to know a little about barriers to using services. By barriers, I mean anything that gets in the way of you using services or getting your needs met.

Probe for various levels of Ecological Framework (e.g. environmental, social, individual, etc.).

Recommendations.

Q7: Ok, my last question for you is if you could make any recommendations to agencies and organizations in your community about how to better support you, as parents, in keeping your family healthy, what would you recommend?

Closing Statement. Ok, so that is it. Anyone have questions for me? Thank you all for your time! I really appreciate all of the great information that you shared. I'll turn off the recorder and get your gift card.