



## **FINANCE SUBCOMMITTEE ON HEALTH AND MEDICAID**

Chair Hackett  
Vice Chair Tavares

May 11, 2017

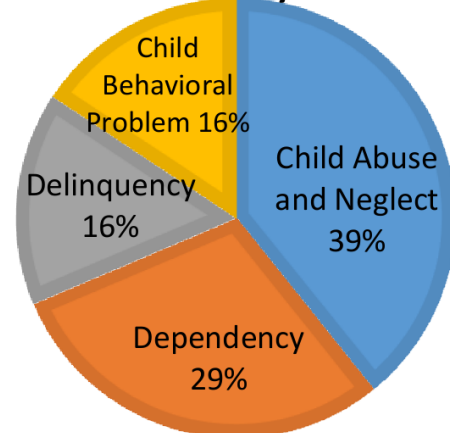
Christine Kade, Director of Provider Services  
Franklin County Children Services  
**Regarding Multi System Youth**

Chair Hackett, Vice Chair Tavares, and Members of the Committee, good morning and thank you for this opportunity to identify ways to help multi-system children and youth through the SFY 18-19 state budget. My name is Christine Kade, and I am the Director of Provider Services at Franklin County Children Services. Our Mission is Safety, Permanency and Well-being for Every Child.

As you heard from my colleagues, multi-system youth are those who need services from more than one child-service system, including child protection. As you also heard, Ohio's child protection system is often accessed as the "last resort" to provide care for multi-system youth when families, communities, and other agencies lack the resources to meet their high intensity, high cost needs. I'm attaching some information about the services and expenses needed by multi-system youth.

Child protection agencies were originally created to assist children and their families in cases of child abuse and/or neglect. Today, in a departure from this original mission, six in ten children are placed in agency custody today for reasons other than abuse and neglect. These children end up in a system designed to focus on child safety and permanency, rather than serving as a means to access appropriate behavioral health and habilitation/rehabilitation services.

### **Reason for Children In PCSA Custody**



**2/3 of Youth in Custody of  
Ohio's Public Children Services  
Agencies are NOT in custody  
due to abuse and neglect**

When placement is necessary in Franklin County, though we always try to place children and youth in the best matched, least restrictive placement possible, the stark reality is that we have had to place children and youth with intense multi-system needs in facilities in a large number of Ohio counties, and even in other states. Each time a child or youth is placed away from their home, community, or county, positive permanent outcomes become more difficult to achieve. Without permanency and young adult supports, these youth are at greater risk of homelessness, criminal conduct, early parenthood, poor educational outcomes, and unemployment.

Parents should never be forced to give up custody of their children for the sole reason of gaining access to treatment services. Research shows – and we all intuitively know – that children are best served in their homes by their parents. There is a great opportunity to keep families together and to keep children healthier by providing funding for treatment and support services for multi-system youth. Funding in this area is necessary to both support intensive home-based and community-based treatments and services, and to support room, board and treatment costs for children in out-of-home treatment facilities. This type of funding should be used to address acute needs today and to intervene early and prevent more expensive costs – costs that are often born by other state and local systems – down the road. We respectfully request that you and your colleagues provide \$5M in crisis stabilization funding per year in the SFY18-19 budget. The TANF funds we request would go a very long way toward helping children and families stay together.

To close, I'd like to tell you about a specific situation we recently encountered at Franklin County Children Services. It is the story of a 14 year old girl whose mother had attempted, at length, to secure treatment that would help bring relief to her child's significant, worsening depression. This youth had been in countless services and programs, but had been unable to access more intensive services through her mother's insurance, that might have brought hope and the possibility of change to this family. The family could not afford to pay out of pocket for intensive services, nor residential treatment. In 2017 alone, this young lady has attempted suicide four times, resulting in repeated hospitalizations. This very real concern for this youth's safety, along with a need for a more intensive level of service, resulted in this mother having to make the very difficult decision to relinquish custody of her daughter to our agency. As you can imagine, just making that difficult decision resulted in additional stress and sadness for both mother and child.

We encounter so many of these situations each day in my county and in every single county across the state. Behind these stories, we know there are parents, just like some of you sitting here, who have children and youth who are the exact same age as your own children and the children in your extended families. These are stories of diagnoses, tried and failed "standard" counseling and therapy, lengthy waitlists, difficult financial decisions, 2<sup>nd</sup> and third mortgages, and a loss of stable housing due to the crushing burden of paying for care to make sure a child is safe.

You have heard us say multiple times today, "It is a decision no parent should ever have to make." Our panel is asking you to provide families with a chance to avoid this type of decision.

Thank you very much for your time and consideration. I'd be happy to answer questions with the rest of the panel.

## **Attachment: Services and Expenses Related to Custody Relinquishment**

When a child or youth has very intensive needs, there are two options:

- Intensive in home treatment services to maintain the family (no cost is incurred for room and board, because the youth stays at home)
- Residential treatment provided outside the home of the legal parents.

As you might imagine, both intensive in-home treatment and out-of-home residential treatment can be very expensive. Generally, there are two expense components of treatment: the cost of the hands-on treatment and services, and the “room and board” cost. If the youth can be supported in their home, there is no additional cost for “room and board”. Medicaid and commercial insurance often pay for some types of in-home intensive therapies, but there are few situations today in which Medicaid or commercial insurance will cover the full treatment cost of intensive in-home services. Neither Medicaid nor commercial insurance are able to pay for room and board.

Picture a Medicaid-eligible family that needs to send a child for residential treatment. This family has limited means to start with, and is often unable to pay the room and board component. Commercially insured families may have more savings and income, but out-of-home treatment can be extremely expensive. Recently a child we were assisting had to be sent out of state, at a cost of \$800 per day. These youth need weeks or months of care, and sometimes years of care. You can see how that type of cost could quickly exhaust a middle class family’s savings.

When parents’ resources are exhausted – either paying for in-home services, or paying for out-of-home care, they are left with few choices to get services for their children. For some, custody relinquishment is the only option. In many of these situations, the family’s health coverage (Medicaid or private insurance) has run out for treatment, they have taken out second mortgages on their homes, sold second cars even though both are working to help pay for their child’s treatment, and some have had to file for bankruptcy. At a certain point, after trying so hard to pay for their child’s residential care they make the very difficult decision to relinquish custody of their child through the court to the child protection system. These parents have never abused or neglected their child, but this is the only option they have for the child to continue getting the treatment needed.

Recent data shows up that six in ten children were in agency custody for primary reasons other than abuse and neglect. Furthermore, nearly half (49%) of the youth in residential treatment facilities were originally removed from their homes for primary reasons other than child abuse and neglect, including behavior problems, delinquency and unruliness.

A review of placement costs for multi-system youth in 40 counties (June 2015) found that 60% of all placement costs for multi-system youth are funded by local dollars.<sup>1</sup>

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<sup>1</sup> <http://www.pcsao.org/pdf/advocacy/MultiSystemYouthBriefPCSAO.pdf>